journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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1 Introduction

This policy is critical to the delivery of Our Journey To Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. Staff education, learning and development is provided to enable staff to live the Trust's values, putting patient centred care at the heart of everything we do.

We want to ensure that all staff have an equal opportunity to benefit from learning and development initiatives. Our aim is for staff to develop both professionally and personally, to be equipped with the knowledge, skills and abilities to effectively contribute to and continuously improve the delivery of the care we provide and our three strategic goals.

The benefits of training and development interventions on an individual, team and directorate basis will be evaluated to ensure that learning is transferred to practice to improve not only the knowledge and skills of individual practitioners, but also contribute to the continuous improvements in patient care and clinical outcomes.

We are all responsible for contributing to our own development and ensuring we can demonstrate application of knowledge and skills. We also support staff through a multitude of specific training programmes designed to help you to develop throughout your career with us. Some is very specific to a role, for example ward mangers, whilst others are more generic and reflective—such as a mid-career programme.

We work with multiple external providers to support staff through apprenticeships, Master's degrees and PhDs, and we are investing significantly in development programmes for our existing and future leaders. We support staff to have specific talent management conversations using the Scope for Growth model (please see Appraisal policy) to explore their future in more depth, helping to identify clear career development plans to meet their aspirations.

Any member of staff can request a talent management conversation, and this does not need to be with your existing manager or professional lead (although this may be a useful tripartite starting point). Please contact the People and Culture team if you are not sure who would be best placed to help you.

This policy and its associated procedures will be flexible and adaptable in line with the requirements of the Equality Act 2010 in order to meet the needs of staff or anyone undertaking learning and development within the Trust.

The Trust recognises that people learn in different ways and that a positive learning environment that endeavours to meet people's needs is likely to impact positively on

the level of knowledge retained. Reasonable adjustments can help to reduce barriers to learning. Staff are far less likely to learn and retain knowledge if they are worried or anxious. Everyone is different, so this could be something that impacts directly on a person within the learning environment or it could be that another factor outside the learning environment is having a detrimental impact on their ability to learn or participate in the training.

Managers and staff are encouraged to contact the Workforce Development team to discuss how the Trust can best meet the needs of people from protected groups whilst they are participating in education and training.

This policy supports the Trust to co-create a great experience for all patients, carers and families from its diverse population by:

- Ensuring that all staff have access to the training that is fit for purpose to enable them to provide the best service possible.

This policy supports the Trust to co-create a great experience for our colleagues by:

- Ensuring you have the training to carry out your duties.
- Ensuring you have access to Continued Professional Development to enable you to progress and develop within the Trust and meet required professional standards.

This policy supports the Trust to be a great partner by:

- Working in partnership with local organisations to procure training and development opportunities that are appropriate for the Trust

2 Why we need this policy

2.1 Purpose

This policy is to ensure that:

- All staff have equitable access to relevant training and development appropriate to their role.
- All staff comply with Care Quality Commission (CQC) standards, Trust mandatory training and Continuous Professional Development (CPD) required for their post.

2.2 Objectives

- Develop and equip all staff with the knowledge and skills they require to support and deliver high quality patient care
- Promote equity of access and fairness
- Support the range of learning and development methods and approaches, which will include the use of technology and e-learning
- Monitor Trust compliance against Trust Key Performance Indicators (KPIs)
- Measure the impact and effectiveness of training and development on service delivery

3 Scope

This policy applies to all staff. Formal endorsement of staff development should be given by the Line Manager, Service Leads or Professional Heads.

Staff development embraces all forms of development activity including personal study, e-learning, internal or external courses, workshops, work shadowing and planned experiences. We will aim to support individuals through a variety of means within the prevailing budgetary provision and identified business need.

