UK Core Skills Training Framework

Subject Guide

Version 1.2

Skills for
Health

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.

A summary of key amendments in this Version 1.2 is presented in Appendix 1: Version Control.

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

Lena Boghossian, Programme Manager, London Procurement Partnership Team
Sean Bradbury, Programme Lead, Cheshire and Mersey Teaching PCT
Marita Brown, Head of Learning & Development, University College London Hospitals NHS Foundation Trust
Dr Stuart Cable, Assistant Director of Education, NHS Education Scotland
Kathryn Fodey, Nursing Officer (Representing Nursing and Midwifery), The Department of Health, Social Services and Public Safety
Lene Gurney, Independent Healthcare Advisory Services
Helen Thomas, WfIS Development & Improvement Manager, ESR Team, Welsh Assembly Government
Paul Tiffen, Quality and Compliance Development Manager, NHS Protect
Alison Pope, Programme Manager, West Midlands Strategic Health Authority
Emma Wilton, Widening Participation Manager, South Central Strategic Health Authority

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

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

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

Neil Wooding
Chair, Strategic Education Development Group for Wales

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.

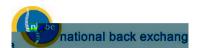**Sally Taber**, Director of Independent Healthcare Advisory Services

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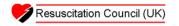
The Infection Prevention Society welcomes the UK core skills training framework developed by Skills for Health. The Infection Prevention Society acknowledges that this framework does not attempt to cover all aspects of infection prevention and control. However following the framework can assist organisations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

NHS Protect supports the NHS in meeting its commitments as laid down in the NHS Constitution. Conflict Resolution Training is a key measure to prevent, deter and protect staff that deliver services on behalf of the NHS from violence. NHS Protect welcomes the UK Core Skills Training Framework as a means of providing greater awareness and consistency of key training arrangements leading to benefits for NHS staff and patient care.

Contents

Introduction

This document forms part of the UK wide Core Skills Training Framework developed by Skills for Health. Information about the purpose and background to the development of this framework can be found in the accompanying document *User Guide for the UK Core Skills Training Framework*.

This document has been designed as a reference document; it sets out the details and guidance in relation to the Subject areas included within the framework.

Core Skills Subjects and Organising Structure

The UK Core Skills Training Framework Subject Guide, sets out for each identified skill area, an organising structure which offers:

- a context statement
- key policy and legal references including, were possible, electronic links
- proposed learning outcomes
- suggested standards for delivery
- proposed refresher training periods
- identification of any available National Occupational Standards
- indicative mapping to the Knowledge Skills Framework
- indicative mapping to country specific quality and risk management standards
- indicative mapping to Professional Regulatory Bodies Standards for Competence
- links to any key educational developments.

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 3). 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 identifies the Subjects included in the framework and gives the recommendations in relation to the proposed target audience and refresher periods.

Table 1: Target Audience and Proposed Refresher Periods for Subjects included in the Core Skills Training Framework			
Subject	**Audience**	**Proposed Refresher Period**	**Comment**
1. Equality, Diversity and Human Rights	All staff, including unpaid and voluntary staff	**3 Years**	
2. Equality and Diversity (Scotland)	All staff, including unpaid and voluntary staff	**3 Years**	
3. Health, Safety and Welfare	All staff, including unpaid and voluntary staff	**3 Years**	Further job specific training may be needed based upon local risk assessment
4. NHS Conflict Resolution (England)	All frontline NHS staff and professionals whose work brings them into contact with members of the public	**3 Years**	
5. Fire Safety	All staff, including unpaid and voluntary staff	**Induction**: Site specific training followed by regular updated fire safety training. The frequency of refresher training should be determined by training needs and risk analysis with an assessment of competence at least every **2 years**	Staff who may need to help evacuate others, should receive training more frequently than those who may only be required to evacuate themselves. E-learning cannot be used as the sole mode of training.
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**	
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.	

Subject	Audience	Proposed Maximum Refresher Period	Comment
8. Safeguarding Adults	**Level 1**: All staff, including unpaid and voluntary staff **Level 2**: Staff with professional and organisational responsibility for safeguarding adults, able to act on concerns and to work within an inter- or multi-agency context	**Induction** followed by every **3 years**	
9. Safeguarding Children	**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.	**Induction** followed by every **3 years** **3 years** **3 years**	
10. Resuscitation	**Level 1**: Any clinical or non-clinical staff, dependent upon local risk assessment or work context **Level 2:** Staff with direct clinical care responsibilities including all qualified healthcare professionals **Level 3:** Registered healthcare professionals with a responsibility to participate as part of the resuscitation team	Once e.g. at **induction** **1 year** **1 year**	
11. Information Governance (England)	All staff	**1 year**	
12. Information Governance (Scotland)	Foundation: Support Roles Intermediate Level 1: Clinical, Management	Required refresher periods based upon local assessment	

Subject	Audience	Proposed Maximum Refresher Period	Comment
13. Information Governance (Wales)	All staff including unpaid and voluntary staff	**2 years**	
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	

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 (2010), Essential standards of quality and safety, Guidance about compliance

North Ireland

- Department of Health, Social Services and Public Safety (2006), The Quality Standards for Health and Social Care

Scotland

- Healthcare Improvement Scotland (2005), Clinical Governance and Risk Management Standards (Please note these standards are currently under review)

Wales

- Welsh Assembly Government (2010), Doing Well Doing Better, Standards for Health Services in Wales

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
- Equality Delivery System
- Equality Race Commission – New Equality Act Guidance
- Knowledge and Skills Framework (Core Dimension Equality and Diversity)
- NHS Constitution

Key Guidance – Northern Ireland

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

Key Guidance – Wales

- Annual Reporting, publishing and Ministerial duties – A guide for listed public authorities in Wales

- Assessing Impact – A guide for listed public authorities in Wales

- Engagement – A guide for listed public authorities in Wales

- Equality Objectives and Strategic Equality Plans (SEPs)

- Equality Information Impact – A guide for listed public authorities in Wales

- Essential Guide to Public Sector Equality Duty

- Procurement – A guide for listed public authorities in Wales

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

f)   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:

g)   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 and Links to Knowledge Skills Framework Dimensions

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

Knowledge Skills Framework

The Learning Outcomes identified in 1.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimension *Equality and Diversity* at **Levels 1 & 2.**

1.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 1: Respecting and involving people who use services
Outcome 2: Consent to care and treatment
Outcome 4: Care and welfare of people who use services
Outcome 6: Cooperating with other providers
Outcome 7: Safeguarding people who use services from abuse
Outcome 10: Safety and suitability of premises
Outcome 11: Safety and suitability of equipment
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers
Outcome 17: Complaints
Outcome 20: Notification of other incidents

