



NHS Lothian

MANDATORY TRAINING  
INTERNAL AUDIT REPORT -  
FINAL

MARCH 2026

LEVEL OF ASSURANCE:

DESIGN	LIMITED
EFFECTIVENESS	MODERATE

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## RESTRICTIONS OF USE

The matters raised in this report are only those which came to our attention during our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

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# Executive Summary

Level of assurance: (see appendix II for definitions)

Design	LIMITED	System of internal controls is weakened with system objectives at risk of not being achieved.
Effectiveness	MODERATE	Evidence of non-compliance with some controls, that may put some of the system objectives at risk.

Summary of findings			# of agreed actions
H	1		3
M	4		7
L	1		1
Total number of findings: [6]			

Our testing did not identify any concerns surrounding the controls in place to mitigate the following risks:

- ✓ If trainees with specific learning needs or those requiring additional assistance do not receive adequate support, the organisation may face increased levels of non-compliance
- ✓ If budgeting and workforce planning for mandatory training completion is not effectively managed, the organisation may lack sufficient resources and staff coverage to meet compliance requirements, risking financial penalties, reputational harm, and compromised care.

## Background

It was agreed as part of the 2025-26 Internal Audit Plan that Internal Audit would conduct a review of the arrangements around Mandatory Training at NHS Lothian.

The Human Resources (HR) department is responsible for overseeing mandatory training within the organisation. Currently, there are nine compulsory training modules that all staff must complete. NHS Lothian has collaborated with NHS Education for Scotland (NES) to establish the content of these mandatory training programmes.

As part of the soon to be adopted Once for Scotland policies initiative, workforce policies have been developed to ensure uniform application across the NHS in Scotland. This initiative also aims to enhance consistency in training. Health Boards submit training modules, which are then evaluated and scored to decide which content should be included in a centralised training approach, thereby facilitating greater portability and standardisation in training. It is intended that the nine Once for Scotland mandatory modules will go live from March 2026.

There is an existing Mandatory Training Policy in place, although NHS Lothian has recognised that it requires updating; a decision was taken not to update this policy due to the anticipated changes under Once for Scotland. The completion of mandatory training is reported quarterly to the Corporate Management Team (CMT). Additionally, training completion data is presented to the Staff Governance Committee (SGC) and Lothian Partnership Forum (LPF) through the Workforce Report.

Recently, NHS Lothian transitioned from using the LearnPro system to Turas, a national NHS learning platform. However, the new system currently lacks the same reporting capabilities as its predecessor. Consequently, NHS Lothian is collaborating with the system providers to enhance these features. Before the transition, staff were advised to retain evidence of their completed training from LearnPro, ensuring that this information could be accessed if necessary.

## Purpose

The Mandatory Training Internal Audit aimed to provide assurance to management and the Audit and Risk Committee around the arrangements in place for completion of mandatory training. Our audit focussed on reviewing training processes, assessing the quality and relevance of the training provided, and identifying any areas for improvement. We examined training records, engaged with staff, and evaluated how well the programme aligns with current healthcare requirements. Our aim was to provide actionable insights that will help NHS Lothian enhance its training delivery.

## Conclusion

As part of our work we have identified six findings, of which one was assessed as high significance four as of medium significance, and two as low significance.

There have been significant changes in mandatory training primarily in relation to the transition from LearnPro to Turas, and also in the ongoing transition to Once for Scotland mandatory training modules. These changes have not been without their challenges, and it is noted that there are ongoing issues with obtaining useful reporting data from Turas in order to monitor completion and follow up on instances of non-compliance.

We acknowledge the efforts already made to improve oversight, including the use of RAG-rated training dashboards and inclusive learning tools. However, consistent follow-through on action plans, clarification of committee roles, and enhanced data accuracy remain pivotal to ensuring sustained progress. More robust reporting mechanisms—incorporating relevant Key Performance Indicators and clearer ownership of recommendations—would further strengthen the strategic approach to mandatory training completion.

As a result of our audit, we are able to provide limited assurance over the design and moderate assurance over the operational effectiveness of the controls in place at NHS around mandatory training.



# Executive Summary

## Summary of good practice

During the course of our review, we identified a number of areas of good practice:

- ▶ Corporate Management Team (CMT) papers were obtained by Internal Audit and several key aspects of good practice were noted including an Appendix which depicts the training records for all mandatory training modules across all divisions and is RAG rated. A narrative summary of mandatory training compliance is also provided which contextualises results. Standard items within the paper also include the evaluation of risks and the financial implications of mandatory training developments.
- ▶ Internal Audit reviewed the NHS Lothian's Inclusive Learning Framework and noted that the roles for educational leads, managers, and staff are clearly documented to ensure accountability and support. A number of resources available to staff are outlined within the Framework. Moreover, Contributions from diverse stakeholders, including staff with specific learning differences, managers, and education teams, ensure comprehensive support.
- ▶ NHS Lothian's Mandatory Education and Training policy clearly outlines which modules are mandatory for completion as well as setting out timescales for refreshers to be completed.
- ▶ NHS Lothian's Mandatory Education and Training policy details the various pieces of legislation and regulation which informed its development. Moreover, NHS Lothian evidenced consultations with NHS Education for Scotland (NES) for the identification of mandatory training modules.
- ▶ We confirmed that compliance rates were regularly reported to the Corporate Management Team and updates were provided to the Lothian Partnership Forum and Staff Governance Committee
- ▶ Training participants are automatically asked to provide feedback on individual modules through Turas.