3.1 Who this policy applies to

- All Trust staff
- Bank workers
- Volunteers
- Temporary, fixed term, students, trainees or agency workers
- Medics

3.2 What this policy applies to

This policy should be used during the following activities:

- Undertaking annual appraisal
- Agreeing personal development plans
- Setting personal objectives
- Providing evidence of competency achievements
- Applying for and approving study leave and/or funding

- Allocating/prioritising resources for learning activities
- Devising annual training plans

3.3 Roles and responsibilities

Role	Responsibility
Director of People and Culture	• Accountable to Trust Board for the implementation and development of this policy
Workforce Development	• Providing programme administration (incorporating booking, confirmation, course materials, registers, evaluations etc for learning and development courses) • Maintain accurate electronic and up to date training records • Audit of the policy • Providing clear information on available internal and external training resources across the Trust for training delivered by Workforce Development • Commissioning of appropriate training required for staff • Monitor the impact of training on service development • Maintain a library of e-learning resources • Create and disseminate training reports
Managers	• Ensure staff understand and follow this policy • Ensure all new staff complete the Corporate Induction and undergo a comprehensive Local Induction • Ensure appropriate staff complete the Care Certificate within 12 weeks of starting • Ensure release and attendance of staff for essential training and add to health Roster • Ensure that all staff have equal access to learning and development opportunities • Monitor the impact of learning and development on service development • Set clear objectives within the appraisal which align to organisational objectives and identify support and development needed • Commission appropriate training for their team • To only approve additional courses/training once their staff members are in date with their Mandatory training • Ensure that staff have access to the training required to complete their employed role

Staff	• Understand and follow this policy • Ensuring they are engaged in the learning and development requirements of their role • Attendance and completion of Corporate and Local Induction • Ensure they are compliant with the Trusts Statutory and mandatory training. • Discussing learning and development, achievements, progress and needs at appraisals • Agreeing a personal development plan with their line manager (tripartite where this is essential – see appraisal procedure) • To negotiate with manager to ensure they are released for training or development activities (and professional lead/clinical supervisor where this is essential – see appraisal procedure) • To attend learning and development programmes and opportunities that have been arranged for them and if unable to attend and to ensure they cancel as soon as possible • Ensure that knowledge gained is used in their work, embedded and shared with colleagues upon return to the workplace
Subject Matter Experts (SME's)	• Providing high quality learning experiences for Trust staff • Ensuring staff are aware of the expect learning outcomes and content for training sessions prior to commencement • Ensuring records of all learning and development activities are forwarded to Workforce Development within 48 hours of the training taking place • Ensuring that all staff have equal access to learning and development opportunities appropriate to their role
Professional leaders/clinical supervisors.	• Participate in tripartite appraisal sessions where this is indicated in the Trusts appraisal procedure. • Advise on profession/therapy role specific training requirements for those they have accountability/responsibility for

4 Staff Development

Development	Purpose	Related Documents
Appraisal & Talent Management	To ensure that all staff have a meaningful annual appraisal resulting in appropriate objectives and a Personal Development Plan (PDP). To offer all staff the opportunity for a talent management conversation	Appraisal Procedure Scope for Growth Appraisal Policy for doctors
Apprenticeships	An apprenticeship is a form of study consisting of both academic and vocational learning. The academic qualification is taught through structured learning via an external provider and the vocational achievement is attained through evidenced developmental opportunities within the workplace.	Trust intranet apprenticeship page
Trust Welcome	An opportunity to welcome new staff into the organisation with key Trust messages.	New starters managers guide Probation process Mandatory TNA (appendix 1)
Local Induction	Local Induction is recognised as an invaluable way of ensuring that new staff know and understand the values of the organisation and the part they play in upholding these in the work they do. It is also an important way of helping new staff understand the services provided throughout the Trust and the relationships between different parts of the organisation in delivering these.	New starters managers guide Probation process Mandatory TNA (appendix 1)

Service Specific Training	To ensure compliance with CQC standards, legal statute and job role requirements.	Service Specific Training Procedure (appendix 3)
Statutory/Mandatory Training	To ensure compliance with CQC standards, legal statute and Trust mandatory requirements.	Mandatory TNA (appendix 1) Mandatory Training Process (appendix 2) Pay Progression Procedure

