



**Nottingham and
Nottinghamshire**
Integrated Care Board

Statutory and Mandatory Training Policy

February 2025 - February 2028

CONTROL RECORD	
Title	Statutory and Mandatory Training Policy
Reference Number	GOV-005
Version	3.0
Status	Final
Author	Head of Corporate Assurance
Sponsor	Director of Corporate Affairs
Team	Corporate Assurance Team
Amendments	Change of frequency of the mandated fire training from annually to every two years. New section 6.4 added around the portability of training, in line with the NHS England MOU. Role related training included at Section 8. Review to ensure that the policy meet the Accessibility Standards.
Purpose	To outline organisational requirements regarding statutory and mandatory training, ensuring that all individuals are aware of their responsibilities.
Superseded Documents	Statutory and Mandatory Training Policy v2.0
Audience	All NHS Nottingham and Nottinghamshire ICB employed and 'appointed' staff
Consulted with	Head of Human Resources
Equality Impact Assessment	Completed April 2024
Approving Body	Audit and Risk Committee
Date approved	12 February 2025
Date of Issue	February 2025
Review Date	February 2028
<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>	

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB's) policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Engagement and Communications Team at nnicb-nn.comms@nhs.net.

Contents

1	Introduction	Page 4
2	Purpose	Page 4
3	Scope	Page 4
4	Definitions	Page 5
5	Roles and Responsibilities	Page 5
6	Statutory and Mandatory Training Requirements	Page 6
7	Monitoring and Reporting of Statutory and Mandatory Training	Page 8
8	Role Related Training	Page 9
9	Equality and Diversity Statement	Page 9
10	Communication, Monitoring and Review	Page 10
11	Interaction with other Policies	Page 10
12	Equality Impact Assessment	Page 11
	Appendix A: ICB's Statutory and Mandatory Training Requirements	Page 17

1. Introduction

- 1.1. This policy applies to NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2. The ICB has a responsibility for ensuring that there is a robust, consistent and effective programme of statutory and mandatory training available for all employees to enable them to undertake their roles safely, effectively and in compliance with legislation.

2. Purpose

- 2.1 The purpose of the policy is to outline the ICB's requirements regarding statutory and mandatory training, ensuring that all individuals are aware of their responsibilities.
- 2.2 Clinical staff, employed by the ICB, should also refer to their respective professional codes for their continuing professional development (CPD) requirements to maintain any clinical registrations.

3. Scope

- 3.1 The ICB requires this policy to be followed by:
 - All employees of the ICB (including all individuals working in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the ICB under contract for services).
 - Individuals appointed to the Integrated Care Board and its committees.
 - Any other individual directly involved with the business or decision-making of the ICB.

These are collectively referred to as 'individuals' hereafter.

4. Definitions

Term	Definition
Statutory training	Statutory training is that which the ICB is legally required to provide as defined in law, or where a statutory body has instructed organisations to provide training on the basis of legislation.
Mandatory training	Mandatory training is determined by the ICB for the safe and efficient running of the organisation. It is concerned with minimising risk, providing assurance against policies and ensuring the organisation meets external standards and best practice. The ICB has determined its mandatory training requirements in line with the UK Core Skills Training Framework ¹ .
Role related training	<p>Role-related training refers to specialised training relevant to the specific duties and responsibilities of an individual's role within the ICB.</p> <p>Unlike statutory and mandatory training, which are general requirements for all ICB staff, role-related training focuses on the skills and knowledge needed for a particular job function.</p>

5. Roles and Responsibilities

Role	Responsibilities
Integrated Care Board	The Board is responsible for ensuring all employees and 'appointees' are appropriately trained to enable them to undertake their duties and protect their wellbeing.
Audit and Risk Committee	The Audit and Risk Committee has oversight of the ICB's compliance with statutory and mandatory training requirements.
Senior Leadership Team	The Senior Leadership Team is responsible for ensuring all staff within their respective directorates/teams have completed their required statutory and mandatory training.

¹ UK Core Skills Training Framework: Statutory/Mandatory Subject Guide (Version 1.6)

Role	Responsibilities
Director of Corporate Affairs	The Director of Corporate Affairs is responsible for ensuring the requirements of this policy are adhered to, with support from the Corporate Assurance Team.
Head of Corporate Assurance	The Head of Corporate Assurance is responsible for: <ul style="list-style-type: none"> • Day-to-day management of matters and queries relating to the application of this policy. • Ensuring that appropriate administrative processes are in place. • Monitoring and reporting compliance with mandatory and statutory training. • Ensuring all employees have access to e-learning.
Line Managers	Line managers are responsible for ensuring their staff are compliant with all statutory and mandatory training, including providing employees with the necessary time, and support, to complete training. Line managers are also responsible for ensuring any new staff members complete statutory and mandatory training within the required induction period.
Employees	All employees are responsible for complying with this policy and maintaining compliance with all ICB mandatory and statutory training requirements. All employees are required to complete role related training, if relevant to their post. Employees must seek advice if unsure how it applies to them.