## Summary of Findings

Notwithstanding the areas of good practice identified, we also noted some areas for improvement:


- ▶ **Turas Learning Data Integrity** - Accurate reporting on mandatory training compliance is compromised due to issues with the Turas Learn system, including incorrect employee profiles, outdated records, suplicate accounts and lack of accounts; all of which limit effective data interrogation by teams.
- ▶ **Expanding Metrics and Insights for Improved Governance**- The current reporting on mandatory training compliance lacks detailed metrics, providing only narrative updates to certain governance bodies, while more comprehensive data is presented to the Corporate Management Team. There is an opportunity to enhance reporting by adopting additional Key Performance Indicators (KPIs) such as engagement levels, feedback scores, knowledge retention, and timeliness of completion, which could improve insights and compliance across NHS Lothian.
- ▶ **Lack of Formal Oversight Mechanism** - Although the Mandatory Training Policy outlines responsibilities for Team Managers to track training completion, there is no mechanism to ensure they fulfil these duties. Directors often request performance breakdowns for divisions with poor compliance, but resource constraints suggest that Team Managers should provide this information directly. Implementing a policy for direct reporting to Directors would enhance accountability and awareness.
- ▶ **Accountability and Action in Mandatory Training Compliance** - Committees fail to investigate compliance figures and take prompt action, undermining accountability and organisational performance. CMT papers show repetitive content and unaddressed Fire Safety training issues. Internal Audit highlights lack of assigned responsibility and follow-up actions. Lothian Partnership Forum and Staff Governance Committee minutes reveal similar themes, with no actions from Workforce Report updates and inadequate responsibility assignment for decided actions.
- ▶ **Mandatory Training Completion** - Internal Audit identified compliance issues in employee training records, with only six out of 20 employees meeting mandatory requirements. Basic Life Support training had the lowest compliance, indicating a need for better monitoring and interventions to ensure completion and maintain safety standards.
- ▶ **Collection of Feedback** - At the start of the audit, NHS Lothian believed they only had feedback from a Corporate Inductions survey related to mandatory training. However, it was discovered that 470 feedback entries were locally stored, previously thought inaccessible. This feedback was collected in April 2025, coinciding with the introduction of the Turas Learn system.

# Detailed Findings



# Detailed Findings

**Risk:** If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for non-completion, is not rigorously managed, the organisation risks regulatory non-compliance, diminished staff competence, and potential harm to patient and organisational outcomes.

Finding 1 - Turas Learning Data Integrity	Type
<p>Accurate reporting data on mandatory training compliance is crucial to ensure that all employees meet legal and organisational requirements, thereby reducing risks and enhancing overall performance and safety standards.</p> <p>Management have informed Internal Audit that the adoption of the Turas Learn system has resulted in some issues with mandatory training compliance data and reporting. One such issue identified is the inaccurate employee profile on Turas Learn which is restricting NHSL’s ability to further interrogate compliance data by Team. Staff are responsible for completing their own job profile on the system which has resulted in the frequent recording of inaccurate Professional Groups and Roles. This issue was flagged during other audits undertaken as part of the 2025/26 programme and we noted that some individual services are following up on this with their teams.</p> <p>Internal Audit also conducted a walkthrough of Turas Learn and noted that a number of employees recorded within the system were no longer in employment with NHS Lothian. There were also instances identified where an employee had moved to another NHS Board, Professional Group or Role and their employee profile on Turas Learn had not been updated. It was noted that the Turas Learn system enables employees to register private emails addresses which has enabled employees to mistakenly create more than one account.</p> <p>It has also been noted in previous audits that some staff members (particularly in estates) do not have NHS Lothian email addresses therefore cannot access the system. During the recent Estates and Facilities internal audit, we included the following observation “As of June 2025, the completion rates for Fire Safety (79%) and Manual Handling (72%) were below the acceptable level. Management informed us that this is because over 2,000 staff do not have email addresses, as their roles do not require them and there is a cost involved. The transition from Learn Pro to Turas did not account for this. To address training needs, group sessions, face-to-face training, and DVDs are being used. Challenges remain with staff who are sick, absent, on maternity leave, or difficult to reach, affecting the 80% compliance target. This issue is discussed monthly and reviewed regularly in SMT meetings. A Short Life Working Group (SLWG) is in place to help achieve the Turas target, supported by Learning and Development.”</p> <p>These issues have the cumulative effect of casting doubt over the accuracy and usefulness of the reporting data.</p>	<p>Design &amp; Effectiveness</p> 
<b>Implication</b>	<b>Significance</b>
<p>There is a risk inaccurate reporting data on mandatory training compliance due to issues with the Turas Learn system undermines the ability to ensure all employees meet legal and organisational requirements, potentially compromising performance and safety standards.</p>	<b>High</b>



## Detailed Findings


**Risk:** If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for non-completion, is not rigorously managed, the organisation risks regulatory non-compliance, diminished staff competence, and potential harm to patient and organisational outcomes.