4.1 Types of learning and development

It is the responsibility of each line manager (and appraiser/s) to identify with the individual member of staff the most appropriate method of addressing development needs and they could include:

- Internal Courses (available on the Event Calendar on Trust Intranet)
- Use in-house experience
- External Courses (see manager approval form in appendix 5. For medics information please see appendix 6.
- Study – leading to formal qualifications which is relevant both to the individual and the Trust
- Self-directed study/research projects
- Conference attendance
- Job shadowing or secondment
- On the job training
- E-learning
- Distance learning

The list above is not exhaustive and protected time should be allocated accordingly.

Managers need to also consider the individual needs of the member of staff, their learning style and any reasonable adjustments that need to be made in order to enhance the learning experience.

5 Definitions

Term	Definition
Mandatory/Statutory Training	Training required in order to ensure compliance with relevant statutory provision or mandated by the

	organisation please see Training Needs Analysis in appendix 1
Continuous Professional Development (CPD)	Refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formerly and informally as you work, beyond any initial training
Continuous Workforce Development (CWD)	This includes accredited and unaccredited modules and unaccredited masterclasses at a variety of Universities. The masterclasses are delivered over the course of a day and are an update – they do not deliver specialist knowledge and learners should seek advice from the university around the skills and knowledge they will gain from attending. Certificates of attendance will be issued by the university.
NHS England	NHS Digital has merged with NHS England. This means that NHS England has assumed responsibility for all activities previously undertaken by NHS Digital (formal date of merger 01 April 2023). This includes running the vital national IT systems which support health and social care, and the collection, analysis, publication and dissemination of data generated by health and social care services to improve outcomes.
Service Specific Training	Training required in order to maintain the delivery of services across the organisation or improve quality or productivity. This includes any training required by staff to comply with their professional bodies in order to maintain registration, or training to deliver current or emerging service requirements.

6 Related documents

New Starters Managers Guide
Pay Progression Procedure (new version due September 2024)
Probation Process

7 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.

- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Training needs analysis

Please see Appendix 1 for Mandatory and Statutory Training needs analysis which is split into Core Mandatory training – applicable to all staff and Role Specific Mandatory training.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Face to face	Various available – access is through intranet training event calendar	various
All staff	E-learning	Various available – access is through ESR (link available on front page of intranet)	various

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8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Mandatory and Statutory training	Frequency: Monthly Method: IIC KPI dashboard Responsible: Team manager / Ward Manager	Team manager / Ward Manager to support staff to complete Mandatory and Statutory Training

2	Mandatory training	Frequency: Daily Method: IIC KPI dashboard Responsible: Workforce development team/ Team Manager	Available to Director of People and Culture for P&C leads, business managers, care group directors of nursing and quality and people leads in the care groups inc. people partners
3	CPD/ CWD	Frequency: Twice Yearly Method: manual return to NHS England Responsible: Workforce development team	NHS England

9 References

Equality Act 2010
Care Quality Commission (CQC) standards
Core Skills Training Framework (CSTF)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 March 2024
Next review date	20 March 2027
This document replaces	Staff Development Policy HR-0012-v8
This document was approved	P&C Policy Working Group 23 February 2024
This document was approved	Joint Consultative Committee 12 March 2024
This document was ratified by	Management Group
This document was ratified	20 March 2024
An equality analysis was completed on this policy on	08 January 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v9	20 Mar 2024	Full review with changes: Introduction amended to include OJTC Purpose amended Roles & Responsibilities amended with new roles and change of responsibilities Staff development framework deleted Section 4 amended to include up to date information Mandatory Training Procedure deleted and a flow chart added to appendix Appraisal procedure removed to be a separate document Vocational training procedure deleted as no longer relevant and information on apprenticeships on Intranet	Ratified

		Service specific training procedure deleted and replaced with a flow chart in the appendix HEE England procedure deleted as no longer appropriate and flow chart added to appendix	
v9	12 Nov 2025	Correction made to above date in 'Change record' from 2023 to 2024. No approval required.	Published