The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care
Theme 3: Accessible, Flexible and Responsive Services
Theme 4: Promoting, Protecting and Improving Health and Social Well-being

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 2: Equality, Diversity and Human Rights
Standard 10: Dignity and Respect
Standard 11: Safeguarding Children and Safeguarding Vulnerable Adults
Standard 14: Nutrition

1.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 13 b, e & f, 14 a, g & i, 15 b, e, f & g
• The doctor as a professional – Outcomes 20 a, b, c, d, e & f, 23 j

Health and Care Professions Council – Generic Standards of Proficiency *
• Be able to practise within the legal and ethical boundaries of their profession
• Be able to practise in a non-discriminatory manner

Nursing and Midwifery Council Standards for Pre-registration Nursing Education
Domain1: Professional Values – Adult Competencies 1.1, 2 & 3, Childrens Competencies 1, 2, 2.1 & 3, Learning Disabilities Competencies 1, 2, 2.1, 3, 3.1, 4 & 4.1 and Mental Health Nursing Competencies 1, 2, 2.1, 3.1, 4, 4.1 & 8.1
Domain 2: Communication and Interpersonal Skills – Adult 1 & 8, Children 4 & 8, Learning Disabilities Competencies 4 & 8 and Mental Health Competencies 1, 4 & 8
Domain 3: Nursing Practice and Decision-Making – Adult, Childrens Competencies 5, Learning Disabilities Competencies 5, 5.1 and Mental Health Nursing Competencies 5

* Currently these generic standards are under review and there are more detailed standards for each of the Professional Groups regulated by the Health and Care Professions Council. For further information please visit http://www.hpc-uk.org

1.10   Indicative Mapping to Other Workforce Education Developments

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

- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)
- Code of Conduct for Healthcare Support Workers in Wales
- Code of Practice for Social Care Workers (Care Council for Wales) *
- Code of Practice for Social Care Workers (Northern Ireland Social Care Council) *
- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery

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

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)   explain 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 and Links to Knowledge Skills Framework Dimensions

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

Knowledge Skills Framework

The Learning Outcomes identified in 2.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimension *Equality and Diversity* at **Levels 1 & 2.**

2.8   Indicative Mapping to Country Specific Healthcare Standards

A Participation Standard for the NHS in Scotland (2010)
Standard 1: Patient Focus: 1.1, 1.8
Standard Section 2: Involving people in service planning and development 2.1
Standard Section 3: Corporate governance of participation 3.3

2.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 13 b, e & f, 14a, g, i, 15 b, e, f & g
• The doctor as a professional – Outcomes 20 a, b, c, d, e & f, 23 j

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise within the legal and ethical boundaries of their profession
• Be able to practise in a non-discriminatory manner

Nursing and Midwifery Council Standards for Pre-registration Nursing Education
Domain1: Professional Values – Adult Competencies 1.1, 2 & 3, Childrens Competencies 1, 2, 2.1 & 3, Learning Disabilities Competencies 1, 2, 2.1, 3, 3.1, 4 & 4.1 and Mental Health Nursing Competencies 1, 2, 2.1, 3.1, 4, 4.1 & 8.1
Domain 2: Communication and Interpersonal Skills – Adult 1 & 8, Children 4 & 8, Learning Disabilities Competencies 4 & 8 and Mental Health Competencies 1, 4 & 8
Domain 3: Nursing Practice and Decision-Making – Adult, Childrens Competencies 5, Learning Disabilities Competencies 5, 5.1 and Mental Health Nursing Competencies 5

2.10 Indicative Mapping to Other Workforce Education Developments

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

- Code of Practice for Social Care Workers and Employers (Scottish Social Care Council) *

- Healthcare Support Workers in Scotland Mandatory Induction Standards

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

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

- 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

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:

- o   electricity

- o   slips and trips, falls

- o   chemicals and substances

- o   stress

- o   physical and verbal abuse

- o   traffic routes

- o   VDUs, 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 refresher training for all staff groups should take place at a maximum of 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 and Links to Knowledge Skills Framework Dimensions

Relevant National Occupational Standards

- GEN96: Maintain health, safety and security practices within a health setting
- SCDHSC0032: 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

Knowledge Skills Framework

The Learning Outcomes identified in 3.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimension *Health and Safety* at **Levels 1 & 2**.

3.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 4: Care and welfare of people who use services
Outcome 8: Cleanliness and infection control
Outcome 10: Safety and suitability of premises
Outcome 11: Safety, availability and suitability of equipment
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers
Outcome 16: Assessing and monitoring the quality of service provision
Outcome 20: Notification of other incidents
Outcome 21: Records
The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care

Clinical Governance & Risk Management (2005) – (Scotland)
Standard 1: Safe and Effective Care and Services

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 12: Environment
Standard 16: Medical Devices, Equipment and Diagnostic Systems
Standard 22: Managing Risk and Health and Safety

3.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 5: Have a clear and effective complaints procedure
Principle 8: Raise concerns if patients are at risk
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a professional – Outcomes 23 a, d, i & j

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise safely and effectively within their scope of practice
• Understand the need to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
Domain1: Professional Values – Adult, Childrens Learning Disabilities & Mental Health Nursing Competencies 4
Domain 3: Nursing Practice and Decision-Making – Adult, Childrens, Learning Disabilities & Mental Health Nursing Competencies 6
Domain 4: Leadership, Management and Team Working Making – Adult, Childrens, Learning Disabilities and Mental Health Nursing Competencies 6

3.10   Indicative Mapping to Other Workforce Education Developments

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

- Code of Conduct for Healthcare Support Workers in Wales

- Code of Practice for Social Care Workers (Care Council for Wales) *

- Code of Practice for Social Care Workers (Northern Ireland Social Care Council) *

- Code of Practice for Social Care Workers and Employers (Scottish Social Care Council) *

- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery

- Healthcare Support Workers in Scotland Mandatory Induction Standards

- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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

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 updated Conflict Resolution Training 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

- NHS Protect, Tackling crime against the NHS: A strategic approach

- NHS Counter Fraud and Security Management Service (2003), A Professional Approach to Managing Security in the NHS

Expert Organisation

- NHS Protect

4.3   Target Audience

All frontline NHS staff and professionals whose work brings them into 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)   identify the main areas of work and the objectives of NHS Protect

b)   explain the role of the Security Management Director, Local Security Management Specialist and Area Security Management Specialist

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

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

e)   describe two forms of communication

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

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

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

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

j)   recognise the behavioural pattern of individuals during conflict

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

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

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

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

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

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

q)   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 and Links to Knowledge Skills Framework Dimensions

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

Knowledge Skills Framework

The Learning Outcomes identified in 4.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Communication* at **Levels 1 & 2**, *Health and Security* **Levels 1 & 2** and *Equality and Diversity* **Levels 1 & 2**.