Finding 1 - Turas Learning Data Integrity			Type
Recommendations	Action owner	Management response	Completion date
We recommend that NHS Lothian continue to work with NES to develop and implement system controls to ensure accurate employee profile data entry, such as mandatory fields for Professional Groups and Roles.	NES / Specialist Education Lead	Turas Learn already contains the relevant profile fields; however, as with any learning management system, NHS Lothian cannot mandate or technically enforce user selections. NHS Lothian will continue to work with NES to seek system improvements where possible and will maintain local guidance to support accurate profile completion.	Already in place/ Ongoing
We recommend that NHS Lothian communicate with managers, advising them to review their staff's Turas accounts and escalate any issues to NES, including access issues, incorrect or incomplete information, emphasising the importance of accurate data for compliance and monitoring purposes.	Directors / Line Managers	Clear guidance is already available to managers and staff via the NHS Lothian intranet and Turas Learn on maintaining accurate accounts and escalating issues to NES. Managers will continue to be reminded of their responsibility to ensure staff follow this guidance in support of data accuracy and compliance monitoring.	Already in place
We recommend that NHS Lothian conduct a regular review of Turas accounts to identify any duplicate or inactive employees and escalate to NES for removal.	Specialist Education Lead	A regular review process is already in place to identify duplicate or inactive Turas accounts. This process was established prior to the audit, with accounts reviewed in collaboration with managers and escalated to NES where required.	Already in place



# Detailed Findings

**Risk:** If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for non-completion, is not rigorously managed, the organisation risks regulatory non-compliance, diminished staff competence, and potential harm to patient and organisational outcomes.

Finding 2 - Expanding Metrics and Insights for Improved Governance	Type
<p>Suitable metrics for monitoring mandatory training compliance are essential for ensuring that training programs are effective, efficient, and aligned with organisational objectives.</p> <p>The Workforce Report Narrative provided to the Staff Governance Committee (SGC) and Local Partnership Forum (LPF) currently provides a narrative update only on mandatory training compliance without figures provided for compliance levels. In contrast, the Mandatory Training and Appraisal paper presented to the Corporate Management Team (CMT) includes an appendix with a detailed table showing percentage compliance across all divisions within NHS Lothian for the nine mandatory training modules. Each division and module is assigned an arrow indicating whether compliance has improved, deteriorated, or remained stable since the last report. Additionally, a RAG (Red, Amber, Green) rating is applied, with red indicating less than 60% compliance, yellow for 61%-79%, and green for 80% or above, which meets NHSL's minimum compliance threshold. It was noted that mandatory training related reporting did not expand beyond the monitoring of completion and there was, therefore, an opportunity to adopt additional Key Performance Indicators (KPIs) which would provide the relevant governance bodies with increased awareness and possible insights which could further improve compliance. Potential metrics and Key Performance Indicators (KPIs) to enhance reporting could include</p> <ul style="list-style-type: none"> <li>• Engagement Level: Metrics such as time spent on training modules and interaction with training materials.</li> <li>• Feedback Scores: Regular ratings or qualitative feedback provided by employees on the training content and delivery.</li> <li>• Knowledge Retention: Assessment scores or follow-up quizzes to measure how well employees retain the information over time.</li> <li>• Timeliness of Completion: The average time taken by employees to complete the training from the date of assignment.</li> </ul>	<p>Design</p> 
<p><b>Implication</b></p>	<p>Significance</p>
<p>Without sufficiently detailed insight, groups charged with oversight may be unable to effectively monitor trends, identify problem areas, or hold specific divisions accountable. The CMT requires sufficient information to manage operational areas, troubleshoot specific divisional issues, and focus on immediate interventions; whilst the SGC and LPF require enough granularity to judge workforce-wide issues and hold management accountable, but may not need the full operational-level detail of every indicator.</p>	<p>Medium</p>



## Detailed Findings


**Risk:** If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for non-completion, is not rigorously managed, the organisation risks regulatory non-compliance, diminished staff competence, and potential harm to patient and organisational outcomes.

Recommendations	Action owner	Management response	Completion date
We also recommend that the Workforce Report Narrative includes a high level, visually clear summary of mandatory training module compliance by division with RAG rating. This will help to pinpoint where interventions may be needed and guide more targeted initiatives e.g. identifying issues in particular divisions or particular modules with widespread non-compliance.	Specialist Education Lead	High-level summaries of mandatory training compliance are already provided through Directorate-level reporting and existing Workforce Report Narratives.  While divisional-level breakdowns are not routinely included within the Workforce Report Narrative, compliance is actively monitored at Directorate level, with detailed data available through established reporting to the Corporate Management Team.	Already In Place
	Corporate Management Team and Directors	Where performance concerns are identified, assurance is sought from Directorates, including explanations and targeted actions. Existing governance routes will continue to be used to support oversight and escalation where required.	October 2026



# Detailed Findings


**Risk:** If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for non-completion, is not rigorously managed, the organisation risks regulatory non-compliance, diminished staff competence, and potential harm to patient and organisational outcomes.

