# Trust Board Report

## Meeting Date:
4<sup>th</sup> March 2019

## Title:
Education Academy Report

### Executive Summary:
- Further to the Trust-wide advertisement for the post of Clinical Tutor, Dr Helen Steed (Consultant Gastroenterologist) has been appointed to this role.
- Radiology was successful in their bid for two trainee posts at ST3+ level.
- Radiology has been successful in submitting a bid for extra teaching equipment. This amounts to £62k for some extra workstations and £85k to enable the department to become a ‘teaching academy’ for West Midlands trainees.
- The Trust has been successful in submitting a bid to enhance the education environment for its student population to the value of £72k. The investment will support the upgrade and enhancement of the current teaching facilities for all educational faculties.
- The Nurse Fellowship programme started its recruitment campaign in September 2018 and has recruited 32 nurses to-date. The Programme has attracted UK registered nurses and internationally qualified nurses. The first cohort of international nurses are expected to arrive in March/April 2019.
- The OSCE bootcamp that is completed by all international nurses is in the validation process to become an accredited course at master's level through the University of Wolverhampton, making it the first of its kind in the UK. There has been interest from outside of the organisation for places on our OSCE accredited course, which is being explored further by the Nurse Education Team.
- 83.7% of medical undergraduate students in semester 1 highlighted satisfaction with the quality of teaching.
- The replacement of all Trust Defibrillators project that commenced on the 10<sup>th</sup> January 19 is now complete. Total Trust staff trained is now 2866 (85%) and at least 75% of relevant staff in all Wards/Departments where there is a defibrillator, have now received training.
- The Trust wide-review of mandatory training is now near completion. The action plan can be found in Appendix A.
- Based on January 2019 Compliance Report for mandatory training, the mandatory generic topic compliance is at 91.4%, mandatory specific compliance is at 85.5%.

### Action Requested:
- Receive

### For the attention of the Board

<table>
<thead>
<tr>
<th>Assure</th>
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<tbody>
<tr>
<td></td>
<td>Clinical Fellowship Programme - A report is to be presented to TMC in May describing the actions underway to support the Trust with a reduction of temporary staffing costs; this piece of work is being completed in conjunction with HR and Finance colleagues.</td>
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<table>
<thead>
<tr>
<th>Advise</th>
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<tbody>
<tr>
<td></td>
<td>Reduction of Workforce Development Funding (WDF - previously known as Learning Beyond Registration) funding. This overall reduction of funding for education is on the Trust’s risk register (2626)</td>
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<table>
<thead>
<tr>
<th>Alert</th>
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and the WDF/LBR is a feature of this. A paper to indicate all of the options available to the Trust to mitigate the risk as much as possible and will be presented to Academy Steering Group and Workforce Organisational Development Committee in April 2019 for consideration.

- A meeting is scheduled with Lisa Monaghan to explore space on the New Cross site to host the OSCE simulation centre that it currently at West Park. This is a key facility to support the work streams underway to recruit international nurses.

<table>
<thead>
<tr>
<th><strong>Author + Contact Details:</strong></th>
<th>Tel 01902 307 999 ext. 6175 Email <a href="mailto:zoe.marsh@nhs.net">zoe.marsh@nhs.net</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoe Marsh, Deputy Head of Education</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Links to Trust Strategic Objectives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create a culture of compassion, safety and quality</td>
</tr>
<tr>
<td>2. Proactively seek opportunities to develop our services</td>
</tr>
<tr>
<td>3. To have an effective and well integrated local health and care system that operates efficiently</td>
</tr>
<tr>
<td>4. Attract, retain and develop our staff, and improve employee engagement</td>
</tr>
<tr>
<td>5. Maintain financial health – Appropriate investment to patient services</td>
</tr>
<tr>
<td>6. Be in the top 25% of all key performance indicators</td>
</tr>
</tbody>
</table>

| **Resource Implications:** | None |

<table>
<thead>
<tr>
<th><strong>Report Data Caveats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a standard report using the previous month’s data. It may be subject to cleansing and revision.</td>
</tr>
</tbody>
</table>
CQC Domains

**Safe:** patients, staff and the public are protected from abuse and avoidable harm.  
**Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.  
**Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect.  
**Responsive:** services are organised so that they meet people’s needs.  
**Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Equality and Diversity Impact

