

## Statutory and Mandatory Training Policy

<b>Department / Service:</b>	Learning and Development
<b>Originator:</b>	Sandra Berry, Assistant Director of HR
<b>Accountable Director:</b>	Tina Ricketts, Director of People and Culture
<b>Approved by:</b>	Joint Staff Negotiating and Consultative Committee (JNCC)
<b>Date of approval:</b>	19 <sup>th</sup> March 2020
<b>First Revision Due:</b>	27 <sup>th</sup> October 2026 This is the most current version and should be used until a revised version is in place
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All wards and departments
<b>Target staff categories</b>	All staff, temporary workers and volunteers

<b>Policy Overview:</b>
To minimise risk to both patients and staff, this policy outlines staff requirements in relation to statutory and mandatory training to enable them to deliver a safe and effective service in their area of work.

<b>Latest Amendments to this policy:</b>	
<b>Date</b>	<b>Amendment</b>
Jan 2010	Change in Statutory and mandatory training Programme Appendix B
Jan 2010	Amendments to TNA Matrix due to change in standards and legislation Appendix A
June 2010	Paragraph 4.4 changed Committee name
August 2012	Paragraph 4.1 included summaries of non- attendance
August 2012	Additional Paragraph 4.3.1 Consequences of non-compliance
March 2018	Changes to mandatory training matrix to reflect competencies in ESR Appendix 1
March 2018	Changes to mandatory training programmes to reflect Core skills framework Appendix 2
August 2017	Document Extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015
June 2018	Document extended for 3 months as per TLG recommendation
June 2019	Document extended for 12 months whilst review process takes place
February 2020	Appendix 1 - New high level mandatory training matrix to reflect the National Core Skills Framework and a suite of ESR competencies. 4.3 - Introduction of monthly non-attendance reports. 4.6 – Bookings made directly through ESR (ESS)
September 2025	Removed references to 4ward Behaviors and replaced with Trust Values
27 <sup>th</sup> April 2026	Document extended for 6 months to allow time for review and update

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## 1. Introduction

Worcestershire Acute Hospitals NHS Trust is required by law to ensure that staff undertake training specific to the nature of their working environment (mandatory training). In order to minimise risk to both patients and staff, all staff, temporary workers and volunteers are required to complete mandatory training.

Statutory and mandatory training is about enabling staff to acquire the skills and knowledge to meet:

- Legal requirements
- Professional requirements relevant to your role (see Matrix in Appendix A& all other professional training would need to be approved via Study Leave Policy)
- Needs arising from the changing priorities of the Department of Health.

The purpose of this policy is to

- Ensure clarity amongst staff groups and Managers with regard to the legal requirements for mandatory training.
- Define responsibilities with regard to mandatory training.
- Offer advice to staff on their statutory and mandatory training needs and how they may seek to undertake the training required.

## 2. Scope of this Document:

This policy applies to all staff who are employed by the Trust including volunteers. It has a clear framework developed around the UK Core skills training framework (CSTF) which sets out the expected learning outcomes and standards. The key aim of adopting this framework is to help prevent the unnecessary duplication of training between NHS trusts and applies to all staff across the Trust whether in a patient facing or non –patient facing role. A suite of national competencies based upon the CSTF has been added to the Electronic Staff Record (ESR).

## 3. Definitions and Abbreviations:

**Statutory training:** this relates to all members of staff and is training that the Trust is legally required to provide as defined by law and for which there is a stated legal reference and/ or where a government or regulatory body have instructed employers to provide training on the basis of legislation.

**Mandatory training:** a training requirement specific to particular staff groups or discipline that has been determined by Trust policy and Government instruction or guidelines. Subject Matter Experts (SME) should determine the level of compliance with each Department as the requirements may not be the same for each staff member and may relate to a specific team or professional group.

