# Learning and Development Policy

*Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet.  Please visit the intranet for the latest version.*

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|---|---|
| Purpose of Agreement | To outline the procedures for Learning and Development activity including policy and personal development. |
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**Policy has been rewritten so amendments not tracked**
Please fill the table below:

| Amend No | Issued | Page | Subject | Action Date |
|---|---|---|---|---|
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**Review Log:**

Include details of when the document was last reviewed:

| Version Number | Review Date | Lead Name | Ratification Process | Notes |
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| 5 | 10/08/2018 | Frances Haig | Policy Steering Group | Policy rewrite |
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## TRUST POLICY AND PROTOCOL FOR LEARNING AND DEVELOPMENT

**SUMMARY OF POLICY**

*The purpose of this policy is to ensure a common approach to staff learning and development across Solent NHS Trust: to ensure quality programmes, demonstrable return on investment, equitable access and accurate and reliable data reporting staff learning.*

*Learning and development encompasses:*

- *Statutory and mandatory training and education (see Induction and Mandatory training policy)*
- *Preceptorship (see preceptorship policy)*
- *Clinical and Safe guarding Supervision (see Clinical Supervision and Safeguarding Supervision policies)*
- *Apprenticeships (see Apprenticeship policy)*
- *E-Learning*
- *In- house and external courses*
- *Conferences*
- *Shadowing and work experience placements*
- *Student placements*

*This policy covers*

- *The duties of employees, managers and the Learning and Development team towards training and development.*
- *Authorisation of learning and development activity (study leave and funding )*
- *Prioritisation and cost effectiveness*
- *Procedure for non-attendance*
- *Return to Practice*

# Table of Contents

# Trust Policy and protocol for Learning and development

## 1.    INTRODUCTION & PURPOSE

Solent NHS Trust recognises that staff are its most valuable and import resource and the organisation is committed to providing a learning culture where staff are nurtured and encouraged to learn. Solent NHS Trust is committed to being a great place to work and learn. Professional and personal development for all staff is a fundamental trust priority and all staff should have the opportunity to develop new skills and have the prospect for career progression.

Staff education and learning and development is provided to enable staff to live the trust's values, making patient centred care at the heart of everything we do. The trust recognises that its employees are central to providing safe and effective clinical care.  To fulfil this commitment the trust will work with services to understand the complex training requirements of its entire staff and link these to the education strategy and workforce plans.

The purpose of this policy is to ensure a common approach to staff learning and development across Solent NHS Trust, to ensure quality programmes, demonstrable return on investment, equitable access and accurate and reliable data reporting.

This policy describes the responsibilities of individual staff and managers in fulfilling aspects of the training and staff development, and is intended to guide all individuals in meeting their learning and development requirements and responsibilities.

## 2.    SCOPE

This Policy applies to all staff directly employed by Solent NHS Trust in line with Solent NHS Equality, Diversity and inclusion Policy.

- This policy applies to  bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students),  volunteers (including Associate Hospital Managers), Non-Executive Directors, governors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.  It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.

- Only permanent and fixed term employees are eligible to apply for external training courses where internal or external funding is required. Bank staff who work frequently at Solent NHS Trust may be considered for such training, with the agreement of the service manager and lead and L&D.

This policy does not cover:

- Medical and Dental study leave

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

### 2.1    Prioritising Requirements

The trust aims to provide or commission learning and development activities that are aligned to the achievement of trust objectives and workforce plans.

### 2.2    Access and Equality

The trust is committed to

- Ensuring learning and development opportunities are provided for all staff.
- Ensuring resources for learning and development are distributed  fairly.
- Provides access to widening participation in learning and development for all staff requiring help with Skills for Life including literacy, numeracy and IT.

## 3    DEFINITIONS AND ABBREVIATIONS

**L&D** The Learning and Development Team (L&D)

**CPD:  CPD** stands for Continuing Professional Development. It refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training.

**HEE:** Health Education England

**Essential 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.  It may also include training that is required by legislation and policy.

**Learning**: An end result or outcome, defined as a change in perspective or capability (behaviour, knowledge or attitude) whether of individuals, teams or the organisation as a whole.

**Professional and Core Competencies**: These are the skills and knowledge which support personal, service and career development.

