UK Core Skills Training Framework

Statutory/Mandatory Subject Guide

Version 1.5

Version control summary

Version No	Date	Comments
1.0	March 2013	Original release of the Framework.
1.1	April 2014	Updates to ensure references to legislation and expert guidance remained current and to provide greater clarification where needed. Some minor amendments to learning outcomes noted in Appendix 1 of version 1.1.
1.2	September 2014	Subject 8: Safeguarding Adults – addition of a new Level 2. Subject 9: Safeguarding Children – significant additions and amendments to the learning outcomes in accordance with latest guidance. Other minor updates and clarification where needed.
1.3	March 2016	Subject 8a: Preventing Radicalisation added as a new subject Other minor updates and clarification where needed
1.4	October 2017	Subject 8a Preventing Radicalisation – updated to reflect minor amendments in the NHS England Prevent Training and Competencies Framework (2017). Subject 11 Information Governance – updated to reflect the decommissioning of the NHS IG Training Tool (NHS Digital) CSTF User Guide incorporated into this subject guide. Other minor updates and clarification where needed.
1.4.2	May 2018	Subject 11 Information Governance – addition of GDPR.
1.4.3	July 2018	Subjects 12 and 13 Information Governance – addition of GDPR.
1.5	October 2018	Subject 1: Equality, Diversity and Human Rights – updated to include reference to statutory guidance to support the autism strategy. Subject 8: Safeguarding Adults – updated to align with Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) with the addition of a Level 3. Subjects 11, 12 and 13 Information Governance – updated to reflect current guidance for data security.

A summary of key amendments in this Version 1.5 is presented in Appendix 2: Version Control.

The Core Skills Training Framework (CSTF) is available for any individual or organisation to access. Current information and access to current CSTF documents is always available from the Core Skills Frameworks web page at: www.skillsforhealth.org.uk/cstf

Acknowledgements

This framework builds upon the substantial and excellent activity that has been undertaken in the devolved countries and health regions in England in seeking to design and develop common guidance for the enhancing the quality and delivery of statutory and mandatory training. This framework benefits from initial developments which commenced in the London region.

The Representatives who were involved in this activity have shared their expertise willingly to inform and support the development of the framework offered here, and Skills for Health gratefully acknowledges this substantial contribution (see appendix 3).

In addition, the following organisations are currently represented on the framework reference group:

East and North Hertfordshire NHS Trust
ESR Central Team
Health Education North West
Health Education Thames Valley & Wessex
HR Caddy Ltd
James Paget University Hospitals NHS Foundation Trust
Leicester Partnership NHS Trust
North Devon Hospital
Northumberland, Tyne & Wear NHS Foundation Trust
Peterborough & Stamford Hospitals Trust
Rotherham NHS Foundation Trust
Skills for Health
Streamlining Programme
University Hospital Leicester
University Hospitals Coventry & Warwickshire
Welsh Assembly Government
West Suffolk NHS Foundation Trust
Worcester Health & Care NHS Trust

About Skills for Health

Skills for Health is the Sector Skills Council for Health. It helps the whole UK health sector develop a more skilled and flexible workforce. Skills for Health's proven solutions help improve not just productivity but also the quality of health and healthcare. If you would like further information about how Skills for Health might support you with the implementation of this framework or other workforce development issues please visit: www.skillsforhealth.org.uk

Skills for Health UK Core Skills Training Framework Statutory/Mandatory Subject Guide Version 1.5 (October 2018)

UK Core Skills Training Framework Statements of Support

Provision of statutory mandatory training represents a major investment by healthcare employers. We recognise that there has been strong regional and national interest and demand for guidance in this area of provision in order to make the best use of this investment, prevent unnecessary duplication and to help ensure the quality and consistency of training given.

We have supported local framework developments to help employers address these issues and now, as a progression upon this, we the undersigned are pleased to welcome and recommend to our employers, education providers and other key stakeholders the UK wide Core Skills Training Framework. We are confident this framework will help guide a more efficient and consistent approach to the delivery of statutory mandatory training within the health sector. We would support the contention that the large scale adoption of this framework should deliver significant benefits for healthcare organisations, our workforce and importantly our patients by focusing on those topics that are common, and will contribute towards meeting key compliance requirements.

We look forward to working with Skills for Health in aligning our local initiatives to the national framework, and helping our stakeholders to utilise the framework in informing the delivery of their statutory and mandatory training, utilising the guidance in a way that best meets their local needs.

Deborah O Day
Chair, HR for London

Margo Kane
Chair, North West Core Skills Programme
Board & HR Director North West
Ambulance Service

Professor Allan Jolly
Director of Education and Quality
Wessex Local Education and Training Board

Neil Wooding
Chair, Strategic Education
Development Group for Wales

Chris Jefferies
Interim Managing Director, North West Local Education and Training Board Health Education England
Workforce Programme Director North West Workforce and Education

NHS Education for Scotland have been working with Health Boards on supporting their mandatory training needs for over two years. Our aim is to ensure that the NHS Scotland workforce has the appropriate level of knowledge and skill to carry out their duties safely and maintain a safe and healthy working environment.

Working with Skills for Health to develop the UK Core Skills Training Framework has made a valuable contribution to these endeavours. We anticipate the toolkit being used within Health Boards to benchmark and re-evaluate current activity and we also envisage piloting the practical implementation of the User Guide in clinical settings.

Dr Stuart Cable, Assistant Director of Educational Development, NHS Education for Scotland

The Independent Healthcare Advisory Services (IHAS) welcomes the introduction of the UK wide Core Skills Framework. This will provide all healthcare organisations with the benefit of ensuring consistent approaches to statutory mandatory training providing agreed and consistent periods for refresher training and reducing costs due to unnecessary duplication of learning.

Sally Taber, Director of Independent Healthcare Advisory Services

The National Association of Healthcare Fire Officers welcomed the request by Skills for Health to be involved in the development of the UK core skills training framework. Any document that strives to improve, develop and set out objectives and training outcomes has to be endorsed. The framework will assist healthcare organisations to achieve statutory compliance with regards to fire safety training.

The Infection Prevention Society welcomes the UK core skills training framework developed by Skills for Health. The Infection Prevention Society acknowledges that this framework does not attempt to cover all aspects of infection prevention and control. However following the framework can assist organisations in reviewing and developing their training arrangements.

The Health and Safety Executive welcomes the UK core skills training framework developed by Skills for Health. The framework does not attempt to cover all health and safety risks and may go further than the minimum you need to do to comply with the law. However, following the framework will help organisations review and develop their training arrangements and make health and safety improvements in their business.

The National Back Exchange has welcomed the opportunity to work with Skills for Health in developing the UK Core Skills Training Framework. We recognise that this framework builds upon other developments which have had benefit in establishing common guidance and which have been well received by healthcare organisations. While the National Back Exchange recognises that this framework does not attempt to cover all aspects of moving and handling the use of the framework can assist organisations in reviewing, planning and developing their training in moving and handling arrangements.

Resuscitation Council (UK): We are pleased to indicate that the information provided in the Resuscitation subject included in this framework has been supported by the Resuscitation Council (UK).

Royal College of Paediatrics and Child Health: We are pleased to indicate that the information provided in the Safeguarding Children's subject included in this framework has been supported by the Royal College of Paediatrics and Child Health.

Contents

Introduction

Purpose of Document

This document sets out a framework for use by healthcare organisations to help guide and standardise the focus and the delivery of key statutory and mandatory training skills. The intention in providing this framework is that healthcare organisations will be able to review their current arrangements for defining and delivering training in relation to the identified subject areas, and through the adoption of the framework align their approaches. Where such alignment is undertaken it should then have benefits for healthcare organisations in ensuring consistent approaches, promote quality and delivery of training which, through the use of learning outcomes, should be more educationally focused and valued.

It is expected that the adoption of this framework will help promote organisational and system wide efficiencies by encouraging the health sector to recognise training which meets recognised standards and in doing so help contribute towards preventing unnecessary duplication.

Target Audience

This framework should be of particular value to:

- **Chief Executives and Executive Leads for Human Resources, Organisational Development and Workforce Education:** in setting out the minimum training standards that effective healthcare organisations should ensure are in place in relation to the training subjects identified to support them in being able to meet common compliance requirements.

- **Learning and Development Leads:** in helping them to feel confident in planning, targeting and scheduling the delivery of training activity in relation to the training subjects identified, support resource utilisation and guide evaluation approaches to monitor the impact of any training undertaken.

- **Subject Matter Experts:** in helping them to plan and design the delivery of training, ensuring that training is focused upon learning outcomes which are relevant and measurable. This framework should also be helpful to Subject Matter Experts in helping staff understand the purpose of and appreciating the relevance of the training undertaken.

- **Healthcare Managers:** in helping to reinforce the purpose and value of this type of training and the required knowledge and skills performance that their staff should be expected to demonstrate on completion of any training received in relation to the subject areas included. Where an organisation adopts the framework Healthcare managers can also use it as an aid in determining priorities during any Personal Development Discussions.

- **Education Providers:** in helping those supporting the development of the future workforce in being able to integrate the framework as part of their curriculum delivery. This will help ensure that learners undertaking or completing healthcare education programmes are being supported to develop the knowledge and skills required to support their safety when on placement and/or their future employability skills.

Core Skills Subjects and Organising Structure

This UK Core Skills Training Framework (CSTF) Statutory/Mandatory Subject Guide, sets out for each identified skill area, an organising structure which offers:

- a context statement

- current policy and legal references with hyperlinks

- relevant target audience

- key learning outcomes

- proposed frequency of refresher training or assessment

- suggested standards for training delivery

- identification of any available National Occupational Standards

Utilising this organising structure will be helpful in encouraging a quality driven and consistent approach. The organizing structure will also aid keeping the framework updated, with the ability to make changes only to the relevant sections as they occur.

The guidelines offered here reflect the minimum standards expected. Many healthcare organisations will already meet and exceed these guidelines, and it is not the intention of this guidance to disturb this.

It is also important to note that for social care staff there are Codes of Practice and standards for induction which must be met and which have been agreed at country level (Appendix 4). The implication of this is that for those social care staff working in integrated health and social care teams they will be expected to meet these standards. The link with the guidance offered in this framework is that it provides the suggested learning outcomes that should be used to help guide and design training interventions, the completion of which might then contribute towards the achievement of the indicated code and standards where applicable.

For the health sector, the Core Skills Training Skills Framework will be helpful in establishing health sector wide minimum standards for the indicated subjects. In addition, the further guidance included will help enable the mechanisms and quality assurance processes to be put in place which will then support consistency, efficiency and also enable potential recognition of training.

Table 1 overleaf identifies the subjects included in the framework and gives recommendations in relation to the proposed target audience, frequency of refresher training and training methods..

Table 1: Summary of Subjects

The table below summarises the target audience and proposed frequency of refresher training for each subject.

CSTF alignment requires the learning outcomes for each CSTF subject to be met. In general, the CSTF does not prescribe training methods - however, some subjects will require a practical training component. The table therefore indicates the extent to which e-learning is appropriate as an option for training delivery and where practical instruction is a requirement.

Subject	Audience	Proposed frequency of refresher training	Comments on training delivery
1. Equality, Diversity and Human Rights	All staff, including unpaid and voluntary staff	**3 Years**	Elearning can cover alignment to CSTF learning outcomes.
2. Equality and Diversity (Scotland)	All staff, including unpaid and voluntary staff	**3 Years**	Elearning can cover alignment to CSTF learning outcomes.
3. Health, Safety and Welfare	All staff, including unpaid and voluntary staff	Induction followed by every **3 years**	Elearning can cover alignment to CSTF learning outcomes. Further job specific training may be needed based upon local risk assessment.
4. NHS Conflict Resolution (England)	Frontline NHS staff and professionals whose work brings them into direct contact with members of the public	**3 Years**	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required.
5. Fire Safety	All staff, including unpaid and voluntary staff	**Induction**: Site specific training followed by regular updated fire safety training. Staff who may need to help evacuate others, should receive training more frequently than those who may only be required to evacuate themselves. The frequency of refresher training should be determined by training needs and risk analysis with an assessment of competence at least every **2 years**	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required e.g. evacuation techniques and use of firefighting equipment. Supplemented by specific job/site training as necessary to ensure safe working practices.
6. Infection Prevention and Control	**Level 1:** All staff including contractors, unpaid and voluntary staff **Level 2:** All healthcare staff groups involved in direct patient care or services	**3 years** **1 year**	Elearning can cover alignment to CSTF learning outcomes.

Subject	Audience	Proposed frequency of refresher training	Comments on training delivery
7. Moving and Handling	**Level 1:** All staff, including unpaid and voluntary staff **Level 2:** All staff, including unpaid and voluntary staff , whose role involves patient handling activities	Required refresher periods based upon local assessment.	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required.
8. Safeguarding Adults (Version 2)	**Level 1:** All staff working in health care settings **Level 2:** All practitioners who have regular contact with patients, their families or carers, or the public. **Level 3:** Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).	**Induction** followed by every **3 years** **3 years** **3 years**	**Level 1**: Elearning can cover alignment to CSTF learning outcomes. **Level 2**: Elearning can cover alignment to CSTF learning outcomes. **Level 3**: Elearning can support delivery of knowledge aspects of learning outcomes.
8a Preventing Radicalisation	**Basic Prevent Awareness:** All clinical and non-clinical staff that have contact with adults, children and young people and/ or parents/carers. **Prevent Awareness:** All staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of an adult or child where there are safeguarding concerns	**3 years** **3 years** Initial training within 12 months of starting in relevant role with appropriate updating/briefing at least annually.	**Basic Prevent Awareness:** Elearning can cover alignment to CSTF learning outcomes. Can also be incorporated into an organisation's Safeguarding training. **Prevent Awareness** should be delivered by attendance at a Workshop to Raise Awareness of Prevent (WRAP) or by completing an approved elearning package
9. Safeguarding Children	**Level 1**: All staff including non-clinical managers and staff working in health care settings. **Level 2**: Non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers. **Level 3**: Clinical staff working with children, young people	**Induction** followed by every **3 years** **3 years**	**Level 1**: Elearning can cover alignment to CSTF learning outcomes. **Level 2**: Elearning can cover alignment to CSTF learning outcomes.

Subject	Audience	Proposed frequency of refresher training	Comments on training delivery
	and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.	**3 years**	**Level 3:** Elearning can support delivery of knowledge aspects of learning outcomes. At level 3, learning should be multi-disciplinary and inter-agency, including opportunities for personal reflection, scenario-based discussion, drawing on case studies etc.
10. Resuscitation	**Level 1**: Any clinical or non-clinical staff, dependent upon local risk assessment or work context	Initial training (e.g. at induction) followed by local assessment	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required i.e. 'hands-on' simulation training and assessment is recommended for clinical staff.
	Level 2: Staff with direct clinical care responsibilities including all qualified healthcare professionals	**1 year**	
	Level 3: Registered healthcare professionals with a responsibility to participate as part of the resuscitation team	**1 year**	
11. Information Governance and Data Security	All staff involved in routine access to information	**1 year**	Elearning can cover alignment to CSTF learning outcomes.
12. Information Governance (Scotland)	Foundation: Support Staff Roles Intermediate Level 1: Clinical, Administrators and Managers	Required refresher periods based upon local assessment	Elearning can cover alignment to CSTF learning outcomes.
13. Information Governance (Wales)	All staff including unpaid and voluntary staff	**2 years**	Elearning can cover alignment to CSTF learning outcomes.

Subject	Audience	Proposed frequency of refresher training	Comments on training delivery
14. Violence and Aggression (Wales)	**Module A – Induction and Awareness Raising:** All staff. including those on honorary contracts, unpaid and voluntary staff **Module B – Theory of Personal Safety and De-escalation.** Required staff based upon local risk assessment and training needs analysis **Module C – Breakaway**. Required staff based upon local risk assessment and training needs analysis	**Induction** followed by refresher periods based upon local assessment	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required.

Subject 1: Equality, Diversity and Human Rights

1.1 Context Statement

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Human rights are the legal rights and freedoms that individuals can expect to enjoy, can exercise and are based on core principles such as dignity, fairness, equality, respect and autonomy. Equality, Diversity and Human Rights are entirely relevant to day-to-day life and provide the framework which protects the freedom for individuals to control his/her own life, prevent discrimination and set expectations for enabling fair and equal services to and from public authorities.

The health sector has a responsibility to ensure delivery of services and workforce management which fully demonstrate and reflect the principles of equality, diversity and human rights. It is through the active and effective understanding of Equality, Diversity and Human Rights that the health sector will be able to recruit and retain a workforce that is more reflective of and sensitive to the population it seeks to serve.

1.2 Current Legal or Relevant Expert Guidance

Legislation – UK Wide

- Equality Act 2010
- Human Rights Act 1998

Legislation – Northern Ireland

- Employment Equality (Sex Discrimination) Regulations (Northern Ireland) 2005
- Employment Equality (Sexual Orientation) Regulations (Northern Ireland) 2003
- Northern Ireland Act 1998
- The Employment Equality (Age) Regulations (Northern Ireland) 2006
- The Equality Act (Sexual Orientation) Regulations (Northern Ireland) 2006

Legislation – Wales

- Government of Wales Act
- Wales Public Sector Duties

Key Guidance – England

- Department of Health Human Rights in Healthcare
- Department of Health (2015), Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy
- HM Government (2014), Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update.
- NHS Constitution
- NHS England (2015), Accessible Information Standard
- NHS England (2015), NHS Workforce Race Equality Standard
- NHS England (2015), The Equality Delivery System
- NHS England (2015), Monitoring Equality and Health Inequalities: A Position Paper

Key Guidance – Northern Ireland

- Section 75 of the Northern Ireland Act 1998 A Guide for Public Authorities

Key Guidance – Wales

- Equality information: A guide for listed public authorities in Wales
- Assessing Impact and the Equality Duty – A guide for listed public authorities in Wales
- Equality Objectives and Strategic Equality Plans (SEPs)

Expert Organisations

- Equality and Human Rights Commission (England, Wales)
- Equality Commission for Northern Ireland
- NHS Employers
- The NHS Centre for Equality and Human Rights

1.3   Target Audience

All staff, including unpaid and voluntary staff.

1.4   Key Learning Outcomes

The following learning outcomes reflect a minimum standard which should be incorporated into equality, diversity and human rights education and training for all staff groups.