4.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 1: Respecting and involving people who use services
Outcome 4: Care and welfare of people who use services
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers
Outcome 20: Notification of other incidents

4.9 Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 2: Communicate effectively with patients
Principle 5: Have a clear and effective complaints procedure
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 13 b & g, 15 a, b, c, e & f
• The doctor as a professional – Outcomes 20 c, d & e, 22 d

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise within the legal and ethical boundaries of their profession
• Be aware of the impact of culture, equality, and diversity on practice
• Be able to practise in a non-discriminatory manner
• Be able to communicate effectively

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
Domain 2: Communication and Interpersonal Skills – Adult, Childrens, Learning Disabilities and Mental Health Competencies 1-5

4.10   Indicative Mapping to Other Workforce Education Developments

- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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

- 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

- FIRECODE HTM 05 suite of documents for all hospitals and complex healthcare buildings
- DCLG Guide (green guide) for Healthcare premises. This is for all remaining healthcare buildings e.g. health centre's walk in centres or doctors surgeries etc.

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 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's Health Technical Memorandum 05-01: Managing healthcare fire safety, Second edition (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)   be able 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 and describe 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 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 and Links to Knowledge Skills Framework Dimensions

Relevant National Occupational Standards

- GEN96: Maintain health, safety and security practices within a health setting
- SFJFS1: Identify and report hazards and risks associated with fire
- SS03: Promote, monitor and maintain health, safety and security in the workplace

Knowledge Skills Framework

The Learning Outcomes identified in 6.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Levels 1 & 2**.

5.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 4: Care and welfare of people who use services
Outcome 10: Safety and suitability of premises
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers

---

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

The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 4: Promoting, Protecting and Improving Health and Social Well-being

Clinical Governance & Risk Management (2005) – (Scotland)
Standard 1: Safe and Effective Care and Services
Standard 3: Assurance and Accountability

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 12: Environment
Standard 22: Managing Risk and Health and Safety

5.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for
Undergraduate Medical Education
• The doctor as a professional – Outcomes 23 a & d

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
Domain1: Professional Values – Adult, Childrens, Learning Disabilities and Mental Health Nursing Competencies 4
Domain 3: Nursing Practice and Decision-Making – Adult, Childrens, Learning Disabilities and Mental Health Nursing Competencies 6
Domain 4: Leadership, Management and Team Working – Adult, Childrens, Learning Disabilities and Mental Health Nursing Competencies 6

5.10   Indicative Mapping to other Workforce Education Developments

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

- Code of Conduct for Healthcare Support Workers in Wales

- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery

- Healthcare Support Workers in Scotland Mandatory Induction Standards

- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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 (2010), 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
- National Institute for Health & Care Excellence (2012), Infection Control: Prevention and control of healthcare-associated infection in primary and community care

Key Guidance – Northern Ireland

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

Key Guidance – Scotland

- Health Protection Scotland (2014), Compendium of Healthcare Associated Infection Guidance

- Health Protection Scotland (2014), 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

- Welsh Government (2011), Commitment to Purpose: Eliminating preventable healthcare associated infections (HCAIs)

Expert Organisations and Resources

- Healthcare Infection Society

- Health Protection Scotland

- Infection Prevention Society

- National 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 including:

- 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 and Links to Knowledge Skills Framework Dimensions

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

Knowledge Skills Framework

The Learning Outcomes identified in 7.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Levels 1 & 2**.

6.8   Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 4: Care and welfare of people who use services
Outcome 6: Cooperating with other providers
Outcome 8: Cleanliness and infection control
Outcome 10: Safety and suitability of premises
Outcome 11: Safety, availability and suitability of equipment
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers
Outcome 16: Assessing and monitoring the quality of service provision
Outcome 21: Records

The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care

Clinical Governance & Risk Management (2005) – (Scotland)
Standard 1: Safe and Effective Care and Services

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 12: Environment
Standard 13: Infection Prevention and Control (IPC) and Decontamination
Standard 16: Medical Devices, Equipment and Diagnostic Systems
Standard 22: Managing Risk and Health and Safety

6.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a scholar – Outcomes 8 e,11 e
• The doctor as a practitioner – Outcomes 18 c
• The doctor as a professional – Outcome 20 a

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise safely and effectively within their scope of practice
• Be able to draw on appropriate knowledge and skills to inform practice
• Be able to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain 3: Nursing practice and decision-making – Adult, Childrens, Learning Disabilities and Mental Health Competencies 6

6.10   Indicative Mapping to other Workforce Education Developments

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

- Code of Conduct for Healthcare Support Workers in Wales
- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery
- Healthcare Support Workers in Scotland Mandatory Induction Standards
- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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 – England

- NHS Litigation Authority (2012), NHSLA Risk Management Standards 2012-13

Key Guidance – Scotland

- NHS Scotland Manual Handling Passport & Information Scheme

Key Guidance – Wales

- All Wales NHS Manual Handling Passport & Information Scheme Version 2.1 (2010)

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 Interprofessional 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 and Links to Knowledge Skills Framework Dimensions

Relevant National Occupational Standards

• SCDHSC0223: Contribute to moving and positioning individuals

• CHS6: Move and position individuals

• CHS5: Undertake agreed pressure area care

Knowledge Skills Framework

The Learning Outcomes identified in 8.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Levels 1 & 2**, *Quality* **Level 1**.

7.8   Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 1: Respecting and involving people who use services
Outcome 4: Care and welfare of people who use services
Outcome 10: Safety and suitability of premises
Outcome 11: Safety, availability and suitability of equipment
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers

The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care

Clinical Governance & Risk Management (2005) – (Scotland)
Standard 1: Safe and Effective Care and Services

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 12: Environment
Standard 22: Managing Risk and Health and Safety

7.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as practitioner – Outcomes 18 c
• The doctor as a professional – Outcomes 23 a & d

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain 3: Nursing practice and decision-making – Adult, Childrens, Learning Disabilities and Mental Health Competencies 6

7.10   Indicative Mapping to other Workforce Education Developments

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

- Code of Conduct for Healthcare Support Workers in Wales
- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery
- Healthcare Support Workers in Scotland Mandatory Induction Standards
- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

Subject 8: Safeguarding Adults

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.