6. Statutory and Mandatory Training Requirements

6.1 The statutory and mandatory training requirements, outlined in Appendix A, relates to the basic level 1 awareness for all ICB employees and has been developed in line with the UK Core Skills Training Framework (summarised in Table 1 below).

Detailed statutory and mandatory training requirements for certain staff groups (such as those individuals ‘appointed’ to the Integrated Care Board and/or hold a Contract for Services with the ICB) is also outlined in Appendix A.

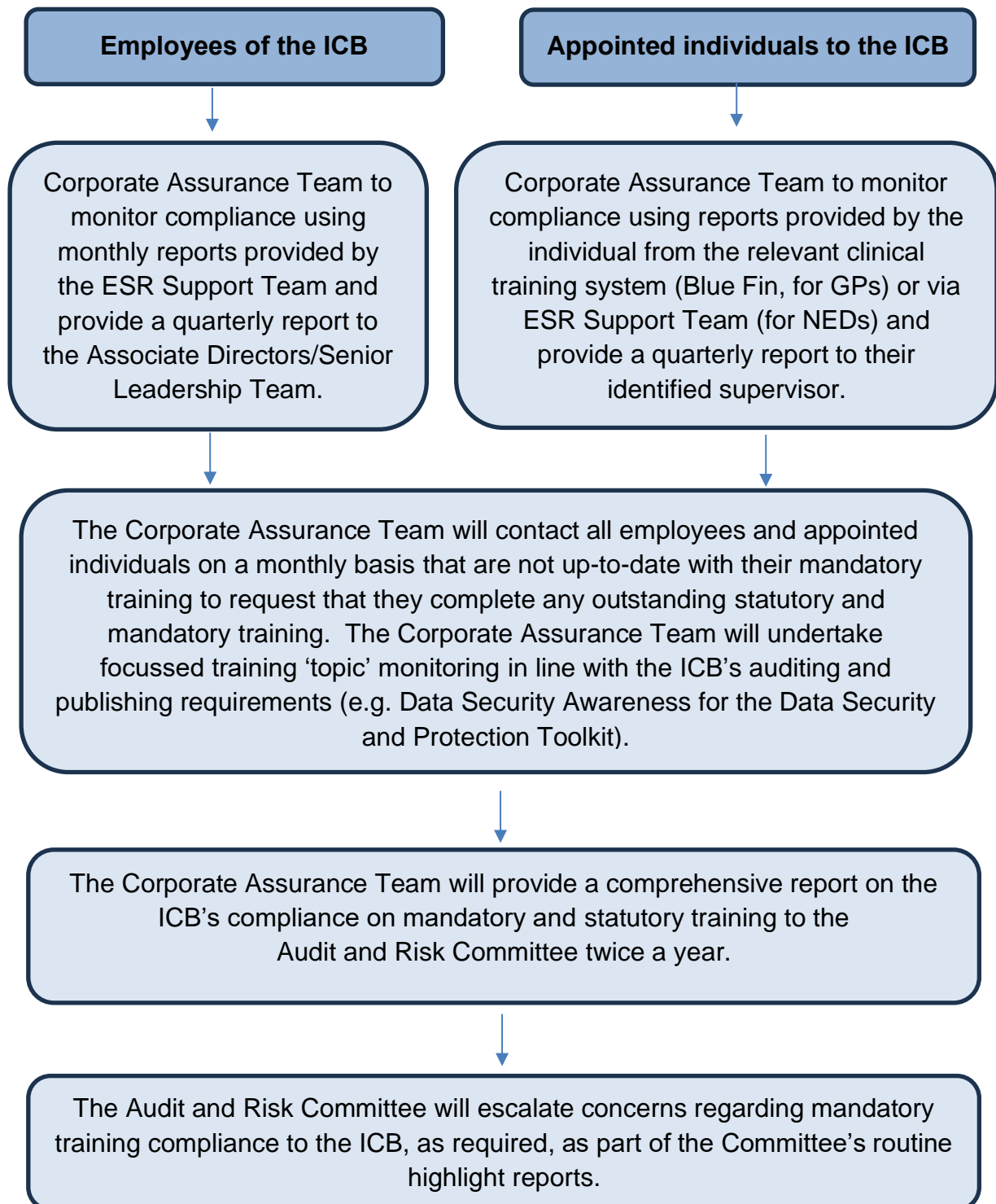
Table 1

Topic
The following modules are to be undertaken annually
Data Security Awareness
The following modules are to be undertaken every two years
Fire Safety
The following modules are to be undertaken every three years
Equality, Diversity and Human Rights
Health, Safety and Welfare
Moving and Handling
PREVENT (Prevent Radicalisation)
Safeguarding Adults (Level 1) ²
Safeguarding Children (Level 1) ²
Infection Prevention and Control

- 6.2 Pay progression for new, and newly promoted staff (on or after 1 April 2019), is reliant upon completion of statutory and mandatory training. Staff must demonstrate training is complete and up-to-date in order to receive their increment. The completion of mandatory training is reviewed during the staff member's annual appraisal. See the ICB's Staff Appraisal Policy for further details.
- 6.3 New members of staff will be expected to be compliant in the statutory and mandatory training requirements within one month of their start date with the ICB.
- 6.4 Where new members of staff have either been employed or engaged by another NHS organisation, previous evidence of prior assessed statutory and mandatory competence or completed training can be submitted to the Corporate Assurance Team to avoid unnecessary repetition of training. This can be in the form of downloaded certificates or the ESR Inter-Authority System (IAS).
- 6.5 Statutory and mandatory training can be accessed using the Electronic Employees Record (ESR) via <https://my.esr.nhs.uk/> or the national NHS e-learning system via <https://www.e-lfh.org.uk/>. Certificates achieved via the NHS e-learning system must be sent to the Corporate Assurance Team nnicb-nn.corporateassurance2@nhs.net.

7. Monitoring and Reporting of Statutory and Mandatory Training

7.1 The flowchart below outlines the processes followed by the ICB for monitoring, and reporting of, the completion of statutory and mandatory training requirements. A distinction has been made between the processes followed for employees of the ICB and those in 'appointed' roles.



8. Role Related Training

- 8.1. Role related training is designed to meet the unique responsibilities of various staff groups or specific staff members, ensuring they possess the specialised knowledge necessary for their roles. This is training above and beyond statutory and mandated training topics required for all members of staff.