The learner will:

a)   understand the terms of Equality and Diversity and Human Rights and how they are applied within the context of the health sector

b)   understand how a proactive inclusive approach to equality and diversity and human rights can be promoted

c)   understand the purpose and benefits of monitoring equalities and health inequalities

d)   understand the benefits that an effective approach to equality and diversity and human rights can have on society, organisations and individuals

e)   understand how legislation, organisational policies and processes can empower individuals to act appropriately and understand people's rights

f)   know how to treat everyone with dignity, courtesy and respect and value people as individuals

g)   know what to do if there are concerns about equality and diversity practices, including how to use any local whistle blowing policy procedures and other related policies such as Bullying at Work and Dignity at Work

For Wales only:

h)   understand the Public Sector Equality Duties

1.5 Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Period

It is recommended that equality and diversity refresher training for all staff groups should take place at a maximum of **every 3 years**. Where staff are changing roles and have more direct accountability for Human Resources, staff management and service delivery, they may need to undertake refresher and/or receive specific training ahead of any scheduled update. Wherever possible, such training should also coincide with a much broader review of the organisational approach to equality, diversity and human rights.

Organisational Implications: Each healthcare organisation will need to determine the required refresher training periods, ensuring that any agreed training schedule is incorporated into their local policy.

Refresher training will be indicated for all staff if there is a change in Equality, Diversity and Human Rights Legislation nationally or an organisation has amended its policy locally.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

1.6 Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators who are involved in the delivery of Equality, Diversity and Human Rights education or training have the appropriate experience, background and qualifications to deliver training to a satisfactory standard. For guidance, this may include the following:

- A current and thorough knowledge of Equality, Diversity and Human Rights legislation and an understanding of its application and effective practice within a healthcare setting.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities.

- A relevant qualification in Equality, Diversity and Human Rights such as, for example, the Institute of Leadership and Management Level 4 Award in Managing Equality and Diversity in an Organisation.

- Awareness of the Competency Framework for Equality and Diversity Leadership and how this might be appropriately applied within the context of any education/training role.

Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

1.7 Relevant National Occupational Standards

Relevant National Occupational Standards

- SCDHSC0234: Uphold the rights of individuals
- SS01: Foster people's equality, diversity and rights
- SCDHSC0045: Lead practice that promotes the safeguarding of individuals

Subject 2: Equality, Diversity and Human Rights (Scotland)

2.1 Context Statement

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Human rights are the legal rights and freedoms that individuals can expect to enjoy, can exercise and are based on core principles such as dignity, fairness, equality, respect and autonomy. Equality, Diversity and Human Rights are entirely relevant to day-to-day life and provide the framework which protects the freedom for individuals to control his/her own life, prevent discrimination and set expectations for enabling fair and equal services to and from public authorities.

The health and care sector has a responsibility to ensure delivery of services and workforce management which fully demonstrate and reflect the principles of equality, diversity and human rights. Equality, diversity and human rights are essential underpinnings of quality care and contribute to improved outcomes. It is through the active and effective understanding of Equality, Diversity and Human Rights that the health sector will be able to recruit and retain a workforce that is more reflective of and sensitive to the population it seeks to serve.

2.2 Current Legal or Relevant Expert Guidance

Legislation – UK Wide

- Equality Act 2010
- Human Rights Act 1998

Legislation – Scotland

- Patient Rights (Scotland) Act 2011
- Public Bodies (Joint Working) (Scotland) Bill
- Scottish Public Sector Equality Duties

Key Guidance – Scotland

- Codes of practice for the Equality Act and the Equality Duty
- Equally Well – Scotland's Framework on Health Inequalities
- NHS Education Scotland, Inclusive Education and Learning
- NHS Health Scotland, Advancing equality in health
- NHS Scotland, Everyone Matters: 2020 Workforce Vision
- Route Map to the 2020 Vision for Health and Social Care
- Scottish Health Council, Participation Standard
- Scottish Human Rights Commission, Care about Rights
- Scotland's National Action Plan for Human Rights (SNAP)

Expert Organisation

- Equality and Human Rights Commission, Scotland
- The Scottish Human Rights Commission
- NHS Education Scotland

2.3   Target Audience

All staff, including unpaid and voluntary staff

2.4   Key Learning Outcomes

The following learning outcomes reflect a minimum standard which should be incorporated into equality and diversity education and training for all staff groups:

The learner will:

a)   understand key concepts and principles in equality, diversity and human rights and how they are applied within the context of the health sector

b)   understand how a proactive inclusive approach to equality and diversity and human rights can be promoted

c)   understand the benefits that an effective approach to equality and diversity and human rights can have on society, organisations and individuals

d)   understand how legislation, organisational policies and processes can empower individuals to act appropriately and understand people's rights

e)   know what the equality duties mean for you at work

f)   know how to treat everyone with dignity, courtesy and respect and value people as individuals

g)   know what to do if there are concerns about equality and diversity practices, including how to use any local whistle blowing policy procedures and other related policies such as Bullying at Work and Dignity at Work.

2.5   Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Period

It is recommended that equality and diversity refresher training for all staff groups should take place at a maximum of **every 3 years**. Where staff are changing roles and have more direct accountability for Human Resources, staff management and service delivery they may need to undertake refresher and/or receive specific training ahead of any scheduled update. Wherever possible, such training should also coincide with a much broader review of the organisational approach to equality, diversity and human rights.

Organisational Implications: Each healthcare organisation will need to determine the required refresher training periods, ensuring that any agreed training schedule is incorporated into their local policy.

Refresher training will be indicated for all staff if there is a change in Equality, Diversity and Human Rights Legislation nationally or an organisation has amended its policy locally.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

2.6 Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators who are involved in the delivery of Equality, Diversity and Human Rights education or training have the appropriate experience, background and qualifications to deliver training to a satisfactory standard. For guidance, this may include the following:

- A current and thorough knowledge of Equality, Diversity and Human Rights legislation and an understanding of its application and effective practice within a healthcare setting.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

- A relevant qualification in Equality, Diversity and Human Rights such as, for example, the Institute of Leadership and Management Level 4 Award in Managing Equality and Diversity in an Organisation.

Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic review.

2.7 Relevant National Occupational Standards

Relevant National Occupational Standards

- SCDHSC0234: Uphold the rights of individuals

- SS01: Foster people's equality, diversity and rights

- SCDHSC0045: Lead practice that promotes the safeguarding of individuals

Subject 3: Health, Safety and Welfare

3.1 Context Statement

Given the complexity of the purpose, structure and type of activity delivered in healthcare environments, there is a diverse range of potential risks to the health and safety of staff. The law requires employers to provide whatever information, instruction and training is needed to ensure, so far as is reasonably practicable, the health and safety of its employees. Employers are required to provide employees with relevant information on potential risks to their health and safety in the workplace, and how these risks can be minimised.

The provision of effective health and safety training will help to avoid the cost and distress that accidents and ill health cause. Of particular importance, is the need to develop a positive health and safety culture where healthy working becomes second nature to everyone.

3.2 Current Legal or Relevant Expert Guidance

Legislation – UK Wide

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Control of Substances Hazardous to Health Regulations 2002
- The Health and Safety (Training for Employment) Regulations 1990
- The Health and Safety (Display Screen Equipment) Regulations 1992
- The Provision and Use of Work Equipment Regulations 1998

Legislation – Northern Ireland

- Management of Health and Safety at Work Regulations (Northern Ireland) 2000

Key Guidance – England

- NHS Employers / Health and safety
- The NHS Health, Safety and Wellbeing Partnership Group (2013), Workplace health and safety standards
- Health and Safety Executive, Health and social care services

Expert Organisations

- The Health and Safety Executive (HSE)
- The Health and Safety Executive for Northern Ireland
- The Care Quality Commission (England)

3.3 Target Audience

All staff, including unpaid and voluntary staff.

3.4 Key Learning Outcomes

The following learning outcomes reflect the minimum standard that should be incorporated into general health and safety training.

The learner will:

a) understand the organisation's commitment to delivering services safely

b) understand the importance of acting in ways that are consistent with legislation, policies and procedures for maintaining own and others' health and safety

c) know the organisation's arrangements for consulting with employees on health and safety matters

d) be able to locate the organisation's health and safety policy and the arrangements for implementing it

e) understand the meaning of hazard, risk and risk assessment

f) be able to recognise common work place hazards including:

- electricity

- slips and trips, falls

- chemicals and substances

- stress

- physical and verbal abuse

- traffic routes

- display screen equipment (DSE), workstations and the working environment.

g) understand how any identified risks might be managed through balanced and appropriate preventive and protective measures

h) understand how they could apply and promote safe working practices specific to their job role

i) know the actions they should take to ensure patient safety

j) understand the importance of reporting health and safety concerns

k) know the reporting processes used and how the organisation uses the information gathered to help manage risks

l) know how to raise health and safety concerns

m) understand individual responsibilities in reporting incidents, ill health and near misses.

NB: Additional learning outcomes and practical experience should be added, where appropriate, to take into account the capabilities, knowledge, experience and prior training of workers.

Based upon risk assessment, training needs analysis, type of role, location and service need, the learning outcomes stated should be supplemented by specific job and site training as necessary to ensure competence in safe working practices and compliance with legal requirements.

Employers should ensure that vulnerable workers such as young people at work and learners undertaking work experience receive appropriate training, to protect their health and safety.

Managers and supervisors should receive additional health and safety training as appropriate to support them in their role and health and safety responsibilities.

3.5   Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Period

Health and Safety law does not mandate defined time schedules for refresher periods but consensus from health care regions who have developed their own frameworks indicate that general health and safety training must take place at induction, with refresher training for all staff groups at least every 3 years.

Organisational Implications: Each healthcare organisation will need to determine their position in relation to alignment with the recommended refresher periods, particularly for those staff groups exposed to frequent health and safety risks and ensuring that any agreed training schedule is incorporated into local policy.

Organisations should have a programme of health and safety audits in place. The outcomes and implications of audits should be used to ensure that key policies and practices are being monitored and implemented appropriately, and they inform training priorities.

Refresher training will be indicated for all staff if there is a change in health and safety legislation nationally or where local risk management assessment identifies new risks, or if there is a change in working practices and procedures and where skills need updating.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

3.6   Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators that are involved in the delivery of Health and Safety education or training have the appropriate qualifications, experience, knowledge and skills to deliver training to a satisfactory standard. For guidance, this may include the following:

- A current and thorough knowledge of Health and Safety, including risk assessment & management and an understanding of its application and practice within a healthcare setting.

- Knowledge and experience of health and safety risks in their own organisation.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

- A relevant qualification in Health and Safety.

- Membership of a professional organisation, for example, the Chartered Membership of IOSH (www.iosh.co.uk) (this might be particularly required for any external trainers providing training on behalf of the organisation).

Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

3.7 Relevant National Occupational Standards

Relevant National Occupational Standards

- GEN96: Maintain health, safety and security practices within a health setting
- SS03: Promote, monitor and maintain health, safety and security in the workplace
- SCDHSC0022: Support the health and safety of yourself and individuals
- Ento WRV1: Make sure your actions contribute to a positive and safe working culture
- COGPACK38: Work safely

Subject 4: NHS Conflict Resolution (England)

4.1　Context Statement

It is important that staff feel safe in their working environments. Violent behaviour not only affects them personally but indirectly it has a negative impact upon the standard of service and the delivery of patient care. In terms of tackling violence against staff, Conflict Resolution Training (CRT) is a key preventative tool. It forms part of a range of measures introduced to make the NHS a safer place to work. Clearly, it is not sufficient to react to incidents after they occur; ways of reducing the risk of incidents occurring and preventing them from happening in the first place must be found.

The detail in this subject reflects the Conflict Resolution Training guidance as provided by NHS Protect (2013).

4.2　Current Legal or Relevant Expert Guidance

England

- NHS Protect (2013), Conflict Resolution Training: implementing the learning aims and outcomes
- NHS Protect (2014), Meeting needs and reducing distress: Guidance on the prevention and management of clinically related challenging behaviour in NHS settings
- Care Quality Commission: The fundamental standards / safety

Expert Organisation

- NHS Protect

  NB. NHS Protect will be decommissioned during 2017. A new organisation to tackle fraud, bribery and corruption within the health service in England will be known as the NHS Counter Fraud Authority (NHSCFA).

4.3　Target Audience

Frontline NHS staff and professionals whose work brings them into direct contact with members of the public - under legislation it is employer's responsibility to ensure that these individuals and roles are risk-assessed in relation to violence and aggression.

4.4　Key Learning Outcomes

The learning aims and associated outcomes are based on de-escalation techniques. The aims address the way one communicates, patterns of behaviour, recognition of warning signs, impact factors and preventative strategies. At the end of the training learners should be able to:

a) explain the role of the Security Management Director and Local Security Management Specialist

b) describe the common causes of conflict and identify the different stages of conflict

c) learn from their own experience of conflict situations to develop strategies to reduce the opportunity for conflict in the future

d) describe two forms of communication

e) indicate the level of emphasis that can be placed on verbal and non-verbal communication during a conflict situation

f) understand the impact that cultural differences may have in relation to communication

g) identify the causes of communication break down and the importance of creating conditions for communication to succeed

h) utilise three communication models that would assist in dealing with different levels of conflict

i) recognise the behavioural pattern of individuals during conflict

j) recognise the warning and danger signals displayed by individuals during a conflict situation including the signs that may indicate the possibility of physical attack

k) identify the procedural and environmental factors affecting conflict situations and recognise their importance in decision making

l) understand the importance of keeping a safe distance in conflict situations

m) summarise the methods and actions appropriate for particular conflict situations bearing in mind that no two situations are same

n) explain the use of 'reasonable force' as described in law and its limitations and requirements

o) identify the range of support, both short and long-term, available to those affected by a violent incident

p) understand the need to provide support to those directly affected by a violent incident and the wider organisational benefits of this.

NB: It is crucial that employing organisations deliver the appropriate level of CRT to meet the needs of staff at their organisation. For example, the clinical and environmental factors affecting conflict for ambulance services or mental health services will be different to those experienced within the in-patient setting.

Even within each type of health organisations there may be different factors coming into play such as location, demographics and geography. Therefore, in addition to delivering the core learning outcomes organisations will need to make a risk assessment of the CRT needs of their staff. In some cases this may result in training with additional learning outcomes to meet and mitigate the identified risks.

CRT provides staff with important de-escalation, communication and calming skills to help them prevent and manage violent situations. However, there are some incidents which may involve challenging behaviour that is clinically related, one common characteristic being where the individual involved in the incident may have some degree of cognitive impairment and their communication may be temporarily or permanently impaired.

NHS organisations and providers of NHS services may therefore choose to include clinically related challenging behaviour awareness as part of a combined course with CRT or incorporate it as part of other training initiatives, such as those addressing staff training needs around dementia.

4.5 Proposed Frequency of Refresher Training or Assessment

The frequency of delivering refresher CRT will be determined by local needs, although it is recommended that, from the viewpoint of retention of knowledge and personal safety, they should not be more than three years from the time of delivery of the previous training.

In cases where new employees have already received CRT from other NHS providers or commissioners the prior learning may be recognised if the training has followed NHS Protect guidance. In such cases a risk-based approach should be made of the employee's present needs before determining whether their prior learning is sufficient for their new role.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

4.6 Suggested Standards for Training Delivery

It is appropriate that the delivery method for CRT takes into account the needs of learners to ensure that maximum benefit and value is obtained. While not exhaustive, these may include access to resources such as classrooms, literature, audio visual facilities and appropriately qualified trainers. Studies have shown that CRT benefits best from delivery in a classroom setting, although the overriding aim must be that learners achieve all of the learning outcomes and any additional ones appropriate for their role and setting established by the risk assessment.

The duration of CRT courses will vary considerably and their length will depend upon the number of additional learning outcomes identified through a risk assessment of CRT needs. However, all NHS CRT courses will need to be long enough to provide sufficient time to ensure that the core learning outcomes and those identified in the risk assessment are fully met. CRT can be delivered as a standalone course, although there are benefits to it being integrated as part of a more holistic approach to communication, customer care and engagement with service users as these are transferable skills.

Each learning outcome serves a specific purpose in the process of de-escalating potential conflict and preventing violence. If the outcomes are not addressed adequately on the course because there has been insufficient time allowed for the information to be fully disseminated and understood this provides little or no value to learners.

NHS Protect (2013) recommends that the core learning outcomes require five hours of contact time to be effective and that the successful delivery of the learning outcomes is considered when determining class sizes. Research has shown that this should be no more than 20 delegates and the Health and Safety Executive have endorsed this approach. E-learning may be appropriate to support the delivery of knowledge aspects of CRT but should not be a substitute for the recommended contact time.

4.7 Relevant National Occupational Standards

Relevant National Occupational Standards

- Ento WRV6: Promote a safe and positive culture in the workplace
- FMH5: Minimise the risks to an individual and staff during clinical interventions and violent and aggressive episodes

Subject 5: Fire Safety

5.1   Context Statement

Since the publication of the fire safety Regulatory Reform (Fire Safety) Order 2005, the provision of fire training has become a legal requirement for all employees within the UK. Fire safety in the healthcare environment is particularly challenging since many people in healthcare environments will require some degree of assistance from healthcare staff to ensure their safety in the event of a fire (Department of Health 2013).

Fire within a healthcare setting can have a significant impact and consequences which can include property loss, injury and potential loss of life. High levels of fire safety awareness and knowledge by the healthcare workforce is essential if safe healthcare environments are to be maintained and the distressing consequences that can be caused through fire are to be prevented.

Within the UK, healthcare is provided in a wide range of environments, and it is essential that dependent upon the nature of the environment, which might be categorised as either simple or complex, that the relevant guidance related to fire safety management is used to help assess and address potential fire safety risks.

5.2   Current Legal or Relevant Expert Guidance

Legislation – England and Wales

- The Regulatory Reform (Fire Safety) Order 2005

Legislation – Northern Ireland

- The Fire Safety Regulations (Northern Ireland) 2010

Legislation – Scotland

- The Fire Safety (Scotland) Regulations 2006

Legislation – Wales

- The Smoke-free Premises etc. (Wales) Regulations 2007

Expert Guidance – England

- Department of Health policy on fire safety in the NHS in England: Managing Healthcare Fire Safety (HTM 05-01), Second edition April 2013
- DCLG (2006), Fire safety risk assessment: healthcare premises

Expert Guidance – Wales

- Working Together In Partnership (2007), Concordat Between The Welsh Assembly Government's Department For Health And Social Services and the Chief Fire Officers' Association Wales

Expert Organisation

- National Association of Healthcare Fire Officers (NAHFO)

5.3 Target Audience

Fire Safety training is a legal requirement for all staff. The learning outcomes stated in the Core Skills Training Framework are taken from the Firecode and specify the generic training needed by all staff without exception.

