

Cover Sheet

Council of Governors Meeting: Thursday 24 September 2026

COG2026.12

Title:	Raising Concerns and Statutory and Mandatory Training
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Status:	For Information
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History:	None
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Board Lead:	Chief Operating Officer
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Presenter:	Mr Terry Roberts
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Author:	Lindley Nevers, Lead Guardian, Freedom to Speak Up and Byron Currie, Director of Culture and Leadership
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Confidential:	No
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Strategic Pillar:	People
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Purpose

- 1.1. The purpose of this document is to provide a response to the questions raised by the Council of Governors

Background

- 1.2. The Council of Governors have proposed two key questions that relate to raising concerns and statutory and mandatory training.
- 1.3. The Freedom to Speak Up Lead Guardian and the Director of Culture and Leadership have prepared the following responses to the questions.

2. Raising Concerns

How effective is the Trust in enabling staff to raise safety concerns promptly and safely, and what evidence can the Board provide regarding staff awareness, confidence, trends in whistleblowing, timeliness of investigations, outcomes, and any identified gaps?

- 2.1 The Trust assures itself on staff's knowledge and ability to raise concerns by:
- 2.2 The sustained increase in the use of Freedom to Speak Up services, demonstrating continued awareness of available routes for raising concerns.
 - Positive NHS Staff Survey results relating to speaking up, with Trust performance remaining above national averages in key areas.
 - Regular communications, awareness campaigns, training activity and engagement sessions promoting a culture where staff feel able to raise concerns.
 - Governance arrangements that provide Board and committee oversight of speaking up activity, themes and outcomes
- 2.3 The Trust recognises that confidence in speaking up requires continual attention. Whilst survey indicators remain positive overall, some measures have shown a slight reduction compared with previous years. The Trust is therefore continuing work to communicate routes, strengthen staff confidence, psychological safety and organisational responsiveness when concerns are raised.

Themes, Outcomes and Learning

- 2.4 In relation to whistleblowing and Freedom to Speak Up activity, concerns raised cover a broad range of issues including patient safety, workforce culture, leadership, bullying and harassment, conduct and operational processes. Learning from concerns informs improvement actions across services and supports the Trust's wider People Plan and cultural improvement programmes.

Timeliness and Reporting

- 2.5 The Board recognises that timeliness measures vary depending on the nature of the concern and the investigation pathway involved. Some concerns are addressed directly through Freedom to Speak Up processes, whilst others are referred to specialist processes such as patient safety investigations, employee relations procedures or local management action. As a result, a single measure of investigation timeliness is not currently available across all concern types. The FTSU service has also had limited capacity to track and reconcile progress information once concerns are referred to other responsible functions. This has been identified as an assurance gap rather than an acceptable long-term position. Work is under way to strengthen FTSU capacity, case tracking and cross-pathway reporting, with the aim of enabling the Board to see more clearly the time between receipt, referral, investigation, outcome and feedback; the number and age of open matters; reasons for delay; and cases requiring escalation. Employee relations cases are reported quarterly to Trust Board and these are monitored against KPI's.

Risks, Gaps and Areas for Development

- 2.6 The Trust has identified the following areas for further strengthening:
- Developing clearer categorisation of Freedom to Speak Up and whistleblowing cases to support more consistent reporting.
 - Strengthening the collection and reporting of timeliness data for formal Freedom to Speak Up investigations.
 - Improving oversight of end-to-end timeframes where concerns are managed through alternative organisational processes.
 - Continuing work to improve staff confidence in speaking up and confidence that concerns will be acted upon.
 - Using Freedom to Speak Up intelligence, Staff Survey findings and workforce data to target improvement initiatives and monitor impact

Improvement Actions

- 2.7 The Trust will continue to strengthen speaking up arrangements by improving categorisation of concerns, developing more consistent timeliness reporting, enhancing oversight of outcomes and learning, and using Freedom to Speak Up

intelligence alongside Staff Survey and workforce data to target improvement activity.

3. Statutory and Mandatory Training for Staff

Quantitative evidence of the number of requirements, staff hours, organisational cost and trends over time, together with evidence that OUH is actively evaluating effectiveness and reducing unnecessary burden.'

Scale, time and cost

- 3.1 At OUH, statutory and mandatory training is managed through the Trust's Core Skills framework, aligned to the UK Core Skills Training Framework (CSTF) and provided through My Learning Hub. Current modelling indicates that 14,346 staff are in scope, with 151,927 assigned training requirements. This equates to an estimated 91,791.4 staff hours each year and an estimated annual staff time cost of £3.49m. These figures provide clearer Board-level visibility of the scale of the requirement and the associated opportunity cost across clinical and non-clinical services.
- 3.2 The current annual estimate is summarised below. The figures should be interpreted as an estimate of staff release time and associated salary cost, rather than as a separate cash-releasing budget line.