Finding 3 - Lack of Formal Oversight Mechanism			Type
<p>It is important that roles and responsibilities for the monitoring of mandatory training compliance are formally documented and adhered to by staff, team leaders and directors.</p> <p>Whilst the Mandatory Training Policy is clear on the monitoring of compliance data responsibilities for Team Managers, Internal Audit noted that there was no oversight mechanism in place to ensure that Team Managers are fulfilling this responsibility. Moreover, during discussions with Management, it was noted that during Corporate Management Team meetings, if a particular Division was struggling with poor mandatory training compliance, the relevant Director would request a breakdown of their Division’s performance. Due to resource constraints, Directors would be better placed to request such information from their Team Managers. Implementing a policy that would require Team Managers to directly report to Directors would increase the accountability of individual Team Managers as well as increase the awareness of Directors have of mandatory training compliance.</p> <p>During discussions with management, it was also ascertained that it was not uncommon for Team Managers to assign their mandatory training oversight responsibilities to their direct reports. Increasing the level of oversight required from Directors would also help mitigate this issue and increase the level of mandatory training compliance awareness of Team Leaders.</p>			<p>Design &amp; Effectiveness</p> 
Implication			Significance
<p>Without formal documentation and adherence to roles and responsibilities for monitoring mandatory training compliance, accountability and oversight are weakened, leading to inefficient resource use and potentially lower compliance rates, which could be mitigated by requiring direct reporting from Team Managers to Directors.</p>			Medium
Recommendations	Action owner	Management response	Completion date
We recommend that NHS Lothian introduce a formal oversight mechanism to ensure that Team Managers are fulfilling their responsibilities in monitoring compliance data. NHS Lothian should consider assigning this oversight responsibility to Directors to ensure that both Directors and Team Leaders have increased accountability for their mandatory training compliance performance via a direct reporting structure.	Directors	Accountability for mandatory training compliance remains with Team Managers, supported by existing governance and escalation routes. Oversight is provided through Directorate and corporate reporting structures. Expectations will be reinforced with Directors and Team Managers to ensure consistent monitoring and follow-up of compliance, without introducing additional reporting requirements.	Ongoing
We recommend that NHS Lothian integrate any additional oversight mechanisms into the Mandatory Training policy to ensure clarity and adherence. Appropriate communications should be made to ensure that Team Members and Directors are aware of such changes.	Specialist Education Lead	NHS Lothian cannot amend the national Once for Scotland Mandatory Training Policy. A local addendum will be developed following publication, outlining roles, responsibilities, and escalation routes. This will be supported by clear communication to ensure awareness and adherence.	Within 3 months of national policy release



# Detailed Findings

**Risk:** If governance structures and escalation routes for non-compliance or repeated lack of participation are weak, and reporting on mandatory training completion is incomplete or not timely, the organisation may face unchecked knowledge gaps, regulatory breaches, and a breakdown in accountability.

Finding 4 - Accountability and Action in Mandatory Training Compliance	Type
<p>Ensuring committees fully investigate compliance figures and take prompt action is crucial for mitigating risks, maintaining accountability, and enhancing organisational performance and safety.</p> <p>The Corporate Management Team (CMT) papers and minutes, while demonstrating good practices such as RAG-rated training records and narrative summaries, exhibit repetitive content and carry over recommendations without evidence of substantive action, particularly regarding Fire Safety training for which a recommendation was consistently noted to immediately prioritise compliance with Fire Safety Training in packs from May 2022 to January 2025. Whilst significant issues affecting mandatory training compliance such as the switch to Turas Learn (specifically passwords and reporting), there was a lack of evidence that action was proactively taken to address issues raised, and it is noted that repeating content or carrying forward recommendations indefinitely can reduce the impact and usefulness of reporting. Internal Audit also noted an absence of assigned responsibility for recommendations and lack of follow-up actions in subsequent meetings which undermines accountability and improvement.</p> <p>Internal Audit also conducted a review of the papers and minutes taken in the past year from the quarterly meeting of the Lothian Partnership Forum (LPF) and noted that no resulting actions from the Workforce Report Narrative update were made. Moreover, whilst some discussions were had regarding staff compliance with Fire Safety training, the conversation was mainly concerned with providing updates on the overall movement in compliance rates for mandatory training as opposed to interrogating the possible reasons for the movement and any possible mitigating actions.</p> <p>Internal Audit conducted a review of the minutes taken in the past year from the quarterly meeting of the Staff Governance Committee (SGC) and noted many of the same themes that were identified in the minutes taken at the Lothian Partnership Forum and Staff Governance Committee. These include a lack of further investigation into mandatory training compliance figures, a lack of resulting actions, and where actions were decided upon, a failure to adequately assign responsibility.</p> <p>Lastly, a review of the Mandatory Education and Training policy also revealed inconsistencies with the governance and oversight arrangements. Within the executive summary of the policy, it states that the SGC are solely responsible for mandatory training decisions, whereas in section 4.2 it states that this responsibility is shared between the SGC and LPF. There is also no description of the roles and responsibilities of the CMT who appear to be provided with the most detailed and in-depth mandatory training reporting.</p>	<p>Effectiveness</p> 
<p><b>Implication</b></p>	<p>Significance</p>
<p>The lack of substantive actions, assigned responsibility, and follow-up in addressing mandatory training compliance issues, particularly Fire Safety training compliance, undermines accountability and poses risks to organisational performance and safety.</p>	<p>Medium</p>



## Detailed Findings


**Risk:** If governance structures and escalation routes for non-compliance or repeated lack of participation are weak, and reporting on mandatory training completion is incomplete or not timely, the organisation may face unchecked knowledge gaps, regulatory breaches, and a breakdown in accountability.