- 8.2. The requirement for role related training is detailed in the relevant policies. For example, employees that are lone workers and have direct contact with members of the public are required to undertake the Conflict Resolution module in ESR, as specified in the Health, Safety and Security Policy. Similarly, the ICB's Safeguarding policies describe those individuals required to undertake level 2 and 3 safeguarding training.
- 8.3. The monitoring and management of role related training is the responsibility of the respective teams that require the tailored training to be undertaken. These teams must ensure that all relevant staff complete the necessary training, maintain up-to-date records and report on compliance, where appropriate.

9. Equality and Diversity Statement

- 9.1 NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as a commissioner and provider of services, as well as an employer.
- 9.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 9.3 The ICB is committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.
- 9.4 As an employer, the ICB is committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 9.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

10. Communication, Monitoring and Review

- 10.1 The policy will be published and maintained in line with the ICB's Policy Management Framework.
- 10.2 The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the ICB's internal communication procedures (and Internet/Intranet sites).
- 10.3 The Audit and Risk Committee will review the effectiveness of this policy, and its implementation, via bi-annual mandatory training compliance reports.

11. Interaction with other Policies

- 11.1 The following guidance was used in the development of this policy:
 - <https://www.e-lfh.org.uk/>
 - <http://www.skillsforhealth.org.uk>
 - **Health and Safety Executive (2013), [Management of Health and Safety at Work](#)**

12. Equality Impact Assessment

Overall Impact on Equality, Inclusion and Human Rights	Neutral
--	---------

Name of Policy, Process, Strategy or Service Change	Statutory and Mandatory Training Policy
Date of Completion	May 2024
EIA Responsible Person Include name, job role and contact details.	Siân Gascoigne, Head of Corporate Assurance Email: siân.gascoigne@nhs.net
EIA Group Include the name and position of all members of the EIA Group.	Siân Gascoigne, Head of Corporate Assurance Emma Pearson, Corporate Compliance Manager
Engagement Outcomes and Feedback: Which groups or individuals have had the opportunity to input and feedback?	Staff Engagement Group (ICB)
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	EIA Authors should consider the following as a minimum when completing the EIA: <ul style="list-style-type: none"> • Equality Act 2010 (inc. the PSED) • Human Rights Act 1998 • Mental Health Act 1983 • Gender Recognition Act 2004 • Mental Capacity Act 2005 (inc. DOLS) • Down Syndrome Act 2022 • Children’s Act 1989 and 2004 (where applicable).