EIA completed

Risks: BAF/ TRR

Risks relating to the Education Academy are as follows:

<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Description</th>
<th>RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4881</td>
<td>Training Compliance for Patient Moving and Handling</td>
<td>9 (3x3) AMBER</td>
</tr>
<tr>
<td>2474</td>
<td>Lack of teaching commitment in job plans thus impacting on student teaching</td>
<td>4 (2x2) YELLOW</td>
</tr>
<tr>
<td>2626</td>
<td>Reduction in national and regional educational funding</td>
<td>9 (3x3) AMBER</td>
</tr>
<tr>
<td>5048</td>
<td>Mandatory training compliance</td>
<td>12 (4x3) AMBER</td>
</tr>
<tr>
<td>4905</td>
<td>Fall in Medical Student Numbers</td>
<td>4 (2x2) YELLOW</td>
</tr>
<tr>
<td>4946</td>
<td>Fire Risk Assessment in the WMI</td>
<td>4 (2x2) YELLOW</td>
</tr>
<tr>
<td>4916</td>
<td>Dietetics Staffing. Not able to take as many students as staffing down by 25%</td>
<td>4 (2x2) YELLOW</td>
</tr>
<tr>
<td>6054</td>
<td>Loss of West Park OSCE simulation centre</td>
<td>4 (2x2) YELLOW</td>
</tr>
</tbody>
</table>

Risk: Appetite

Public or Private: Public

Other formal bodies involved:
- Academy Steering Group
- Workforce and Organisational Development Committee
- Medical Education Committee
- Clinical Fellowship Operational Group

References

NHS Constitution: In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:
- Equality of treatment and access to services
- High standards of excellence and professionalism
- Service user preferences
- Cross community working
- Best Value
- Accountability through local influence and scrutiny

Report Details

1

**1.0 Faculty of Postgraduate Medical Education**

Postgraduate Medical Education

**Junior Doctor Feedback**

1.1 Health Education England has made a decision to change the doctor feedback software. As a result of this no results have been released yet but are due shortly. The GMC annual trainee survey results will be available in July 2019.
1.2 Junior Doctor Fora are held across the various specialties and are monitored by the Clinical Tutor. In addition to these 3 Trust-wide Forums are held annually. The last forum took place 31 October 2018 which was chaired by the Medical Director and the Chief Registrar. Various issues were raised including rota cover, notice of rota changes, rest areas, IT issues, QIP and Audit facilities, car parking. Many of the issues raised had partial resolutions whereas action plans are being undertaken for others.

Foundation Programme

1.3 The foundation faculty lead has established a larger number of educational supervisors with the result that each supervisor is now mentoring 3 foundation trainees each. Previous to this the larger numbers (6 per supervisor) had become unmanageable. The interim meetings between supervisors (half way through the academic year) and foundation doctors have now taken place.

Internal Visits

1.4 An internal visit to Oncology Department took place on 29 January 2019. Areas of good practice were highlighted and some areas requiring improvement. The department are now working towards an action plan against that visit which will be submitted to the Clinical Tutor on 28 February with a progress report due on 31 July 2019.

Clinical Tutor Role

1.5 Further to the Trust-wide advertisement for the post of Clinical Tutor, Dr Helen Steed (Consultant Gastroenterologist) has been appointed to this role.

1.6 The Education Team thanks Dr Diarmuid Mulherin for his great contribution to education during his time as Clinical Tutor. Dr Mulherins’ expertise both regionally and nationally has enhanced Postgraduate Medical Education within the Trust; he will be greatly missed by the team.

1.7 The Foundation Year Tutor post will be advertised during February 2019.

Commissions and Decommissions

1.8 Radiology was successful in their bid for two trainee posts at ST3+ level.

1.9 Diabetes was unsuccessful in their bid to retain the ST3+ post which was part of the Mid-Staffordshire disaggregation.

Bids

1.10 Radiology has been successful in submitting a bid for extra teaching equipment. This amounts to £62k for some extra workstations and £85k to enable the department to become a ‘teaching academy’ for West Midlands trainees.

1.11 The Trust has been successful in submitting a bid to enhance the education environment for its student population to the value of £72k. The investment will support the upgrade and enhancement of the current teaching facilities for all educational faculties.