Adequate fire safety information and instruction is required for all staff on induction.

5.4 Key Learning Outcomes

The following learning outcomes reflect the minimum standard which should be incorporated into fire safety training for all levels, and reflects in England the Department of Health policy on fire safety in the NHS in England: Managing Healthcare Fire Safety (HTM 05-01), Second edition April 2013.

The learner will:

a) understand the characteristics of fire, smoke and toxic fumes

b) know the fire hazards in the working environment

c) be aware of the significant findings of relevant fire risk assessments

d) understand how to practice and promote fire prevention

e) be aware of basic fire safety and local fire safety protocols including staff responsibilities during a fire incident

f) know the means of raising the fire alarm and the actions to take on hearing the fire alarm

g) know instinctively the right action to take if fire breaks out or smoke is detected

h) be familiar with the different types of fire extinguishers, state their use and identify the safety precautions associated with their use

i) understand the importance of being familiar with evacuation procedures and associated escape routes.

NB: In addition learners should take part in practical training sessions which include evacuation techniques and where appropriate, use of firefighting equipment.

Dependent upon role, location and service need the learning outcomes stated should be supplemented by specific job and site training. This should include, for example, local fire procedures, escape routes, refuges, evacuation aids and fire alarms and any other aspects as deemed necessary based upon localised fire risk assessment, training needs analysis and policy.

Similarly, staff involved in particular roles such as telephone operators, estates and working in environments such as operating theatres may need more specific training to fulfil their responsibilities in effective fire prevention and management.

5.5   Proposed frequency of Refresher Training or Assessment

All staff should on commencement of employment receive local site specific fire induction training, and within a month of starting employment undertake any established corporate fire induction training.

All staff should receive regular updated fire safety training and instruction. The duration and frequency of the training should be determined by a training needs analysis. This should take account of the fire risks present in the premises, the numbers and dependency of people at risk, and the responsibilities of staff in a fire emergency. The outcomes of the fire risk assessment and the resulting determination of training requirements should be formally recorded and periodically reviewed.

Organisational Implications: Staff who are involved in the direct care of patients, who may need to help evacuate others, should receive training more frequently than those who may only be required to evacuate themselves, this needs to be based upon current local risk assessment.

Refresher training will be indicated if there has been a change in Fire Safety Legislation nationally, an organisation has amended its policy, or the local fire risk assessment identifies a new or changed risk, all staff affected will need to be updated to reflect any changes.

Assessment of Competence

Assessing the effectiveness of training is important but often difficult to carry out with certainty. The Fire Safety Manager in conjunction with healthcare Fire Safety Advisers should, on a regular basis (but normally no less than every **two years**), devise methods of testing staff.

It is likely that the practical performance of staff at training sessions and during rehearsals of the fire emergency action plan will offer the best indication of the effectiveness of a programme and the degree to which staff have assimilated instruction (Department of Health 2013).

5.6   Suggested Standards for Training Delivery

It is the responsibility of the Trust Board (or equivalent), in consultation with the Fire Safety Manager/Advisor to determine how a suitable programme of fire safety is developed and implemented, and provide assurance that it meets the legislative requirements.

The employing organisation should be assured that Learning Facilitators who are involved in the delivery of fire training are competent in fire safety in the healthcare environment and have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. The Firecode stipulates that:

"Staff delivering training should have the necessary competence, and if called upon to do so, should be able to demonstrate their competence."

For guidance, this should include the following:

- A relevant fire safety qualification e.g. IOSH, the Fire Protection Association Advanced Fire Safety Management, Membership of Institute of Fire Engineers, Loughborough Post Graduate Certificate in Fire Safety Management, CFPA Diploma or extensive fire service experience (Local Authority or MoD) and/or relevant fire service experience.

and

- A thorough knowledge of Fire Safety in a healthcare setting, including legislation and the application of the Firecode.
- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Within complex healthcare environments such as hospitals, the requirements are that face-to-face training should be delivered by the designated Authorised Person[1]. Where the delivery of any training in complex buildings is supported

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[1] Authorised Person (Fire) who is usually the Fire Adviser for the trust.

by designated Fire Wardens/coordinators, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic review.

Where staff work in non-complex buildings, for example, a medical centre, walk in centre or doctors surgery and the treatments provided within the premises are non-invasive, Fire training may be delivered by a person with lesser experience and qualifications than identified above. However, training should follow the guidance in the DCLG guide for healthcare premises (see 5.2). In these cases, the organisation should ensure that they have put in place a quality assurance mechanism to ensure an accurate and effective delivery.

The fire safety training programme should include practical sessions and fire drills to supplement classroom instruction. Elearning can be used to support Fire Training but is not acceptable as the sole means of training.

5.7   Relevant National Occupational Standards

Relevant National Occupational Standards

- GEN96: Maintain health, safety and security practices within a health setting
- SS03: Promote, monitor and maintain health, safety and security in the workplace

Subject 6: Infection Prevention and Control

6.1 Context Statement

The risk of infection within a healthcare setting poses a significant risk to patients, carers and staff. Without effective infection prevention and control approaches, infection can cause distress, harm, and impair the quality of life and healthcare experiences. Infection frequently requires additional costly resources to treat. Therefore, prevention of infection has to be a key priority for all staff groups working within a healthcare setting. Consequently, ensuring that all staff have high levels of infection prevention and control awareness, supported through an effective education and training approach, should form a central feature of any infection prevention and control strategy.

6.2 Current Legal or Relevant Expert Guidance

Legislation – UK Wide

- Health and Safety at Work etc Act 1974
- The Control of Substances Hazardous to Health Regulations 2002

Legislation – England

- Health Act 2009
- Health and Social Care Act 2008
- Public Health (Control of Disease) Act 1984
- The Health Protection (Notification) Regulations 2010

Legislation – Scotland

- Public Health etc. (Scotland) Act 2008
- Public Services Reform (Scotland) Act 2010

Key Guidance – England

- Department of Health (2015), The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance
- Loveday HP et al (2014), epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England, Journal of Hospital Infection 86S1 (2014) S1–S70
- NHS, Infection. Prevention. Control.
- NICE (2011), Healthcare-associated infections: prevention and control, Public health guidance [PH36]
- NICE (2014), Infection prevention and control: Quality Standard QS61
- NICE (2017), Healthcare-associated infections: prevention and control in primary and community care, Clinical guideline [CG139]

Key Guidance – Northern Ireland

- The Northern Ireland Regional Infection Prevention and Control Manual
- Public Health Agency Northern Ireland

Key Guidance – Scotland

- Health Protection Scotland (2017), Compendium of Healthcare Associated Infection Guidance
- Health Protection Scotland (2017), National Infection Prevention and Control Manual
- NHS Education for Scotland HAI Education for Infection Prevention and Control

Key Guidance – Wales

- National Infection Control Policies for Wales
- NHS Wales. Healthcare Associated Infection Wales

Expert Organisations and Resources

- Healthcare Infection Society
- Health Protection Scotland
- Infection Prevention Society
- International Resource for Infection Control
- Public Health England
- Public Health Wales
- World Health Organization

6.3   Target Audience

Level 1: All staff including contractors, unpaid and voluntary staff.

Level 2: All healthcare staff groups involved in direct patient care or services.

6.4   Key Learning Outcomes

Learning outcomes are divided into two levels. Each level reflects a level of expected knowledge, skill and understanding. The appropriate level of training is dependent upon role, work context and local risk assessment. Level 1 learning outcomes reflect a basic standard which should be incorporated into infection prevention and control training for all staff, including contractors and volunteers. Level 2 learning outcomes reflect a further standard which should be incorporated into infection prevention and control training for all healthcare staff and other staff groups who provide direct patient care.

Level 1: All staff, including contractors and unpaid and voluntary staff.

The learner will:

a)   know how individuals can contribute to infection prevention and control

b)   have knowledge of and demonstrate the standard infection prevention and control precautions relevant to their role which may include:

   o   Hand Hygiene

   o   Personal Protective Equipment (PPE)

   o   Management of Blood and Body Fluid Spillage

   o   Management of Occupational Exposure (including sharps)

   o   Management of the Environment

   o   Management of Care Equipment.

c)   recognise and act when their personal fitness to work may pose a risk of infection to others.

Level 2: All healthcare staff providing direct patient care and other relevant staff, based upon role and local risk assessment (Level 1 outcomes plus the following).

The learner will relevant to their role:

a)   be able to describe the healthcare organisation's and their own responsibilities in terms of current infection prevention and control legislation

b)   know how to obtain information about infection prevention and control within the organisation

c)   understand what is meant by the term healthcare associated infections

d)   understand the chain of infection and how this informs infection prevention and control practice

e)   demonstrate an understanding of the routes of transmission of micro-organisms

f)   understand individual roles and responsibilities for the three levels of decontamination

g)   use single use items appropriately

h)   be able to conduct a risk assessment in respect of ensuring infection prevention and control

i)   explain different alert organisms and conditions that pose an infection risk

j)   describe how to safely manage patients with specific alert organisms.

Where applicable to the role

Apply appropriate health and safety measures, standard precautions for infection prevention and control in obtaining specimens from individuals.

NB: It is to be noted that, in some healthcare settings, Level 2 learning outcomes may not be relevant for some clinical roles e.g. Community Healthcare. It is the organisation's discretion to agree on which learning outcomes are relevant and, therefore, required.

6.5   Proposed Frequency of Refresher Training or Assessment

It is recommended that refresher training for infection prevention and control training should be a maximum of:

- All staff (Level 1 Outcomes): every 3 years.
- All healthcare staff providing direct patient care (Level 2 Outcomes): every year.

Organisational Implications: Each healthcare organisation will need to determine their position in relation to alignment with the recommended refresher periods, particularly for those staff groups exposed to greater risks and ensuring that any agreed training schedule is incorporated into local policy.

Additional refresher training will be indicated for all staff if there is a change in infection prevention and control guidelines nationally or where the organisation has amended its policy locally. Organisations should have a programme of quality assurance including audit and feedback. The audit findings should be used to ensure that key policies and practices are being reviewed, implemented and inform training priorities.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant, practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.
- Where a staff member or learner does not meet the required level of current knowledge and understanding and practice through pre-assessment, they should complete the refresher training and any associated assessments required.

6.6   Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators involved in the delivery of Infection prevention and control education or training have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. For guidance, this may include the following:

- A relevant professional/healthcare registered qualification e.g. nurse.
- Ability to demonstrate significant experience/knowledge of infection prevention and control issues and an understanding of their issues and practice within a healthcare setting.
- Recent participation in advanced practice CPD developments in infection prevention and control.
- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Where the learning facilitator is a designated practitioner in infection control and prevention, then they should be working towards demonstrating the Outcome competences for practitioners in infection prevention and control as suggested by Infection Prevention Society.

Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic review.

6.7   Relevant National Occupational Standards

Relevant National Occupational Standards

- Gen1: Ensure personal fitness for work

- Gen2: Prepare and dress for work in healthcare settings

- IPC2.2012: Perform hand hygiene to prevent the spread of infection

- IPC6.2012: Use personal protective equipment to prevent the spread of infection

- IPC1.2012: Minimise the risk of spreading infection by cleaning, disinfecting and maintaining environments

- IPC4.2012: Minimise the risk of spreading infection by cleaning, disinfection and storing care equipment

- IPC8.2012: Minimise the risk of spreading infection when transporting and storing health and care related waste

- IPC3.2012: Clean, disinfect and remove spillages of blood and other body fluids to minimise the risk of infection

- IPC7.2012: Safely dispose of healthcare waste, including sharps, to prevent the spread of infection

Subject 7: Moving and Handling

7.1 Context Statement

Healthcare settings can pose significant moving and handling challenges and risks. Work-related musculoskeletal disorders, including manual handling injuries, are the most common type of occupational ill health in the UK (Health and Safety Executive 2011). Given the nature, type and frequency of moving and handling activities undertaken the risks of injury to staff and patients are considerable and need to be minimised. As part of health and safety at work requirements, employers are expected to provide training on key health and safety risks and this has been supplemented with additional guidance covering the specific activity of moving and handling.

7.2 Current Legal or Relevant Expert Guidance

Legislation
- Health and Safety at Work etc Act 1974
- Lifting Operations and Lifting Equipment Regulation (LOLER), 1998
- Management of Health and Safety at Work Regulations, 1999
- Provision and Use of Work Equipment regulations (PUWER), 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), 2013
- The Health and Safety (Miscellaneous Amendments) Regulations 2002
- The Manual Handling Operations Regulations 1992

Key Guidance – Scotland
- Scottish Government (2014), The Scottish Manual Handling Passport Scheme

Key Guidance – Wales
- All Wales NHS Manual Handling Passport & Information Scheme

Key Organisations
- The Health and Safety Executive (HSE)
- National Back Exchange

Key References
- Health Safety Executive, The Manual Handling Operations Regulations 1992 (as Amended 2002)
- Health Safety Executive, Manual handling at work: A brief guide
- ISO Technical Report 12296 Ergonomics – Manual Handling Of people in the Health Care Sector
- The Guide to the Handling of People (HOP 6 edition). Backcare: London
- Ruszala, S et al. (2010), Standards in Manual Handling, (3rd edition). National Back Exchange: Towcester

7.3 Target Audience

Level 1: All staff, including unpaid and voluntary staff.

Level 2: Those staff groups, including unpaid and voluntary staff, whose role involves patient handling activities.

7.4 Key Learning Outcomes

Level 1

The learner will:

a) be able to recognise manual handling risk factors and how injuries can occur

b) understand employers and employees responsibilities under relevant national Health & Safety legislation including most recent versions of the Manual Handling Operation Regulations

c) understand their own responsibilities under local organisational policies for Moving and Handling

d) know where additional advice and information can be sought relating to Moving and Handling issues

e) be able to use an ergonomic approach to manual handling and other work tasks leading to improved working posture

f) understand principles of good back care to promote general musculo-skeletal health

g) understand the principles of safer handling

h) know the factors to be included in undertaking a dynamic risk assessment prior to undertaking a moving and handling activity

i) understand how the organisation uses its risk management processes to inform safe systems of work

j) be able to choose suitable risk control strategies, resources and support available to facilitate good practice following a risk assessment appropriate to the staff member's role.

Load Handling Staff

Staff involved as part of their duties in the moving and handling of inanimate loads, will require principle-based practical instruction on strategies and approaches for safely moving and handling inanimate loads, relevant to their role in the organisation.

Level 2: Patient Handling Staff

In addition to the learning outcomes listed for all employees, staff identified as being involved in patient handling activities will be required to meet the following additional outcomes.

The learner will:

a) know how to provide patients with the best quality care using appropriate, safe and dignified moving and handling strategies

b) understand normal human movement patterns as a prerequisite to moving and handling people

c) understand how multidisciplinary team communication and risk assessments ensure the safe handling of patients.

Staff involved as part of their duties in the moving and handling of patients will require principle-based practical instruction on strategies and approaches for safely moving and handling patients, relevant to their role in the organisation:

- o chair moves and transfers

- o bed/trolley/table moves and transfers

- o mobility

- o managing the falling/fallen patient

- o use of equipment available within the organisation, e.g. profiling beds, patient hoists and slings, bathing aids, sliding and transferring systems, small handling aids to promote independence.

Training should be supported with practical instruction and competence assessment by work place supervisors in the use of any mechanical aids provided for undertaking Moving and Handling tasks.

NB: Additional learning outcomes, or specific training, may be necessary to meet the particular needs or function of individual organisations. These should be determined by local risk assessment and policy.

7.5   Proposed frequency of Refresher Training or Assessment

Proposed Refresher Training Periods

Given the potential range of individual local factors and risks that might have an impact upon moving and handling activities it is difficult to set defined refresher periods for all staff groups. Rather the organisation should have monitoring and a programme of audit in place to check that individual employees are moving and handling people safely. The need for updating skills or refresher training will be determined by the monitoring and assessment of the individual's competence, outcomes of any local audits and whether there are any other changes to tasks, equipment, environment or new developments in moving and handling policy and practice.

One of the implications arising from this is that staff who are monitored and demonstrate currency of knowledge and practice as relevant in their workplace will not need to undertake refresher training unless there are changes in the circumstances as indicated above.

If organisations determine an agreed refresher training period, then this needs to be incorporated into local policy.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant, practical assessment, the required level of current knowledge, understanding and practice as appropriate to their work setting then this can be used as evidence that knowledge and skills have been maintained, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

7.6   Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators that are involved in the delivery of Moving and Handling education or training are physically capable of demonstrating good practice in all aspects of moving and handling and have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. For guidance, this may include the following:

Key Requirements:

- A current and thorough knowledge of Manual Handling including risk assessment & management and an understanding of its application and practice within a healthcare setting.
- A relevant professional/healthcare qualification e.g. nurse, physiotherapist, occupational therapist, ergonomist, radiographer, ambulance paramedic or be able to demonstrate extensive experience of load handling or working within a health or social care setting.
- Completion of an approved back care advisor course based on the National Back Exchange Inter-professional Curriculum (or proof of a similar course) leading to a recognised qualification in Back Care Management.
- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Desirable:

- Membership to the National Back Exchange will be one of the criteria that organisations might use when looking for evidence that trainers have access to current best practice and continued professional development.
- Awareness of and the incorporation of the National Back Exchange Standards In Manual Handling – Training Guidelines.

Organisations should ensure that they have a designated Competent Person to oversee the delivery of Moving and Handling Training. Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in a place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic review.

7.7   Relevant National Occupational Standards

Relevant National Occupational Standards

- SCDHSC0223: Contribute to moving and positioning individuals
- CHS6: Move and position individuals
- CHS5: Undertake agreed pressure area care

Subject 8: Safeguarding Adults (Version 2)

8.1   Context Statement

All citizens have a right to live their lives free from violence, harassment, humiliation and degradation. Ensuring independence, well-being and choice is also a key element of this right (The Association of Directors of Social Services, 2005[2]). Adults with capacity also have the right to make decisions, even if they are perceived as unwise. They may make decisions that put their right to privacy, autonomy and family life ahead of their right to live and to be free from inhuman or degrading treatment. There are safeguards for those people who lack capacity and sometimes complex work is needed to weigh up whether action should be taken in the public interest or where the person concerned is being coerced.