Appendix 1 - Mandatory Training Needs Analysis

Core Mandatory training – applicable to all staff

Title	Staff Group Applicable To	Initial Training	Update Training
Equality & Diversity inc Bullying & Harassment & Autism	All Staff including volunteers and bank	e-learning (within 8 wks)	e-learning *(1.5hrs) every **3 years***
Fire Safety	All staff	Face to face or e-learning (within 4 wks)	*e-learning and face to face **yearly** in alternate years*.
Health & Safety inc spinal awareness and slips, trips & falls of staff & patients	All Staff including, career grade medics, volunteers and bank	Face to face or e-learning (within 8 wks)	Face to face or e-learning *(1.5hrs) every **3 years***
Health & Safety inc spinal awareness and slips, trips & falls of staff & patients	Training Grade Medics	e-learning (within 8 wks)	E-Learning (1.5hrs) **every 3 years**
Information Governance	All Staff including volunteers and bank	Data Security Awareness Level 1 e-learning (within 8 wks)	Data Security Awareness Level 1 e-learning *(1.5hrs) **yearly***
Safeguarding (includes Adult & Children) Level 1	All Staff including volunteers and bank	e-learning (within 6 wks)	e-learning (1.5hrs) every **3 years** (Corporate) and **one off** (Clinical)
Infection Prevention & Control inc hand hygiene & inoculation incidents	Corporate staff	Face to face or e-learning (within 8 wks)	Face to face or e-learning (1.5hrs) every **3 years**
Infection Prevention & Control inc hand hygiene & inoculation incidents	Clinical staff, Porters & Housekeepers, Career Grade Medics and Training Grade Medics	Face to face or e-learning (within 8 wks)	Face to face or e-learning (1.5hrs) **yearly**
Speak Up (replaces Whistleblowing)	All staff including volunteers and bank	E-learning (within 12 wks)	E-Learning every **3 years**
Incident Reporting Level 1	All staff	E-learning (within 12 wks)	**E-Learning every 3 years**
Listen Up	All staff including volunteers and bank	E-learning (within 12 wks)	E-Learning every **3 years**
Patient Safety Level 1	All staff including volunteers and bank	E-learning (within 12 wks)	E-Learning every **3 years**

Title	Staff Group Applicable To	Initial Training	Update Training
Equality & Diversity inc Bullying & Harassment & Autism	All Staff including volunteers and bank	e-learning (within 8 wks)	e-learning *(1.5hrs) every **3 years***
LD & Autism Tier 1 e-learning	All staff	E-learning (within 12 wks)	E-Learning every **3 years**
Follow Up	Board members	E-learning (within 12 wks)	E-learning every **3 years**

Service Specific Mandatory training

Title	Staff Group Applicable To	Initial Training	Update Training
Clinical Supervision	Registered Clinical Staff (including Nursing Associates)	E-Learning (within 12 wks)	**N/A** as one-off training
CPA & Care Co-Ordination	Registered Clinical Staff including Nursing Associates (exc Pharmacy)	E-Learning (within 12 wks)	**N/A** as one-off training
CSTF - Conflict Resolution	N/A – this is a topic that is transferred from other Trusts but there is no requirement for TEWV staff to complete as those who need it will cover it in Positive & Safe Care Training.	N/A	N/A
Controlled Drugs	Registered Nurses (including Nursing Associates)	E-Learning (within 12 wks)	E-learning every **3 years**
Escorting	Bank HCA's	Workbook	**N/A** as one-off training
Face to Face Medication Assessment	Registered Nurses (including Nursing Associates)	Face to Face Assessment in area – sent to E&T to input	Face to face Assessment every **2 years**
Harm Minimisation	Clinical Staff, Career and Training Grade Medics	E-learning (within 12 wks)	E-learning every **2 years**
Incident Reporting Level 2	All staff band 7 and above	E-Learning (within 12 weeks)	E-Learning every **3 years**
Patient Safety Level 2	Clinical Staff, Career and Training Grade Medics	E-Learning (within 12 weeks)	E-Learning every **3 yearly**
Positive & Safe Care Training	Clinical Staff with no access to in patient areas & Porters & Housekeepers & Training Grade Medics	Positive & Safe Care Level One - 1 Day (Within 12 wks)	Face to face 1 day **every 2 years**

