

# STATUTORY AND MANDTORY TRAINING POLICY

**May 2018**

<b>Authorship :</b>	eMBED Learning & Development Lead-adapted for local use by eMBED Health Consortium on behalf of NHS Vale of York CCG
<b>Reviewing Committee :</b>	
<b>Date :</b>	
<b>Approval Body :</b>	CCG Executive Committee
<b>Approved Date :</b>	18 July 2018
<b>Review Date:</b>	May 2022
<b>Equality Impact Assessment :</b>	Complete
<b>Sustainability Impact Assessment :</b>	Complete
<b>Related Policies :</b>	<ul style="list-style-type: none"> <li>• Induction Policy</li> <li>• Induction Handbook</li> <li>• Health and Safety Legislation</li> <li>• Equalities Legislation</li> <li>• Disciplinary Policy</li> </ul>
<b>Target Audience :</b>	All employees
<b>Policy Reference No. :</b>	HR16
<b>Version Number :</b>	2

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

## POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by and Date</b>	<b>Date on Internet</b>
2	eMBED L&D	Updated policy for CCG employees includes additional Statutory & Mandatory e-learning modules required of CCGs; clarification on Safeguarding Children Training requirements per staff group with the addition table Appendix 1 and 'Strategy' document Appendix 3. Additional paragraph 3.4 references GDPR requirements.	CCG Executive Committee 18 July 2018	14 September 2018

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## **1. POLICY STATEMENT**

- 1.1 NHS Vale of York CCG (the CCG) recognises that statutory and mandatory training is of vital importance in order to protect the safety of employees, visitors and the general public.
- 1.2 This policy applies to all employees of NHS Vale of York CCG, members of the Governing Body and agency/contracted employees.
- 1.3 Failure to undertake statutory and/or mandatory training would be considered to be a breach of the terms and conditions of employment and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

## **2. PRINCIPLES**

- 2.1 The policy documents the type of training, who must attend and if any update is required. It also documents the responsibilities of employees and managers and information about how to access the training.
- 2.2 It is a CCG priority for employees to be released to undertake statutory and mandatory training and the granting of permission for other training will be contingent on employees having undertaken, or arranged to undertake, their required statutory or mandatory training for the current year.
- 2.3 This policy and procedure will be available for employees on the internet.
- 2.4 Training and support will be available to all Line Managers locally in the implementation and application of this policy.

## **3. IMPACT ANALYSES**

### **3.1 Equality**

All policies require an assessment for their impact on people with protected characteristics. An Equality Impact Assessment has been undertaken for this policy and as a result of performing the analysis, it does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. An Equality Impact Assessment is attached at Appendix 2.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

### 3.2 **Sustainability**

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix 3. At this stage, no impact has been identified for the policy or procedure

### 3.3 **Bribery Act 2010**

The relevance of the Bribery Act 2010 must be considered in respect of every policy. It is considered that it is relevant to this policy as it is possible that someone may be bribed into offering or supporting a secondment.

Under the Bribery Act it is a criminal offence to :

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG internet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

### 3.4 **General Data Protection Regulations (GDPR)**

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

## 4. **DEFINITIONS**

### 4.1 **Statutory Training**

Statutory training is that which the CCG is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation, e.g., Fire Safety, Health & Safety, Moving and Handling (Please see Appendix 1 for full training list).

### 4.2 **Mandatory Training**

Mandatory training is determined by the CCG. It is concerned with minimising risk, providing assurance against policies and ensuring the CCG meets external standards and best practice guidance e.g. Safeguarding Children which now incorporates the Strategy for Training to 'Individuals' and 'Groups'.

(Please see Appendix 1 for full training list).

#### **4.3 Induction Process**

All new employees to the CCG are required to complete an induction process beginning on the first day of their employment which will include completion of Statutory and Mandatory Training using the national NHS e-learning system, the Electronic Employees Record (ESR) via Oracle Learning Management (OLM). Further information can be found in the CCG Induction Handbook and the Induction Policy.

### **5. Roles / Responsibilities / Duties**

#### **5.1 Organisation Responsibilities**

The Chief Officer and the CCG Governing Body are responsible for and committed to ensuring that all employees are appropriately trained to enable them to undertake their duties and to also protect their own wellbeing.

The CCG has responsibility for ensuring that all requirements relating to statutory and mandatory training are in place and upheld by all employees. This ensures the quality, content and frequency of training being provided and equitable access to training by employees.

The CCG is also required to ensure services commissioned by them have a Statutory and Mandatory training policy and programme to ensure best practice, minimise risk and patient, employees and public safety.