**ESR – Electronic Staff Record**

**OLM-** Oracle Learning Management

**CSTF –**Core skills Training Framework

**MTSG –** Statutory and Mandatory Training Steering Group

**SME –** Subject Matter Experts

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TME – Trust Management Executive or equivalent

## 4. Responsibility and Duties

### 4.1 Role of Executive Directors:

- The Trust board has a duty to its staff, temporary workers, patients, and visitors to ensure that appropriate statutory and mandatory training is provided for all staff that meets the needs of their role.
- Reviewing compliance levels across the trust and identifying strategic level actions to support improvement.
- Quantify the resource requirements of implementing statutory and mandatory training.

### 4.2 Role of Managers:

It is the responsibility of all Managers to:

- Ensure that all staff working within their department have fully completed and are up to date with their Statutory and mandatory training requirements as per mandatory training matrix.
- Ensure that all staff are aware that they need to comply with the statutory and mandatory training requirements.
- Ensure that all staff are allowed time within working hours to complete statutory & mandatory training.
- Statutory and mandatory training should be the first training priority and managers should not forward other training/ education requests to the training department for staff who have not completed their mandatory training. The only exception to this is where training is required by law or statute.
- Ensure that during the annual Performance Development Review statutory and mandatory training competencies are checked against the role taken from ESR and confirm compliance.
- Following receipt of the compliance training reports for each department, Managers must review compliance levels monthly and take action when staff are not up to date with their mandatory training.
- Identify any ward/ department based training undertaken is reported to Learning and Development so that ESR can be updated.
- Ensure that the member of staff has had the opportunity to attend the appropriate statutory and mandatory training within appropriate timescales. If the manager has failed to allow the necessary attendance on three occasions, the Manager may be subject to disciplinary action and this may affect their pay progression.
- If a Manager is having difficulty in any of the above points this should be escalated to their Line or Senior Manager.

### 4.3 Role of the Learning and Development Department.

The Learning and Development department is responsible for:

- Designing, maintaining and coordinating the provision of face to face statutory and mandatory training sessions and reviewing this annually.(Appendix 1)
- Developing cost effective solutions for the appropriate and effective delivery of mandatory and statutory training.
- Managing the demand for increased statutory and mandatory training sessions liaising with the subject matter experts, key departmental trainers and external providers.
- Ensure staff are aware of the availability of statutory and mandatory training via the ESR/OLM system and the up to date Learning & Development course directory available on the Trust's intranet site.
- Co-ordination and administration of the delivery of the core skills statutory and mandatory training programmes confirming all bookings for statutory and mandatory training programmes by email to attendees two weeks prior to the date of the training programme.
- Providing registers of attendees to all hospitals sites at least 48 hours before a session is due to commence.
- Receiving notification of cancellations from staff members in the event of sickness etc. and record on OLM.
- Obtaining registers of staff that attend statutory and mandatory training and ensure this is entered onto OLM within 48 hours.
- Responding positively to evaluation and taking action to make changes accordingly.
- Ensuring a process in place for following up non - attendance by informing the departmental manager via a monthly non - attendance report. It is the Managers responsibility in advising staff of the need to re-book.
- Supporting staff that may have queries and questions regarding their mandatory and statutory training compliance/ competencies and/ or booking.
- Ensure all training data is entered onto OLM promptly so that ESR self-service is up to date and accurate.
- Liaise with SME to determine whether evidence from new employees can be used as completion of statutory and mandatory training subjects completed with a previous NHS organisation or evidence from an alternative provider as long as it meets the trusts requirements.
- Ensure that signed registers of attendance are scanned, saved and maintained for a five year period.

#### 4.4 Role of Subject Matter Experts & key Trainers:

Subject matter experts are responsible for:

- Ensuring that training delivered supports national guidance and where appropriate meet the Core Skills Training Framework learning outcomes. It must be in line with Trust policy, regulations and based on best practice.
- Training should be varied with interaction, assessing knowledge and competence and responding positively to evaluation and taking action to make changes accordingly.
- Ensure punctual to sessions and not go over allocated start and finish time on the agreed programme.
- Commitment to the scheduled mandatory training programme dates and any cancellations by the trainer are to be escalated.
- Demonstrate a positive attitude towards training and the Trust demonstrating and referring to the Trust's Values.
- Attend the Mandatory Training Steering Group meetings to identify any areas where their subject is falling below the agreed target laid out by the Trust.
- Responsible for determining which staff members are required to complete the appropriate level of training and what the most appropriate delivery option should be?