**Statutory and Mandatory**: Training required in order to ensure compliance with relevant statutory provision or mandated by the organisation, e.g. fire safety training, moving and handling. Statutory training that the trust is legally required to provide as defined by legislation

**Subject experts**:  Designated experts in particular subjects within the trust who define the training requirements and mode of delivery in their area of specialism.

**Training**: The acquisition of skills to a set standard, through instruction and practice, and takes a short term approach. It is usually concerned with improving capability and performance covering business, technical and professional knowledge and skills.

**TNA**: Training Needs Analysis. An annual analysis of the education and learning requirements of trust staff to manage risks and meet business objectives.

**Training Provider**: Individual, group or body providing a learning or educational experience or programme.

## 4    ROLES & RESPONSIBILITIES

### 4.1    All staff

 Staff are responsible for:

- Ensuring they are engaged in the learning and development requirements of their professional registration (if applicable) and for the role the hold within the trust, and for taking responsibility for this learning.
- Attendance and completion of induction programmes (both trust and local).
- Ensuring they are compliant with the trust's statutory and mandatory (essential) training. Essential training must be completed before other training is completed and before any courses can be applied for and approved by line managers.
- Discussing learning and development, achievements, progress and needs at appraisals performance review meetings and throughout the year with their line manager.
- Agreeing an annual personal development plan with line their manager.
- Attending and completing all required elements of development, study days and courses providing feedback on the quality and effectiveness of learning activities.
- Complying with any learning agreements related to specific courses e.g. pre-registration nursing and allied health professionals programmes, leadership and development programmes etc.
- To keep continuously and professionally updated in relation to their role, identifying needs and request appropriate access to relevant programmes.
- To negotiate with manager to ensure they are released for training or development activities.
- 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.

### 4.2    Line Managers

Line manager/team managers are responsible for:

- Ensuring that all staff have equal access to learning and development opportunities.
- Ensuring all new staff complete the corporate induction course ideally on the first day of their employment, if this is not possible within the first 2 weeks of starting and local induction before commencement of shifts. Completion of local Induction to be reported via ESR.

- Ensuring that all non-registered healthcare staff in patient facing roles complete the Care Certificate within the expected time frame of 12 weeks.
- Ensuring all staff complete booked training or if they are not able to attend, cancel the booking 7 days before training commencing.
- Ensure release and attendance of staff for essential training and assign study time to the roster.
- Holding regular discussions and reviews with staff on their learning and development progress within the context of Appraisal Performance Review and 1:1 discussions though out the year.
- To be responsible for the identification of learning and development needs of their staff on an on-going basis, formulating and agreeing PDP (Personal Development Plans) at least annually.
- Participate in future workforce planning and identify possible training pathways. To work with the Chief People officer, Associate Directors of People and professional leads, and where appropriate Clinical and Operational Directors to identify and prioritise the education, development and training needs of trust staff in accordance with the trust's business objective and workforce plans.
- Ensure that if job descriptions or roles change that staff receive appropriate training and any competencies are signed off.
- To only approve additional courses/training once their staff members are in date for essential training and to ensure adequate cover to enable staff to be released for relevant courses.
- To regularly access the online learning system to review training requests and action accordingly, preventing delays in approval or possible non-attendance at training.

## 4.3    Learning and development department

The Learning and Development Team are responsible for:

- Ensuring that there is equity in the Learning and Development Policy and process to enable access to education, development and training administered via L&D.
- Producing the annual trust training requirements from the TNA found in the course directory on Solnet.
- Utilising the TNA to produce an annual schedule of learning and development for the trust.
- Timely reporting of learning and development activities as agreed.
- Seeking to provide a wide range of learning opportunities to meet learning needs, service delivery and overall trust objectives.
- Meeting standards for external and internal quality reviews of learning and development activity to include: Care Quality Commission (CQC), General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) and the Health and Safety Executive (HSE).
- Providing programme administration (incorporating booking, confirmation, course materials, registers, evaluation etc. for learning and development courses).
- Maintaining central electronic records concerning trust training activities and attendance for training delivered by L&D
- Providing clear information on available internal and external training resources across the trust and ensuring these are equitably distributed.
- Providing regular reports about uptake and non-attendance to managers and committees.