#### **5.2 Responsibilities of Members of Employees**

All employees are responsible for ensuring they are competent for their role and have a full understanding of the regulations and requirements related to their duties, responsibilities and facilities that enable them to carry out their job. This policy will also be discussed at the appraisal meetings between employees and their line manager. Some employees will have additional and specific professional and regulatory and continuing professional development requirements.

It is a priority that all employees ensure that training in the statutory and mandatory programme has been completed within the expected timescales regardless of an individual's post or ability, and should be treated as the highest priority in the annual personal development planning and review cycle.

All employees who have applied to undertake further training will need to demonstrate that they have undertaken or have arranged to undertake their Statutory and Mandatory training before their applications for further training will be considered.

All employees whether paid or unpaid have a statutory duty to cooperate with their manager to undertake training as required. If any aspect of statutory and mandatory training is unclear, employees must bring this to the immediate

attention of their Line Manager.

All employees should participate as required in any audits that may be carried out to monitor statutory and mandatory training.

### **5.3 Responsibilities of Managers**

Managers have the responsibility to ensure compliance with CCG Policies and Procedures by enabling all employees within their department to receive the required training and supervision.

It is the responsibility of all managers to ensure that their employees are up to date with all the relevant statutory and mandatory training. Every opportunity must be given to employees to undertake statutory and mandatory courses in work time.

It is the responsibility of managers and supervisors to ensure that the required statutory and mandatory training is completed during the induction process and then reviewed during appraisals, with both the manager and post holder identifying any learning needs in their Personal Development Plan (PDP).

Managers should ensure that all statutory and mandatory training certificates are recorded on personal files.

### **5.4 Responsibilities of the HR Team**

The CCG will work with EMBED Health Consortium who will be responsible for the co-ordination and administration of training to meet the requirements of the statutory and mandatory training. The eMBED HR team will provide monthly reports to the CCG of training undertaken.

## **6. MONITORING AND REVIEW**

6.1 The policy and procedure will be reviewed periodically for the CCG in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

6.2 The implementation of this policy will be audited on an annual basis by the eMBED HR Team and reported to the CCG's Governing Body.

## **7. REFERENCES**

- 7.1 For further information please refer to the following reference sources :
- Induction Policy
  - Induction Handbook
  - Health and Safety Legislation
  - Equalities Legislation
  - Disciplinary Policy

## Appendix 1 : Statutory and Mandatory Training Tables

### 1] NHS Vale of York CCG Statutory and Mandatory Training Table

FREQUENCY	COURSE TITLE	TRAINING PROVIDER	WHO SHOULD ATTEND/COMPLETE?
Once Only	Induction - Corporate	CCG	All Employees
	Induction - Local	CCG	All Employees
Annually	Data Security Awareness Level 1	ESR/OLM (e-Learning for Health)	All Employees
	Conflict of Interest – Module 1 (level 1)	ESR/OLM (e-learning for Health)	All Employees
	Fire Safety - Level 1	ESR/OLM	All Employees
Every 3 years	Equality, Diversity and Human Rights - Level 1	ESR/OLM	All Employees
	Infection Prevention and Control - Level 1	ESR/OLM	All Employees
	Moving and Handling – Level 1	ESR/OLM	All Employees
	Mental Health Legislation	ESR/OLM	All Employees
	Safeguarding Adults - Level 1	ESR/OLM	All Employees
	Safeguarding Children Level 1	ESR/OLM (e-Learning for Health)	<i>Refer to Safeguarding Children Training Strategy pages 7 -9 inclusive.</i>
	Prevent Radicalisation	Face to Face (local Safeguard team)	All Employees

### 2] Safeguarding Children Training Strategy (2017-19) - CCG Safeguarding Children Training Delivery Plan

Level	Staff Group	Training requirement & frequency	Notes
Level 1	<i>Refer to the Safeguarding Children Delivery Plan - Pages 7 – 9 within the Safeguarding Children Training Strategy to determine your staff group level required completion.</i>	2 hours over 3 years	<i>Refer to above ESR module access</i>
Level 2		3-4 hours over 3 years	<i>Refer to Safeguarding Children Strategy, Training Delivery Plan for method of training access.</i>
Level 3		8 hours over 3 years	
Level 4		24 hours over 3 years	
Level 5		24 hours over 3 years	
Board Level		2 hours over 3 years	