Division / hierarchy	Staff in scope	Training requirements	Estimated annual staff hours	Estimated annual staff time cost
Clinical Support Services	2,358	24,638	12,138.0	£531,059.34
Corporate	1,688	17,075	7,022.0	£277,809.03
Estates	181	1,852	489.9	£13,856.92
Medicine, Rehabilitation and Cardiac	3,294	35,767	23,613.6	£870,791.03
Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children's and Neonates	3,451	36,401	24,806.1	£943,704.01
Surgery, Women and Oncology	3,374	36,194	23,721.9	£857,256.41
Grand total	14,346	151,927	91,791.4	£3,494,476.74

Assurance on relevance, proportionality and duplication

How does OUH distinguish genuinely statutory or nationally mandated requirements from locally determined training, and how frequently is the portfolio reviewed to remove unnecessary, repetitive or overlapping requirements?

- 3.3 OUH distinguishes nationally mandated statutory and mandatory requirements from locally determined or role-specific training through formal governance arrangements. Core Skills and Role Specific training are overseen through established education governance routes, including the Clinical Education and Training Committee and the Audience Mapping Approval process. These arrangements provide scrutiny of the rationale for training, target audience, delivery method, frequency and any proposed local variation from national expectations.
- 3.4 The Trust aligns its requirements to national standards wherever possible and uses NHS England e-learning content where appropriate. Any request to add or amend a training requirement is expected to demonstrate a clear need, an appropriate target audience and a proportionate approach. The Core Skills Policy also supports the passporting of in-date Core Skills training from other NHS organisations where this is aligned to the national framework, reducing unnecessary repetition for staff moving between NHS employers.

Effectiveness and Impact

Beyond completion rates, how does the Trust assess whether mandatory training actually improves staff knowledge, behaviours, patient safety or outcomes?

- 3.5 The Board receives assurance through compliance reporting and wider triangulation of evidence. Completion rates remain important, but they are not sufficient in isolation. The Trust is therefore strengthening its assessment of mandatory learning effectiveness through incident themes, risk reporting, patient safety data, staff survey findings, Freedom to Speak Up intelligence, audit feedback and subject matter expert review. This is consistent with the direction of national policy, which increasingly emphasises whether mandatory learning improves outcomes rather than solely whether courses have been completed.
- 3.6 Where new role-specific training is proposed, the governance expectation is that the intended benefits, target audience, delivery model, release-time implications and evaluation approach are considered before implementation. This supports a proportionate approach and helps ensure that new training is introduced only where there is a clear and justified need.

Workload, working time and clinical capacity

How is training accommodated within working time and job plans, and does the Board understand the opportunity cost in terms of displaced clinical activity, staff workload, productivity and patient care?

- 3.7 The Trust's position is that mandatory, job-related training should be completed within working time wherever possible. The Core Skills Policy is being reviewed to provide greater clarity for staff and managers, including managers' responsibilities to support completion and plan training requirements alongside service needs. The Board recognises that OUH operates 24-hour services and that implementation may require local flexibility. However, staff should not be expected to complete mandatory, job-related training in their own time without appropriate arrangements being in place.
- 3.8 The quantitative analysis set out above enables the Board to consider the opportunity cost of statutory and mandatory training more transparently, including its potential impact on clinical capacity, productivity and staff workload. This will support future discussions about prioritisation, scheduling, workforce planning and the balance between compliance, safety and operational delivery.

Reducing unnecessary burden

What specific work is underway to simplify and consolidate mandatory training, and does the Board have measurable objectives for reducing staff burden while maintaining appropriate regulatory compliance and patient safety?

- 3.9 OUH is participating in and responding to the NHS England Statutory and mandatory training programme (StatMand). The programme is intended to optimise, rationalise and redesign mandatory training nationally, improve staff experience and reduce avoidable duplication. Locally, OUH has completed alignment activity against the Core Skills Training Framework, established governance arrangements to review nationally and locally mandated learning, and developed an annual plan to assess training topics, frequency, projected staff time and opportunities to reduce course length or duplication.
- 3.10 Actions underway include reviewing refresher frequencies against national guidance, reviewing the staff groups and roles assigned to each requirement, supporting passporting where training is already valid and aligned, and using the Audience Mapping process to ensure that staff are assigned only the training necessary for their role. The Trust will continue to monitor national developments, including the future statutory and mandatory training framework and digital staff passport arrangements.