Clinical Fellowship Programme

1.12 The Programme has now extended to cover both Medical and Nursing Fellows. At present the Trust has c140 Medical Clinical Fellows working across all divisions at a range of levels from Core Trainee level up to Consultant equivalent.

1.13 There has been significant interest received in the Medical Clinical Fellowship Programme from neighbouring NHS Trusts. The Trust’s programme team are in the
process of developing a Programme Partnership Board with a view to having a centralised programme supporting partner organisations with their medical workforce challenges. Formal partnerships have been agreed with Black Country Partnership NHS Trust, Compton Care and early partnership conversations are underway with Walsall Healthcare NHS Trust and Sandwell and West Birmingham NHS Trust.

1.14 A report is to be presented to TMC in May describing the actions underway to support the Trust with a reduction of temporary staffing costs; this piece of work is being completed in conjunction with HR and Finance colleagues.

1.15 The Nurse Fellowship programme started its recruitment campaign in September 2018 and has recruited 32 nurses to-date. The Programme has attracted UK registered nurses and internationally qualified nurses. The first cohort of international nurses are expected to arrive in March/April 2019.

1.16 The internal offering of the Nurse Clinical Fellowship Programme has attracted a lot of interest. There are currently 9 nurses on the Programme studying towards their BSc Nursing Top-up (2) and MSc Clinical Nursing (7). A second cohort of nurses will commence their studies in September 2019.

1.17 The OSCE bootcamp that is completed by all international nurses is in the validation process to become an accredited course at master’s level through the University of Wolverhampton, making it the first of its kind in the UK. There has been interest from outside of the organisation for places on our OSCE accredited course, which is being explored further by the Nurse Education Team.

Undergraduate Medical Education

Student Feedback for Semester 1 2018-19

1.18 Student feedback was received through the University of Birmingham Medical School for semester 1 2018-19.

1.19 83.7% of the students in semester 1 highlighted satisfaction with the quality of teaching

1.20 Comments included:

a) New Cross has been extremely organised, with more teaching than expected at such a high quality. So glad my first experience of hospitals was at New Cross.

b) All members of the Wolverhampton teaching staff were keen to teach and very helpful every time we had any questions/concerns and overall made us feel like we were in a safe and welcoming teaching environment.

c) All teaching staff were exceptional! They were easy to approach and ask questions – they were happy to teach in any setting: clinics, wards, during procedures.

d) Simulation was an extremely good experience to the realities of working as a team on the ward.

e) Undergraduate and teaching staff at Wolverhampton were exceptional and incredibly approachable.

f) New Cross has been faultless. Couldn’t have asked for more!

g) The Clinical Teaching Fellows in New Cross delivered by far the best teaching I have ever experienced. They put so much effort into delivering great quality teaching. I enjoyed every teaching session. They were so kind to everybody yet acted with
They made my final year very special. They set a great example of what responsible, conscientious doctors should be and have inspired me to become a knowledgeable doctor like them.

2.0 Clinical Skills, Resuscitation and Simulation

Defibrillation Replacement Project and Resuscitation

2.1 The replacement of all Trust Defibrillators project that commenced on the 10th January 19 is now complete. Total Trust staff trained is now 2866 (85%) and at least 75% of relevant staff in all Wards/Departments where there is a defibrillator, have now received training.

2.2 Medical BLS sessions will from January run as a shortened e-learning supported session. This has been actioned in response to feedback and to align it with the rest of the organisation.

Simulation

2.3 The planned Simulation Curriculum for 2019 is near completion and has increased in both volume and diversity. The Simulation team will be running new courses for the new Core Medical Trainee programme, an acute return to work programmes in Acute Medicine, Anaesthetics and Emergency Medicine and also for Paediatrics. All of these courses have been commissioned and funded by Health Education England.

2.4 The Simulation team have been successful in winning a bid for funding from Goodyear Employees Charity to purchase a new infant Mannequin.

3.0 Induction and Mandatory Training

Mandatory Training Trust-Wide Review

3.1 The Trust wide-review of mandatory training is now near completion. The action plan can be found in Appendix A.

3.2 The Mandatory Training Needs Analysis (TNA) for 2019/20 has undergone confirm and challenge, 13 topics have been deemed low in risk and likelihood and have therefore been removed from the TNA. Access to these training packages will still be available to all staff but are not now a mandatory training topic. The new TNA will be promoted during March 2019.