The health sector can make a positive contribution towards safeguarding those that might be less able to protect themselves from harm, neglect or abuse. Central to effective safeguarding management are trustful and supportive relationships, based upon dignity and respect, between patients, their families and healthcare staff. There are however, distressing examples where this has failed as documented in the Francis Report (2013[3]), the Cavendish Review (2013[4]) and findings of Serious Case Reviews where there have been major concerns about adult protection or system failures. Healthcare organisations therefore have a responsibility to be active and responsive in ensuring people's dignity and rights and meeting statutory duties to safeguard adults. This requires a systematic approach, effective leadership at all levels and an organisational culture where care and compassion are valued.

The aims of adult safeguarding are[5]:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.

- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.

- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

Six key principles underpin all adult safeguarding work:

- **Empowerment** – Personalisation and the presumption of person-led decisions **and** informed consent

- **Prevention** – It is better to take action before harm occurs

- **Proportionality** – Proportionate and least intrusive response appropriate to the risk represented

- **Protection** – Support and representation for those in greatest need

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

- **Accountability** – Accountability and transparency in delivering safeguarding.

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[2] The Association of Directors of Social Services (2005) Safeguarding Adults. A National Framework of Standards for good practice and outcomes in adult protection work, London.
[3] Francis R (2013), Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, London: The Stationery Office.
[4] Cavendish C (2013), The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings.
[5] Department of Health (2014), Care and Support Statutory Guidance

8.2 Current Legal or Relevant Expert Guidance

Key legislation – UK Wide

- Equality Act 2010
- Human Rights Act 1998
- Modern Slavery Act (2015)
- Safeguarding Vulnerable Groups Act 2006
- Serious Crime Act (2015)

Legislation – England and Wales

- Care Act 2014
- Children and Families Act 2014
- Mental Capacity Act 2005

Legislation – Wales

- Social Services and Wellbeing (Wales) Act 2014

Legislation – Northern Ireland

- Mental Capacity Act (Northern Ireland) 2016

Legislation – Scotland

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) 2000

Key Guidance – England

- Royal College of Nursing (2018), Adult Safeguarding: Roles and Competencies for Health Care Staff
- Bournemouth University (2015) National Competency Framework for Safeguarding Adults, A Comprehensive Guide
- Care Quality Commission, Safeguarding People
- Department for Constitutional Affairs (2007), Mental Capacity Act 2005: Code of Practice
- Department of Health (2015) Guidance: Safeguarding women and girls at risk of FGM
- Department of Health (2017), Care and Support Statutory Guidance
- Department of Health (2011*), Safeguarding Adults: The role of health service managers and their boards
- GOV.UK (2018) Guidance: Domestic violence and abuse
- Lampard K and Marsden E (2015), Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile
- NHS England (2015), Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
- NHS England (2015), Safeguarding Policy
- NHS England (2015), Managing Safeguarding Allegations Against Staff Policy and Procedure

Key Guidance – Northern Ireland

- Department of Health, Social Services and Public Safety (2015), Adult Safeguarding: Prevention and Protection in Partnership

Key Guidance – Scotland

- Adult Support and Protection Code of Practice (2014)

Key Guidance – Wales

- Health Inspectorate Wales (2010), Safeguarding and Protecting Vulnerable Adults in Wales
- NHS Wales Governance e-Manual | Safeguarding Vulnerable Adults

8.3   Target Audience

Level 1:   All staff working in health care settings

Level 2:   All practitioners who have regular contact with patients, their families or carers, or the public.

Level 3:   Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).

Those healthcare staff who undertake specialist safeguarding roles and responsibilities including named professionals, designated professionals, experts and board members will need to receive higher levels of training and opportunities to promote acquisition of skills to ensure they can develop the desired level of competence for their role and thus contribute to effective safeguarding. The training standards and learning outcomes at Level 4 (Named professionals) and Level 5 (Designated professionals) and requirements for Health Board Executives and non-executive directors/members are set out in the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018).

8.4   Key Learning Outcomes

The following section reflects the levels and core learning outcomes in accordance with the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). However, it needs to be emphasised that dependent upon role/speciality there may be additional learning needs which will need to be addressed. While some of these needs can be addressed through training, some will be achieved through clinical experience and supervision.

Level 1

The learner will:

a)   be able to recognise potential indicators of abuse, harm and neglect

b)   know what action to take if they have concerns, including to whom you should report your concerns and from whom to seek advice

c)   have a basic knowledge of the relevant legislation.

Level 2

The learner will:

a) understand what constitutes harm, abuse and neglect and be able to identify any signs of harm, abuse or neglect

b) be able to ensure effective advocacy is provided where required (for example where there are mental capacity or communication issues, in line with the legislation and professional guidance)

c) be able to identify your professional role, responsibilities, and professional boundaries and those of your colleagues in a multidisciplinary team and multi-agency setting

d) know how and when to refer to social care in accordance with organisational policies if you have identified an adult safeguarding concern

e) be able to document safeguarding concerns in a format that informs the relevant staff and agencies appropriately

f) know how to maintain appropriate records including being able differentiate between fact and opinion

g) be able to identify the appropriate and relevant information and how to share it with other teams

h) understand key statutory and non-statutory guidance and legislation including Human Rights Act and mental capacity legislation in country of practice

i) be aware of the risk factors for radicalisation and know who to contact regarding preventive action and supporting those persons who may be at risk of, or are being drawn into, terrorist related activity.

Level 3

The learner will:

a) be able to identify possible signs of sexual, physical, or emotional abuse or neglect using a person-centred approach.

b) be able to identify adults experiencing abuse, harm or neglect who have caring responsibilities, for other adults or children and make appropriate referrals

c) be able to demonstrate a clear understanding, as appropriate to role, of forensic procedures[6] in adult safeguarding and knowing how to relate these to practice in order to meet clinical and legal requirements as required

d) where undertaking forensic examinations as part of their role, be able to demonstrate an ability to undertake forensic procedures and know how to present the findings and evidence to legal requirements

e) be able to undertake, where appropriate, a risk and/or harm assessment

f) know how to communicate effectively with adults at risk in particular those with mental capacity issues, learning disability or communication needs

g) know how to contribute to, and make considered judgements about how to act to safeguard an adult at risk

h) know how to contribute to / formulate and communicate effective care plans for adults who have been or may be subjected to abuse, harm or neglect

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[6] The term forensic refers to clinical tests or techniques used in relation to recording or collecting/preserving material that may be used in court as evidence to establish if a crime has taken place. It is important to state that that a forensic test may not necessarily be recognised as such at the time of examination. Practitioners should be aware that routine tests may later become part of forensic evidence/safeguarding procedures and investigations (RCN 2018).

i) demonstrate an understanding of the issues surrounding suspicion of adult abuse, harm and neglect and to know how to effectively manage uncertainty and risk

j) know how to appropriately contribute to inter-agency assessments by gathering and sharing information

k) be able to document concerns in a manner that is appropriate for adult safeguarding protection and legal processes

l) know how to undertake documented reviews of your own (and/or team) adult safeguarding, as appropriate to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training

m) know how to deliver and receive supervision within effective models of supervision and/or peer review, and be able to recognise the potential personal impact of adult safeguarding on professionals

n) know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice

o) know how to advise others on appropriate information sharing

p) know how to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and domestic homicide review processes

q) know how to obtain support and help in situations where there are safeguarding problems requiring further expertise and experience

r) know how to participate in and chair multidisciplinary meetings as required

s) demonstrate the skills required to participate in a safeguarding enquiry.

8.5   Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Training Periods

It is recommended that refresher training should take place at:

Level 1 – Induction, to ensure awareness of local procedures and no longer than every 3 years.

Level 2 – No longer than every 3 years.

Level 3 – No longer than every 3 years.

Organisational Implications: Each healthcare organisation will need to determine the required refresher training periods, ensuring that any agreed training schedule is incorporated into local policy.

Refresher training will be indicated for all staff if there is a change in safeguarding legislation nationally, or an organisation has amended its policy locally.

Assessment of Competence

- Where a staff member or learner can demonstrate through **robust pre-assessment**, including where relevant, practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

8.6   Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators that are involved in the delivery of safeguarding education or training have the appropriate, experience, background and qualifications to deliver training to a satisfactory standard. For guidance, this may include the following:

- Advanced knowledge and understanding of adult safeguarding and its application and practice within a healthcare setting.

- Awareness of diversity and cultural issues.

- Familiarity with key issues related to the use/misuse of physical restrain, deprivation of liberty safeguards, the Mental Capacity Act and the Care Act.

- Familiarity with the interfaces between dignity, safeguarding, serious incidents, whistle blowing, complaints, and patient feedback routes.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic review.

Training needs to be flexible, encompassing different learning styles and opportunities and recognising that individuals learning styles and the roles they undertake vary considerably.

E-learning is appropriate to impart knowledge at levels 1 and 2 and can also be used at level 3 as preparation for reflective team-based learning.

At level 2 training, education and learning opportunities should include multi-disciplinary and scenario-based discussion e.g. drawing on case studies and lessons from research and audit as appropriate to the speciality and roles of participants. This should be appropriate to the specialty and roles of participants, encompassing for example, the importance of early help, domestic abuse, adults with cognitive impairment and individuals requiring support with communication.

At level 3 training, education and learning opportunities should be multi-disciplinary and inter-agency and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit.

Organisations should consider encompassing safeguarding learning within regular, multiagency or family meetings, clinical updating, sharing good practice and clinical audit, reviews of critical incidents and significant unexpected events and peer discussions. Such participative learning time should be documented and a reflective record kept by the participant.

Further guidance on underpinning principles for delivery of education and training in Adult Safeguarding is presented in Adult Safeguarding: Roles and Competencies for Health Care Staff (2018).

8.7   Relevant National Occupational Standards

Relevant National Occupational Standards

- SCDHSC0024: Support the safeguarding of individuals

- SCDHSC0035: Promote the safeguarding of individuals

- SCDHSC0045: Lead practice that promotes the safeguarding of individuals

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Subject 8a: Preventing Radicalisation

8a.1 Context Statement

This subject is derived from the NHS England Prevent Training and Competencies Framework (2017):

Prevent is part of the Government counter-terrorism strategy CONTEST and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Prevent focuses on all forms of terrorism and operates in a 'pre-criminal' space'. The Prevent strategy is focused on providing support and re-direction to individuals at risk of, or in the process of being groomed /radicalised into terrorist activity before any crime is committed. Radicalisation is comparable to other forms of exploitation; it is a safeguarding issue that staff working in the health sector must be aware of.

Radicalisation is a process by which an individual or group adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of freedom of choice.

The Prevent Duty 2015 requires all specified authorities including NHS Trusts and Foundation Trusts to ensure that there are mechanisms in place for understanding the risk of radicalisation. Furthermore, they must ensure that health staff understand the risk of radicalisation and how to seek appropriate advice and support.

Healthcare staff will meet and treat people who may be vulnerable to being drawn into terrorism. The health sector needs to ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation.

Staff must be able to recognise key signs of radicalisation and be confident in referring individuals to their organisational safeguarding lead or the police thus enabling them to receive the support and intervention they require. *Ref: NHS England (2017), Prevent Training and Competencies Framework*

8a.2 Current Legal or Relevant Expert Guidance

Legislation – UK Wide

- Equality Act 2010
- Human Rights Act 1998
- Counter-Terrorism and Security Act (2015)

Key Guidance – England and Wales

- NHS England (2017), Prevent Training and Competencies Framework
- HM Government (July 2015), Revised Prevent Duty Guidance for England and Wales
- HM Government (2011), Prevent Strategy
- HM Government (2011), Counter-terrorism strategy (CONTEST)
- Department of Health (2011), Building Partnerships, Staying Safe: guidance for healthcare organisations

Key Guidance – Northern Ireland

- Department of Health, Social Services and Public Safety (2015), Adult Safeguarding: Prevention and Protection in Partnership

Key Guidance – Scotland

- The Scottish Government (2015), Revised Prevent Duty Guidance for Scotland

8a.3 Target Audience

- **Basic Prevent Awareness:** All clinical and non-clinical staff that have contact with adults, children and young people and/ or parents/carers. This will include for example receptionists, transport staff and phlebotomists.

  This is the same target group as for Safeguarding Adults and Safeguarding Children at Levels 1 & 2.

- **Prevent Awareness:** All staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of an adult or child where there are safeguarding concerns. This will include for example; GPs, mental health practitioners, front line ambulance staff and chaplaincy staff.

  This is the same target group as for Safeguarding Adults and Safeguarding Children at Level 3.

  This target group for Awareness of Prevent also includes:

  - ➢ Named professionals (named doctors, named nurses named health visitors, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for Organisations commissioning Primary Care)
  - ➢ Designated Professionals (designated doctors and nurses, lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland).

Prevent Leads

In addition to **Basic Prevent Awareness** and **Prevent Awareness**, there is also a level of competence relevant to organisational Prevent Leads in both commissioner and provider organisations. The competencies for Prevent Leads are outside the scope of the Statutory/Mandatory CSTF, but can be found in the NHS England Prevent Training and Competencies Framework.

NB. The Prevent Training and Competencies Framework was developed in conjunction with the 2014 Intercollegiate document[7] in order to ensure a consistent approach to training and provide parity between the expectations to safeguard both children and adults with care and support needs.

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[7] *Royal College of Paediatrics and Child Health (2014), Intercollegiate Document, Safeguarding children and young people: roles and competences for health care staff*

8a.4 Key Learning Outcomes[8]

Basic Prevent Awareness

The learner will:

a) understand the objectives of the Prevent strategy and the health sector contribution to the Prevent agenda

b) know own professional responsibilities in relation to the safeguarding of adults, children and young people at risk

c) understand the vulnerability factors that can make individuals susceptible to radicalisation or a risk to others

d) know who to contact and where to seek advice if there are concerns about an individual who may be being groomed into terrorist activity[9]

e) be able to recognise potential indicators of risk relating to individuals being radicalised

f) understand what impact direct (bullying, be-friending and influencing) or indirect (internet, media etc.) factors might have on individuals and how it might change their thoughts and behaviours

g) be able to raise concerns and take action when they have concerns

h) understand the importance of sharing information (including the consequences of failing to do so).

Prevent Awareness (Basic Prevent Awareness outcomes plus the following)

The learner will:

a) know how to support and redirect vulnerable individuals at risk of being groomed into a terrorist related activities

b) know how to share concerns, get advice, and make referrals into the Channel process and Prevent Case Management

c) understand Prevent in the context of the CONTEST strategy and the concept of pre-criminal space

d) understand that radicalisation uses normal social processes and the "power of influence" on all

e) recognise influence, and understand the concepts of polarisation and the use of narratives and ideology

f) understand the current threat level and that Prevent can be applied to all forms of terrorism, present or emerging

g) understand the term "vulnerable" in the context of Prevent and what vulnerabilities are exploited by terrorist groups

h) understand there is no single checklist or profile of a terrorist, and that health staff are a key group and must use their professional judgement in assessing behaviours and risks

i) understand how to recognise and share concerns, seek support and advice, and make referrals within own organisation and with other agencies where appropriate

j) understand Channel multi-agency arrangements to provide support and redirection to individuals at risk of radicalisation

k) be aware of Building Partnerships, Staying Safe: The health sector contribution to HM Government's Prevent Strategy: guidance for healthcare workers and their organisations relevant policies, procedures and systems for Prevent.

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[8] *The levels of target audience and associated learning outcomes for are derived from the Prevent Training and Competencies Framework (NHS England 2015).*

[9] Prevent aims to address all forms of terrorism and violent extremism

8a.5 Proposed Frequency of Refresher Training or Assessment

Basic Prevent awareness: training should be repeated every 3 years as a minimum to ensure that individuals are up to date with current procedures and contacts.

In addition to these programmes, Named Designated Professionals should circulate written update briefings and literature to all staff at least annually which would include, for example, any changes in legislation, changes to local policy and procedure or lessons learnt in respect of Prevent.

The training compliance target for Basic Prevent awareness training should be in line with the local agreed safeguarding key performance indicators.

Prevent Awareness: Workshops to Raise Awareness of Prevent (WRAP) should be completed within 12 months of starting in a role requiring this level of training.

Organisations should ensure that staff are provided with appropriate updating/briefing on Prevent at least yearly; relevant training may also be accessed in a number of ways at local, regional or national level and may be multi-disciplinary or inter-agency, all training and development undertaken should be recorded on completion.

Knowledge and skills should be reviewed during the annual appraisal process ensuring that individuals are up to date with current policy and practice, any education and training needs being identified to develop and maintain the required knowledge and skills.

The training compliance target for organisations at this level is 85% over 3 years or as agreed locally by the NHS Standard Contract holder.

8a.6 Suggested Standards for Training Delivery

Basic Prevent Awareness training can be incorporated into an organisation's face to face or e-learning material via:

- Induction sessions;
- Level 1 Safeguarding Children training and Level 1 Safeguarding Adults training;
- Level 2 Safeguarding Children training and level 2 Safeguarding Adults training;
- Safeguarding e-learning package.

Prevent Awareness should be delivered by attendance at a Workshop to Raise Awareness of Prevent (WRAP) or by completing an approved e-learning package.

Only a WRAP Facilitator, registered with NHS England and the Home Office can deliver WRAP. WRAP can be delivered to staff in a single organisation, on a partnership basis between organisations, or on a multi-agency basis. The employing organisation should be assured that all Facilitators have appropriate experience, background and qualifications to deliver this training. If training is delivered via e-learning it should be via a Home Office, Department of Health or NHS England approved product.

8a.7 Relevant National Occupational Standards

Relevant National Occupational Standards

- SCDHSC0024: Support the safeguarding of individuals
- SCDHSC0035: Promote the safeguarding of individuals
- SCDHSC0045: Lead practice that promotes the safeguarding of individuals

Subject 9: Safeguarding Children (Version 2)

9.1 Context Statement

Safeguarding children and young people from harm and providing an environment in which children can flourish is a key societal value. Children and young people have a right to be "protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them." (United Nations 1989[10]). Organisations are required to co-operate with other agencies to protect individual children and young people from harm. The importance of this has been powerfully highlighted as part of recent inquiries exploring child and young people safeguarding issues (Children's Commissioner 2012[11]).