	Clinical staff including bank on a in-patient setting	Positive & Safe Care Level Two - 5 Days (within 12 wks)	Face to face 2 days **yearly**
Manual Handling Patients	• Nursing staff in ALD, MHSOP & SIS In Patient, Day Services, Supported Living & Respite. • Physiotherapy & Occupational Therapy staff in MHSOP & ALD Inpatient & Community	Face to face 1 day (within 12 wks)	Face to face 1 day every **two years**
Medicines Optimisation	Registered Nurses and Nursing Associates on an in-patient setting	E-Learning (within 12 weeks)	E-Learning **yearly**
Mental Capacity Act	All Clinical Staff, Career Grade and Training Grade medics. **Band 2 – 4** Mental Capacity Act as Part of Human Rights **Band 5+** Mental Capacity Act as Part of Human Rights Restraint Assessing Mental Capacity Best Interests Deprivation of Liberty Relationship Between MCA and MHA **C&YPS – All staff to Complete:** MCA and Young People Aged 16/17	e-learning (within 12 weeks)	e-learning every **2 years**
Mental Health Act Level 1	Non-registered clinical staff	Face to face or e-learning (within 12 wks)	Face to face or e-learning every **2 years**
Mental Health Act Level 2	Registered clinical staff (including Nursing Associates), Career Grade and Training Grade Medics	Face to face or e-learning (within 12 wks)	Face to face or e-learning every **2 years**
Observation & Engagement (Bank)	Bank HCA's	Workbook	**N/A** as one-off training

Observation & Engagement (Core)	Clinical staff on an in-patient setting	E-Learning (within 12 weeks)	E-Learning every **3 years**
Prevent	Registered Clinical staff (including Nursing Associates), Career Grade and Training Grade Medics	Face to face or e-learning (within 12 wks)	e-learning every **3 years**
Rapid Tranq Tier 1	Career Grade and Training Grade Medics (exc Innov GP's)	Royal College CPD e-learning (Before first on call or within 2 wks)	Royal College CPD e-learning every **2 years**
Rapid Tranq Tier 2	Registered nurses on an inpatient unit (including Nursing Associates)	E-Learning (within 12 wks)	E-Learning every **3 years**
Rapid Tranq Tier 3	Non-registered nurses on an inpatient unit	E-Learning (within 12 wks)	E-Learning every **3 years**
Resuscitation	Community Clinical Staff who do not have access to an emergency bag. Clinical Staff who have access to an emergency bag and are expected to use it (excluding Inpatient Registered Nurses) For all designated medical staff, physical health nurses working at advanced practitioner level and Inpatient Registered Nurses.	Cardiopulmonary Resuscitation – 1 hour – (or e-learning from previous Trust)(within 12 wks) Basic Life Support – ½ day – (or e-learning from previous Trust) (within 12 wks) Intermediate Life Support 1 day (within 12 wks)	Face to face 1 hour Face to face **yearly** Face to face ½ day Face to Face **yearly** Face to face 1 day **yearly**
Risk Assessment Training	EMT & Board members	Face to face training (within 12 wks)	Face to face every **5 years**
Safeguarding (includes Adult & Children) Level 2	Non-registered clinical staff and students	E-learning (within 12 wks)	E-Learning every **3 years**

Safeguarding (includes Adult & Children) Level 3	All Registered staff including pharmacy and all medics	1 day Trust face to face (Core) training, (within 12 wks)	1 day Trust face to face (Core) training, every **3 years**
Safe Prescribing	Career Grade and Training Grade Medics	e-learning (before first on call or within 2 wks)	**N/A** as one-off training

Appendix 2 - Statutory/Mandatory Training Process

Check IIC for topics of training either Amber or Red (or own ESR Training Matrix)

Access ESR to complete e-learning modules & access the Event Calendar on Trust Intranet to book face to face or MST modules – Please do not book multiple places

E-learning courses should update your matrix within ESR immediately and within the IIC after a few days.