- Building partnerships with Health Education England, professional bodies and education providers, informing future development of training provision to ensure it reflects service and patient needs.
- Providing evidence of the effectiveness and value for money of trust and external learning activities.
- To ensure that the management of the terms of the contract held between Health Education England and Solent NHS Trust under the Learning and Development Agreement (LDA) are met. This includes the management, monitoring and reporting of ring fenced funding and expenditure, monitoring of clinical students on practice placements and the trusts ability to provide practice coaches/ mentors/supervisors and assessors.
- To provide provision of mentoring and coaching training for staff involved in student supervision and ensuring that a register of mentors is kept updated.
- To provide reports on compliance with essential training and ensuring that accessible information regarding statutory and mandatory training requirements are open to all staff.
- To manage the CPD and upskilling budgets, to include monitoring of course completion and providing quarterly or requested reports to Health Education England.

## 4.4    People Services

The Chief People Officer is responsible for:

- Ensuring provision and delivery of the learning and development function across all sections of the trust.
- Ensure adequate resources are available to support learning and development and to meet essential training, minimum essential professional training and role essential requirements to meet trust's learning and development strategy and role requirements for learning.
- Informing the trust board of learning and development matters, and representing learning and development at a board level.
- Ensuring inclusion and accessibility for minority staff groups.
- Representation of the trust at executive level groups for example, HEE Local Workforce Action Board (LWAB)

## 4.5    Training Providers including Essential Training (not within L&D)

All training providers who provide training for Solent NHS Trust employees are required to adhere to the quality standards expected as follows:

- Providing high quality learning experiences for trust staff as per the quality assurance guidelines.
- Ensuring staff are aware of the expected learning outcomes and content for training sessions prior to commencement.
- Ensuring records of all learning and development activities are kept on the central database in accordance with trust procedures.
- Disseminating effective information about learning programmes via the learning and development website on Solnet and via posters, flyers and other media where necessary.
- Ensuring that all staff have equal access to learning and development opportunities.

- Evaluating every training course/activity to ensure effectiveness of the provision with appropriate learning using the trust evaluation documentation.
- Provide evidence of regular professional updates with subject matter and provision of evidence of learning and teaching methods.
- Undertaking annual peer assessment as requested. Where an accreditation is applicable trainers must be able to demonstrate valid accreditation and demonstrate that they are competent to do so (via annual peer assessment).
- Provide evidence to L&D manager of trainer occupational competence and qualifications to deliver training to the required standard prior to training commencing.

## 5  PROCESSES

### 5.1  Authorisation of Learning and Development Activity

Learning and development activity will not be authorised without the line manager's approval and may be subject to specific criteria if funding has also been requested. If criteria apply this will be clearly stated and the process for approval and outcomes will be clearly communicated.

The following should be considered when requests for study leave and funding are made:

- It meets essential training and the trust's strategic aims and objectives. All staff should be given sufficient study leave to meet essential training.
- There is no minimum or maximum study leave allowance identified in this policy. It is at the discretion of the manager and relates to the availability of study time and staffing budget, and the needs of the individual.
- Other study leave and funding is granted at the discretion of the line manager.
- Individuals seeking reimbursement or expenses should refer to the Trust Expenses Policy. All claims for travel and subsistence must comply with the appropriate terms and conditions of the policy. Funding cannot be guaranteed if approval is sought retrospectively.
- Any staff member who feels they have been treated unfairly by refusal of study leave or funding should refer to the trust's Grievance Policy.

### 5.2  Funding

Courses, conferences and education programmes can be funded from different funding streams. Funding may be from:

- **The individual** - if individuals are self- funding an education programmes approval does not need to go through the L&D. Study leave would need to be negotiated at a local level. However the L&D would be happy to assist in supporting the individual with their application and advice on payments etc. Individuals who self-fund may be able to claim tax relief. Individuals wishing to request tax relief of the course fees should apply directly to HMRC.
- **The service** - The Learning and Development team do not need to be notified when services are planning to use their own finances to support staff to complete training,

except where the trust requires evidence of learning. It is recommended that when services are planning to purchase any education trainers or programmes L&D are informed to ensure that services are purchasing quality education. Services that approve training without L&D authorization cannot request funding from L&D in retrospect.

- **Learning and Development -** The Learning and Development function receive funding from Health Education England. When funding becomes available managers and service leads will be informed, applications and processes will be sent out accordingly and coordinated through the Learning and Development team.
- **Apprenticeship levy –** Courses and programs that are classed as an apprenticeship are funded via the apprenticeship levy. All apprenticeship applications must go through the learning and development levy.