Supportive and trustful relationships between children, their families and healthcare staff will be a key factor in enabling effective safeguarding management. Dependent upon roles, healthcare workers can be in an important position in helping to recognise child maltreatment. Healthcare staff need to be alert to signs and symptoms of maltreatment or neglect. They will have a vital role in ensuring effective recording, communication and sharing of information, to help improve identification and ensure appropriate support is put in place for children and young people in need or at risk of harm. Healthcare staff will need to exercise professional judgement focused on the safety and welfare of children and young people (Munro 2011[12]), and know how to make a referral when appropriate. Accordingly, healthcare organisations need to ensure that all staff that might be in contact with children or involved with their care have a clear awareness and understanding of safeguarding issues.

9.2 Current Legal or Relevant Expert Guidance

UK

- United Nations Convention on the Rights of the Child 1989

Legislation – England and Wales

- Children and Families Act 2014
- Children Act, 2004
- Children and Young Persons Act 2008
- Female Genital Mutilation Act 2003
- Protection of Freedoms Act 2012

Legislation – Northern Ireland

- The Children (Northern Ireland) Order 1995
- The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Safeguarding Board Act (Northern Ireland) 2011

Legislation – Scotland

- Children and Young People (Scotland) Act 2014
- Children (Scotland) Act 1995

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[10] United Nations (1989), United Nations Convention on the Rights of the Child

[11] The Office of the Children's Commissioner (2012) "I thought I was the only one. The only one in the world", The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation In Gangs and Groups Interim Report, London.

[12] Department for Education (2011), The Munro Review of Child Protection: Final Report

- The Protection of Children (Scotland) Act 2003

Legislation – Wales

- Children Act 1989
- The Children Act 2004 (Commencement Orders No1-8) (Wales)
- The Children and Young Persons Act 2008 (Commencement Orders No.1- 6) (Wales) Order 2011
- Rights of Children and Young Persons (Wales) Measure 2011
- Social Services and Wellbeing (Wales) Act 2014

Key Guidance – UK Wide

- Royal College of Paediatrics and Child Health (2014), Intercollegiate Document, Safeguarding children and young people: roles and competences for health care staff
- General Medical Council (2012), Protecting children and young people: The responsibilities of all doctors
- Home Office, Protecting the UK against terrorism: The Prevent strategy
- Royal College of General Practitioners (2011), Safeguarding Children & Young People: A toolkit for General Practice
- Royal College of Nursing (2014), Safeguarding children and young people – every nurse's responsibility: RCN guidance for nursing staff

Key Guidance – England

- Department of Education (2011) The Munro Review of Child Protection: final report - a child-centred system
- Department of Health (2011), Building partnerships, staying safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations
- HM Government (2015) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- Home Office (2015), Mandatory Reporting of Female Genital Mutilation – procedural information
- Lampard K and Marsden E (2015), Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile
- NHS England (2017), Prevent Training and Competencies Framework
- NHS England (2015), Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
- NHS England (2015), Safeguarding Policy
- NHS England (2015), Managing Safeguarding Allegations Against Staff Policy and Procedure
- National Institute for Health and Care Excellence (2009) When to suspect child maltreatment, NICE clinical guideline 89 [applies in England and Wales]
- Office of the Children's Commissioner
- Report of the Children and Young People's Health Outcome Forum (2012)

Key Guidance Northern Ireland

- Department of Health, Social Services and Public Safety (2009), Choosing to Protect: A Guide to the Protection of Children and Vulnerable Adults (NI) Order 2003
- Department of Health, Social Services and Public Safety (2011), UNOCINI Guidance, Understanding the Needs of Children in Northern Ireland

Key Guidance – Scotland

- Scottish Executive Health Department (2003), Protecting Children. A Shared Responsibility
- Scottish Government (2014), National Guidance for Child Protection in Scotland
- Scottish Government, Getting it Right for Every Child

Key Guidance – Wales

- Children in Wales (2008), All Wales Child Protection Procedures
- Welsh Government (2003), Safeguarding Children: Working together for positive outcomes
- Welsh Government (2006), Safeguarding Children: Working Together under the Children Act 2004
- Welsh Government (2004), Children and Young People: Rights to Action

9.3 Target Audience

The target audience and levels given here are those that have been stated in the Intercollegiate Document, Safeguarding children and young people: roles and competences for health care staff, Royal College of Paediatrics and Child Health (2014).

- **Level 1:** All staff including non-clinical managers and staff working in health care settings.
- **Level 2:** Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers.
- **Level 3:** Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.

Those healthcare staff who undertake specialist safeguarding roles and responsibilities including named professionals, designated professionals, experts and board members will need to receive higher levels of training and opportunities to promote acquisition of skills to ensure they can develop the desired level of competence for their role and thus contribute to effective safeguarding. The training standards and learning outcomes at **Level 4** (Named professionals) and **Level 5** (Designated professionals) and requirements for Health Board Executives and non-executive directors/members are set out in the Intercollegiate Document (2014).

The Prevent Training and Competencies Framework (NHS England 2015) was developed in conjunction with the 2014 Intercollegiate document in order to ensure a consistent approach to training and provide parity between the expectations to safeguard both children and adults with care and support needs.

9.4 Key Learning Outcomes

The following section reflects the level and core learning outcomes in accordance with the Intercollegiate Document (2014). However, it needs to be emphasised that dependent upon role/speciality there may be additional learning needs which will need to be addressed. While some of these needs can be addressed through training, some will be achieved through clinical experience and supervision.

Level 1

The learner will:

a) be able to recognise potential indicators of child maltreatment – physical, emotional, sexual abuse, and neglect including radicalisation, child trafficking and female genital mutilation (FGM)

b) understand the impact a parent/carers physical and mental health can have on the well-being of a child or young person, including the impact of domestic violence

c) understand the importance of children's rights in the safeguarding/child protection context

d) know what action to take if there are concerns, including to whom concerns should be reported and from whom to seek advice

e) understand the risks associated with the internet and online social networking

f) be aware of relevant legislation (i.e. Children Acts 1989, 2004 and the Sexual Offences Act 2003).

Level 2 (Level 1 Outcomes plus the following)

The learner will:

a) understand what constitutes child maltreatment and be able to identify any signs of child abuse or neglect

b) be able to act as an effective advocate for a child or young person

c) understand the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk

d) be able to identify their own professional role, responsibilities, and professional boundaries and those of colleagues in a multidisciplinary team and in multi-agency setting

e) know how and when to refer to social care if safeguarding/child protection is identified as a concern

f) be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately

g) know how to maintain appropriate records including being able differentiate between fact and opinion

h) be able to identify the appropriate and relevant information and how to share it with other teams

i) understand key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act

j) be aware of the risk of female genital mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support

k) be aware of the risk factors for radicalisation and know who to contact regarding preventive action and support for those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity

l) be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation.

Level 3 (Level 1 & 2 Outcomes plus the following)

The learner will:

a) be able to identify possible signs of sexual, physical, or emotional abuse or neglect using child and family-focused approach

b) know what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people

c) understand forensic procedures in child maltreatment, and know how to relate these to practice in order to meet clinical and legal requirements as required

d) to be able to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements

e) know how to undertake, where appropriate, a risk and harm assessment

f) know how to communicate effectively with children and young people, and how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability

g) know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person

h) know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated

i) understand the issues surrounding misdiagnosis in safeguarding/child protection and to know how to effectively manage diagnostic uncertainty and risk

j) know how to appropriately contribute to inter-agency assessments by gathering and sharing information

k) be able to document concerns in a manner that is appropriate for safeguarding/child protection and legal processes

l) know how to undertake documented reviews of safeguarding/child protection practice as appropriate to role (e.g. through audit, case discussion, peer review, and supervision and as a component of refresher training)

m) know how to deliver and receive supervision within effective models of supervision and /or peer review, and be able to recognise the potential personal impact of safeguarding/ child protection work on professionals

Level 3: Additional learning outcomes for specialist roles

Additional specialist learning outcomes for paediatricians, paediatric intensivists, dentists with a lead role in child protection, forensic physicians, child and adolescent psychiatrists, child psychologists, child psychotherapists, GPs, children's nurses, forensic nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, specialist nurses for safeguarding and looked after children, midwives and health visitors depending on role.

The learner will:

a) know how to work effectively on an inter-professional and interagency basis when there are safeguarding concerns about children, young people and their families

b) know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken

c) know how to advise other agencies about the health management of individual children in child protection cases

d) know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice

e) know how to advise others on appropriate information sharing

f) know how to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and child death review processes

g) know how to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person

h) know how to obtain support and help in situations where there are problems requiring further expertise and experience

i) know how to participate in and chair multi-disciplinary meetings as required.

9.5 Proposed frequency of Refresher Training or Assessment

Proposed Refresher Period

It is recommended that refresher training should take place at:

Level 1 – Induction, to ensure awareness of local procedures and no longer than every 3 years.

Level 2 – No longer than every 3 years.

Level 3 – No longer than every 3 years.

Organisational Implications: Each healthcare organisation will need to determine the required refresher training periods, particularly for those staff groups most likely to come into contact with children and young people and/or their parents/carers, ensuring that any agreed training schedule is incorporated into local policy.

Refresher training will be indicated for all staff if there is a change in Safeguarding Children and Young People legislation nationally, or an organisation has amended its policy locally.

Assessment of Competence

- Where a staff member* or learner can demonstrate through **robust pre-assessment**, including where relevant, practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member* or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

* Except those staff members who have been working outside of the area of practice or have had a career break

9.6 Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators who are involved in the delivery of Safeguarding education or training have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. For guidance, this may include the following:

- A thorough knowledge of Safeguarding issues and safeguarding procedures and an understanding of their application and practice within a healthcare setting.

- Learning Facilitators should also be familiar/have an awareness of diversity and cultural issues.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

- Preferable to have a relevant qualification in Safeguarding Vulnerable Children such as a Post Graduate Certificate in Safeguarding Children and Young People.

Where any training delivery is supported by a person who is not an expert in the subject, then the organisation should ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic review.

Training needs to be flexible, encompassing different learning styles and opportunities.

E-learning is appropriate to impart knowledge at levels 1 and 2 and can also be used at level 3 as preparation for reflective team-based learning.

At level 2 training, education and learning opportunities should include multi-disciplinary and scenario-based discussion e.g. drawing on case studies and lessons from research and audit as appropriate to the speciality and roles of participants.

At level 3 Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening as appropriate to the speciality and roles of participants.

9.7 Relevant National Occupational Standards

Relevant National Occupational Standards

- CS16: Improve awareness of the potential abuse of children and young people
- CS18: Recognise and respond to possible abuse of children and young people
- SCDHSC0325: Contribute to the support of children and young people who have experienced harm or abuse
- SCDHSC0034: Promote the safeguarding of children and young people

Subject 10: Resuscitation

10.1 Context Statement

It is a common expectation that healthcare staff will have sufficient knowledge and skills to be able to recognise and respond to signs of clinical deterioration. Where healthcare staff can anticipate, identify and respond to patient signs of clinical deterioration they can prevent further decline that might otherwise culminate in cardiorespiratory arrest. Consequently there has been a particular focus in promoting greater awareness and understanding in the needs and care of the deteriorating patient.

While the priority is on preventing clinical deterioration, some patients' condition will progress to cardiorespiratory arrest and require cardiopulmonary resuscitation (CPR). Early and effective resuscitation can save lives. Research in emergency care of collapsed people has led to significant advances in resuscitation techniques. Healthcare organisations must have a clearly defined resuscitation policy and ensure that they provide an effective resuscitation response and service. As part of their duty to ensure safe and effective care, healthcare organisations must ensure that their workforce receives the appropriate training, including periodic updates, in order to maintain a level of resuscitation competence relevant to their role.

The requirements stated are minimum standards and apply to the majority of the workforce in roles and settings where they might be required to provide initial CPR until the arrival of advanced life support expertise and support.

10.2 Current Policy Guidance

Expert Organisation

- Resuscitation Council (UK)

Relevant Expert Guidance

- Resuscitation Council (2013-2017), Quality standards for cardiopulmonary resuscitation practice and training
- Resuscitation Council (2015), Resuscitation Guidelines
- British Medical Association, Resuscitation Council (UK) and the Royal College of Nursing (2015), Decisions relating to cardiopulmonary resuscitation (June 2016)
- General Medical Council (2010), Treatment and care towards the end of life: good practice in decision making

Scotland

- Scottish Government (2016), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy
- Scottish Government (2012), Resuscitation Planning Policy for Children and Young People (under 16 years)

10.3 Target Audience

Learning outcomes are divided into three levels based on knowledge, skills and understanding. The appropriate level of training is dependent upon an individual's role, work context and a local risk assessment. The learning outcomes are derived from the Resuscitation Council (2015) Resuscitation Guidelines.

The levels given here are for the majority of staff who might need to be involved in delivering CPR. However, there are additional specialist levels of outcomes which need to be achieved for those who are expected to lead a resuscitation team, are resuscitation team members or teach resuscitation. These specialist outcomes for 'Advanced Life Support' are not covered in this framework. For further information about specialist outcomes, please see the Resuscitation Council (2015) Resuscitation Guidelines and the Quality Standards for Clinical Practice and Training.

Where staff are exposed to and involved in the care of patients from a range of age groups, they should receive the relevant type of resuscitation training.

Level 1

- Non-clinical staff, dependent upon local risk assessment or work context.

Level 2 – Basic Life Support

Staff with direct clinical care responsibilities including all qualified healthcare professionals:

- **Staff working with Adult patients** should undertake training in adult basic life support.
- **Staff working with Paediatric patients** should undertake training in paediatric basic life support.
- **Staff working with Newborn patients** should undertake training in newborn basic life support.

Level 3 – Immediate Life Support

Staff with direct clinical care responsibilities including all qualified healthcare professionals:

- Registered healthcare professionals with a responsibility to participate as part of the adult resuscitation team should undertake adult immediate life support training.
- Registered healthcare professionals with a responsibility to participate as part of the paediatric resuscitation team should undertake paediatric immediate life support training.
- Registered healthcare professionals with a responsibility to participate as part of the newborn resuscitation team should undertake newborn life support training.
- Registered healthcare professionals involved in administering rapid tranquillisation in the care of patients with disturbed mental functioning should undertake adult immediate life support training.
- Registered healthcare professionals involved in administering sedation in the care of dental or podiatric patients should undertake adult immediate life support training and, where appropriate to case load, paediatric immediate life support training.

10.4 Key Learning Outcomes

Level 1

The learner will:

a) be able to recognise cardiorespiratory arrest

b) know how to summon immediate emergency help in accordance with local protocols

c) be able to start CPR using chest compressions.

Level 2 – Adult Basic Life Support (Level 1 outcomes plus the following)

The learner will:

a) understand national guidelines and local resuscitation policies and procedures

b) know how to recognise and respond to patients with clinical deterioration or cardiorespiratory arrest, escalating care in accordance with local policy

c) be able to initiate an appropriate emergency response, which may include management of choking, and the use of the recovery position, all in accordance with current Resuscitation Council (UK) guidelines

d) be able to initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines

e) be able to provide basic airway management i.e. ensure an open airway

f) be able to initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines

g) know how an Automated External Defibrillator (AED) can be operated safely and appropriately

h) understand their individual role and responsibilities in responding to persons in emergency situations

i) understand their individual responsibilities in reporting and recording details of an emergency event accurately

j) understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and context of any previous training received

k) know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.

Level 2 – Paediatric Basic Life Support (Level 1 outcomes plus the following)

The learner will:

a) understand national guidelines and local Resuscitation policies and procedures

b) know how to recognise and respond to patients with clinical deterioration or cardiorespiratory arrest, escalating care in accordance with local policy

c) be able to initiate an appropriate emergency response, which may include management of choking and the use of the recovery position, in accordance with current Resuscitation Council (UK) guidelines

d) be able to provide basic airway management i.e. ensure an open airway

e) be able to initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines

f) be able to initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines

g) understand their individual role and responsibilities in responding to persons in emergency situations

h) understand their individual responsibilities in reporting and recording details of an emergency event accurately

i) understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and context of any previous training received

j) know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.

Level 2 – Newborn Basic Life Support (Level 1 outcomes plus the following)

The learner will:

a) understand national guidelines and local Resuscitation policies and procedures

b) know how to recognise and respond to a newborn child, escalating care in accordance with local policy

c) understand the importance of temperature control in the care of the newborn

d) be able to initiate an appropriate emergency response in accordance with current Resuscitation Council (UK) guidelines

e) be able to provide basic airway management i.e. ensure an open airway

f) be able to initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines

g) be able to initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines

h) understand their individual role and responsibilities in responding to persons in emergency situations

i) understand their individual responsibilities in reporting and recording details of an emergency event accurately

j) understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and context of any previous training received.

Level 3 – Adult Immediate Life Support (Levels 1 & 2 outcomes plus the following)

The learner will:

a) be able to recognise the seriously ill adult and initiate appropriate interventions to prevent cardiorespiratory arrest

b) understand and be able to apply the ABCDE approach

c) know how to manage and co-ordinate roles and responsibilities within the team in responding to emergency situations until the arrival of a resuscitation team or more experienced assistance

d) be able to participate as a member of the resuscitation team

e) be able to provide initial post resuscitation care until the arrival of the resuscitation team or more experienced assistance.

Level 3 – Paediatric Immediate Life Support (Levels1 & 2 outcomes plus the following)

The learner will:

a) be able to recognise the seriously ill child and initiate appropriate interventions to prevent cardiorespiratory arrest

b) understand and be able to apply the ABCDE approach

c) know how to manage and co-ordinate roles and responsibilities within the team in responding to emergency situations until the arrival of a resuscitation team or more experienced assistance

d) be able to participate as a member of the resuscitation team

e) be able to provide initial post resuscitation care until the arrival of the resuscitation team or more experienced assistance.