#### 4.5 Role of the Mandatory Training Task and Finish Group

Mandatory Training task & finish group is responsible for:

- Providing clear definition of the content of mandatory training ~~and~~ continuously evaluate the training to ensure effective and efficient delivery, monitor compliance and ensure that a system is in place to record and report on compliance.
- Formally review the mandatory training programmes and training matrix (Appendix 1) including the identification of the SME for any additional subjects. The SME will determine ESR competencies against positions which staff are required to complete with the relevant Division.
- MT Task and Finish Group to collectively determine changes to the training matrix and report changes to TME where agreement will formally be made on the changes and information disseminated to the Learning & Development department of changes who will then update the course directory accordingly.

#### 4.6 Role of Staff members:

Individual staff members are responsible for:

- Understanding, monitoring and maintaining their own compliance.
- Ensuring their mandatory training requirements, as identified on their compliance matrix via ESR are kept up to date.
- Responsible for booking their place on statutory and mandatory training programmes as agreed with their line manager which can be completed by booking directly through Employee self-service (ESR) or <mailto:wah-tr.CHEC-TrainingTeam@nhs.net>

- Prioritising attendance to mandatory training within the required timeframes and make every effort to undertake training sessions arranged to ensure on-going compliance.
- Alerting their manager and Learning and Development department if they are unable to attend due to sickness or increased operational pressures on the above email. Failure to do this will result in a 'Did not attend' status.
- If a staff member consistently does not attend a statutory and mandatory training programme that they are booked on for 3 separate occasions or allows their statutory and mandatory training to lapse for a period of 3 months or greater this may affect their pay progression.
- Raising any questions or queries they have regarding mandatory training to their manager or Learning and Development.
- Signing the attendance register for all classroom sessions, failure to do so may result in their ESR compliance record showing non-compliant.
- Maximum use is made of e-learning through ESR and completed correctly.
- To arrive on time; it is at the trainer's discretion whether late entry is permitted.
- Attendance must be for the whole of the session, if staff leave early this may be reported back to their line manager.
- In the event of a programme being cancelled the staff member must inform their manager and make themselves available for duty.
- For those who persistently do not attend this will be managed under the Trust's Performance Management Policy and may result in disciplinary action in line with Disciplinary Policy.

#### 4.7 Trust Management Executive

The Trust Management Executive will be responsible for:

- Receiving monthly attendance reports for statutory and mandatory training by Division and any concerns regarding compliance must be escalated to the Trust Board.
- Reviewing discussing and approving the Trusts statutory and mandatory training matrix on an annual basis.

## 5. Policy Detail

This policy relates to all staff in the Trust and non-compliance with the policy will be reported to Divisions, Heads of Department or equivalent and appropriate actions agreed; with regard to ensuring staff attend mandatory training

This policy ensures that all staff are aware of their mandatory and statutory training requirements that are relevant to their role and that managers are making staff aware of these requirements when inducting new staff into the workplace.

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## 6 Implementation

### 6.1 Plan for implementation

The Assistant Director of Organisational Development will oversee the effective communication of the approved policy to all relevant staff. This includes promoting via the Worcestershire Weekly and uploading onto intranet and the monthly round up of refreshed policies and updates.

The policy is accessible via the Trust intranet site for electronic access purposes.

### 6.2 Dissemination

See above in 6.1

### 6.3 Training and Awareness

All Divisions/ Heads of Departments will be responsible for maintaining awareness of the Statutory and Mandatory Training Policy and training matrix. All staff attending face to face training will receive ESR training and how to access eLearning. As already mentioned the Policy will be made available on the Trust's intranet along with the Statutory and Mandatory Training Matrix (see Appendix A).