Recommendations	Action owner	Management response	Completion date
We recommend that NHS Lothian introduce an Action Log for the Corporate Management Team, and Staff Governance Committee to systematically record, track, and follow up on decisions and actions related to mandatory training compliance. An owner and target implementation date should also be clearly assigned for each action. A standing agenda item should be added to each Committee meeting to review unresolved actions, confirm progress, and close completed items. Where actions remain incomplete after repeated follow ups, an escalation process should be defined to ensure actions are resolved.	Management response formulated in collaboration with corporate governance team - owner not required	Existing mandatory training compliance reports produced will be strengthened to reflect and support CMT's operational oversight and SGC's assurance role, with reporting aligned to each committee's remit and purpose and escalation of significant issues by senior management through established governance routes.	N/A
We recommend that NHS Lothian ensure that the Mandatory Training Policy clearly outlines the reporting arrangements in relation to training compliance including the recipients and frequency of reporting.	Specialist Education Lead	Reporting arrangements, including recipients and frequency, will be clearly outlined within a local NHS Lothian addendum to accompany the national Once for Scotland Mandatory Training Policy.	Within 3 months of national policy release
Where compliance rates fall into the red zone, a targeted deep dive should be undertaken to explore underlying causes and develop a focussed action plan to improve compliance.	Directors	Accepted. Deep dives will be undertaken where performance remains low across multiple reporting cycles.	Ongoing



# Detailed Findings


**Risk:** If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for non-completion, is not rigorously managed, the organisation risks regulatory non-compliance, diminished staff competence, and potential harm to patient and organisational outcomes.

Finding 5 - Mandatory Training Completion			Type
<p>Ensuring staff compliance with mandatory training is essential for maintaining legal standards, enhancing safety, and improving overall organisational performance.</p> <p>The sample testing conducted by Internal Audit on the training records of 20 employees revealed several compliance issues with mandatory training requirements. Specifically, three employees had not completed any training, with one of these individuals having left the organisation, indicating potential gaps in tracking and updating training records for former employees. Only six employees were found to be fully compliant with all mandatory training modules, highlighting a significant shortfall in overall compliance. The module with the lowest compliance rate was Basic Life Support, suggesting a need for targeted interventions to ensure that employees complete this critical training, which is essential for maintaining safety standards and preparedness in emergency situations. These findings underscore the importance of improving training compliance monitoring and implementing measures to address non-compliance effectively.</p>			<p>Effectiveness</p> 
Implication			Significance
<p>There is a risk that inadequate compliance with mandatory training, particularly in Basic Life Support, could compromise employee preparedness and safety standards, potentially leading to ineffective emergency response and increased liability for the organisation.</p>			<p>Medium</p>
Recommendations	Action owner	Management response	Completion date
<p>We recommend that NHS Lothian introduce an escalation process for individuals who are non-compliant with mandatory training. Continued non-compliance should trigger involvement from higher management, potentially leading to formal performance reviews or corrective action plans.</p>	<p>Directors / Line Managers (supported by ER)</p>	<p>Existing HR policies provide escalation routes where appropriate; however, mandatory training non-compliance is managed through line management structures in line with contractual obligations. Expectations will be reinforced with managers to ensure consistent and proportionate follow-up of non-compliance. This approach reflects existing practice and ensures proportionate management of non-compliance without introducing additional processes.</p>	<p>Already in place</p>



# Detailed Findings

**Risk:** If governance structures and escalation routes for non-compliance or repeated lack of participation are weak, and reporting on mandatory training completion is incomplete or not timely, the organisation may face unchecked knowledge gaps, regulatory breaches, and a breakdown in accountability.

Finding 6 - Collection of Feedback			Type
<p>Ensuring sufficient oversight and access to feedback is crucial for continuous improvement, accountability, and informed decision-making within an organisation. At the outset of this audit, it was ascertained that the only feedback they currently that NHS Lothian had possession of was from a Corporate Inductions survey which touched upon mandatory training. It was subsequently discovered that the organisation had 470 entries of feedback that was locally stored. It was previously believed that this feedback was inaccessible. This feedback was originally sought in April of 2025 to coincide with the introduction of the Turas Learn system.</p>			<p>Design</p> 
Implication			Significance
<p>NHS Lothian has untapped potential for improvement and accountability through feedback that was previously believed to be inaccessible, highlighting the need for better oversight and management of feedback systems.</p>			<p>Low</p>
Recommendations	Action owner	Management response	Completion date
<p>Internal Audit acknowledges that NHS Lothian has transitioned to the national "Once for Scotland" learning content following the initial feedback. Moving forward, it is recommended that NHS Lothian systematically analyse relevant feedback and develop action plans to facilitate continuous improvement wherever possible.</p>	<p>Specialist Education Lead (in collaboration with NES)</p>	<p>The modules from which this feedback was collected have transitioned to national Once for Scotland content, which NHS Lothian cannot amend or redesign. As such, the feedback cannot be used to inform local action plans for these modules. However, NHS Lothian will retain the feedback for contextual insight and share relevant themes with NES through established national channels to support continuous improvement at a national level. This reflects the transition to nationally governed content and ensures feedback is directed through the appropriate improvement routes.</p>	<p>Ongoing</p>



# Observations

## Observation 1 - Policies and Procedures

There is a Mandatory Training Policy in place, although NHS Lothian have acknowledged this is out of date, a decision was taken not to update the Policy due to the impending changes under Once for Scotland.