3.3 It has been agreed that staff that have joined the organisation within the last 3 months will not appear ‘red’ on future mandatory training reports. The named detail tab of the reports will still list these staff and their requirements. The 3 months will provide staff sufficient time to book onto and complete mandatory training requirements.

3.4 All Trust (core skills) mandatory training e-learning packages content has been reviewed and reduced, ensuring alignment to the required learning outcomes, these will be launched and promoted 1 April 2019.

3.5 From July 2019 new starters will be asked to complete their mandatory training requirements online via a new e-induction, this will mean Trust Induction will reduce to 1 day. The Education and Training team will monitor new starter completions.

3.6 In terms of sanctions for non-compliance with mandatory training, this will be supported by Pay Award for AfC staff and CEA award applications for Medical & Dental staff. For staff who have been non-compliant for mandatory training for >/= 6 months, letters will be generated centrally twice per year. This process will link through to the Trusts Disciplinary
3.7 A Divisional level mandatory training group is to be formed initially within Division 1 with a view to support areas with mandatory training compliance and for the education and training team to be kept informed of any issues that may be acting as a barrier to mandatory training compliance. This meeting will commence in April 2019.

**Electronic Staff Record e-Learning Project**

3.8 Work continues with the rollout of e-Learning using ESR. A number of pilot areas are now using ESR e-learning to complete their online mandatory training, the pilot areas include Black Country Pathology Services (BCPS).

**Mandatory Training Compliance**

3.9 Based on January 2019 Compliance Report, the Generic Compliance is at 91.4%. Mandatory Specific compliance is at 85.5%. Low compliance is due to the TUPE transfer of BCPS staff, however the team are working closely with BCPS management to ensure the migration of training records from the outgoing NHS Trust’s. New Safeguarding training requirements in line with recent national guidance has also affected the overall mandatory specific compliance; however an action plan is in place to ensure the rollout of this training to all staff at the appropriate levels by the end of March 2019.

**4.0 Library and Knowledge Services**

**Secretary of State for Health and Social Care Topol Review**

4.1 The Topol Review “Preparing the healthcare workforce to deliver the digital future” was published in February 2019 on behalf of the Secretary of State for Health and Social Care. Amongst its core themes were that:

a) NHS Boards should take responsibility for effective knowledge management to enable staff to learn from experience (both successes and failures) and accelerate the adoption of proven innovations”.

b) The NHS should increase the overall numbers of clinicians, as well as scientists, technologist and knowledge specialist posts, with dedicated, accredited time to keep their skills up to date and with the opportunity to work in partnership with academia and/or the health tech industry on the design, implementation and use of digital, AI and robotics technologies (AIR5/DM4).

c) Effective knowledge management is essential to enable the spread and adoption of innovation, with lessons from early adoption shared widely (OD6): an innovation culture is dependent on a learning culture. The NHS must build a reputation as a learning organisation that values and enables the transfer of learning about successes and failures (OD5). This can only happen with the creation of new senior knowledge management roles.

4.2 The Trust’s Library Service is well-placed to support knowledge management via its expertise in searching the knowledge base and providing syntheses of evidence based information. Clinical Librarians are specialists in working closely with clinical teams in supplying information and there is strong evidence to support their role in improving practice adding value and saving money.
Sleep Pods

4.3 The Trust’s Sleep Pod trial has been extended to March following agreement to be part of a research project headed by Dr Alex Pang, a US based researcher with an interest in short rest in the workplace in a healthcare setting. Dr Pang will be visiting the Trust on the 14th March between 9am and 11am. Funding for the sleep pods and their expansion has been supported by Health Education England.

Up-to-Date

4.4 The usage figures (April to January) indicates a significant increase in usage compared to the same period in 2017/2018. 34,532 reviews were accessed in 2018/19 compared to 33,224 in 2017/18. A new organisational record for reviews accessed in a week occurred in week commencing 25th November with 1,054 reviews accessed. This surpassed the previous record of 1,022 recorded in September 2018. Meetings with Nurse Education have highlighted the value of using UpToDate as an important care support tool, and it is hoped that increased usage by nurses will see usage weeks in excess of 1,000 being the norm not the exception.

5.0 Leadership & Management

5.1 The Leadership Education Approach has been designed in conjunction with Nurse Education, Allied Health Professionals and Divisional Medical Directors. Following a consultation period it was reviewed and approved at Workforce Organisational Development Committee.