**Level 3 – Newborn Immediate Life Support (Levels 1 & 2 outcomes plus the following)**

The learner will:

a) be able to recognise the seriously ill newborn and initiate appropriate interventions to prevent cardiorespiratory arrest.

b) understand the importance of maintaining newborn temperature control

c) know how to manage and co-ordinate roles and responsibilities within the team in responding to emergency situations until the arrival of a resuscitation team or more experienced assistance

d) be able to participate as a member of the resuscitation team

e) be able to provide initial post resuscitation care until the arrival of the resuscitation team or more experienced assistance.
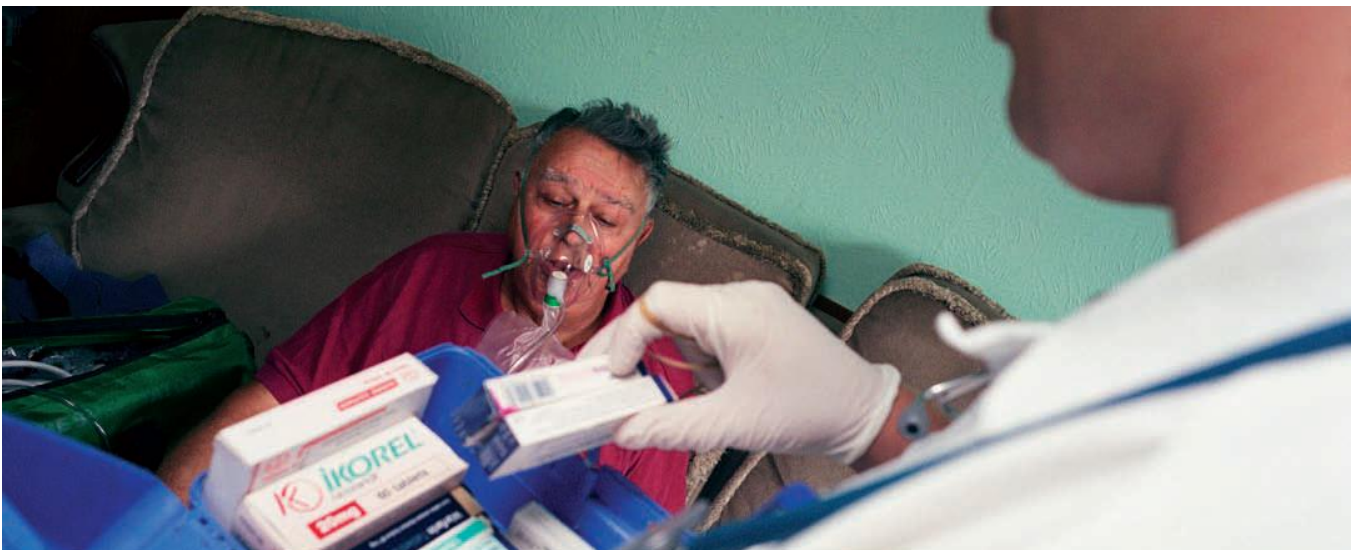
10.5 Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Period

It is recommended that refresher training should take place at a minimum of:

Level 1 – Initial training (e.g. at induction) followed by local assessment.

Level 2 – Every year.

Level 3 – Every year.

Organisational Implications: Each healthcare organisation should determine the required refresher training periods, ensuring that any agreed training schedule is incorporated into their local policy.

Organisations should have a programme of resuscitation audit in place. The outcomes and implications of audits should be used to ensure that key policies and practices are being implemented appropriately and that they inform training priorities in order to improve practice.

Refresher training is aimed at ensuring maintenance of knowledge and skills and, dependent upon role, clinical responsibilities and context. Some staff groups may need more frequent refresher training.

Additional training will be indicated for all staff if there is a change in Resuscitation guidelines nationally or where the organisation has amended its policy locally. Local action plans developed with the involvement of the lead advisor should determine the best way of achieving any training requirements necessitated by changes in guidelines.

A variety of training methods and approaches may be used to plan and deliver flexibly any required refresher training. Refresher training does not mean that staff have to undertake classroom-based training only. Any training methods used must be relevant for promoting the maintenance of knowledge and skills and their effectiveness must be monitored.

Assessment of Competence

- Where a staff member or learner can demonstrate the required level of current knowledge, understanding and practice through **robust pre-assessment**, including where relevant practical assessment, this can be used as evidence that knowledge and skills have been maintained, and the staff member may not need to undertake refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

- Those individuals who maintain their instructor status on a life support course should be deemed to have the required knowledge, understanding and skills and do not need to undertake refresher training in the speciality concerned.

10.6 Suggested Standards for Training Delivery

The Resuscitation Council UK has set out recommendations for the planning, organisation and delivery of resuscitation training and these should be used as a key reference point. This includes guidance on suggested training methods:

"For all staff, a variety of methods to acquire, maintain and assess resuscitation skills and knowledge can be used for annual updates (e.g. life support courses, simulation training, in-house training, mock-drills, 'rolling refreshers', e-learning, video based training/self-instruction). The appropriate methods must be determined locally… 'Hands-on' simulation training and assessment is recommended for clinical staff" (Resuscitation Council 2014-15, Quality standards for cardiopulmonary resuscitation practice and training)

In ensuring minimum training standards, the employing organisation should be assured that those learning facilitators that are involved in the delivery of Resuscitation education or training have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. This may include the following:

- A relevant professional and/or healthcare qualification and/or experience, for example, a Resuscitation Officer.

- Completion of specific training for cardiopulmonary arrests in special circumstances related to the clinical setting in which they deliver training e.g. paediatrics, newborn, pregnancy and trauma

- Demonstration of up to date competences in Resuscitation relevant to the level of practice and teaching.

- A thorough knowledge of Resuscitation issues and procedures and an understanding of their application and practice within a healthcare setting.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Learning facilitators must have access to equipment for resuscitation training, including as appropriate adult and paediatric manikins, airway management trainers, ECG monitors, rhythm simulators and defibrillators.

Subject 11: Information Governance and Data Security

11.1 Context Statement

The effective delivery of healthcare services requires the substantial collection, processing and exchange of personal information and data. Ensuring the appropriate collection, use and security of this information is a significant legal responsibility for healthcare organisations and individual healthcare workers. Recent high-profile cases of personal data loss and breaches of confidential information, with a significant number of incidents coming from the health sector, have, however, focused and renewed the requirement for all healthcare staff to have an awareness of their responsibilities in using and safeguarding sensitive information.

Data Security has always been important but has become more complex and time-consuming to manage now that technology is so central to the way we deliver health and care.

11.2 Current Legal or Relevant Expert Guidance

Expert Organisation

- Information Commissioner's Office (ICO)
- Information Governance Alliance
- NHS Digital
- The National Cyber Security Centre

Legislation – England

- The common law duty of confidentiality *
- The Data Protection Act 2018
- The Freedom of Information Act 2000

Legislation – Northern Ireland

- The common law duty of confidentiality *

* Although this does not refer to an Act of Parliament it is a form of law based on previous court cases decided by judges; thus it is also referred to as 'judge-made' or case law.

Key Guidance

- Guide to the General Data Protection Regulation (GDPR)
- Caldicott 1 - Report on the Review of Patient-Identifiable Information. London: Caldicott Committee, 1997
- Caldicott 2 - Information: To Share Or Not To Share? The Information Governance Review. London: Independent Information Governance Oversight Panel, 2013
- Caldicott 3 - Review of Data Security, Consent and Opt-Outs. London: National Data Guardian, 2016
- Care Quality Commission (July 2016), Safe date, safe care
- Department of Health (2003), Confidentiality: NHS Code of Practice
- Department of Health (2007), Information Security Management: NHS Code of Practice
- Information Government Alliance, Records Management Code of Practice for Health and Social Care 2016
- National Data Guardian for Health and Care (2016), Review of Data Security, Consent and Opt-Outs

- [NHS Digital, Codes of practice for handling information in health and care](#)
- [NHS Digital, Data Security and Protection Toolkit](#)

11.3 Target Audience

All staff involved in routine access to information.

11.4 Key Learning Outcomes

The learner will:

a) understand the principles of Information Governance and the importance of data security in health and care

b) understand the different types and value of information

c) understand the principles of data security, including how to ensure the confidentiality, integrity and availability of data

d) be aware of threats to data security and know how to avoid them, including:

     i. Social engineering[13]

     ii. Using social media safely

     iii. Using email safely

     iv. Malicious software

     v. How to protect information

     vi. Physical security

e) be able to identify data breaches and incidents and know what to report

f) understand fundamentals of data protection and the General Data Protection Regulations (GDPR)

g) understand the Caldicott Principles and be able to provide a confidential service to patients and service users

h) understand the responsibilities of healthcare organisations under the Freedom of Information Act 2000

i) understand individual responsibilities in responding to a Freedom of Information request

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[13] the use of deception to manipulate individuals into divulging confidential or personal information that may be used for fraudulent purposes

11.5 Proposed Frequency of Refresher Training

Proposed Refresher Period

In England, NHS staff (or staff in organisations with access to NHS patient information) should receive refresher training or assessment annually.

Assessment of Competence

- Where a staff member or learner can demonstrate through **robust pre-assessment** the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

11.6 Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators who are involved in the delivery of Information Governance and Data Security education or training have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. For guidance, this may include the following:

- A relevant qualification in Information Governance, Quality Assurance.

- A thorough knowledge of Information Governance and Data Security issues and procedures and an understanding of their application and practice within a healthcare setting.

- Awareness of Clinical Governance, Health Informatics.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

The NHS IG Training Tool (IGTT) was previously mandated as a requirement for the induction for new members of NHS staff. However, the IGTT was decommissioned in December 2016.

Organisations are now able to use the Data Security Awareness modules developed by NHS Digital to replace the IGTT or may use alternative local materials.

The UK Caldicott Guardian Council has stated "that learning objectives are still considered met in those organisations that are adapting the e-learning package locally" and that there is a valid requirement to be able to adapt e-learning locally.

Locally produced training will be reported to and signed off by the local organisation's SIRO or Caldicott Guardian and all staff completing the training will have to achieve the 80% pass mark.

11.7 Relevant National Occupational Standards

- HI2.2010: Assure the quality of data and information in a health context

- HI1.2010: Identify, and respond to, risks relating to data and information in a health context

- HI3.2010: Manage risks relating to data and information in a health context

- SS32: Record, store and supply information using a paper-based filing system

Subject 12: Information Governance (Scotland)

12.1 Context Statement

High quality information is crucial to the delivery of safe and effective health care. NHSScotland is putting in place modern and efficient information and communications systems to ensure that the right information is available at the right time and in the right place. It is essential that the benefits which information technology brings to patients and health care professionals, such as improved co-ordination of care, are delivered within a culture which respects, values and keeps data secure. The provision of good quality education and training in Information Governance is an important method of effective information management. It also assists Boards in meeting their statutory responsibilities and policy obligations in Information Governance.

12.2 Current Legal or Relevant Expert Guidance

Expert Organisation

- Information Commissioner's Office (ICO)

Regulation

- General Data Protection Regulation (GDPR)

Legislation – Scotland

- Patient Rights (Scotland) Act 2011
- The common law duty of confidentiality *
- The Data Protection Act 1998
- The Freedom of Information Act (Scotland) 2002

* Although this does not refer to an Act of Parliament it is a form of law based on previous court cases decided by judges; thus it is also referred to as 'judge-made' or case law.

Key Guidance

- Guide to the General Data Protection Regulation (GDPR)
- NHS Education for Scotland (2011), Information Governance in NHSScotland: A Competency Framework
- NHSScotland (2010), A brief guide to information governance
- NHSScotland (2007), Information Governance Standards
- NHSScotland Information Governance site
- The Scottish Government, Information Governance site
- The Scottish Government (2012), Scottish Government Records Management: NHS Code of Practice (Scotland)
- The Scottish Government (2010), The Healthcare Quality Strategy for NHSScotland

12.3 Target Audience

NHS Education Scotland has published a competency framework which sets out a comprehensive set of learning outcomes for Information Governance development. These outcomes have been categorised by Levels based upon the Scottish Credit and Qualifications Framework. The respective levels have then been suggested for job/role types as indicated here:

- Foundation: Support Staff Roles.

- Intermediate Level 1: Clinical, Administrators & Managers.

The NHSScotland IG Competence Framework specifies a further two levels for staff requiring more advanced competences in their roles (for example, Information Governance Managers).

12.4 Key Learning Outcomes

The learner will:

a) store, transport and transfer health records and other personal or sensitive data securely and effectively

b) understand the safe use of Information and Communication Technology

c) understand fundamentals of data protection and the General Data Protection Regulations (GDPR)

d) inform individuals about the use of their data

e) understand the circumstances when consent should be sought prior to obtaining and using personal data

f) verify recorded data using processes for positive identification

g) record personal information accurately and consistently

h) ensure that recorded information is relevant and not excessive

i) use patient related data to support the delivery and management of direct and indirect healthcare

j) understand the circumstances in which information may be used for secondary purposes

k) identify circumstances when personal data can, should and must be shared

l) respond appropriately to requests for information demonstrating awareness of local Freedom of Information requirements.

The competences required to satisfy each learning outcome at Foundation and Intermediate levels are specified in the NHS Education for Scotland publication **'Information Governance in NHSScotland: A Competency Framework'**.

12.5 Proposed Frequency of Refresher Training

Organisational Implication: Each healthcare organisation will need to determine the required refresher periods, particularly for those staff groups most likely to be exposed to and involved in Information Governance and ensuring that any agreed training schedule is incorporated into local policy.

Refresher training will be indicated if there is a change in new legislation, production of national guidelines, protocols or new health technologies that become available.

12.6 Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators that are involved in the delivery of Information Governance education or training have the appropriate qualifications, experience or background to deliver training to a satisfactory standard. For guidance, this may include the following:

- A relevant qualification in Information Governance, Quality Assurance.

- A thorough knowledge of Information Governance issues and procedures and an understanding of their application and practice within a healthcare setting.

- Awareness of Clinical Governance, Health Informatics.

- Experience of teaching and learning, including the ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Organisations might also find the Health Informatics Career Framework requirements for a training role helpful to incorporate.

12.7 Relevant National Occupational Standards

- HI2.2010: Assure the quality of data and information in a health context

- HI1.2010: Identify, and respond to, risks relating to data and information in a health context

- HI3.2010: Manage risks relating to data and information in a health context

- SS32: Record, store and supply information using a paper-based filing system

Subject 13: Information Governance (Wales)

13.1 Context Statement

The effective delivery of healthcare services requires the substantial collection, processing and exchange of personal information and data. Ensuring the appropriate collection, use and security of this information is a major legal responsibility for healthcare organisations and individual healthcare workers within NHS Wales.

NHS Wales is putting in place modern and efficient information and communications systems to ensure that the right information is available at the right time and in the right place; however the continued high profile cases of personal data losses and breaches of confidential information have focused and renewed the requirement for all healthcare staff to have an awareness of their responsibilities in using and safeguarding sensitive information.

The provision of good quality education and training in information governance is therefore vital as this can be seen as an effective information management awareness mechanism.

13.2 Current Legal or Relevant Expert Guidance

Expert Organisation

- Information Commissioner's Office (ICO)

Regulation

- General Data Protection Regulation (GDPR)

Legislation – Wales

- The common law duty of confidentiality *
- The Data Protection Act 1998
- The Freedom of Information Act 2000

* Although this does not refer to an Act of Parliament it is a form of law based on previous court cases decided by judges; thus it is also referred to as 'judge-made' or case law.

Key Guidance

- Guide to the General Data Protection Regulation (GDPR)
- Caldicott – C-PIP Assessment
- NHS Wales Informatics Service: Information Governance and Caldicott
- The Wales Accord on the Sharing of Personal Information
- Welsh Assembly Government (2005), Confidentiality: Code of Practice for Health and Social Care in Wales
- Welsh Health Circular (2000) 71: For the record - Managing Records in NHS Trusts and Health Authorities

13.3 Target Audience

All staff, including unpaid and voluntary staff.

13.4 Key Learning Outcomes

The learner will:

a) understand how Information Governance is standardised within Wales

b) recognise principles of Information Governance and how they apply in every day working environments.

c) understand fundamentals of data protection and the General Data Protection Regulations (GDPR)

d) understand the fundamentals of confidentiality and the Caldicott Principles.

e) identify NHS Wales's healthcare organisations responsibilities under the Freedom of Information Act 2000

f) demonstrate principles of good record keeping

g) recognise, within the context of their role, how they can apply and maintain information security guidelines

h) understand the circumstances in which information may be used and how access must be appropriately authorised

i) identify where they can gain local access to policies, procedures and further information on Information Governance.

13.5 Proposed Frequency of Refresher Training

Proposed Refresher Period

Refresher training should take place at a minimum of every 2 years; however each healthcare organisation within NHS Wales will need to determine the required regular refresher periods, particularly for those staff groups most likely to be exposed to and involved in Information Governance.

One-off refresher training/notification will be indicated if there is a change in new legislation, production of national guidelines, protocols or new health technologies that become available.

13.6 Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators that are involved in the delivery of Information Governance education or training have the appropriate qualifications, experience or background to deliver the training to a satisfactory standard. For guidance, this may include the following:

- Preferable to have a relevant qualification in Information Governance, Quality Assurance.

- A thorough knowledge of Information Governance issues and procedures and an understanding of their application and practice within a healthcare setting.

- Awareness of Clinical Governance, Health Informatics.

- Experience of teaching and learning, including ability to meet the competences expected for LSILADD04 Plan and prepare specific learning and development opportunities

Organisations might also find the Health Informatics Career Framework requirements for a training role helpful to incorporate.

13.7 Relevant National Occupational Standards

- HI2.2010: Assure the quality of data and information in a health context

- HI1.2010: Identify, and respond to, risks relating to data and information in a health context

- HI3.2010: Manage risks relating to data and information in a health context

- SS32: Record, store and supply information using a paper-based filing system

Subject 14: Violence and Aggression (Wales)

14.1 Context Statement

Providing health care services can be challenging and often despite best efforts difficult conflict situations, including risk of violence, can arise. Unless managed effectively, they can have a potentially adverse impact for patients or carers, staff and organisations. The NHS In Wales is committed to Zero Tolerance confirming that violence against staff working in the NHS is unacceptable. Employers are required to have policies, procedures and documentation which can help to identify and effectively manage the risk of violence and aggression.

14.2 Current Legal or Relevant Expert Guidance

Legislation

- Health and Safety at Work etc Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999

Key Guidance

- HSE (2006), Violence at work A guide for employers
- NAO (2003), A Safer Place to Work: Protecting NHS Hospital and Ambulance Staff from Violence and Aggression
- NHS Wales, All Wales NHS Violence and Aggression Training Passport and Information Scheme
- NHS Wales (2013), Protecting NHS Staff from Violence and Aggression
- **Expert Organisations**
- The Health and Safety Executive (HSE)

14.3 Target Audience

Wales has the All Wales Violence and Aggression Training Passport in place, which is overseen by The All Wales Violence and Aggression Advisory Group. This sets out the required training that NHS staff should receive in relation to Violence and Aggression. The training recommended has identified the need for three modules of learning and sets out the expected learning outcomes as follows:

Module A – Induction and Awareness Raising: All staff including those on honorary contracts, unpaid and voluntary staff.