### Management Response

NHS Lothian acknowledges that the Mandatory Training Policy is due for full review; however, the policy remains fundamentally accurate and continues to provide an appropriate operational framework.

The policy has been subject to regular review, including annual technical updates, with the most recent update completed in Summer 2025. These updates have ensured alignment with current practice and organisational requirements.

A decision was taken not to undertake a full revision in advance of the Once for Scotland Mandatory Training Policy, to avoid duplication and ensure full alignment with the forthcoming national standard. A local addendum will be developed following publication to reflect NHS Lothian-specific governance and reporting arrangements.

## Observation 2 - E-learning System Transition & Compliance Data

NHS Lothian has informed Internal Audit that the transition from the LearnPro system to the Turas Learning system has presented significant challenges. The incompatibility between the two systems necessitated NHSL to instruct all Line Managers to download and maintain compliance records from the LearnPro system to ensure continued tracking of compliance. Additionally, the HR Department has downloaded all compliance data from LearnPro. Consequently, any compliance reporting to the Corporate Management Team (CMT), Local Partnership Forum (LPF), and Staff Governance Committee (SGC) involves a combination of data from the old LearnPro system and the current Turas Learning system.

### Management Response

NHS Lothian acknowledges that the transition from LearnPro to Turas Learn presented challenges; however, these were not due to system incompatibility, but rather legacy data quality issues within LearnPro. As a self-service system, LearnPro contained duplicate accounts, records for leavers, and no linkage to employment data, impacting overall data reliability.

To ensure continuity of compliance evidence, staff were asked to download certificates where appropriate. In addition, a full extract of LearnPro data has been securely retained by the Staff Engagement and Experience Team. This dataset is available to support governance requirements, formal processes, and potential litigation where historical records are required.

NHS Lothian has not relied on a combination of LearnPro and Turas data for compliance reporting. A deliberate reset approach was taken, with reporting now based solely on Turas Learn data, which is linked to employee pay numbers and automatically reflects workforce changes. This represents a significant improvement in data integrity and accuracy.

NHS Lothian has also worked closely with NES to enhance reporting functionality within Turas Learn. Robust reporting is now in place and accessible to line managers, Directorates, and Subject Matter Experts to support compliance monitoring and governance.

In addition, automated reminder communications are issued at 90, 60, and 30 days prior to training expiry, supporting proactive management of compliance.

These controls and improvements were not fully reflected within the audit findings.



# Observations

## Observation 3 - Up-to-Date e-Learning Modules

Several issues related to the management and review of e-learning modules at NHS Lothian were identified. It was found that three out of eight e-Learning Agreements for mandatory training modules lacked scheduled review dates. Additionally, there was no documentation to confirm that reviews were conducted as specified. The regular interval for signing these agreements could not be determined from the Mandatory Training policy or management inquiries. Although the transition to the Turas Learn system included a review of training formats, it was not conducted by a Subject Matter Expert (SME) nor aimed at ensuring compliance with current legislation and best practices. Some e-Learning Agreement review dates were overdue since 2019, indicating a lack of an adequately documented review process. Efforts to update agreements before the system transition were hindered by unresponsive SMEs, partly due to the absence of an SME tracker, which was previously used to manage such issues. We have not raised a finding in relation to these points due to the impending introduction of the Once for Scotland modules.

### Management Response

NHS Lothian acknowledges the points raised in relation to the management and review of e-learning modules. However, the SME tracker referenced was not a formal control in place prior to the transition but a temporary tool introduced to support migration activity and engagement with Subject Matter Experts.

Responsibility for module review has historically sat with SMEs and service areas. Challenges in obtaining input were related to engagement and capacity constraints rather than the absence of tracking mechanisms.

The transition to Turas Learn, alongside the introduction of Once for Scotland modules, represents a significant improvement. Content, governance, and review processes are now standardised at a national level, reducing reliance on local processes and addressing many of the issues identified.

It should also be noted that the issue referenced regarding inaccurate training records relates to a module that was not classified as a core mandatory module at the time and therefore falls out with the defined scope of this audit. As such, any associated recommendation should be reconsidered.

## Observation 4 - Non-Executive Members Training

At present, there is no enforced mandatory training for Non-Executive Members. On the LearnPro system, NHS Lothian asked new Non-Executives to complete the same modules as were required of staff but there was no oversight of completion or renewal. Since the switch to Turas and the impending introduction of the Once for Scotland modules, a decision has not been taken as to whether Board members will be asked to complete these modules which are aimed at NHS staff; the Board Secretary noted that they will liaise with Secretaries of the other Health Boards about their approach.

There are a range of core governance modules and learning materials within Turas, aligned to the Blueprint for Good Governance, which Non-Executives are encouraged to use but it is noted that these are not mandatory.

### Management Response

NHS Lothian acknowledges that there is currently no mandated training framework for Non-Executive Members. This position reflects the absence of a nationally defined requirement.