---

[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

Legislation – UK Wide

- Data Protection Act 1998

- Equality Act 2010

- Freedom of Information Act 2000

- Human Rights Act 1998

- Mental Capacity Act 2005

- NHS Act 2006

- Public Interest Disclosure Act 1998

- Safeguarding Vulnerable Groups Act 2006

- The Mental Capacity Act Deprivation of Liberty Safeguards

Legislation – England

- Care Act 2014

- Children and Families Act 2014

Legislation – Northern Ireland

- Safeguarding Vulnerable Groups (2007 Order)

Legislation – Scotland

- Adult Support and Protection (Scotland) Act 2007

- Adults with Incapacity (Scotland) 2000

- Freedom of Information (Scotland) Act 2000

Key Guidance – England

- Bournemouth University & Learn to Care (2012), National Capability Framework for Safeguarding Adults and supporting workbooks: Safeguarding Vulnerable Adults (Staff Group A Workbook) and Safeguarding Adults at risk of harm (Staff Group B Workbook)

- Care Quality Commission, Our Safeguarding Protocol

- Department of Health (2014), Care and Support Statutory Guidance

- Department of Health (2010), Clinical governance and adult safeguarding: an integrated process

- Department of Health (2000[6]), No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

- Department of Health (2011), Building partnerships, staying safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations

- Department of Health (2011*), Safeguarding Adults: The role of health service managers and their boards

---

[6] Currently this guidance is being reviewed and thus is valid until the new guidance is produced.

- Social Care Institute for Excellence (2011), Safeguarding adults at risk of harm: A legal guide for practitioners

Key Guidance – Northern Ireland

- Volunteer Now (2010), Safeguarding Vulnerable Adults – A Shared Responsibility

Key Guidance – Wales

- Health Inspectorate Wales (2010), Safeguarding and Protecting Vulnerable Adults in Wales
- National Assembly for Wales (2000), In Safe Hands: Implementing Adult Protection Procedures in Wales (Currently under review)

8.3   Target Audience

- **Level 1:** All staff, including paid and voluntary staff
- **Level 2:** Staff with professional and organisational responsibility for safeguarding adults, able to act on concerns and to work within an inter- or multi-agency context

8.4   Key Learning Outcomes

Level 1

The learner will:

a)   understand the term safeguarding adults

b)   understand the nature and scope of harm to and abuse of adults at risk

c)   be able to recognise a range of factors which feature in adult abuse and neglect

d)   understand the importance of demonstrating dignity and respect when providing healthcare services

e)   understand how healthcare environments can promote or undermine people's dignity and rights and the importance of individualised, person centred care

f)   know how to apply the basic principles of helping people to keep themselves safe

g)   know how to support people to think about risk when exercising choice and control

h)   know the local arrangements for the implementation of multi-agency Safeguarding Adult's policies and procedures

i)   know and explain what to do if abuse of an adult is suspected; including how to raise concerns within local whistle blowing policy procedures

j)   be aware of relevant legislation, local and national policies and procedures which relate to safeguarding adults

k)   understand the importance of sharing information with the relevant agencies

l)   know the actions to take if they experience barriers in alerting or referring to relevant agencies.

Level 2

The learner will:

a) understand how to support people to keep safe

b) be able to respond to safeguarding alerts / referrals

c) be able to identify and reduce potential and actual risks after disclosure or an allegation has been made

d) be able to develop protective strategies for those that decline services

e) understand the levels or thresholds for investigating in response to a safeguarding referral and the requirements of gathering initial information

f) be able to apply local and national policy and procedural frameworks when undertaking safeguarding activity

g) know what legislation is relevant to undertaking safeguarding activity

h) be able to support service users and carers to understand safeguarding issues to maximise their decision making

i) understand when to use emergency systems to safeguard adults

j) be able to maintain accurate, complete and up to date records

k) understand how best evidence is achieved

l) know the purpose of Safeguarding Adults investigations and be able to apply the duties and tasks involved

m) understand the roles and responsibilities of the different agencies involved in investigating allegations of abuse

n) understand the importance of sharing information with the relevant agencies

o) know how to raise concerns within local whistle blowing policy procedures

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

NB: The description of target audience and associated learning outcomes at Level 2 are mainly derived from Staff Group B in the National Capability Framework for Safeguarding Adults developed by Bournemouth University & Learn to Care. Background information on relevant theories, concepts and models and a number of learning activities and tools to support reflective practice can also be found in the Staff Group B Workbook (Bournemouth University & Learn to Care, 2012).

8.5 Proposed Frequency of Refresher Training or Assessment

Proposed Refresher Training Periods

It is recommended that Safeguarding refresher training for all staff should take place on induction to ensure awareness of local procedures and at a maximum of **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 their 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 key issues related to the use/misuse of medication.

- 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.

8.7 Relevant National Occupational Standards and Links to Knowledge Skills Framework Dimensions

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

Knowledge Skills Framework

The Learning Outcomes identified in 9.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Levels 1 & 2**, *Equality Diversity* **Level 1**.

8.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 1: Respecting and involving people who use services
Outcome 2: Consent to care and treatment
Outcome 4: Care and welfare of people who use services
Outcome 6: Cooperating with other providers
Outcome 7: Safeguarding people who use services from abuse
Outcome 9: Management of medicines
Outcome 10: Safety and suitability of premises
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers
Outcome 17: Complaints
Outcome 20: Notification of other incidents
Outcome 21: Records

The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care
Theme 3: Accessible, Flexible and Responsive Services
Theme 4: Promoting, Protecting and Improving Health and Social Well-being
Clinical Governance & Risk Management (2005) – (Scotland)
Standard 2: The health, well-being and care experience
Standard 3: Assurance and Accountability
Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 2: Equality, Diversity and Human Rights
Standard 8: Care Planning and Provision
Standard 9: Patient Information and Consent
Standard 11: Safeguarding Children and Safeguarding Vulnerable Adults

8.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 2: Obtain valid consent
Principle 5: Have a clear and effective complaints procedure
Principle 6: Work with colleagues in a way that is in patients' best interest
Principle 8: Raise concerns if patients are at risk
General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 14 i, 15 a, b, d, e, f & g
• The doctor as a professional – Outcomes 20 b,c ,d, e & f, 22 a, b & c 23 a, c & d

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise within the legal and ethical boundaries of their profession
• Be able to practise as an autonomous professional, exercising their own professional judgement
• Be aware of the impact of culture, equality, and diversity on practice
• Be able to practise in a non-discriminatory manner
• Be able to maintain confidentiality
• Be able to establish and maintain a safe practice environment