Module B – Theory of Personal Safety and De-escalation. Required staff based upon local risk assessment and training needs analysis.

Module C – Breakaway. Required staff based upon local risk assessment and training needs analysis.

14.4 Key Learning Outcomes

Module A: Induction & Awareness Raising

The learner will:

a) define the terms 'violence and aggression'

b) demonstrate an awareness of the different types of violence and aggression

c) state the responsibilities of the employer

d) demonstrate knowledge of their responsibilities as employees

e) demonstrate an understanding of the importance of reporting incidents and be able to describe the process for reporting such incidents

f) define the concept of risk assessment

g) describe where the local policy and procedure for management of violence and aggression is located

h) demonstrate an awareness of the staff support mechanisms available within the organisation and how to access this service.

Module B: Theory of Personal Safety and De-escalation

The learner will:

a) define the terms 'violence and aggression'

b) describe the factors which could influence and affect your personal safety and environment

c) identify trigger factors which can lead to a violent and/or aggressive incident

d) identify communication skills which can de-escalate a potentially aggressive and/or violent situation

e) discuss legal and ethical issues associated with the management of violence and aggression

f) discuss cultural and gender issues associated with the management of violence and aggression

g) state employer and employee responsibilities with regard to relevant health and safety legislation

h) demonstrate an understanding of the organisation's policies and procedures on the management of violence and aggression

i) demonstrate an understanding of the importance of reporting incidents and be able to describe the process for reporting such incidents

j) demonstrate an understanding of staff support systems available.

Module C: Breakaway *

The learner will:

a) understand and explain communication skills which can assist in de-escalating a violent/aggressive situation

b) awareness of the environment and the risks it may present

c) awareness of personal safety and describe factors which could influence and affect your personal safety and environment

d) describe the factors which could influence and affect your personal safety and environment

e) explain communication skills which can assist in de-escalating a violent/aggressive situation

f) demonstrate an understanding of local reporting policies and procedures

g) state employer and employee responsibilities with regard to relevant health and safety legislation

h) discuss legal and ethical issues associated with the management of violence and aggression

i) discuss cultural and gender issues associated with the management of violence and aggression

j) demonstrate and practice the practical use of breakaway techniques specific to the needs of the staff group subject to risk assessment

k) describe situations which may require additional assistance

l) describe circumstances when personal/alarm systems should be used

m) explain how clinical risk assessment can help to reduce risk of assault

* Must only be undertaken after any learner has completed Module B

NOTE: A further module is in development proposing learning related to physical interventions and will be included in the framework once published.

14.5 Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Period

Update/refresher training for employees should be prioritised based upon risk assessment.

Organisational Implication: Each healthcare organisation will need to determine the required refresher training periods, ensuring that any agreed training schedule is incorporated into their local policy.

Refresher training will be indicated for all staff if there is a change in national legislation, healthcare policy or an organisation has amended its policy locally.

Assessment of Competence

- Where a staff member or learner can demonstrate through **robust pre-assessment**, including where relevant practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training

- Where a staff member or learner does not meet the required level of current knowledge, understanding and practice through pre-assessment they should complete the refresher training and any associated assessments required.

14.6 Suggested Standards for Training Delivery

The All Wales Violence and Aggression Training Passport sets out the suggested standards which the employing organisation should assure and they include:

Specification for training Induction & Awareness

Learning Facilitators must be able to:

- demonstrate ability to deliver a presentation
- demonstrate an understanding of local health and safety policies and procedures relevant to the management of violence and aggression
- translate theoretical knowledge of the subject matter into an appropriate healthcare context
- demonstrate an up to date knowledge of relevant health and safety legislation
- demonstrate a working knowledge and understanding of the cultural/societal issues associated with violence and aggression.

Specification for training Talkdown and Breakaway

Learning Facilitators must have a recognised training qualification or be able to demonstrate experience up to City and Guilds 730/NVQ equivalent/Certificate in Education and must be able to:

- demonstrate up to date knowledge of relevant literature and professional guidelines associated with the management of violence and aggression
- demonstrate up to date knowledge of relevant legal issues
- translate theoretical knowledge of the subject matter into appropriate healthcare context with knowledge of practical application
- be physically capable of demonstrating good practice
- demonstrate/identify the mechanism for keeping abreast of developments in the field
- demonstrate a working knowledge and understanding of the professional codes of practice of the employees receiving training
- demonstrate an understanding of risk assessment processes within a healthcare setting.

14.7 Relevant National Occupational Standards

- Ento WRV6: Promote a safe and positive culture in the workplace
- FMH5: Minimise the risks to an individual and staff during clinical interventions and violent and aggressive episodes
- WRV4: Develop effective policies and procedures for minimising the risk of violence to workers and review their effectiveness

Appendix 1: User Guide

1. Development of the Framework

Healthcare organisations have legal responsibilities to ensure that their staff receives training to develop the knowledge and skills to ensure a safe and healthy workplace (Garcaz & Wilcock 2005)[14]. Furthermore, in the effort to improve healthcare services, organisations are required to meet quality standards required by government and other agencies, many of which need to be evidenced through compliance training of the workforce.

Given the imperative for organisations to ensure their compliance, ensure focus on key training priorities and making effective use of resources many healthcare organisations have defined their approaches for the provision of statutory and mandatory training. Frequently, these approaches will be formally reflected in local policies and procedures.

The provision of statutory and mandatory training represents a significant organisational investment. While many employers recognise and are certain of their commitment in ensuring their workforce receives this training, the focus and delivery of such training can be challenging

These challenges include:

- ensuring that the purpose of the training is understood and appreciated by employees

- ensuring that any training delivered is educationally sound

- that the impact of training results in required performance and risk management behaviours

- is delivered in a cost effective way.

There is evidence that healthcare organisations are interested in a more consistent approach in which this type of training can be prioritised, flexibly delivered, resourced and evaluated. For example, several healthcare regions have previously been working with local employers and Subject Matter Experts to define and help standardise approaches (London, North West, South Central and West Midlands Strategic Health Authorities). In part, the activity in these areas was triggered by a report conducted by PASA (2009)[15] which found substantial opportunity to standardise and consolidate guidance around statutory and mandatory training and particularly prevent duplication of learning. PASA concluded that should consolidation and unnecessary duplication of statutory and mandatory training be achieved, there are opportunities for exploiting cost efficiencies. For example, in the London region, a programme of activity has been established to streamline statutory and mandatory training and healthcare organisations and in doing so potentially lead to cost efficiencies of £40 million per year. While the fiscal benefit will not necessarily mean cash-releasing efficiency savings, if the recognition and prevention of unnecessary duplication can be achieved at scale across the health sector, it should result in better compliance rates and more direct service contact time given that the workforce will require less time away from the work environment to undertake this type of training. Furthermore, it will allow organisations sufficient head room to focus on other training priorities that would have benefit for patient and service activity.

The interest in a UK wide Core Skills Framework was strongly supported with the responses to a consultation conducted by Skills for Health exploring the support for a UK Core Skills Framework. Skills for Health was subsequently commissioned as part of a programme of work funded by The UK Commission for Employment and Skills to develop a UK wide Core Skills Framework. Skills for Health has since been working with the UK countries and regions and key national stakeholders to develop and maintain a national framework for statutory and mandatory training. This is with the aim of consolidating and adding value to the activities already evident. The current UK wide Core Skills Framework is the outcome of this participation.

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[14] Garcaz W & Wilcock E (2005) Statutory and Mandatory Training in Health and Social Care. Radcliffe Publishing, Oxon.UK.

[15] The 'Statutory and Mandatory Skills Training in the NHS Report' (NHS PASA, 2009)

2. Defining Statutory and Mandatory Training

One of the challenges related to the issue of statutory and mandatory training is the interchangeable use of terms of Statutory and Mandatory training. For the purpose of this framework the following definitions have been used:

Statutory Training: this is training that employers are either 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. These examples would include:

- Health and Safety training (required by legal statute).

- Equality Act 2010 specifies that all employees receive training in order to ensure that employees appreciate their legal obligations in promoting equality.

- Fire safety training is required by statute as determined by the Regulatory Reform (Fire Safety) Order 2005.

Mandatory Training: is a training requirement that has been determined by organisations themselves. This can include:

Policy Required Mandatory Training: these are requirements for mandatory training which have been determined by a government department, or regulatory body, as part of the implementation of an agreed national policy. For example, in England all staff are required to undertake Information Governance training on an annual basis.

Organisationally Required Mandatory Training: these are those training requirements that organisations set themselves. These requirements are usually introduced to ensure that the organisation is compliant with key risk areas that might have an impact upon safety. Or alternatively, are being delivered to achieve a corporate priority/service improvement which the organisation has set itself. Typically, this type of training is undertaken to provide assurance that local policies governing key corporate and risk activities are understood and are being followed by employees.

3. Importance of Learning Outcomes

Often the delivery of statutory mandatory training is just focused on providing staff with information about a particular subject. This approach can be limited in its impact in terms of what staff are expected to understand and demonstrate in their work roles.

Given both the volume of core skills training needed and the investment level required, an approach which seeks to promote clearer expectations about the purpose of core skills training is required. Moreover, an approach which enables a better understanding of the processes by which effective learning in relation to these common areas of learning activity can be supported and then demonstrated by the learners is essential. One of the key processes to encourage this is the effective use of learning outcomes to drive and underpin any learning activity.

Therefore one of the key aspects covered in each training skill subject is the identification of the key learning outcomes to be achieved. Although there is some debate about the limitations of using learning outcomes, there is common agreement that the effective use of learning outcomes can provide a clearer focus for determining what a learner should know, understand or be able to do following completion of any learning activity (Kennedy et al. 2006)[16].

Using learning outcomes can:

- Set out clear expectations for learners in terms of what they should be able to demonstrate.

- Help those who design education and training opportunities to focus on key knowledge and skills areas that the learner needs to achieve which in turn will guide the content to be included.

- Be used to promote learner progress.

- Be observed and assessed.

- The use of learning outcomes can guide learning facilitators in the use of appropriate teaching strategies and assessment methods.

- Can be used by those who design healthcare education and training curricula to consider how the required Core Skills learning outcomes can be integrated appropriately and/or demonstrate how they map to overall achievement of curriculum aims. In this way, it will help ensure that those learners undertaking healthcare programmes are being given opportunity to acquire core knowledge and skills that employing organisations will need to be assured are being addressed.

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[16] Kennedy, D. Hyland, A. Ryan, N. 2006: "Writing and Using Learning Outcomes: a Practical Guide". In: Froment, Eric (Ed.): *EUA Bologna handbook. Making Bologna work*. Berlin: Raabe

4. Why Should Organisations Use the Framework?

The key benefits of the framework are:

- That it provides a consolidation and integration of available guidance which organisations can use to inform and, where appropriate, rationalise the delivery of statutory and mandatory training activity.

- It provides a guide for those who have accountability for corporate governance, those with responsibility for delivery of training activity and those internal advisors who guide the content of any training delivery to have a common statement which they can use to audit, and collectively agree, plan and determine how the organisation can best meet or exceed the guidance offered here.

- It provides a focus for the delivery of specific training content/interventions which organisations can use to meet required standards for some workforce developments being implemented in some countries.

- It will help organisations to more explicitly guide training delivery quality and consistency for the identified Subjects.

- It should be valuable in helping to set more explicit expected levels of staff performance following delivery of any core skills training.

- It can be used to guide some of the measures that might be used to assess the effectiveness and impact of training activity supported.

- It should enable organisations to focus on how improvements in this risk area of training can be directed.

- It should be useful as a source of guidance in the development of a specification for those organisations who might need/or wish to commission external training provision to deliver any core skills training.

5. Who Needs to Receive Training?

The framework broadly identifies for each subject the key target audience who will need to receive the indicated training. Some of the Subjects are aimed at all the workforce within an organisation, while other Subjects and expected levels of knowledge and skill will be more role dependent and only apply for those in a more direct patient/service roles.

It should be noted that workforce relates to all members of the workforce that the organisation has responsibility for in the conduct of its business and delivery of activities. This will include those learners on work placements, unpaid staff and volunteers. Local factors such as role and responsibility, work context and setting and levels of expected supervision will also be important aspects which will have an impact on the relevance and application of the

guidance given in each topic. Some discretion in application of the framework guidance might be warranted in some situations, for example, such as the healthcare student who is on a fully supervised short study placement, or the volunteer who makes a contribution to an organisation on a short but infrequent basis.

Accordingly, each organisation will need to use the framework to help it inform and map to their local learning/training needs matrix, risk management analysis controls and to refine more specifically the staff groups/roles that will need to receive the suggested level of training indicated.

It is envisaged that education providers will contribute to the preparation of learners by embedding, as appropriate, the use of the Core Skills Framework as part of curriculum delivery. Where such delivery is clearly evidenced, it should then be recognised by healthcare organisations which then prevents any unnecessary duplication of training.

6. Promoting Workforce Values

The core skills statutory and mandatory training Subjects identified in the framework are deemed a priority for an organisation to deliver given that they focus on areas that contribute towards patient and workforce safety. However, the value of the training on these Subjects has been eroded given concerns about educational impact, frequency and format of learning and that they frequently focus on policy and procedural aspects. While such concerns will be relevant from an organisational perspective, they might seem remote to those receiving the training. In addition, given that those being trained might have other significant learning priorities, the participation in statutory and mandatory training activity can seem a distraction and thus is undervalued. If this is evident, this will have potentially adverse implications for organisations given that the impact of their investment in providing the training is lost, whilst also creating pressures on service delivery contact time.

There is an opportunity to view and represent this framework as a Curriculum for Patient and Organisational Safety. In doing so, this highlights more specifically how attention to the knowledge and skills gained through participation in this type of training gives an opportunity for the learner to demonstrate on a daily basis, how they express the values being promoted by the organisation. Presenting the Subjects as a themed and joined up curriculum can be used to promote the following key values:

- **Commitment to quality of care:** recognising the need to get the essentials of care right, willingness to learn and build upon success.

- **Professionalism:** to ensure high personal standards of behaviour and response and the commitment to adhere to established policies and procedures.

- **Personal accountability:** the willingness to take responsibility for own actions, recognise limitations and avoid taking inappropriate actions which might have an adverse impact for self and others.

- **Team work and cooperation:** the willingness for working with others for common benefit, to overcome shared challenges and the commitment for improving the performance of all.

- **Dignity and Respect:** recognising and committed to the imperative of responding with concern, sensitivity and compassion, having positive regard for others, appreciating and acknowledging diversity.

7. Delivery and Formats of Core Skills Training

This framework does not prescribe how the educational and training activity required to implement the framework should be delivered. Similarly, it is not the intention to indicate that only specific training suppliers are endorsed to deliver training in relation to the indicated Subjects. The approach used for delivery of any training is a shared local decision, which needs to involve the relevant staff with responsibilities for either leading, managing or delivering training and should be based upon:

- meeting any legal requirements which state which delivery formats must be supported

- requirements of local education governance and quality assurance arrangements

- availability of learning infrastructure

- and the flexibility that best ensures the workforce is able to access and benefit from the training in a timely manner.

The health sector needs to recognise and appreciate that provided there is purposeful and careful consideration of key learning and training principles that a variety of training methods can be effectively used to achieve the desired learning outcomes indicated in the Core Skills Training Framework. The challenge is for organisations to best consider and evaluate potential options. As with other activities that require substantial investment and effort, organisations will need to increasingly evidence that any training interventions put in place are designed and monitored for their effectiveness.

Based upon the findings of the NHS PASA Statutory and Mandatory Training report and the recent SfH consultation, there is particular interest by organisations in using e-learning as a method to help support delivery of core skills training. Given that research has demonstrated that in the right conditions, e-learning is at least as effective as face to face training then the validity of using e-learning to help support delivery, particularly for knowledge elements of any topic should be considered seriously

The health sector to date, has at national, regional and local level made some significant investments in developing e-learning programmes to support the delivery of statutory and mandatory training. The key priority is for organisations to review the available programmes and assure themselves that they address any legal requirements for the format of delivery, meet the learning outcomes of the Core Skills Framework, or if there is a need to develop further content that it is informed by the Core Skills Training Framework.

8. The Value of Assessment

Currently much of the reporting of statutory and mandatory training is recorded on an attendance based process. While recording attendance is a key metric for organisations in being able to demonstrate their compliance with key standards the health sector needs to consider much more the value of assessment as a component for the delivery of core skills training.

Educational research has demonstrated that the use of assessment which enables the learner to self monitor and regulate their progress leads to a deeper level of learning. Where this occurs there is a greater likelihood that learners will have the confidence to apply what they have learnt in practice.

Assessment is a key feature of **effective** learning as:

- it helps to indicate whether learning has taken place

- it can influence the engagement and behaviours of the learner and can direct and support progress

- the use of feedback related with assessment outcomes enriches learner understanding.

The results of learner assessment can provide valuable information for organisations in evaluating the effectiveness of teaching and learning approaches and inform further learning needs analysis.

There has to be a greater expectation by organisations that given the purpose and investment of providing statutory mandatory core skills training that staff will act upon the training provided. The use of assessment will be a tangible

way in which a greater value and expectation on the implications of statutory mandatory training can be recognised and so should be utilised much more.

The effective use of assessment will increase learner motivation and participation and will provide the organisation with a more credible indicator of the workforce's knowledge and skills in these key risk areas and identify potential gaps which should then be addressed. This approach would be more consistent with responsive risk management assurance.

In addition to this, if the effective use of assessment is established, the validity of using pre-assessment must be a significant way in which the management of refresher training could be more efficiently managed. That is where a learner undertakes and demonstrates through a well-planned assessment an acceptable level of knowledge and/or skill application against the specific learning outcomes for a subject, then this can be used as a valid indicator for currency of their knowledge in relation to the topic assessed. This should mean that learners do not duplicate or repeat what they already know. This approach would be consistent with principles of effective adult learning which places value on autonomous, self-directed and goal orientated learning.

It is recognised that the health sector has to gain greater confidence and practical use in the use of assessment. Encouragingly, there is now some concerted efforts to develop resources and approaches to achieve this. Organisations are strongly encouraged to consider the use of assessment, including pre-assessment approaches, and work to integrate their use and recognise their value as part of delivery of training activity.