Training expectations for Non-Executive Members are being considered through Board-level discussions, with alignment to national guidance where available.

In the interim, a range of core governance modules and learning resources are available within Turas Learn to support development, although these are not mandatory.

This approach reflects the current national position and governance context.



# Observations

## Observation 5 - Expanding Metrics and Insights for Improved Governance

Internal Audit noted an opportunity for NHS Lothian to adopt additional KPI's such as Timeliness of Completion and Engagement Levels, that would provide greater mandatory training insights, however were informed by management that due to system limitations, this would not be feasible.

### Management Response

NHS Lothian acknowledges the opportunity to expand reporting metrics. However, the current limitations reflect the functionality available across NHS Scotland and are not unique to NHS Lothian. As such, the development of additional KPIs (e.g. timeliness and engagement metrics) is not currently feasible at a local level.

Notwithstanding this, existing reporting arrangements provide significant oversight through line management structures, Directorate-level reporting, and established governance forums.

NHS Lothian continues to work in partnership with NES to explore potential system enhancements and improvements to reporting capability at a national level.

## Observation 6 - Turas Learn Account Accessibility

Internal Audit were informed by Management that a frequent problem encountered by the organisation is that staff are forgetting their passwords to the Turas Learning and therefore, are unable to access Mandatory Training. NHS Lothian are unable to authorise and process password resets as this capability sits with the National IT Centre. NES have confirmed with NHS Lothian that they will not be granted access to make local changes.

### Management Response

NHS Lothian acknowledges that password access issues can impact staff access to Turas Learn. Responsibility for password management sits with the National IT Service, and NHS Lothian does not have the ability to authorise or process password resets locally.

Staff are directed to the appropriate national support routes, and guidance is available to support access. NHS Lothian continues to raise system-related issues and improvement opportunities with NES through established national channels.

# Appendices



## APPENDIX I: BACKGROUND

As part of the 2025-26 Internal Audit Plan, it was agreed that Internal Audit would conduct a review of the arrangements surrounding Mandatory Training at NHS Lothian and compare these with good practice. We assessed whether NHS Lothian has adequate procedures to ensure compliance, the process for developing training programmes, support provisions, and quality review.

The Human Resources (HR) department is tasked with overseeing mandatory training within the organisation, ensuring that all staff complete the required modules.

To ensure that mandatory training modules the developer or Subject Matter Expert (SME) is required to sign a declaration which states that states they are responsible for;

- Ensuring all documentation/web links and content is current and valid
- Advising practitioners of any updates
- Notifying NHS Lothian of the name of the person to be responsible for the relevant modules.

Currently, there are nine compulsory training modules, the content of which has been collaboratively established with NHS Education for Scotland (NES). Additional 'essential' training modules exist however these are only required for an individual to complete when they are to undertake a specific job role, task, and/or speciality. Moreover, there also exists a category of 'desirable' training which is identified via the appraisal process. Both 'essential' and 'desirable' training are not within this audit's scope.

In alignment with the forthcoming Once for Scotland policies initiative, workforce policies have been developed to ensure uniform application across the NHS in Scotland. This initiative aims to enhance consistency in training by evaluating and scoring submitted training modules from Health Boards. The goal is to decide which content should be included in a centralised training approach, thereby facilitating greater portability and standardisation. The nine Once for Scotland mandatory modules are scheduled to go live from March 2026.

Although there is an existing Mandatory Education and Training Policy at NHS Lothian which was originally published in September of 2016, it has been recognised that this policy requires updating. However, a decision was made not to update the policy due to the anticipated changes under Once for Scotland. Prior to this, the policy was to be reviewed every three years, or as needed, by the Lothian Partnership Forum. Additionally, the policy was to be subject to an annual review by Specialist Education Lead Staff Experience and Engagement, to make any technical updates.

The NHS Lothian Mandatory Education and Training Policy, specifically Appendix 2, categorises role-specific training modules by priority levels for staff completion. The Fire Safety Training module is designated as "Priority 1," requiring annual practical training every 2-3 years for each role within the four families. Modules classified under "Priority 2" necessitate completion every two years and include topics such as Management of Aggression, Public Protection, Information Governance, Manual Handling, and Infection Control. Meanwhile, "Priority 3" modules, which are to be completed every three years or once during employment, cover Health and Safety and Equality and Diversity.

Recently, NHS Lothian transitioned from the LearnPro system to Turas, a national NHS learning platform. This transition has presented challenges, as the new system currently lacks the same reporting capabilities as its predecessor. To address this, NHS Lothian is actively collaborating with the system providers to enhance these features. Prior to the transition, staff were advised to retain evidence of their completed training from LearnPro, ensuring that this information could be accessed if necessary.

Mandatory training decisions are to be made by the Governance Committee (SGC) and the Lothian Partnership Forum (LPF) who receive bi-monthly Workforce Reports. The Corporate Management Team (CMT) also receive quarterly reporting on mandatory training compliance. This includes a narrative summary of compliance as well as RAG rated data for each Division.

Line Managers are also charged with providing oversight for their respective Team's compliance with mandatory training. To fulfil this responsibility, they are to utilise the evidence retained from the LearnPro system and updates Turas Learn system data to ensure that all staff are compliant.