5.2 Leadership Annual Report for 2018 is in draft form and will be discussed at WODC on 22 February 2019.

5.3 All management and leadership training has been cancelled during February and March due to winter pressures and to contribute to the financial position of the Trust. This has prompted a review of training provision during the calendar year and a winter training plan will be devised for 2019 onwards.

5.4 Evaluation of training programmes is also under review for 2019.

5.5 The development of a Consultant Leadership Programme is being led by Catherine Lisseman and Dr Brian McKaig in conjunction with the University of Wolverhampton, with a roll-out planned for April 2019.

5.6 Keith Watkins and Claire Young are both involved in delivering training and support for the work commissioned by NHSI at Worcester Acute Hospitals Trust.

5.7 Health Education England and the Local Workforce Assurance Board have also commissioned Systems Leadership training from the Leadership team and this work is due to commence late in March 2019.

5.8 An Education Development Model has been developed to provide a clear pathway of development for all members of staff; signposting internal and external offers as appropriate. The model dovetails the link and need between management skills training and leadership behavioural training. We aim to make this an interactive addition to KITE whereby staff can identify a need and the model can select a pathway for development.

6.0 Apprenticeships

6.1 The Apprenticeship agenda continues to thrive in the Trust with more departments coming on board in the appointment of new apprentice roles and developing staff through this route. As well as continuing to employ existing apprentices the team are progressing
the following;

a) Increase in staff being developed through the accounting apprenticeships at Level 3, 4, 7 as well as the creation of new apprentice positions.
b) Skills gaps are also being recruited to in the Healthcare Science sector through the creation of development pathways within Medical Engineering and Neurophysiology.
c) The TUPE of staff through the West Midlands Black Country Pathology network has seen the development of staff at levels 2 and 4 for Healthcare Science from the transferring Trust.
d) The approval of the Nursing Degree Apprenticeship resulted in the Trust creating & recruiting to 18 positions over a 3 year development pathway with the University of Wolverhampton.
e) Another cohort of Nursing Associates was also appointed to filling 9 positions.
f) Skilled & Technical roles within Estates were appointed through the creation of new apprentice positions across different skills.
g) The Level 7 Senior Leaders Masters Apprenticeship was offered to staff at a senior strategic level for development with 6 managers progressing through this route.

6.2 Figure 1 below illustrates the numbers and growth of apprenticeships

Figure 1: Apprenticeship Growth

6.3 The public sector target of 198 apprentices on programme at any one time is planned to be achieved by March 2020.

6.4 The efficient utilisation of the levy funds is of paramount importance to the Trust, and with funds only being available for 24 months there is a possibility that some funds will expire in May 2019 – work with finance is underway to forecast the impact of this and a report will be available by the end of March.

6.5 Future Developments 2019-20;

a) To write a business case for consideration for the Trust to become a recognised apprenticeship training provider.
b) Create development routes for Level 5 - Operational Manager across clinical and non-clinical areas.
c) Create development pathways for newly approved apprenticeships at level 6 for, Occupational Therapist, Physiotherapist, Midwifery, Diagnostic Radiographer, Therapeutic Radiographer.
d) Promotional planning & delivery of National Apprenticeship Week 4 – 8 March 2019
e) Attendance of Apprenticeship & Skills Show in April 2019

7.0 Work Based Learning

7.1 Workforce Development Funding (WDF - previously known as Learning Beyond Registration) is an allocation of monies to the Trust from Health Education England (HEE) for the upskilling of staff to meet national and regional workforce priorities. In 2018, as a result of the Government’s Comprehensive Spending Review, this funding stream was significantly reduced for all NHS Trusts.

Table 1: Historic WDF Allocations

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>£251,952 plus additional £59,679 in Jan 16</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>£187,283</td>
<td>- £124,348</td>
</tr>
<tr>
<td>2017/18</td>
<td>£222,000</td>
<td>+ £34,717</td>
</tr>
<tr>
<td>2018/19</td>
<td>£140,684</td>
<td>- £81,316</td>
</tr>
</tbody>
</table>

7.2 At this moment in time it is not known what our funding allocation might be for the new financial year; however it is with all likelihood that it will be further reduced due to the ongoing funding pressures within the NHS as a whole.