9. Refresher Periods

It is anticipated that given the purpose and focus of the Subjects included in this framework, potential changes in legislation and healthcare policy that the workforce will need periodic training updates. The suggested time period is indicated within each of the Subjects.

While refresher training provides an opportunity to practise and update knowledge and skills it should not be just about repeating information that the learners may have already received and know. Rather, it provides an opportunity to also extend knowledge by ensuring that any training update reflects:

- any new policy/organisational changes

- draws upon learning needs analysis and the findings of audits and evaluation. These should be used to prioritise knowledge and understanding on problematic areas or gaps which the organisation has identified which need to be addressed, if currency of knowledge and skills in relation to the identified areas are to be effective.

Where there have not been any substantial programme content changes, then organisations should consider how they use pre-assessment as a mechanism for checking the currency of knowledge and understanding.

Likewise, the methods for delivery of any refresher training should be considered for ways in which it can be delivered flexibly. There may not always be a requirement for formal classroom based attendance.

The use of a variety of learning formats could provide useful ways in which updating of knowledge can and should be supported e.g.

- readers

- case study briefings

- structured professional team based discussions

- peer learning and assessment

- practical assessments and simulations.

There are also opportunities for more use of flexible, randomly assigned, electronic scenario based assessments, which if well designed and their use monitored can be a valid means of ascertaining the knowledge and understanding of the workforce.

To maximise flexibility and impact there are opportunities for organisations to develop approaches, quality assurance processes and monitoring which enables refresher update review by and within team structures. Utilising such an approach will promote further accountability at individual and team level for ensuring these updates occurs. They should also enhance better application of knowledge and understanding when individuals/teams are triggered to consider risk issues reflected in core skill learning and examples of application within the context of their own roles and working environment.

Before the end of the refresher period, or potentially when there is a major change in legislation or policy, staff need to be assessed to ensure that they have retained the knowledge and/or can demonstrate the skill or capability required. Refresher training should be focused on updating knowledge or facilitate where applicable the acquisition of new and improved skills, techniques and best practice. Each organisation needs to consider how best to deliver any required refresher training but the focus should be not on repeating training and content previously delivered but instead to assess whether the staff member has retained knowledge and understanding and if appropriate, that their knowledge and skills are extended beyond the minimum levels.

10. CSTF documents and mapping tools

The Core Skills Training Framework (CSTF) is available for any individual or organisation to access. Current information about the CSTF is always available from the CSTF web page at: www.skillsforhealth.org.uk/cstf

From the CSTF web page, there is a link to register and access the framework documents including:

- Statutory/Mandatory Subject Guide (this document)

- Statutory/Mandatory Mapping Tool (a spreadsheet to support the systematic mapping of local provision to the CSTF learning outcomes)

- Declaration of Alignment

11. Declaring alignment to the Framework

Healthcare providers which have mapped their in-house training to the framework are eligible to submit a Declaration of Alignment, confirming which of their training programmes are aligned to the framework subjects. Aligned healthcare provider organisations are also listed on an online Directory; by sharing this information, employer organisations can recognise where training delivered in other organisations complies with the framework and thereby help to prevent unnecessary duplication of training as staff move between roles and organisations. The process for submitting a Declaration of Alignment to the framework is summarised in **Figure 1** overleaf.

NB. The Directory of Aligned Healthcare Providers is open to healthcare provider organisations in 'not for profit' sectors, for example NHS Trusts delivering in-house staff training and public sector education institutions which have incorporated the requirements of the framework within curricula. This Directory is not intended as a list of 'approved' training providers and it does not include commercial suppliers.

Commercial training suppliers may choose to complete a self-assessment of alignment to the CSTF by completing the CSTF mapping tool. When such organisations have identified that their training aligns with the CSTF, then they may describe their training provision as 'aligned to the CSTF' - as required by various staff agency procurement frameworks. However, such organisations are not required to submit their declaration of alignment to Skills for Health and are not permitted to state or imply any assurance or endorsement from Skills for Health.

During 2017, Skills for Health will be developing a new CSTF Directory of Commercial Training Suppliers. This represents an additional and optional level of quality assurance beyond the standard CSTF alignment by self-assessment and is for commercial organisations that have had their course content verified by Skills for Health as aligning to the CSTF.

Access to the Directories of Aligned Organisations and further information is available from the CSTF web page.
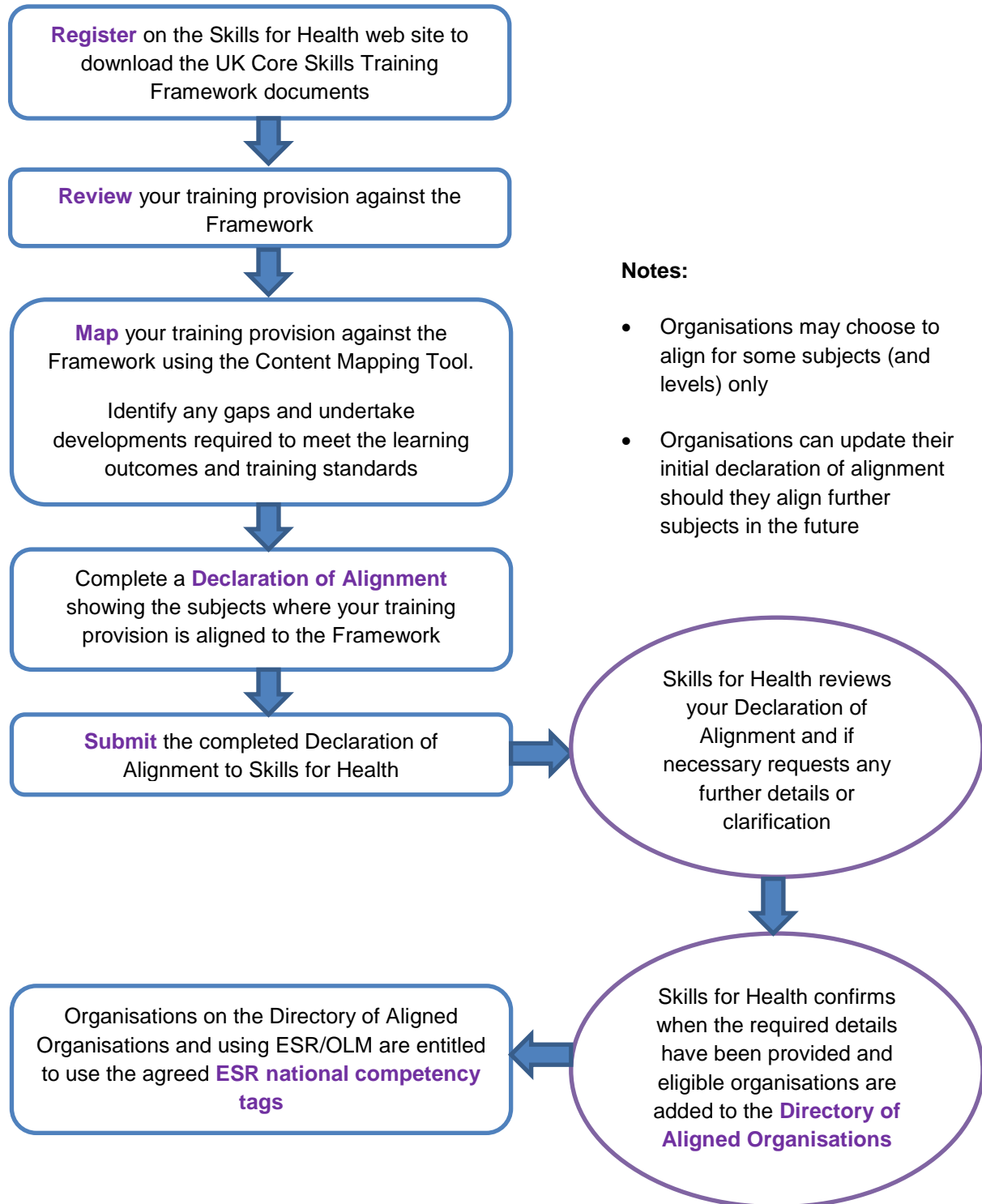
12. Data Portability (Naming Conventions)

One of the main aims of this framework is to prevent unnecessary duplication of training. This will only be achieved if organisations accurately record training undertaken using a recognised naming convention or subject code for each of the Core Skills Training Subjects. These mechanisms will help enable data portability, which will be essential if organisations are to be able to recognise training undertaken in other organisations.

As part of aligning their delivery of training with the framework, organisations will need to capture training activity using the agreed naming conventions or subject codes and/or map the names currently used for recording training for each of the indicated Subjects.

For the NHS in England and Wales, given the common use of the Electronic Staff Record (ESR) Oracle Learning Management (OLM) system, there has been agreement with the National Central ESR team and the regional leads from the OLM Specialist Interest Group to use the Competency Naming functionality available to aid the consistent recording of training aligned with the Core Skills Framework.

Detailed guides to subject naming conventions, subject codes and the use of ESR competencies are available from the framework documents Download Page, accessed from the CSTF web page (see link above).

Figure 1: The process for healthcare provider organisations to align with the framework

Register on the Skills for Health web site to download the UK Core Skills Training Framework documents

↓

Review your training provision against the Framework

↓

Map your training provision against the Framework using the Content Mapping Tool.

Identify any gaps and undertake developments required to meet the learning outcomes and training standards

↓

Complete a **Declaration of Alignment** showing the subjects where your training provision is aligned to the Framework

↓

Submit the completed Declaration of Alignment to Skills for Health

→

Skills for Health reviews your Declaration of Alignment and if necessary requests any further details or clarification

↓

Skills for Health confirms when the required details have been provided and eligible organisations are added to the **Directory of Aligned Organisations**

←

Organisations on the Directory of Aligned Organisations and using ESR/OLM are entitled to use the agreed **ESR national competency tags**

Notes:

- Organisations may choose to align for some subjects (and levels) only

- Organisations can update their initial declaration of alignment should they align further subjects in the future

13. Arrangements for Quality Assuring the Framework and Sustainability

The updating and quality assurance of the framework is critical if organisations are to have confidence in its continuing relevance and authority. For some of the local frameworks that have been developed, maintaining the relevance of the framework provides a substantial challenge. Skills for Health, given its national role, activity and reach is in a strong position to add value and assure the currency of the framework. Skills for Health commits to the following quality assurance mechanisms:

- Skills for Health will manage access to the framework through a registration process.

- The registration process will provide for an appropriate mechanism for communication so that those organisations dependent upon the framework can be proactively advised of any updates and new implications for implementation, Skills for Health, will manage the registration on a no fee basis. However, Skills for Health reserves the right to charge a fee should there not be a central or other appropriate source of funding which would otherwise enable it to ensure the sustainability of the framework. Any such fee will cover the costs that would be necessary to enable the maintenance, updating, quality assurance and communication of the framework.

- Skills for Health will provide Framework Management support, with responsibility to keep the skills frameworks developed under review to ensure accuracy, currency and manage quality assurance processes together with the required communications to alert licensed users of any changes.

- A list of the sources of information that will be systematically reviewed will be maintained so that framework users can have confidence in the evidence and guidance underpinning the framework.

- A horizon scanning mechanism will be established, to identify any urgent material change that might need to be reflected in the framework document.

- The framework will be formally reviewed once a year. It is anticipated this review will include participation by the key national endorsing and subject matter expert bodies. It is through this process that any new subjects for inclusion in the framework will be identified and where appropriate incorporated.

- The framework document and any supporting resources will be fully Version Controlled. This will include the date of publication and framework, version number on the front cover, and a record of the previous versions that any new version of the framework supersedes. To aid quick reference, a version control table will also be included, identifying any key changes made to the previous version.

- As part of the scheduled review, there will be a call for and consideration of any evidence of issues, tools and approaches that healthcare organisations have either come across or devised to help support the implementation of the framework. It is anticipated that this 'application knowledge' will then be used to help inform further iterations of the framework and the design of any supporting resources.

14. Summary

This document sets out a framework to help guide organisations in the development, planning and delivery of their core statutory and mandatory training. The effective use of the framework should be helpful in promoting consistency and quality of training, help prevent needless duplication of training, better direct resources for quality and risk management and help achieve efficiency benefits which are relevant for organisations and indeed learners. The effective use of the Core Skills Framework as presented here could offer further benefits in informing the design and approaches of other frameworks which might be relevant to the sector and development of the workforce.

Getting the Core Skills Framework right and used will not always be an easy task but given the wide range of challenges and priorities faced by the health sector; this framework is indeed timely, relevant and needed.

Appendix 2: Version Control

The following table highlights those significant changes in this Version 1.5 which may have an impact on the mapping to local training provision. Changes to learning outcomes are shown in red.

Subject	Amendments
Subject 1: Equality, Diversity and Human Rights	Additional key guidance: • Department of Health (2015), Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy • HM Government (2014), Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update.
Subject 8: Safeguarding Adults (Version 2)	Updated to align with the Adult Safeguarding: Roles and Competencies for Health Care Staff (RCN 2018). Previous learning outcomes at 2 levels replaced with revised learning outcomes at 3 levels.

Subject 11: Information Governance	Updated to include NHS Digital requirements for **data security awareness.**
	
	11.4 Key Learning Outcomes
	a) understand the principles of Information Governance and the importance of data security in health and care
	b) understand the different types and value of information
	c) understand the principles of data security, including how to ensure the confidentiality, integrity and availability of data
	d) be aware of threats to data security and know how to avoid them, including:
	    • Social engineering
	    • Using social media safely
	    • Using email safely
	    • Malicious software
	    • How to protect information
	    • Physical security
	e) be able to identify data breaches and incidents and know what to report

Subject 12: Information Governance (Scotland) **Subject 13: Information Governance (Wales)**	**Key Learning Outcomes** c) understand fundamentals of data protection and the General Data Protection Regulations (GDPR)

Appendix 3: Summary of Subject Matter Expert Bodies consulted

Relevant experts have been consulted, as indicated below, and where appropriate their advice has been incorporated into the guidance

Subjects	National Subject Matter Expert Bodies
1. Equality, Diversity and Human Rights	Department of Health Equality and Diversity Policy Team and NHS Employers
2. Equality and Diversity (Scotland)	NHS Education Scotland
3. Health, Safety and Welfare	Health and Safety Executive
4. NHS Conflict Resolution (England)	NHS Protect
5. Fire Safety	National Association of Healthcare Fire Officers – NAHFO
6. Infection Prevention and Control	Infection Prevention Society
7. Moving and Handling	National Back Exchange, Health and Safety Executive
8. Safeguarding Adults	Department of Health Social Care Policy Team National Centre for Post-Qualifying Social Work NHS England, Safeguarding Nursing Directorate
8a Preventing Radicalisation	NHS England
9. Safeguarding Children	Department of Health All Wales Safeguarding Advisory Group Royal College of Paediatrics and Child Health
10. Resuscitation	UK Resuscitation Council
11. Information Governance (England)	NHS Digital
12. Information Governance (Scotland)	NHS Education Scotland
13. Information Governance (Wales)	Wales Information Governance Group Network
14. Violence and Aggression (Wales)	The All Wales Violence and Aggression Advisory Group

The following kindly contributed to a Reference Panel overseeing development of the original framework.

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Alison Pope, Programme Manager, West Midlands Strategic Health Authority

Emma Wilton, Widening Participation Manager, South Central Strategic Health Authority

Appendix 4: Other standards and frameworks

Country specific healthcare standards

Each devolved country has defined its own healthcare standards and has set out how it anticipates that healthcare organisations within its jurisdiction will utilise the standards. Although these standards are country specific, they have a common focus and propose compliance in relation to a broad set of governance and service issues, most specifically around ensuring equity, promoting effective risk management and ensuring quality. The standards provide an underpinning rationale and reference point for **each and all** of the skills Subjects included here. Thus, attention to the skill areas identified will be one of the ways in which healthcare organisations can demonstrate their compliance with the standards. The key national healthcare standards are:

England

- Care Quality Commission - Fundamental Standards / Health and Social Care Act 2008 (Regulated Activities) Regulations

North Ireland

- Department of Health, Social Services and Public Safety, The Quality Standards for Health and Social Care

Scotland

- Healthcare Improvement Scotland, Healthcare Quality Standard

Wales

- Welsh Government (2015), Health and Care Standards

Regulatory bodies standards for competence

In addition, the subjects in this framework underpin the standards for competence and revalidation specified by a number of professional regulatory bodies e.g.

- General Dental Council
- General Medical Council
- Health & Care Professions Council
- Nursing and Midwifery Council

Other workforce education and training developments

The guidance in this framework can be used to inform the delivery of educational and training interventions which might contribute towards the aims of the following developments:

- Care Certificate
- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)
- Code of Practice for Social Care Workers and Employers (Scottish Social Care Council) *
- Healthcare Support Workers in Scotland Standards and Codes
- Code of Conduct for Healthcare Support Workers in Wales
- Code of Professional Practice for Social Care (Social Care Wales) *

- [Standards of Conduct and Practice for Social Workers and Social Care Workers (Northern Ireland Social Care Council)](#) *

* Where this applies to Social Care Workers working as part of integrated health and social care teams

Other Core Skills Education and Training Frameworks (CSTFs)

Since the launch of this statutory/mandatory CSTF, a number of other CSTFs have been developed. These CSTFs in other subject areas describe core skills and knowledge i.e. that which is common and transferable across different types of service provision. They provide guidance to enable consistency in the content of education and training *where applicable* to workers roles:

- Clinical/Care
- Dementia
- Learning Disabilities
- Mental Health
- End of Life Care
- Person-centred Approaches

Further information is available from the CSTF web page at: www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework

Appendix 5: Glossary

Learning Facilitators: The term used to describe the staff member involved in supporting the learning of others.

Learning Outcomes: Learning Outcomes are statements of what a learner is expected to know, understand and/or do as a result of a learning activity (normally, a module or programme of study) and should be clearly linked to assessment methods as an indication of the evidence required to demonstrate that the required learning has taken place.

Levels: Learning outcomes for some core skill Subjects are divided into different levels. Each level reflects a level of expected knowledge, skill and understanding. The appropriate level of training is dependent upon role, work context and local risk assessment.

Naming Convention: The structure and rules for recording details of training activity which has been aligned to the Core Skills Training Framework.

National Occupational Standards: Developed with employers, National Occupational Standards (NOS) are the building blocks of vocational and other qualifications. They specify the standards of performance and the knowledge and skills required to perform specific functions to a nationally recognised level of competence. They can also be used outside of qualifications, for example, to support NHS KSF post outlines.