Health and Care Professions Council Standards of Proficiency for Social Workers in England
• Be able to practise within the legal and ethical boundaries of their profession and 1.3 & 1.5
• Be able to practise within the legal and ethical boundaries of their profession and 2.1, 2.2, 2.3 & 2.7 & 2.8
• Be able to practise as an autonomous professional, exercising their own professional judgement and 4.1, 4.4 and 4.5
• Be able to practise in a non-discriminatory manner and 6.1
• Be able to maintain confidentiality and 7.2
• Be able to work appropriately with others and 9.2, 9.3, 9.4, 9.6, 9.7, 9.9 & 9.10
• Be able to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain1: Professional Values – Adult Competencies 1,1.1, 2, 4 & 6, Childrens Competencies 1, 2, 2.1, 3, 3.1, 4 & 6, Learning Disabilities Competencies 1,1.1 2, 2.1, 4 & 4.1 & 6 and Mental Health Nursing Competencies 1, 1.1, 2, 2.1, 4, 4.1 & 6
• Domain 2: Communication and Interpersonal Competencies – Adult 1, 4 & 8, Children 1, 4 & 8, Learning Disabilities Competencies 1, 4 & 8 and Mental Health Competencies 1,4, 4.1 & 8
• Domain 3: Nursing Practice and Decision-Making – Adult Competencies 9, Childrens Competencies 9 & 9.1, Learning Disabilities Competencies 9 and Mental Health Nursing Competencies 9
• Domain 4: Leadership, management and team working – Adult, Childrens, Learning Disabilities and Mental Health Competencies 7

8.10   Indicative Mapping to Other Workforce Education Developments

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

- Code of Conduct for Healthcare Support Workers in Wales

- Code of Practice for Social Care Workers (Care Council for Wales) *

- Code of Practice for Social Care Workers (Northern Ireland Social Care Council) *

- Code of Practice for Social Care Workers and Employers (Scottish Social Care Council) *

- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery

- Healthcare Support Workers in Scotland Mandatory Induction Standards

- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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

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[7]). 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[8]).

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[9]), 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

- Children and Families Act 2014

- Children Act, 2004

- Children and Young Persons Act 2008

- Protection of Freedoms Act 2012

Legislation – Northern Ireland

- The Children (Northern Ireland) Order 1995

- The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003

- Safeguarding Board Act (Northern Ireland) 2011

---

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

[8] 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.

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

Legislation – Scotland

- Children (Scotland) Act 1995
- 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

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
- Bournemouth University and Learn to Care (2011), National Competence Framework for Safeguarding Children
- 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 and Royal College of Paediatrics and Child Health (2012), Intercollegiate Role Framework, Looked after children: knowledge, skills and competences of health care staff
- Royal College of Nursing (2014), Safeguarding children and young people – every nurse's responsibility: RCN guidance for nursing staff

Key Guidance – England

- Child and Maternal Health Intelligence Network (2012): Safeguarding Children Training Directory
- 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 (2013) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- 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 (2010), National Guidance for Child Protection in Scotland

- Scottish Government (2012), Getting it Right for Children and Families

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

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, Health Board Executives and non-executive directors/members) are set out in the Intercollegiate Document (2014).

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 and Links to Knowledge Skills Framework Dimensions

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

Knowledge Skills Framework

The Learning Outcomes identified in 9.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Levels 1 & 2**, and *Equality Diversity* **Level 1**.

9.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 1: Respecting and involving people who use services
Outcome 4: Care and welfare of people who use services
Outcome 6: Cooperating with other providers
Outcome 7: Safeguarding people who use services from abuse
Outcome 10: Safety and suitability of premises
Outcome 12: Requirements relating to workers
Outcome 14: Supporting workers
Outcome 20: Notification of other incidents
Outcome 21: Records

The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care
Theme 4: Promoting, Protecting and Improving Health and Social Well-being

Clinical Governance & Risk Management (2005) – (Scotland)
Standard 2: The health, well-being and care experience
Standard 3: Assurance and Accountability

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 2: Equality, diversity and human rights
Standard 8: Care Planning and Provision
Standard 9: Patient Information and Consent
Standard 11: Safeguarding Children and Safeguarding Vulnerable Adults

9.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 2: Obtain valid consent
Principle 5: Have a clear and effective complaints procedure
Principle 6: Work with colleagues in a way that is in patients' best interest
Principle 8: Raise concerns if patients are at risk
General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 14 i, 15 a, b, f & g
• The doctor as a professional – Outcomes 20 b,c ,d, e & f, 22 a, b & c 23 a, c & d
Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise within the legal and ethical boundaries of their profession
• Be able to practise as an autonomous professional, exercising their own professional judgement
• Be aware of the impact of culture, equality, and diversity on practice
• Be able to practise in a non-discriminatory manner
• Be able to maintain confidentiality
• Be able to establish and maintain a safe practice environment

Health and Care Professions Council Standards of Proficiency for Social Workers in England
• Be able to practise within the legal and ethical boundaries of their profession and 1.1, 1.3 & 1.5
• Be able to practise within the legal and ethical boundaries of their profession and 2.1, 2.2, 2.3 & 2.7
Be able to maintain fitness to practise and 3.3, 3.4 & 3.5
• Be able to practise as an autonomous professional, exercising their own professional judgement and 4.1, 4.3, 4.4 and 4.5
• Be aware of the impact of culture, equality, and diversity on practice and 5.3 & 5.4.
• Be able to practise in a non-discriminatory manner and 6.1.
• Be able to maintain confidentiality and 7.2,
• Be able to communicate effectively and 8.2, 8.3, 8.9 & 8.11
• Be able to work appropriately with others and 9.2, 9.3, 9.6, 9.7, 9.9 & 9.10
• Be able to maintain records appropriately and 10.1 & 10.2
• Be able to draw on appropriate knowledge and skills to inform practice 14.1 & 14.3
• Be able to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain 1: Professional Values – Adult Competencies 1,1.1, 2, 4 & 6, Childrens Competencies 1, 2, 2.1, 3, 3.1, 4 & 6, Learning Disabilities Competencies 1,1.1 2, 2.1, 4 & 4.1 & 6 and Mental Health Nursing Competencies 1, 1.1, 2, 2.1, 4, 4.1 & 6
• Domain 2: Communication and Interpersonal Competencies – Adult 1, 4 & 8, Children 1, 4 & 8, Learning Disabilities Competencies 1, 4 & 8 and Mental Health Competencies 1,4, 4.1 & 8
• Domain 3: Nursing Practice and Decision-Making – Adult Competencies 9, Childrens Competencies 9 & 9.1, Learning Disabilities Competencies 9 and Mental Health Nursing Competencies 9
• Domain 4: Leadership, Management and Team Working – Adult, Childrens, Learning Disabilities and Mental Health Competencies 7

9.10   Indicative Mapping to Other Workforce Education Developments

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

- Code of Conduct for Healthcare Support Workers in Wales

- Code of Practice for Social Care Workers (Care Council for Wales) *

- Code of Practice for Social Care Workers (Northern Ireland Social Care Council) *

- Code of Practice for Social Care Workers and Employers (Scottish Social Care Council) *

- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery

- Healthcare Support Workers in Scotland Mandatory Induction Standards

- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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

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 in the unwell patient. 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, the condition of many patients can be such that it progresses leading to a collapse or situation which then requires the use 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 cardiopulmonary resuscitation (CPR) until the arrival of advanced-life-support expertise and support.