## APPENDIX 2: EQUALITY IMPACT ANALYSIS FORM

1.	<b>Title of policy/ programme/ service being analysed</b> Statutory and Mandatory Training Policy (HR16)
2.	<b>Please state the aims and objectives of this work.</b> This policy defines NHS Vale of York CCG's statutory and mandatory training programme, which aims to ensure the organisation meets its statutory obligations in relation to training.
3.	<b>Who is likely to be affected? (e.g. staff, patients, service users)</b> All employees of the CCG
4.	<b>What sources of equality information have you used to inform your piece of work?</b> Staff data
5.	<b>What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics</b> The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	<b>Who have you involved in the development of this piece of work?</b> Consultation locally and nationally with Trade Unions and staff <ul style="list-style-type: none"> <li>• SLT</li> <li>• CCG Employees</li> <li>• Y&amp;H SPF</li> <li>• Governing Body (approval)</li> </ul>
7.	<b>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?</b> <b>Do you have any gaps in information?</b> <b>Include any supporting evidence e.g. research, data or feedback from engagement activities</b>

<b>Disability</b> People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
Considered – no impact detected.	
<b>Sex</b> Men and Women	Consider gender preference in key worker, single sex accommodation etc.
Considered – no impact detected.	
<b>Race or nationality</b> People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.
Considered – no impact detected.	
<b>Age</b> This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
Considered – no impact detected.	
<b>Trans</b> People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
Considered – no impact detected.	
<b>Sexual orientation</b> This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
Considered – no impact detected.	
<b>Religion or belief</b> Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
Considered – no impact detected.	

<b>Marriage and Civil Partnership</b> Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
Considered – no impact detected.	
<b>Pregnancy and maternity</b> Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
Considered – no impact detected.	
<b>Carers</b> This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
Considered – no impact detected.	
<b>Other disadvantaged groups</b> This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
Considered – no impact detected.	
<b>8.</b>	<p><b>Action planning for improvement</b> Please outline what mitigating actions have been considered to eliminate any adverse impact? - N/A</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? - N/A</p>

<b>Sign off</b>
Name and signature of person / team who carried out this analysis <i>Neil Robson, eMBED Senior Learning &amp; Development Lead</i>
Date analysis completed : <i>27.02.2018</i>
Name and signature of responsible Director
Date analysis was approved by responsible Director

### APPENDIX 3: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Statutory and Mandatory Training Policy (HR16)
What is the main purpose of the document	To set out the responsibilities for staff and managers around the completion of training that is considered to be statutory and/or mandatory,
Date completed	07 March 2018
Completed by	Helena Nowell

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/A		
	Will it reduce 'care miles' (telecare, care closer) to home?	N/A		
	Will it promote active travel (cycling, walking)?	N/A		
	Will it improve access to opportunities and facilities for all groups?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	N/A		
Procurement	Will it promote greater efficiency of resource use?	N/A		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	N/A		
	Will it support local or regional supply chains?	N/A		
	Will it promote access to local services (care closer to home)?	N/A		
	Will it make current activities more efficient or alter service delivery models	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/A		
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?	N/A		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	1	Training in fire safety and moving/handling are intended to improve health and safety at work	Training content kept under regular review
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		

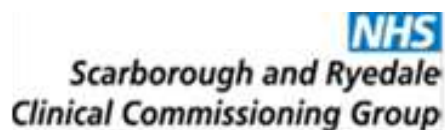
Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/A		
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote prevention and self-management?	N/A		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	N/A		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		



## Appendix 4 : Safeguarding Children Training Strategy (2017-19)

### North Yorkshire and York Clinical Commissioning Groups



**Author: Elaine Wyllie (Designated Nurse Safeguarding and Children in Care)  
Karen Hedgley (Designated Nurse Safeguarding and Children in Care)**

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## **1.0 INTRODUCTION**

- 1.1 The four North Yorkshire and York Clinical Commissioning Groups (CCGs) are committed to safeguarding and promoting the welfare of children and young people, who may be vulnerable. As commissioning organisations, the CCGs must ensure that their employees and staff working in services commissioned and contracted by them understand their role and responsibilities regarding safeguarding children and young people. (NHS E, 2015)
- 1.2 In accordance with the Children Act 2004 (Section 11) all individuals who work in health care organisations, both substantive staff and those working in services that are contracted or commissioned, must be trained and competent to recognise when a child may need to be safeguarded and know what to do in response to concerns about their welfare.
- 1.3 Working Together to Safeguard Children (2015) sets out statutory guidance on the responsibilities of all NHS organisations (including CCGs) to ensure that employees and independent contractors have an awareness of how to recognise and respond to safeguarding concerns.
- 1.4 The Children and Families Act, (2014) strengthens the accountability for the provision of services and support to children with special educational needs and/or disability (SEND). The four North Yorkshire and York CCGs will seek assurance that service providers fulfil their responsibilities to this vulnerable group of children via contractual monitoring structures.