## 7 Monitoring and Compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
4.1	Executive Directors to review compliance levels across Trust.	Bi-monthly reports to People and Culture Committee.	6 times a year	Executive Directors	People and Culture Committee	6 times a year
4.2	Role of managers to ensure staff attend or complete mandatory training relevant to their role.	Monthly mandatory training dashboard to TME and Divisions to monitor attendance.	12 times a year	Line Managers.	Trust Management Executive.  JNCC	12 times a year  Minimum of 6 times a year
4.5	Review policy to reflect changes in mandatory training requirements.	Mandatory Training Task and Finish Group to review on monthly basis.	12 times a year	Topic Leads	Trust Management Executive  JNCC	3 times a year

## 8. Policy Review

The policy will be reviewed 3 yearly in line with the Policy for Approval, Development of Key Documents.

## 9. References:

	Code/Date:
NHS Fire Code	HTMO-03 2013
Health and Safety at Work Act 1974	
CQC Standards	
CSTF Guidance	
Worcestershire Safeguarding Board	

## 10. Background

### 10.1 Equality requirements

All mandatory and statutory training is accessible to all staff. No other equality impacts identified (See supporting document 1)

### 10.2 Financial risk assessment

A financial risk assessment has been completed and has identified that should this policy not be adhered to the Trusts insurance premiums could increase. (See supporting document 2)

### 10.3 Consultation

The policy has been developed in consultation with the individuals, committees and groups listed in the tables below.

#### Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Assistant Director of OD
Head of Clinical Governance
Learning & Development Manager
Head of HR Workforce Information Systems
Lead Nurse Infection Control
Senior Resuscitation Officer
Fire Safety Advisor
Health & Safety Manager
Head of Safeguarding

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
People and Culture Committee
Mandatory Training Steering Group
Trust Management Executive
Policy Working Group

**10.4 Approval process**

This policy will be approved by the JNCC and ratified by the Trust’s People and Culture committee.

Appendix 1 reviewed regularly to ensure latest version is obtained:

## Mandatory and Statutory Training Matrix (MaST)

The table below outlines the MaST requirements for staff. The competency requirements for each position/role within the Trust are mapped centrally onto the Electronic Staff Record (ESR) for the purpose of identifying the individual staff member's MaST profile and compliance.