Face to face courses should update your matrix within ESR within 3 days and within the IIC within one week.

If you need to cancel your space, please do so well in advance so the space can be allocated to another member of staff otherwise it will go down as a DNA.

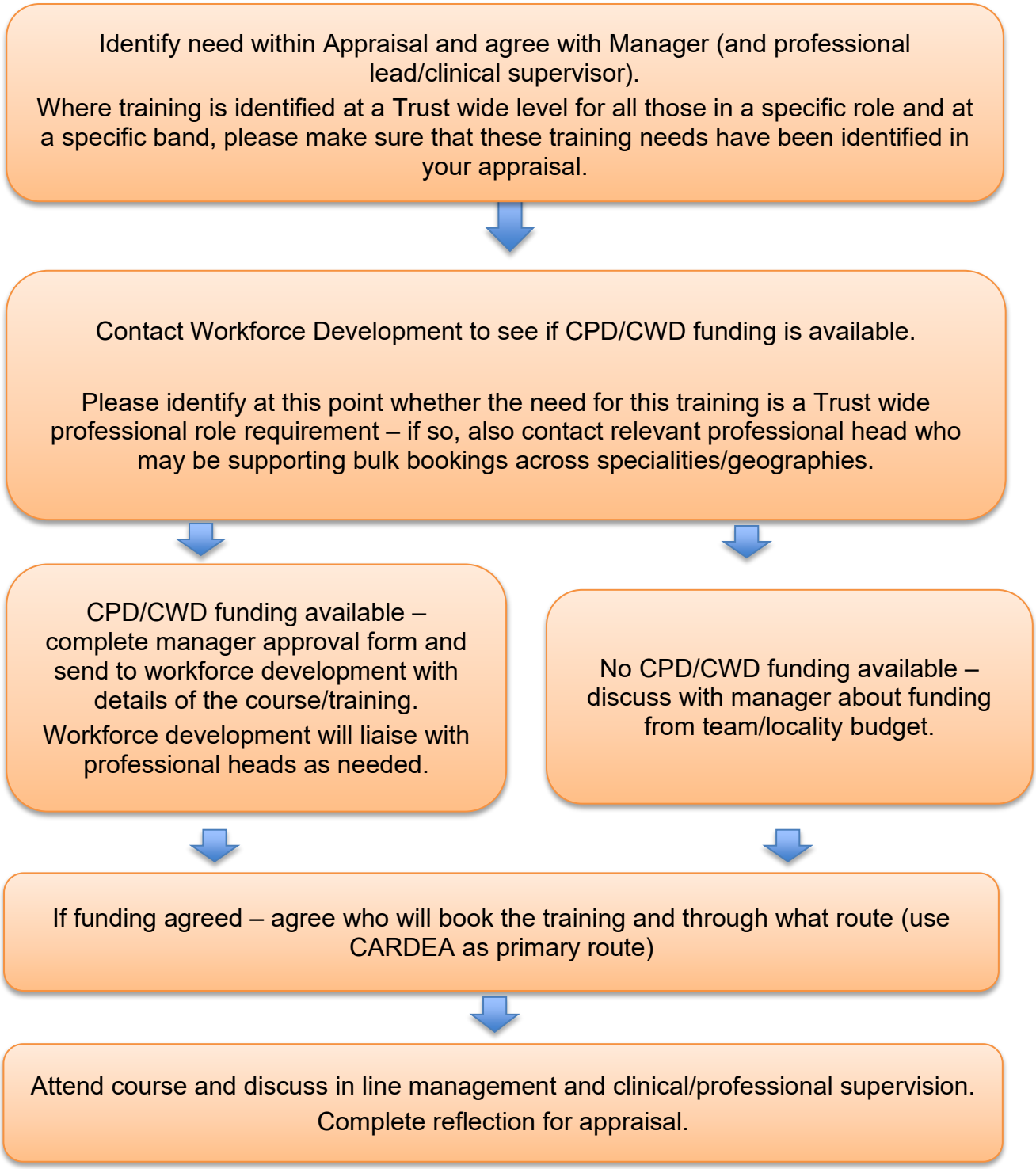
Appendix 3 – Service Specific Training Process

Check Event Calendar on Trust Intranet or appropriate external provider for available courses

Complete Manager Approval Form and have it agreed with your line manager (and professional lead/clinical supervisor).

Attend course and discuss in line management and clinical/professional supervision

Appendix 4 – Courses with a cost process



(note a more accessible version of this table is available on request)

Appendix 5 - Manager Approval Form

SUPPORTING INFORMATION FOR CPD/CWD APPLICATIONS

This form must be discussed between the applicant and their manager. The manager completes and returns the form via email to linda.setterfield@nhs.net or susan.coulson@nhs.net . Upon receipt the Education & Training Team Manager will provide feedback regarding suitability. Places must not be booked before approval has been given.

For Non-Medical Prescribing please complete all 3 sections.

For all other courses please complete sections 1 and 3.

Section 1				
Name of Applicant		**Name of Manager**		
Address of applicant		**Is Mandatory and Statutory training up to date? Please note training cannot be undertaken if any current training is outstanding.**		
Training Requested				

Start Date		**Provider**			
Workplace Location				**Cost code**	
Location of Course or Distance Learning?					
Job role					
Has course been researched?	Y/N	**Costs including VAT**			
Source of Funding (CWD or CPD) see below					
Travel arrangements agreed/paid by who	Y/N	**Travel Expenses covered by**			
Study Leave Required	Y/N	**Time agreed:**			
Identified during Appraisal	Y/N	**Identified during Supervision**	Y/N		
Level agreed (please see table below and		**Further information:**			

select appropriate number)		

Level 1 – Mandatory & Statutory requirements	Legal requirements to be able to carry out expected tasks.
Level 2 - CWD	A requirement of the role – specific (CWD)
Leadership - CPD	The support of individuals, organisations and systems in their leadership development - ranging from individual behaviours and skills, to organisational development of systems through partnerships.
Up-skilling - CPD	Focused on role enhancement; increasing the depth of a job by extending the skills and responsibilities of an existing role to enable practice at the top of one's license.

Application to undertake training in Non-Medical Prescribing

Section 2	
Full Name:	Job Title:
Professional Registration No:	Locality/Directorate

Address:	
Work no:	Mobile no:
Email address:	

Please tick to evidence that you are a 1st level registered nurse, registered pharmacist or registered AHP or have another health care professional registration that legally allows prescribing with:

The capability to study at level 6/7	
An advanced level of clinical competence in your own area of speciality practice	
Evidence of on-going professional development	
A minimum of 1 years post registration experience	
An agreed personal development plan that covers non-medical prescribing	
The motivation to complete the training programme and willingness to undertake extended scope of practice	

Preferred University (please tick)

Teesside		Sunderland		Cumbria	

Managers confirmation (please tick)

The applicant meets entry requirements	
The applicant has the necessary professional registration	
The applicant has the ability to study at this level	
The applicant has advanced level of clinical competence in their area	
The applicant has on-going evidence of professional development	
The applicant has 1 years post registration experience	
The applicant has worked in the filed they intend to prescribe in for at least 1 year	
The applicant has an agreed PDP which can be audited via the appraisal	
There is a Designated Prescribing Practitioner (DPP) in place	
There is an identified source of funding	
The applicant will be given the required amount of study time (up to 90 hours)	
The service will allow the individual to participate in on-going PDP	
On completion the applicant will have a job plan to support use of prescribing	

Manager to identify the service benefits (how clinical practice will be enhanced, improved quality, cost efficiency?