## **2.0 PURPOSE**

- 2.1 The purpose of this strategy is to provide a framework which ensures that the four North Yorkshire and York CCGs meet their contractual and legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children and young people. The strategy aims to provide information on mandatory safeguarding children training requirements for all managers and staff within the four North Yorkshire and York CCGs.
- 2.2 The level of safeguarding children training required is dependent on the CCG staff member's role and responsibilities and is determined by agreed national guidance (RCPCH, 2014)
- 2.3 All training provided should respect diversity (including culture, race, religion, gender and disability), promote equality and encourage the participation of children and families in the safeguarding process.
- 2.4 All training provided should place the child at risk of maltreatment as the central focus and promote the importance of listening to the child or young person,

understanding their daily life experience, ascertaining their wishes and feelings and never losing sight of their needs.

### 3.0 ROLES AND RESPONSIBILITIES

- 3.1 **All CCG staff** (*this also includes employees who are on fixed term contracts, temporary staff and volunteers*) have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being maltreated. In order that this function can be delivered effectively, all staff must access safeguarding children training commensurate with their role within the organisation. All staff must access the required level of training within 8 weeks of coming into post.
- 3.2 The **CCGs** have a responsibility to train their staff so that they are competent to carry out their safeguarding children responsibilities, including recognising and reporting safeguarding children issues.
- 3.3 The **Designated Nurses and Doctors for Safeguarding Children** have a responsibility for taking a strategic and professional lead across the health economy and also support the safeguarding executive leads within the CCGs in relation to this aspect of their role.
- 3.4 The **Designated Nurses and Doctors for Safeguarding Children** have a responsibility to support training and development for CCG staff and Governing Body members in line with national guidance (RCPCH, 2014) and the multi-agency policies of both North Yorkshire and City of York Local Safeguarding Children Boards.
- 3.5 The **Designated Nurses and Doctors for Safeguarding Children** are responsible for ensuring that lessons learnt from major investigations (Serious Case Reviews, other forms of learning reviews, Significant Incidents and Domestic Homicide Reviews) are incorporated into training and development opportunities.
- 3.6 The **Local Safeguarding Children Boards**, in line with 'Working Together to Safeguard Children' (HM Government, 2015) operate to coordinate and ensure the effectiveness of safeguarding activity of all agencies within North Yorkshire and York. Alongside their core objectives the LSCBs have specific functions in respect of training, which include developing policies and procedures for safeguarding children in relation to training of persons who work with children or in services affecting the safety and welfare of children and to monitoring and evaluate the effectiveness of training, including multi-agency training.
- 3.7 The four **North Yorkshire and York CCGs** are committed to safeguarding and promoting the welfare of children and young people who may be vulnerable. As commissioning organisations, the CCGs must ensure that its employees and staff

working in services commissioned and contracted by them understand their role and responsibilities regarding safeguarding children and young people.

#### **4.0 MONITORING AND ASSURANCE**

4.1 The CCGs are responsible for maintaining quality standards and quality assurance in relation to service delivery within the CCGs. This responsibility includes ensuring that safeguarding and the need to protect children from harm is embedded within organisational culture.

4.2 The CCGs will require assurance that all staff employed by the CCGS have the knowledge and skills, appropriate to their role, to identify and act on safeguarding concerns, including concerns related to safeguarding children and children who are in the care of local authorities.

4.3 This assurance will be obtained via:

- quarterly reporting through Embed commissioned services
- staff appraisals (in which compliance with all statutory and mandatory requirements is reviewed and recorded)
- internal and external audit and statutory inspection processes

#### **5.0 ACCESSING SAFEGUARDING CHILDREN TRAINING**

5.1 The table below sets out expected safeguarding children training requirements for all CCG staff in line with national guidance (RCPCH, 2014):