10.2 Current Policy Guidance

England

- HSC 2000/028: Resuscitation Policy

Scotland

- Scottish Government (2010), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy
- Scottish Government (2010), Resuscitation Planning Policy for Children and Young People (under 16 years)

Relevant Expert Guidance

- British Medical Association (2007), Decisions relating to cardiopulmonary resuscitation. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing
- General Medical Council (2010), Treatment and care towards the end of life: good practice in decision making
- Resuscitation Council (2013), Quality standards for cardiopulmonary resuscitation practice and training
- Resuscitation Council (2010), Resuscitation Guidelines

Expert Organisation

- Resuscitation Council (UK)

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 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 whose role includes membership of or leading a resuscitation team and /or teaching and training resuscitation. These specialist outcomes are not covered in this framework. For further information about specialist outcomes, please see the Resuscitation Council (2010) Resuscitation Guidelines and 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

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

Level 2

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

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 current legislation and local resuscitation policies and procedures

b)   know how to recognise and respond to patients with clinical deterioration, 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 current legislation and local Resuscitation policies and procedures

b)   know how to recognise and respond to patients with clinical deterioration, 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

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 current legislation 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

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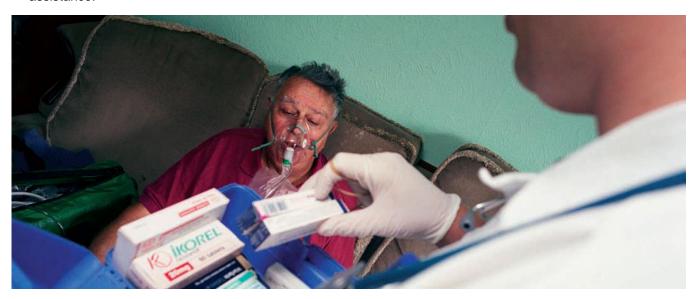
Level 3 – Paediatric Immediate Life Support (Levels1 & 2 outcomes plus the following)

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 – Once, for example at induction.

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.

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.

10.7 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 13: Staffing
Outcome 14: Supporting workers
Outcome 16: Assessing and monitoring the quality of service provision
The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 2: Safe and Effective Care
Clinical Governance & Risk Management (2005) – (Scotland)
Standard 1: Safe and Effective Care and Services
Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 7: Safe and Clinically Effective Care

10.8 Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 16 a-e
• The doctor as a professional – Outcomes 21 a & c , 22 a, b & c, 23 e

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to practise safely and effectively within their scope of practice
• Be able to practise within the legal and ethical boundaries of their profession
• Be able to establish and maintain a safe practice environment

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain 1: Professional Values – Adult, Childrens, Learning Disabilities & Mental Health Nursing Competencies 6 & 7
• Domain 2: Communication and Interpersonal Competencies – Adult, Children, Learning Disabilities & Mental Health Competencies 7
• Domain 3: Nursing Practice and Decision-Making – Adult, Childrens, Learning Disabilities & Mental Health Competencies 1, 6 & 7

10.9 Indicative Mapping to Other Workforce Education Developments

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

- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery
- Healthcare Support Workers in Scotland Mandatory Induction Standards
- Code of Conduct for Healthcare Support Workers in Wales
- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

Subject 11: Information Governance

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.

11.2   Current Legal or Relevant Expert Guidance

Legislation – England

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

- Department of Health (2003), Confidentiality: NHS Code of Practice
- Department of Health (2012), Handbook to The NHS Constitution
- Department of Health (2007), Information Security Management: NHS Code of Practice
- Department of Health (2006), Records Management NHS Code of Practice (Parts 1 and 2)
- Department of Health and Information Commissioner's Office (2011), Information Governance Assurance
- NHS Information Governance Toolkit (IGT)
- NHS (2011), The Care Record Guarantee: Our Guarantee for NHS Care Records in England

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 how they apply in every day working environments

b)   understand within the context of their specific role how to provide a confidential service to patients and service users in line with the duty of confidentiality

c)   know how to ensure and maintain good record keeping.

d)   understand fundamentals of data protection, confidentiality and the Caldicott Principles

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

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

g)   understand the principles of good record keeping.

h)   understand, within the context of their role, how they can apply and maintain information security guidelines.

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

11.5   Proposed Frequency of Refresher Training

Proposed Refresher Period

In England refresher training should take place at a minimum of every year. The use of assessment resources to enable refresher training are permissible.

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 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.

In England, NHS organisations are required to use the NHS IG Training Tool, or equivalent locally developed centrally approved training materials, to support and record the delivery of mandatory IG training.

11.7 Relevant National Occupational Standards and Links to Knowledge Skills Framework Dimensions

- 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

Knowledge Skills Framework

The Learning Outcomes identified in 12.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Level 1**, IK1 *Information Processing* **Level 1**.

11.8 Indicative Mapping to Country Specific Healthcare Standards

Care Quality Commission – Essential Standards of Quality and Safety (2010) – (England)
Outcome 4: Care and welfare of people who use services
Outcome 6: Cooperating with other providers
Outcome 7: Safeguarding people who use services from abuse
Outcome 12: Requirements relating to workers
Outcome 16: Assessing and monitoring the quality of service provision
The Quality Standards for Health and Social Care (2006) – (Northern Ireland)
Theme 5: Effective Communication and Information

11.9 Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 4: Maintain and protect patients' information
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a scholar and a scientist – Outcomes 12 d
• The doctor as a practitioner – Outcomes 15 c,19 a-c
• The doctor as a practitioner – Outcomes 20 a & 20 c

Health and Care Professions Council – Generic Standards of Proficiency
• Be able to maintain confidentiality
• Be able to maintain records appropriately

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain 2: Communication and Interpersonal Competencies – Adult, Children, Learning Disabilities and Mental Health Competencies 7 & 8

11.10 Indicative Mapping to Other Workforce Education Developments

The use of the guidance in this Subject can be used to inform the delivery of training and education developments which might contribute towards the aims of the following:

- Code of Practice for Social Care Workers (Northern Ireland Social Care Council) *
- Development Framework Northern Ireland Practice and Educational Council for Nursing & Midwifery
- National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health)

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

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

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

- NHS Education for Scotland (2011), Information Governance in NHSScotland: A Competency Framework
- NHSScotland Information Assurance Strategy 2011- 2015
- 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)   inform individuals about the use of their data

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

e)   verify recorded data using processes for positive identification

f)   record personal information accurately and consistently

g)   ensure that recorded information is relevant and not excessive

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

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

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

k)   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 and Links to Knowledge Skills Framework Dimensions

- 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

Knowledge Skills Framework

The Learning Outcomes identified in 13.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Level 1**, IK1 *Information Processing* **Level 1**.