7.3 This overall reduction of funding for education is on the Trust’s risk register (2626) and the WDF/LBR is a feature of this. Claire Young is writing a paper to indicate all of the options available to the Trust to mitigate the risk as much as possible and will be presented to Academy Steering Group and Workforce Organisational Development Committee in April 2019 for consideration.

8.0 Work Experience (NHS Futures Zone)

8.1 NHS Futures Zone moved into Smestow School in April 2017 following the need to relocate from Pond Lane. The team will now be relocating to Heath Park High School.

8.2 The team are very excited to have formed a good relationship with Heath Park School, neighbours to the hospital. By relocating to this school, the Trust and the Work Experience team will realise a number of benefits to the services we offer:-

a) OFSTED at the school is rated as Outstanding
b) State of the art accommodation – PFI build
c) Willingness to work with the team to further develop work experience for the students
d) Very engaged team of staff from the school with ideas of how we can integrate our offer with their school life
e) Work Experience team to have unlimited access to the equipment and school facilities
f) Close proximity to the hospital releases training rooms within WMI for our Work Experience programmes
g) Technology and IT infrastructure is superior to that of Smestow
h) 1500 students within the school, including 6th form
i) Wider academy of integrated schools, links to other Senior Schools and Junior Schools in the city
j) Keen to explore development of a talent pipeline via Work Experience and Apprenticeships in Science, Technology Engineering and mechanics.

Appendices

Appendix A – Mandatory Training Review Action Plan
# Appendix A – Mandatory Training Review Action Plan

<table>
<thead>
<tr>
<th>Action Area</th>
<th>Action</th>
<th>Status</th>
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<tbody>
<tr>
<td>Duration &amp; amount of training requirements</td>
<td>Develop a list of all the mandatory training requirements showing: title, frequency, pass mark (where appropriate) and estimated duration to undertake/complete.</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Review options to reduce the content, frequency and pass mark for mandatory training</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Review training to confirm appropriateness of training content, recognising that it may not be possible for training to be tailored</td>
<td>Completed</td>
</tr>
<tr>
<td>Targets</td>
<td>Review appropriateness and options for the setting of internal targets.</td>
<td>Completed</td>
</tr>
<tr>
<td>Induction</td>
<td>All new staff to be made aware of what their individual mandatory training requirements are at corporate induction</td>
<td>Completed</td>
</tr>
<tr>
<td>Pre-Employment</td>
<td>Consider options for staff to complete some aspects of mandatory training following appointment and pre actual start date</td>
<td>Completed</td>
</tr>
<tr>
<td>Sanctions/notice</td>
<td>HR to explore if current sanctions/mechanisms for non-compliance are being made use of and if not, how can this be progressed</td>
<td>Completed</td>
</tr>
<tr>
<td>Policies</td>
<td>Policy leads to review all training listed in policies as mandatory</td>
<td>Completed</td>
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<tr>
<td></td>
<td>Review and amend mandatory training policy</td>
<td></td>
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<tr>
<td>Communication/awareness</td>
<td>Review options for ensuring that all are fully/personally aware of their mandatory training requirements</td>
<td>On-track</td>
</tr>
<tr>
<td>Risk</td>
<td>Review corporate risk and ensure that divisional risks are aligned to a single corporate risk</td>
<td>Completed</td>
</tr>
<tr>
<td>Hot Spot Reporting</td>
<td>Develop three hot spot lists:</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>• Top 4 areas of training (by division) where compliance is worst</td>
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<tr>
<td></td>
<td>• Top 3 professional roles where compliance is worst</td>
<td></td>
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<tr>
<td></td>
<td>• Top 4 services where compliance is worst (initially produced as a one off)</td>
<td></td>
</tr>
<tr>
<td>Divisional internal reviews</td>
<td>Divisions to review the level of scrutiny that is given to mandatory training compliance and ensuring there are clear &amp; robust follow up actions to address</td>
<td>On-track</td>
</tr>
<tr>
<td>Confirm &amp; Challenge sign off</td>
<td>Establish a confirm &amp; challenge meeting group to act as the final sign off as to:</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>• What is deemed mandatory</td>
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<tr>
<td></td>
<td>• The frequency of the mandatory training</td>
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<tr>
<td></td>
<td>• The duration/level of content to meet training requirements</td>
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