### CCG Safeguarding Children Training Delivery Plan

<b>Level</b>	<b>Staff Group</b>	<b>Training requirement &amp; frequency</b>	<b>Knowledge, Skills Attitudes and Values</b>	<b>Method of access to training</b>
<b>Level 1</b>	All staff working in the CCG who do not require specialist training at Level 2 or above. <i>(e.g. admin support staff; finance managers; commissioning managers)</i>	<i>2 hours over 3 years</i>	See Intercollegiate Document *(p.12)	E-learning for Health (Level 1) <a href="http://www.elfh.org.uk/programmes/safeguarding-children/">www.elfh.org.uk/programmes/safeguarding-children/</a>
<b>Level 2</b>	All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers. <i>(e.g. Adult Continuing Healthcare staff; Adult Safeguarding Professionals; CCG staff who undertake consultation events or assurance visits)</i>	<i>3-4 hours over 3 years</i>	See Intercollegiate Document *(p.14)	E-learning for Health (Level 1) <a href="http://www.elfh.org.uk/programmes/safeguarding-children/">www.elfh.org.uk/programmes/safeguarding-children/</a>  <b>and</b> Subject-specific training packages from LSCBs <a href="http://www.safeguardingchildren.co.uk">www.safeguardingchildren.co.uk</a> <a href="http://www.saferchildrenyork.org">www.saferchildrenyork.org</a>
<b>Level 3</b>	All 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. <i>(e.g. GPs; Children's Continuing Healthcare)</i>	<i>8 hours over 3 years</i>	See Intercollegiate Document *(p.17)	CCG Designated Professionals 'Hot Topics' Training Programme for GPs  Subject-specific training packages from LSCBs <a href="http://www.safeguardingchildren.co.uk">www.safeguardingchildren.co.uk</a> <a href="http://www.saferchildrenyork.org">www.saferchildrenyork.org</a>  Relevant local conferences/training events  Evidence of relevant personal reflection, scenario-based discussions drawing on case studies, serious case reviews, lessons from

				research, and audit.
<b>Level 4</b>	Specialist roles – named professionals (e.g. <i>Named GPs for Safeguarding Children</i> )	24 hours over 3 years	See Intercollegiate Document *(p.54)	<p>CCG Designated Professionals ‘Hot Topics’ Training Programme for GPs</p> <p>Subject-specific training packages from LSCBs  <a href="http://www.safeguardingchildren.co.uk">www.safeguardingchildren.co.uk</a>  <a href="http://www.saferchildrenyork.org">www.saferchildrenyork.org</a></p> <p>Additional training programmes such as RCPCH Level4/5 training  <a href="http://www.rcpch.ac.uk/">www.rcpch.ac.uk/</a></p> <p>Relevant local and national conferences/ training events</p> <p>Evidence of relevant personal reflection, scenario-based discussions drawing on case studies, serious case reviews, lessons from research, and audit.</p>
<b>Level 5</b>	Specialist roles – designated professionals (e.g. <i>Designated Nurses and Doctors for Safeguarding Children</i> )	24 hours over 3 years	See Intercollegiate Document *(p.57)	<p>Subject-specific training packages from LSCBs  <a href="http://www.safeguardingchildren.co.uk">www.safeguardingchildren.co.uk</a>  <a href="http://www.saferchildrenyork.org">www.saferchildrenyork.org</a></p> <p>Relevant local and national conferences/ training events</p> <p>Additional training programmes such as RCPCH Level4/5 training  <a href="http://www.rcpch.ac.uk/">www.rcpch.ac.uk/</a></p> <p>Evidence of relevant personal reflection, scenario-based discussions drawing on case</p>

				<p>studies, serious case reviews, lessons from research, and audit.</p> <p>Regular participation in support groups or peer support networks for specialist professionals at a local, regional, and national level.</p>
<b>Board Level</b>	Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, commissioning body Directors (e.g. <i>Governing Body members and Chief Officer</i> )	<i>2 hours over 3 years</i>	See Intercollegiate Document *(p.73)	<p>E-learning for Health (Level 1)  <a href="http://www.elfh.org.uk/programmes/safeguarding-children/">www.elfh.org.uk/programmes/safeguarding-children/</a></p> <p>Tailored face to face training packages delivered by Designated Professionals for Safeguarding Children</p>

\*Safeguarding children and young people: roles and competences for health care staff  
Intercollegiate Framework March 2014



## 6. References

Children and Families Act ( 2014) . London. HMSO

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Department for Education (2015). *Working Together to Safeguard Children: A Guide to Inter- Agency Working to Safeguard and Promote the Welfare of Children*. London: HM Government: DfE.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

NHS Commissioning Board (2013) Safeguarding Vulnerable People in a reformed NHS: Accountability and Assurance Framework. (Published in electronic format only)

<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

Royal College of Paediatrics and Child Health, (2014). *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*. RCPCH.

<http://www.rcpch.ac.uk/child-health/standards-care/child-protection/updates/child-protection-updates>

The Children Act. (1989). London: HMSO