12.8   Indicative Mapping to Country Specific Healthcare Standards

Clinical Governance & Risk Management (2005) – (Scotland)

Standard 3: Assurance and Accountability

12.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)

Principle 1: Put patients' interests first

Principle 4: Maintain and protect patients' information

Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education

• The doctor as a practitioner – Outcomes 15c,19 a-c

Health and Care Professions Council – Generic Standards of Proficiency

• Be able to maintain confidentiality

• Be able to maintain records appropriately

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education

• Domain 2: Communication and Interpersonal Competencies – Adult, Childrens, Learning Disabilities and Mental Health Competencies 7 & 8

12.10 Indicative Mapping to Other Workforce Education Developments

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

• Code of Practice for Social Care Workers and Employers (Scottish Social Care Council) *

• Healthcare Support Workers in Scotland Mandatory Induction Standards

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

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

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

- Caldicott – C-PIP Assessment
- Department of Health (2003), Confidentiality: NHS Code of Practice
- Information Commissioner's Office
- 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 the fundamentals of data protection, duty of confidentiality and the Caldicott Principles.

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

e) demonstrate principles of good record keeping

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

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

h) 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 and Links to Knowledge Skills Framework Dimensions

- 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

Knowledge Skills Framework

The Learning Outcomes identified in 14.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions *Health and Security* **Level 1**, IK1 *Information Processing* **Level 1.**

13.8   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 4: Maintain and protect patients' information
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession
General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education

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 (2011), 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 and Links to Knowledge Skills Framework Dimensions

- 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

Knowledge Skills Framework

The Learning Outcomes identified in 15.4 could contribute evidence towards demonstration of the Knowledge Skills Framework Core Dimensions Health and Security Level 1.

14.8   Indicative Mapping to Country Specific Healthcare Standards

Doing Well, Doing Better, Standards for Health Services in Wales (2010)
Standard 22: Managing Risk and Health and Safety

14.9   Indicative Mapping to Professional Regulatory Bodies Standards for Competence

General Dental Council – Standards for the Dental Team (2013)
Principle 1: Put patients' interests first
Principle 2: Communicate effectively with patients
Principle 5: Have a clear and effective complaints procedure
Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Medical Council – Tomorrow's Doctors Education Outcomes and Standards for Undergraduate Medical Education
• The doctor as a practitioner – Outcomes 15 e
• The doctor as a professional – Outcomes 20 c & d

Health and Care Professions Council – Generic Standards of Proficiency
• Be aware of the impact of culture, equality, and diversity on practice
• Be able to practise in a non-discriminatory manner
• Be able to communicate effectively

Nursing and Midwifery Council – Standards for Pre-registration Nursing Education
• Domain 2: Communication and Interpersonal Competencies – Adult, Childrens, Learning Disabilities & Mental Health Competencies 1-5

14.10 Indicative Mapping to Other Workforce Education Developments

- Code of Conduct for Healthcare Support Workers in Wales

Mapping and Alignment to the Learning Outcomes of the Core Skills and Training Framework

Demonstrating how any local training delivery meets or exceeds the Core Skills Training Framework will be a key quality assurance process that organisations will need to undertake if they are to confirm alignment with the framework.

To support this, a content mapping tool has been developed. This will enable organisations to conduct a self-assessment. This tool will help organisations to:

- Undertake a mapping of local learning outcomes against the learning outcomes for each Subject within the framework.

- Assess whether local learning facilitators meet the expected standards to support training delivery.

- Identify any potential gaps and develop an action plan to address any gaps identified.

It is anticipated that organisations would undertake the mapping review as part of the Readiness Assessment exercise which is identified in the accompanying document *UK Core Skills Training Framework: User Guide.*

Enabling Data Portability

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 an agreed minimum data set and a recognised naming convention 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. The use of the minimum data set and naming convention will also be key to the successful use of the Skills Passport system being developed by Skills for Health.

Organisations will therefore, as part of their readiness assessment for aligning their delivery of training with the framework, need to capture training activity using the agreed minimum data set and naming conventions and/or map the names currently used for recording training for each of the indicated Subjects.

As part of the quality assurance process, organisations seeking to utilise the framework to support data portability will be required to submit a formal Declaration of Alignment to Skills for Health.

Table 2 identifies the proposed minimum data and how the code for the naming conventions to be used will be constructed.

It is recognised that many Learning Data Management Systems have the facility to use a course code field to identify a particular training programme (this is different to a unique ID field that maybe auto generated by an information system) and that where possible this would increase the likelihood of performing data matching either through automated matching processes or through visual checks. This will also cater for instances where it is not possible to use the course name as outlined in the minimum data set. It is also recognised that the facility to capture a course code is not universal, and so the information has been duplicated in the suggested convention for Course Name. It is imperative that at least one of these is utilised to support the portability of the core skills framework.

The accuracy and robustness of Core Skills Training Data would be further enhanced if the systems used to record training undertaken have the ability to record the information listed in Table 3. Organisations seeking to maximise the benefits of the framework should consider and plan for how their training delivery and information recording systems can be configured to capture and store this information.

Table 2. Proposed Minimum Data Set	
Course Name	The naming convention for this will consist of coding elements which indicate the following: **Core Skills Training Framework Identifier:** This is the code to indicate that the training undertaken met the requirements of the National Core Skills Training Framework. **Code: CSTF** **Title of Core Skill Subject:** The name of the particular subject, level undertaken combined with a numerical code to indicate the version of the skill in the published framework e.g. For a learner undertaking Moving and Handling Level 1 outcomes the expected code would be: **Moving and Handling – Level 1-v1*** **Assessment Status:** A code to indicate whether the training was assessed or not. **Code: A (Assessed) NA (Not Assessed)** **Expected Renewal Period**: A code to indicate the maximum period (in years) when renewal of the training for the indicated subject needs to be undertaken. This will be based upon the indicated refresher periods included within the framework or based upon the organisations renewal period as determined by local risk assessment. This should be somewhere in the range of 1- 3 (years) with an YR suffix to indicate year e.g. **3yr**
Course Code	The agreed course code that will be an alphanumeric format and be unique for each skill subject. The current course codes for each subject will be available from the Core Skills Training Framework page of the Skills for Health web site.
Date of Completion	The date when the learning activity was completed based upon DD/MM/Year e.g. **Code: 09/09/2012**
Name of Organisation	The identity of the organisation who has issued the record of the skill undertaken. This includes those organisations who have commissioned Core Skills Training through a third party provider, and which they have assured themselves has met the required standards of the Core Skills Framework. The organisation should use the full and formal name by which it is identified.