To assist those with Specific Learning Differences, NHS Lothian has an Inclusive Learning Framework which is designed to support individuals with specific learning differences, such as dyslexia, dyscalculia, dyspraxia, and dysgraphia. Developed with contributions from various stakeholders, including NHS staff, educational teams, and equality leads, the framework aims to reduce barriers to learning. It provides information and practical advice to learning practitioners, managers, and staff on how to support those with (SpLD). The framework also includes guidance on designing learning activities and allows staff to communicate their individual needs before accessing learning activities.

Both the Inclusive Learning Framework and Mandatory Education and Training Policy are hosted online via NHS Lothian's intranet.



## Appendix II: Definitions

Level of assurance	Design of internal control framework		Operational effectiveness of controls	
	Findings from review	Design opinion	Findings from review	Effectiveness opinion
<b>Substantial</b>	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
<b>Moderate</b>	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
<b>Limited</b>	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
<b>No</b>	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

### Recommendation significance

<b>High</b>	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
<b>Medium</b>	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
<b>Low</b>	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.



## Appendix III: Terms of reference

### Extract from terms of reference

#### Purpose

The Mandatory Training Internal Audit aims to provide assurance to management and the Audit and Risk Committee around the arrangements in place for staff and Board completion of mandatory training. Our audit will focus on reviewing training processes, assessing the quality and relevance of the training provided, and identifying any areas for improvement. We will examine training records, engage with staff and Board members, and evaluate how well the programme aligns with current healthcare requirements. Our aim is to provide actionable insights that will help NHS Lothian enhance its training delivery.

#### Key risks

1. If mandatory training policies and procedures are not effectively developed and enforced, critical knowledge gaps may arise, resulting in potential compliance failures, compromised patient safety, and reputational damage for the organisation.
2. If the mandatory training programme is not comprehensively verified to meet legislative, regulatory, and NHS standards, kept current with evolving requirements, and effectively designed, delivered, scheduled, and communicated, the organisation could face compliance breaches, compromised patient care, and reputational harm.
3. If trainees with specific learning needs or those requiring additional assistance do not receive adequate support, the organisation may face increased levels of noncompliance.
4. If NHS Lothian do not gather and incorporate feedback on training quality and relevance, the organisation risks perpetuating training deficiencies, undermining staff engagement, and ultimately compromising compliance and service quality.
5. If training completion and compliance monitoring, including record tracking, refresher requirements, and follow-up for noncompletion, is not rigorously managed, the organisation risks regulatory noncompliance, diminished staff competence, and potential harm to patient and organisational outcomes.
6. If governance structures and escalation routes for non compliance or repeated lack of participation are weak, and reporting on mandatory training completion is incomplete or not timely, the organisation may face unchecked knowledge gaps, regulatory breaches, and a breakdown in accountability.
7. If budgeting and workforce planning for mandatory training completion is not effectively managed, the organisation may lack sufficient resources and staff coverage to meet compliance requirements, risking financial penalties, reputational harm, and compromised care.

#### Scope

The scope of the review is limited to the areas documented under the scope and approach. All other areas are considered outside of the scope of this review. Our review will not provide assurance over all aspects of mandatory training

#### Exclusions

Where sample testing is undertaken, our findings and conclusions will be limited to the sample tested only. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.



## Appendix IV: Staff interviewed

BDO LLP appreciates the time provided by all the individuals involved in this review and would like to thank them for their assistance and cooperation.

Tom Power	Director of People and Culture	Audit sponsor
Amanda Langsley	Associate Director Organisational Development and Learning	Key Contact
Nick McAllister	Head of Workforce Planning	Key Contact
Kayleigh Morris	Specialist Education Lead	Key Contact
Jim Old	Finance Manager/Fraud Liaison Officer	Interviewee
Colin Hand	Medical Equipment Management Team Lead	Interviewee



# Appendix V: Responsibilities, limitations and conformance with the Global Internal Audit Standards

## Management responsibilities

The Board is responsible for determining the scope of internal audit work, and for deciding the action to be taken on the outcome of our findings from our work.

The Board is responsible for ensuring the internal audit function has:

- The support of the Company's management team.
- Direct access and freedom to report to senior management, including the Chair of the Audit Committee.
- The Board is responsible for the establishment and proper operation of a system of internal control, including proper accounting records and other management information suitable for running the Company.

Internal controls covers the whole system of controls, financial and otherwise, established by the Board in order to carry on the business of the Company in an orderly and efficient manner, ensure adherence to management policies, safeguard the assets and secure as far as possible the completeness and accuracy of the records. The individual components of an internal control system are known as 'controls' or 'internal controls'.

The Board is responsible for risk management in the organisation, and for deciding the action to be taken on the outcome of any findings from our work. The identification of risks and the strategies put in place to deal with identified risks remain the sole responsibility of the Board.

## Conformance with the Global Internal Audit Standards

This engagement has been conducted in accordance with the Institute of Internal Auditors' Global Internal Audit Standards.

## Limitations

The scope of the review is limited to the areas documented under Appendix II - Terms of reference. All other areas are considered outside of the scope of this review.

Our work is inherently limited by the honest representation of those interviewed as part of colleagues interviewed as part of the review. Our work and conclusion is subject to sampling risk, which means that our work may not be representative of the full population.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that: the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate.

FOR MORE INFORMATION:

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