Signature of Line Manager:	Date:

Section 3

Managers Declaration

I agree that I have discussed the course/training/module of study with the applicant and we both understand the course objectives and benefits to the department and delivery of patient care. I have updated operational plans/rotas and I can release the applicant as agreed without any foreseeable impact on service delivery or patient care.

I agree to release the applicant to attend the agreed training. I agree that they are available to attend the dates listed and I fully support this. I understand that if I do not support this release at a later date, it will impact on their course of study, future workforce ability to meet service need, the course may not be available in the future and may impact on future funding allocation from HEE and my budget may be charged.

Signed: Dated:

Applicants (and where applicable their professional lead/clinical supervisor) Declaration

Prior to applying for training, I will ensure that I am available to attend and my line manager can release me on the agreed dates. If, I cannot attend on the dates provided, I will seek re-approval for an alternative module and I understand that I will have to regain line manager (and where applicable my professional lead/clinical supervisor) approval before applying.

I understand that my employer is investing in my role development to support service delivery and that I must discuss with my line manager (and where applicable my professional lead/clinical supervisor) any concerns I have regarding the course/training/module of study.

Signed: Dated:

Appendix 6 – Study Leave for Medics

STUDY LEAVE APPROVAL PROCEDURE FOR SENIOR MEDICAL STAFF

1 Individual identifies study leave in line with agreed CPD objectives and submits the study leave request via SARD including details of cover arrangements, where applicable.

2 Submit study leave form for approval as follows:

- Approval of training in line with agreed CPD required from CPD Peer Group
- Approval of study leave and resources required from Authorised Officer – ie Clinical Manager or General Manager

Once the above authorised approvals have been obtained the study leave request is classed as approved. No further written approval is needed.

3 Following approval, the individual doctor should then make arrangements to book themselves on to the course. Accommodation and travel is now booked using the Trust's fully managed travel service, provided by Redfern Travel. Only trained and authorised members of staff will be permitted to book business travel and accommodation with this company and people will no longer be allowed to make bookings using trust or personal credit cards, or to receive reimbursement via travel expenses claims.

4 If an invoice needs to be raised for course fees, the individual should instruct the company to raise the invoice to the Trust, addressed to their Medical Manager or General Manager. The doctor will then need to ensure the invoice has been authorised by the appropriate service budget holder and forwarded to Financial Services at Flatts Lane Centre for payment. This will enable the doctor to oversee the process and ensure that the necessary booking and payment for the course has been confirmed.

5 Once the individual has attended the course, they should claim any travel expenses they have incurred that they have received approval for. The claim should be submitted with receipts to the relevant budget holder for authorisation and then forwarded to Financial Services at Flatts Lane Centre.

Overseas Courses

The Trust has decided to put a limit on the amount that can be claimed for overseas trip. Therefore, the maximum amount that can be claimed is as follows;

- Accommodation to the value of a Bed & Breakfast in London for one night – maximum of £120.
- Travel costs of up to £100.
- Full course fees.

Any excess costs need to be paid for by the applicant.

Appendix A - Equality Analysis Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	People and Culture - Workforce development
Title	Staff Development Policy
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	• Develop and equip all staff with the knowledge and skills they require to support and deliver quality patient care • Promote equity of access and fairness to development and training opportunities • Support the range of learning and development methods and approaches, which will include the use of technology and e-learning • Monitor Trust Mandatory/Statutory training compliance against Trust Key Performance Indicators (KPIs) • Measure the impact and effectiveness of training and development on service delivery
Start date of Equality Analysis Screening	November 2022
End date of Equality Analysis Screening	08 January 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff and patients
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	n/a
Describe any positive impacts / Human Rights Implications	Access to everyone and work ongoing for neurodivergent learners to enhance the learning experience and make training more accessible.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See reference section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	Consulted with P&C PWG and with JCC and trustwide consultation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix B – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	y	ongoing
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	E&D Review completed 08 January 2024
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the policy been reviewed for harm?	y	No harm
	Does the document identify whether it is private or public?	y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	