Examples of completed minimum data set:

Coding illustrating delivery which was non-assessed, with a 3 year renewal period:

• Course Name: CSTF/Moving and Handling – Level 1 – v1/NA/3yr
• Course Code: MH011NA
• Name of Organisation: St Elsewhere Hospital NHS Foundation Trust
• Date of Completion: 09/09/2012

Coding illustrating delivery which was assessed, with a 3 year renewal period:

• Course Name: CSTF/Moving and Handling – Level 1 – v1/A/3yr
• Course Code: MH011A
• Name of Organisation: St Elsewhere Hospital NHS Foundation Trust
• Date of Completion: 09/09/2012

* Refers to a set of reserved code numbers which will be used to support future versioning of skills within the framework

Table 3. Proposed Data Items to Enhance Data Portability	
Format of Delivery	This is a code to indicate the method of delivery for how the training activity recorded was delivered. These methods might include Classroom, E-learning, Reader or Other. **Code C (Classroom) E (E-learning) R (Reader) O (Other)**
Assessment Outcome	This will be the summative outcome that the learner achieved. This data should indicate a Pass or Fail e:g **Pass** or **Fail** e:g **Code: P**
Assessment Score	This will be the score that the learner achieved on completion of the summative assessment: e.g. **Code – 70%** (indicating an assessment score of 70% being achieved).

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. The details about how this functionality and the identified competency codes will be set up is given in a separate guidance document.

Skills for Health are developing a portable, online record of an individual's, career history and current skills and training known as the Skills Passport for Health. The skills passport will, amongst other aims, specifically support the portability of Skills Frameworks and National Occupational Standards. Given the range of healthcare organisations making up the healthcare sector, the Skills Passport for Health will be required to maintain aggregated core skills training records from numerous organisations and a proliferation of workforce and learning management systems. This will require a further minimum data set, which will include additional information such as that necessary to satisfactorily identify individuals.

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.

Appendix 1: Version Control

The following table highlights those significant changes to Learning Outcomes in this Version 1.2 that will have an impact on the mapping to local training provision.

Subject	Amendments to Learning Outcomes
Subject 5: Fire Safety	i) ~~be familiar with and state the evacuation procedure and associated escape routes at their location~~ i) understand the importance of being familiar with evacuation procedures and associated escape routes
Subject 8: Safeguarding Adults	The previous learning outcomes for this subject were at one level i.e. the target audience was "All staff, including paid and voluntary staff". This target audience is now described as Level 1 and a new Level 2 has been added for 'those staff with professional and organisational responsibility for safeguarding adults'. Therefore the new Target Audience is now: **Level 1:** All staff, including paid and voluntary staff **Level 2:** Staff with professional and organisational responsibility for safeguarding adults, able to act on concerns and to work within an inter- or multi-agency context **There is one additional learning outcome at Level 1:** g) know how to support people to think about risk when exercising choice and control **Level 2 learning outcomes are all new in this version.**
Subject 9: Safeguarding Children	This subject has been revised to reflect latest guidance from the Intercollegiate Document (March 2014): Safeguarding children and young people; roles and competences for health care staff. This has resulted in significant amendments to the learning outcomes for this subject and it will therefore be necessary to review current provision against these new revised learning outcomes. Indicative mapping particularly highlights the following new learning outcomes in this version for each level: **Level 1** 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) f) be aware of relevant legislation (i.e. Children Acts 1989, 2004 and the Sexual Offences Act 2003)

Appendix 2: 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
9. Safeguarding Children	Department of Health All Wales Safeguarding Advisory Group Royal College of Paediatrics and Child Health
10. Resuscitation	Resuscitation Council
11. Information Governance (England)	Department of Health Information Governance Policy Team
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

Appendix 3: Common Induction Standards for Social Care

England

In England (adult social care) the Care Quality Commission requires all staff to receive a comprehensive induction. In social care this means completion of the Common Induction Standards within 12 weeks of starting a new job. Details and support at: Skills for Care Common Induction Standards.

Workers with Children and Young People in England will find details of their induction standards at: Department of Education Induction Stanards for those working in Children's Homes.

Northern Ireland

In Northern Ireland completion of the Common Induction Standards is required for registration for the social care workforce, and is recommended as good practice for those working with children and Young People. Details and support at: Northern Ireland Social Care Council Induction Standards.

Scotland

In Scotland the Introduction to Social Services Practice recognises the different starting points of staff new to the sector and provides induction guidance that can be adapted according to need. Details and support at: Scottish Social Services Council Preparing for Practice – Induction guidance for employers.
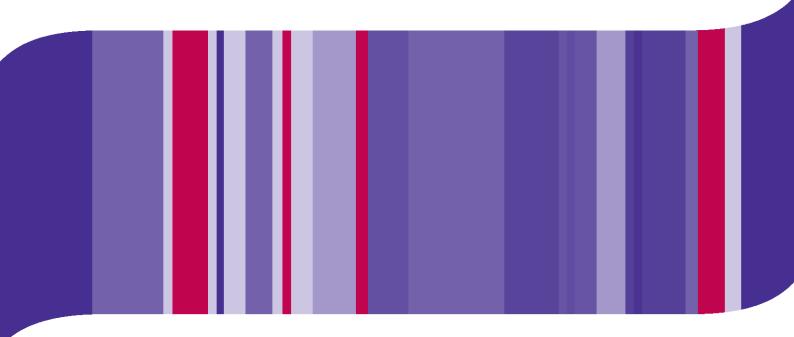
Wales

In Wales the Social Care Induction Frameworks for Wales cover what workers new to the sector need to know and be able to do in the first 12 weeks of employment. Residential Childcare Workers are required to register after 6 months in post and after completion of the Social Care Induction framework. Details and support at: http://www.ccwales.org.uk/induction-frameworks/

Codes of Practice for Social Care Workers

- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
- Code of Practice for Social Care Workers (Care Council for Wales)
- Code of Practice for Social Care Workers (Northern Ireland Social Care Council)
- Code of Practice for Social Care Workers and Employers (Scottish Social Care Council)

Skills for
Health

Better **skills** | Better **jobs** | Better **health**