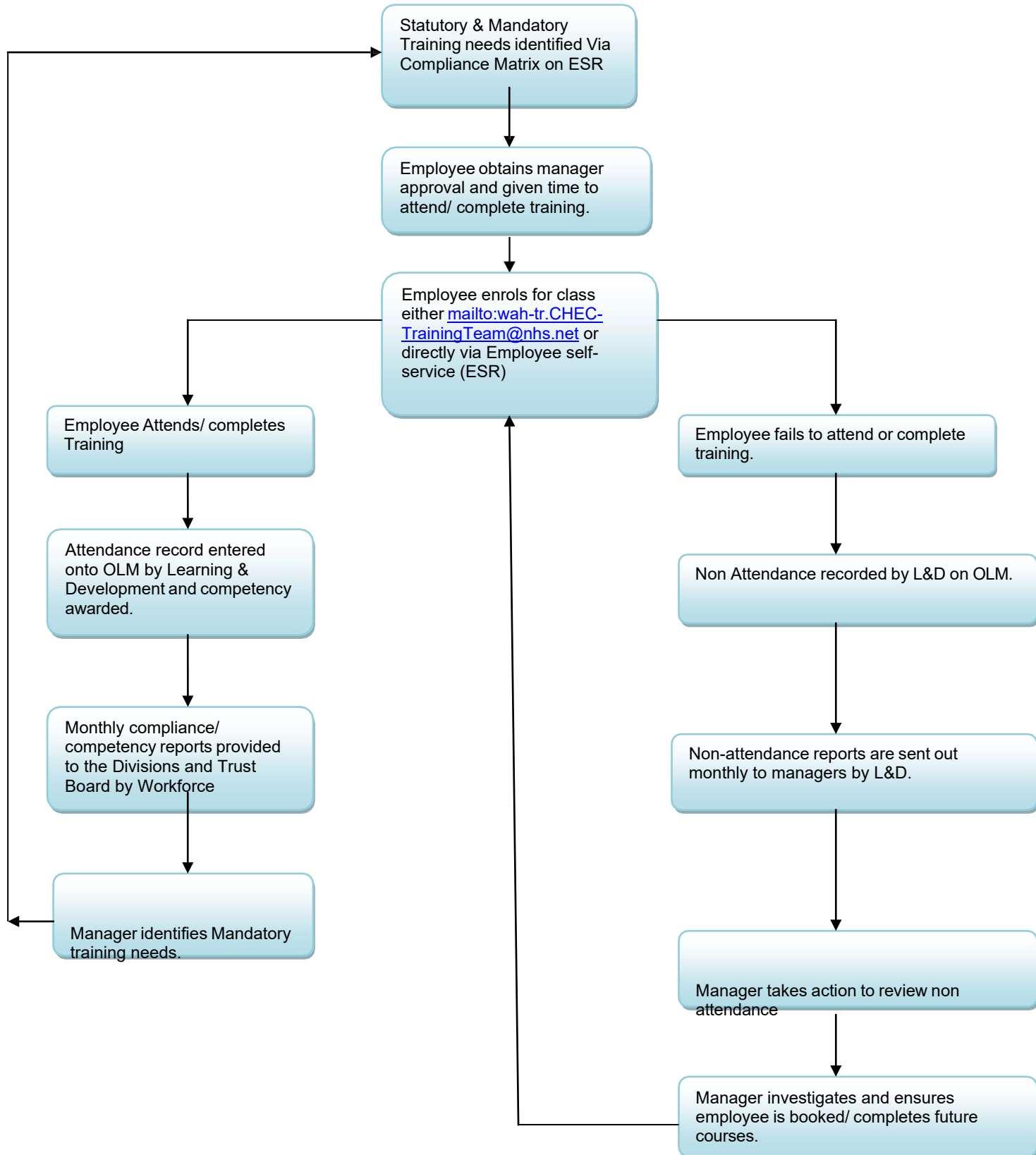
Topic	Competency Assigned in ESR	
Information Governance	NHS CSTF Information Governance and Data Awareness - 1 Year	ALL STAFF
Fire Safety	NHS CSTF Fire Safety - 1 Year	ALL STAFF
Health and Safety	NHS CSTF Health, Safety and Welfare - 3 Years	ALL STAFF
Conflict Resolution	NHS CSTF NHS Conflict Resolution (England) - 3 Years	ALL STAFF
Equality Diversity and Human Rights	NHS CSTF Equality, Diversity and Human Rights - 3 Years	ALL STAFF
Infection Prevention and Control - Level 1	NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	ALL NON PATIENT FACING STAFF
Infection Prevention and Control - Level 2	NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	PATIENT FACING STAFF
Moving and Handling (Level 1)	NHS CSTF Moving and Handling - Level 1 - 3 Years	ALL NON-PATIENT HANDLING STAFF
Moving and Handling (Level 2)	NHS CSTF Moving and Handling - Level 2 - 2 Years	ALL PATIENT HANDLING STAFF (UPLOADED AS CLINICAL STAFF PLUS PORTERS)