## 5.3    Prioritisation and Cost Effectiveness

Resources for learning and development are limited, and service pressures often make it difficult for managers to release staff for training, and this is further constrained by finite budgets. It is therefore essential that maximum return on investment is achieved and that resources are not wasted. The following principles will therefore be followed:

- Priority will be given to mandatory training and essential clinical skills.

- All staff must attend mandatory training, as laid down in the Induction & Mandatory Training Policy.

- Prioritisation will be given to learning and development that is clearly linked to organisational objectives and the knowledge and skills framework. This does not mean that the trust does not support individuals' career ambitions, but the organisation must achieve its objectives and therefore learning will be prioritised accordingly.

- Managers must ensure that all agreed training is necessary and the most cost effective way of meeting particular learning requirements. L&D are available for advice if required.

- Where staff attend learning and development events, they must be prepared to share that learning with colleagues on their return as appropriate. This will reduce the need for staff to attend expensive external conferences and also reduce costs.

- Managers and individuals should be creative with methods of learning and try to consider what "skills" the individual needs to develop and the learning style of the individual. Coaching, shadowing, e-learning, research, etc. may be more appropriate ways of developing skills rather than attendance at classroom based workshops or training events. L&D can support these events but they must have clear objectives and outcomes.

- All in house training programmes will be evaluated to ensure quality and effectiveness of learning. This may be carried out on a post event questionnaire or several months following the event(s) as appropriate.

- All external training commissioned by Solent NHS Trust will also be evaluated to ensure effective return on investment; this evaluation will inform whether the activity is commissioned in the future.

- The L&D standard evaluation form is completed post programme – the final question on the form relating to quality will be used as a key performance indicator and reported in L&D annual reports (accessed on Solnet)

- Attendance at non Solent NHS Trust events should be notified to L&D via presentation of attendance certificate, or confirmation from the training/education provider. Training will then be recorded on the individual learning record.

### 5.4 Procedure for Non-attendance

All internal training offered by L&D training will be booked online via ESR.

Non-attendance - (notified 7 days or more prior to the event): -L&D administrators will contact the delegate and make another booking. If there are no alternative dates available the delegate's details will be added to the waiting list for that event. The delegate will be contacted via email when dates become available.

Non- attendance (without prior notice to L&D):  Non attendances will be picked up by L&D when they receive the attendance list. The delegate and their line manager will be notified.

**Learning and Development – Bank, Agency, Contractual Staff**
It is vital that any person/s working within Solent NHS Trust are safe to carry out their roles and receive the appropriate training and induction to do so.

**Bank Staff**
Bank staff are required to attend the trust induction and receive a local induction. Any statutory and mandatory training required for the role should be evidenced and sent to the bank administration team.

Bank staff who are not compliant with their statutory and mandatory training will not be approved to work within Solent NHS Trust.

It should also be noted that bank staff should only attend non statutory and mandatory training or learning and development activity when they are actually on assignment, not in a period where they are not working.

**Agency staff**
All agency staff must be given a local induction. Solent NHS Trust endeavour to use agencies that are part of the framework agreement. Employment agencies are responsible for their staff statutory and mandatory training.  Statutory and mandatory training will be part of the approved audit cycle within the framework contract.

**Contractual staff**

Members of staff working for external contractors should be given workplace orientation to the building they are working in and a local induction if appropriate. All other training should be supplied by the contractor.

**Students, Volunteers and Work Experience**
For further information refer to the policy relating to volunteers, work experience and student placements.

- **Pre- registration students** should receive a local induction at the start of their placement. According to their programme they may also receive an organisational induction as led by the placement facilitators.
- **Medical students** will receive a corporate induction delivered by L&D dependant on rotation; also they should receive a local induction on commencement of placement.
- **Individuals on work experience** should receive a local induction and to support their learning should be given access to information about the wider organisation via the Solent NHS Trust website.

### 5.5 Return to practice

**Return to Practice Nursing Programme (RTP)**
Solent NHS Trust recruits twice a year to the RTP Scheme run in conjunction with local Universities and currently funded by HEE. Solent advertises in NHS Jobs and offers a 150 hour clinical placement for any successful candidate.

**Solent NHS Trust Requirements:**
There must be a suitable clinical placement, Honorary Contract, DBS, Occupational Health screen and a 'Sign off' mentor. Students attend corporate induction and complete statutory and mandatory training prior to their start date at university. The programme is at degree level 6. Students must complete a minimum of 150 clinical hours over a 20 week period. Students will be supernumerary whilst on programme.

**Return to Practice Allied Health Professionals (AHPs)**
The process for return to AHPs is different from that of the RTP. The programme is currently funded by HEE and Health Care Professional s Council s do not require returnees to complete a specific programme. The number of supernumerary hours that they must complete is dependent on the time away from their profession. Any updating period must be completed within twelve months of the date applying to come back onto the Register.

**HCPC RTP Requirements in brief:**
0 to 2 years out of practice – no requirement
2 to 5 years out of practice – 30 **days** of updating
5 or more years out of practice – 60 **days** of updating
In the 'days' requirements above, HCPC **consider one day to be equivalent to seven hours.**

### 5.6 Educators in Practice (EiP) Team

The EiP team work within L&D and work across the organisation to positively support all learners. They develop and deliver training activities primarily for students on placement and new registrants, providing student inductions and access to focus groups. They deliver mentor/supervisor updates/support mentors / supervisors / assessors / practice educators /assist with struggling students. The team assure the quality of learning environments through the facilitation of alternate yearly placement audits with all host services. EiPs provide input into local work with Higher Education Institutes (HEIs) and represent the trust at relevant regional events.

## SUCCESS CRITERIA / MONITORING COMPLIANCE WITH THE DOCUMENT

- This policy will be reviewed by the Document Manager on the date shown on page one or before if any changes are necessary, or as a result of audit, evaluation or incident.
- Any amendments required will be discussed with the L&D team and stakeholders and with the Professional Development Forum.
- Any subsequent issues/findings resulting from the review will be incorporated in the new version of the document.
- The results of the evaluation will be formally documented and records kept of any discussions relating to the monitoring of the document for audit purposes.
- Attendance at mandatory and statutory training and training detailed in the TNA will be monitored monthly by L&D through download from the OLM system. The data is provided over a rolling 12 month period, enabling analysis of compliance.
- Monitoring includes an assessment of whether projecting completed and booked attendance will reach the required targets. Where there is tolerance for the target to be less than 100% this will be taken into account.
- Non-attendance at training is followed up as per the process in the Learning & Development Policy. Attendance at statutory and mandatory training including training as per the TNA is tracked by OLM and central systems via a RAG flag system which identifies staff due dates at training three months prior on a sliding scale until the actual due date. Staff are notified via email of their impending due date and advised to book before due date. Heads of Service will receive a report on a monthly basis notifying which staff are Red, Amber or Green in their attendance compliance.
- Staff who persistently do not attend will be managed under the Maintaining High Standards of Performance Policy (for Doctors and Dentists).

**REVIEW**

This document may be reviewed at any time at the request-either at staff side or management, but will automatically be reviewed two years from initial approval and thereafter on a biennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

Links to related documents:
NHSLA Risk Management Standards Induction and Mandatory Training Policy Clinical Supervision Policy
Resuscitation Policy
Equality, Diversity and inclusion Policy
Health and Safety Policy
Policy relating to Student Placement, Volunteers and Work Experience
Performance Management Policy
Maintaining high standards of performance Policy
Bank, Agency and Locum Worker Management Policy
Travel and Subsistence Policy

**Appendix: A**                    **Equality Impact Assessment**

| Step 1 – Scoping; identify the policies aims | Answer |
|---|---|
| 1. What are the main aims and objectives of the document? | To ensure consistency in relation to access to Learning and Development activity across the organisation |
| 2. Who will be affected by it? | All staff |
| 3. What are the existing performance indicators/measures for this?  What are the outcomes you want to achieve? | Existing measures- appraisal audit, staff survey, data held on OLM, programme evaluation outcomes, Board and performance reports<br>Expected achievements – Fair and Equitable access to Learning and Development activity, measureable data to inform investment and return on investment, maintain and improve quality of programmes across the organisation. |
| 4. What information do you already have on the equality impact of this document? | |
| 5. Are there demographic changes or trends locally to be considered? | no |
| 6. What other information do you need? | none |

| Step 2 - Assessing the Impact; consider the data and research | Yes | No | Answer<br>(Evidence) |
|---|---|---|---|
| 1. Could the document unlawfully discriminate against any group? | | X | Applies to all staff |
| 2. Can any group benefit or be excluded? | | X | Explicit in stating that this policy applies to all staff employed by Solent NHS |
| 3. Can any group be denied fair & equal access to or treatment as a result of this document? | | X | |
| 4. Can this actively promote good relations with and between different groups? | X | | |
| 5. Have you carried out any consultation internally/externally with relevant individual groups? | X | | |
| 6. Have you used a variety of different methods of consultation/involvement | | X | Not applicable |
| Mental Capacity Act implications | | X | Not applicable |
| 7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information) | | X | |
| External considerations | | | |
| 8.  What external factors have been considered in the development of this policy? | | | Professional bodies Intercollegiate guidance |

| 9. Are there any external implications in relation to this policy? | | | Required to compile HEE funded courses data and report quarterly |
|---|---|---|---|
| 10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented? | | | None  identified |

If there is no negative impact – end the Impact Assessment here.

| **Step 3 - Recommendations and Action Plans** | **Answer** |
|---|---|
| 1. Is the impact low, medium or high? | |
| 2. What action/modification needs to be taken to minimise or eliminate the negative impact? | |
| 3. Are there likely to be different outcomes with any modifications? Explain these? | |
| **Step 4- Implementation, Monitoring and Review** | **Answer** |
| 1. What are the implementation and monitoring arrangements, including timescales? | |
| 2. Who within the Department/Team will be responsible for monitoring and regular review of the document? | |
| **Step 5 - Publishing the Results** | **Answer** |
| How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made). | |

**Appendix:  B**          **Commercial Sponsorship (in accordance with Standards of Business Conduct for NHS Staff)**

Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable but only where the employee seeks permission in advance and the employer is satisfied that the acceptance will not compromise purchasing decisions in any way.  This includes all costs associated with the event if they are provided by the 'sponsor'.

Normally the relevant manager or service lead should give permission.  However, the Service lead may wish discuss this fully with L&D, in the case of consultant staff.

Companies may, for example, offer to sponsor wholly or partially a post.  The employer will not enter into such an arrangement unless it is made abundantly clear to the company concerned that sponsorship will have no effect on the purchasing decision within Solent NHS Trust.  Where the sponsorship is accepted, the trust board will be fully briefed and will be responsible for the establishment of monitoring arrangements to ensure that purchasing decisions are not influenced by the sponsorship agreement.

Under no circumstances should any employee agree to linked deals where sponsorship is linked to the purchase of a particular product or to supply from particular sources.

**Appendix: C                Learning Agreement Funded External Education Programmes**

(To be completed prior to undertaking any funded external education programme)

This agreement aims to maximise the impact of learning on the service staff deliver to patients within Solent NHS Trust. It essential therefore that managers ensure any formal education and training meets Trust/Service objectives and is linked to the staff members' Personal Development Plan

**Prior to completion of the agreement;**

- Learners must be able to provide evidence that they are up to date with essential skills training and mentorship update (if applicable)
- Learners should possess the appropriate attitude/values and study skills to be successful in undertaking the programme of study

**On completion of the agreement;**

- Funding for any external education programme will not be agreed by the Learning & Development Department (L&D) without a completed Learning Agreement.
- A copy of the completed agreement form should accompany all funded external learning applications submitted to L&D
- The completed agreement form should be filed in the staff member's personal folder

| | |
|---|---|
| **Name** | |
| **Dept./CSC** | |
| **Course Title** | |
| **Course Provider** | |
| **Start Date** | |
| **Completion Date** | |
| **Part of Personal Development Plan** | YES ☐          NO ☐ |
| **Are you enrolled on a degree or master's pathway** | YES ☐          NO ☐ |

| | |
|---|---|
| **Date enrolled** | |
| **Which pathway?** | |

**To be completed by the individual:**

It is a condition of acceptance on this programme that you agree to meet the following conditions:

**I Will:**

- Attend the required study times/days/tutorials and complete learner activities, unless there is a legitimate reason e.g. sickness or special leave agreed in advance by my line manager.

- Submit or participate in the required academic or practical assignments to meet the programme schedule.

- Complete the programme within the designated time frame, unless an extension has been agreed with my manager and the education/course provider.

- Discuss any potential issues regarding progression with the programme manager, L&D and line manager, prior to any decisions regarding interruption or possible withdrawal.

- Provide feedback and complete evaluations as requested to: -
  - Course / Study organisers and trust on your opinion of the quality of your learning experience e.g. resources, standard of teaching.
  - To your manager, supervisor, department on what has been gained especially if of potential value to your workplace.

- Share learning with the organisation or ward/department as requested by my line manager.

- Not receive any further funding to support external education until reasons for non-completion has been investigated by manager and reported to L&D.  If I do not complete the programme, which includes non-submission of assignments (Line manager to determine if reasons are legitimate and therefore negate this requirement).

**Signed:** | **Date:** |

**To be completed by authorising manager:**

I have had a pre meeting with the individual and agree to support them to achieve the learning outcomes of the programme and to enable them to share that learning with the organisation. The following has been agreed/completed;

- Rostered time off as agreed with the individual, to attend programme.
- I have agreed [    ] study days (as appropriate)
- To maintain contact with individual regarding progress.
- To contact L&D if the individual needs further support or I have concerns about their progression. (Please contact non-medical L&D administrator on ext.5865)
- To monitor and document the learning outcomes of the programme and provide feedback on the individual and their progress as requested by the programme organisers or L&D.
- To inform L&D if any allocated study leave is reclaimed in accordance with this Learning Agreement

**Expected Learning Outcomes (to be jointly documented):**

Please document below the expected learning outcomes or changes in practice, as a result of attendance on the programme

❖
❖
❖
❖
❖
❖

**Learning Outcomes Achieved (to be jointly documented):**

Please document below the changes in practice and the individual as a result of attendance on the programme (please note this is gathered as part of the on-going training plan monitoring and necessary for future funding).

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**Signed:** [                    ]        **Date:** [            ]

**All completed Learning Agreements will be subject to potential audit**

Appendix D

| Monitoring arrangements for compliance and action: Section | Audit methodology | Frequency | Action following review |
|---|---|---|---|
| Appraisal | Electronic audit to managers, PDP data | Annual (Quarter 3) | Use workforce intelligence to identify staff that have not had an appraisal and contact to advise accordingly |
| Funding allocation and Return on Investment | Data on funding applications and funding amounts, evaluations, completions, achievements, workforce data. | Annual | Dependant on findings. |
| Quality of L&D Programmes | Evaluation data Peer observation | Quarterly | Raise any concerns with trainer Potential to stop programme Potential to roll out or commission more programmes. Further staff training. |
| OLM data and accuracy and effectiveness | Reports on courses run, attendance rates, cancellation rates, DNA. | Quarterly | Improvements to data processes, further training on use of OLM. |

| Standard | Process for monitoring compliance | Evidence required to support compliance | Frequency | Responsibility of | Designated Committee |
|---|---|---|---|---|---|
| **Standard 2 - Criterion 5: Risk Management Training** | | | | | |
| The organisation has an approved documented process for ensuring a systematic approach to risk management training for all permanent staff that is implemented and monitored. | | | | | |
| Process for developing a Training Needs Analysis which must include all those topics referred to in the TNA Minimum Data Set | Regular meetings with Heads of Service / Managers / Service Training Leads are used to ensure the process for developing a Training Needs Analysis which must include all those topics | Report and minutes | Quarterly | Learning and Development Manager | People services and OD Committee |
| TNA Minimum Data Set is complete and appropriate | | | | | |
| Process for developing action plan(s) to deliver the training identified within the Training Needs Analysis | Regular meetings with appropriate Leads to ensure that the process for developing action plan(s) to deliver the training identified within the Training Needs Analysis is adhered to | Report and minutes | Annual | Learning and Development Manager | People services and OD Committee |
| Process for developing an annual training prospectus | The development and production of a training | Published prospectus | Annually | Learning and Development Manager | People services and OD Committee |

| | | | | | |
|---|---|---|---|---|---|
| which reflects the Training Needs Analysis | prospectus is completed and updated frequently, accessed via Solnet | | | | |
| Process for checking that all permanent staff complete the relevant training programmes in accordance with the Training Needs Analysis | An audit of OLM ensuring that process of checking all permanent staff complete the relevant training programmes in accordance with the Training Needs Analysis is adhered to | Report and minutes | Annually | Learning and Development Manager | People services and OD Committee |
| Process for following up those who fail to attend relevant training programmes | An audit of OLM ensuring that the process for following up those who fail to attend relevant training programmes is adhered to | | Annual | Learning and Development Manager | People services and OD Committee |
| Process for coordinating training records | An audit of 5% of training records will be carried out to ensure the process is adhered to | Report and minutes | Annual | Learning and Development Manager | People services and OD Committee |