<p>For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:</p>	<p>What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?</p>	<p>What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?</p>	<p>What actions have been taken to address the actual or potential impacts of the policy, process, strategy or service change?</p>	<p>Impact Score</p>
<p>Age</p>	<p>There are no actual or expected positive impacts on the characteristic of Age.</p>	<p>There are no actual or expected negative impacts on the characteristic of Age.</p>	<p>None.</p>	<p>3 - Neutral</p>
<p>Disability¹ (Including: mental, physical, learning, intellectual and neurodivergent)</p>	<p>There are no actual or expected positive impacts on the characteristic of Disability.</p>	<p>There are no actual or expected negative impacts on the characteristic of Disability.</p>	<p>Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.</p> <p>This policy complies with the Accessible Information Standard respecting mental, physical, learning, intellectual, and neurodivergent disabilities.</p> <p>Mechanisms of support for people with a disability are available from the persons line manager or the Corporate Assurance Team.</p>	<p>3 - Neutral</p>

Gender² (Including: trans, non-binary and gender reassignment)	There are no actual or expected positive impacts on the characteristic of Gender.	There are no actual or expected negative impacts on the characteristic of Gender.	None.	3 - Neutral
Marriage and Civil Partnership	There are no actual or expected positive impacts on the characteristic of Marriage and Civil Partnership.	There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.	None.	3 - Neutral
Pregnancy and Maternity Status	There are no actual or expected positive impacts on the characteristic of Pregnancy and Maternity Status.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	3 - Neutral
Race³	There are no actual or expected positive impacts on the characteristic of Race.	There are no actual or expected negative impacts on the characteristic of Race.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.	3 - Neutral
Religion and Belief⁴	There are no actual or expected positive impacts on the characteristic of Religion or Belief.	There are no actual or expected negative impacts on the characteristic of Religion or Belief.	None.	3 - Neutral
Sex⁵	There are no actual or expected positive impacts on the characteristic of Sex.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	3 - Neutral

Sexual Orientation⁶	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.	3 - Neutral
Human Rights⁷	There are no actual or expected positive impacts on the characteristic of Human Rights.	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.	3 - Neutral
Community Cohesion and Social Inclusion⁸	There are no actual or expected positive impacts on the characteristic of Community Cohesion and Social Inclusion.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	None.	3 - Neutral
Safeguarding⁹ (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	There are no actual or expected positive impacts on the characteristic of Safeguarding.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	None.	3 - Neutral
Other Groups at Risk¹⁰ of Stigmatisation, Discrimination or Disadvantage	There are no actual or expected positive impacts on the characteristic of Other Groups at Risk.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.	3 - Neutral

Additional Equality Impact Assessment Supporting Information

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note

any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).

Appendix A:

ICB's Statutory and Mandatory Training Requirements

Topic	Level	Mandatory for	Frequency
Data Security Awareness*	Level 1	All employees and all 'appointed' roles	Annually
Fire Safety*	Level 1	All employees only	Every two years
Equality, Diversity and Human Rights*	Level 1	All employees and all 'appointed' roles	Every three years
Health, Safety and Welfare*	Level 1	All employees only	Every three years
Moving and Handling*	Level 1	All employees only	Every three years
PREVENT (Prevent Radicalisation)*		All employees and all 'appointed' roles	Every three years
Safeguarding Adults*	Level 1	All employees and all 'appointed' roles	Every three years
Safeguarding Adults**	Level 2	See the Safeguarding Policies for further detail.	Every three years
Safeguarding Adults**	Level 3	See the Safeguarding Policies for further detail.	Every three years
Safeguarding Children*	Level 1	All employees and all 'appointed' roles	Every three years
Safeguarding Children**	Level 2	See the Safeguarding Policies for further detail.	Every three years
Safeguarding Children**	Level 3	See the Safeguarding Policies for further detail.	Every three years
Infection Prevention and Control*	Level 1	All employees and all 'appointed' roles	Every three years
Conflict Resolution**	Level 1	For those staff identified as at high risk of violence and aggression from members of the public.	Every three years

*Reflects training that is mandated for employees/appointees, as defined above.

**Reflects role related training.