Safeguarding Children- Level 1	NHS CSTF Safeguarding Children - Level 1 - 3 Years	ALL STAFF
Topic	Competency Assigned in ESR	
Safeguarding Children- Level 2	NHS CSTF Safeguarding Children - Level 2 - 3 Years	ALL STAFF WHO HAVE CONTACT WITH CHILDREN/CARERS
Safeguarding Children- Level 3	NHS CSTF Safeguarding Children - Level 3 - 3 Years	ALL REGISTERED CLINICAL STAFF WHO ASSESS, PLAN, INTERVENE AND EVALUATE CHILDREN
Safeguarding Children- Level 4	NHS MAND Safeguarding Children Level 4 - 3 Years	SPECIALIST ROLES - NAMED PROFESSIONALS
Safeguarding Children - Level 5	365 LOCAL Safeguarding Children - Level 5 - 3 Years	SPECIALIST ROLES - DESIGNATED PROFESSIONALS
Safeguarding Adults - Level 1	NHS CSTF Safeguarding Adults - Level 1 - 3 Years	ALL STAFF
Safeguarding Adults - Level 2	NHS CSTF Safeguarding Adults - Level 2 - 3 Years	ALL CLINICAL PATIENT FACING STAFF
Safeguarding Adults - Level 3	NHS MAND Safeguarding Adults Level 3 - 3 Years	ALL FRONTLINE (CLINICAL MANAGERS) WHO ARE RESPONSIBLE FOR THE WHOLE PROCESS OR MANAGE OR SUPERVISE (BAND 7 AND ABOVE)
Safeguarding Adults - Level 4	365 LOCAL Safeguarding Adults Level 4 - 3 year	ADULT SAFEGUARDING LEAD (DN)
Safeguarding Adults - Level 5	365 LOCAL Safeguarding Adults Level 5 - 3 Year	CNO, CMO AND HEAD OF SAFEGUARDING (CR)
Resuscitation Training - Level 1	NHS CSTF Resuscitation - Level 1 - No Specified Renewal	ALL NON CLINICAL STAFF

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Resuscitation Training - Adult Basic Life Support - Level 2	NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	CLINICAL STAFF IN WARD/CLINIC AREAS AND CLINICAL STAFF WHO DEAL WITH PATIENT CARE
Topic	Competency Assigned in ESR	
Advanced Life Support (ALS) - Level 4	to be uploaded on individual records	Middle Grade Doctors (carrying Crash Bleep) in ED, CCU, ICU, HDU, operating theatres, acute medical admissions units PLUS ALS/NLS, EPLS Instructors
Advanced Paediatric Life Support (EPLS) - Level 4	to be uploaded on individual records	SENIOR MEDICAL STAFF IN PAEDIATRICS, ED, PAEDIATRIC ANAESTHETICS (Consultants and Middle Grades) PLUS EPLS Instructors
Advanced Newborn Life Support (NLS) - Level 4	to be uploaded on individual records	MIDDLE GRADES IN NEONATES PLUS NLS Instructors
ALS INSTRUCTORS - LEVEL 5 (LOCAL COMPETENCY)	to be uploaded on individual records	ALS INSTRUCTORS AS PER RESUS LEADS LIST
BASIC PREVENT AWARENESS (BPA LEVEL 1 & 2	NHS CSTF Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - 3 Years	ALL STAFF
PREVENT WRAP (Level 3)	Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - 3 Years	ALL QUALIFIED CLINICAL STAFF WHO ASSESS, PLAN, INTERVENE AND EVALUATE CHILDREN (as per SGC L3) Plus Chaplains plus Matrons and Ward Managers in Adult Wards (as per SGA L3)
WRAP (Level 4)	Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - 3 Years	SAFEGUARDING TEAM
WRAP (Level 5)	Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - 3 Years	SAFEGUARDING LEADS
WRAP (Level 6)	Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - 3 Years	PREVENT LEAD (CNO)

**Appendix 2**  
**Mandatory Training – Management & Administration Process**  
*(Process for monitoring Compliance and Effectiveness)*



## Supporting Document 1 - Equality Impact Assessment Tool

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	Name	Job title	e-mail contact
	Sandra Berry	Assistant Director of OD	Sandra.berry3@nhs.net
<b>Date assessment completed</b>	February 2020		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Mandatory Training Policy</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure all staff are aware of their mandatory and statutory training requirements.		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Trust Equality workforce data
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Policy Working Group and Mandatory Training Task and Finish Group
Summary of relevant findings	

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		Training is within Education which is accessible and available on line
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		

<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
<b>Health</b>		X		
<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

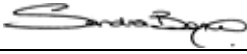
## Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	17.2.20
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional resources	No
4.	Does the implementation of this document release any resource costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval