Statutory and Mandatory Training Policy

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**Responsible Director:** Director of Compliance

**Author:** HR

**Approved by/ date:** XX 2014 XX CCG governing body

**Review date:** +3 years
## Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Issued</th>
<th>Brief Summary of Changes</th>
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<td>1.0</td>
<td>February 2014</td>
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<td>Joanna Daffurn</td>
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<td>HR input</td>
<td>Denise English</td>
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<td>3.0</td>
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<td>Quality and Safety and Safeguarding team amendments</td>
<td>Nicky Brownjohn</td>
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<td>4.0</td>
<td>June 2014</td>
<td>CWHHE Quality and Safety Committee amendments</td>
<td>Joanna Daffurn</td>
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Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups

Statutory and Mandatory Training Policy

Executive Summary

This policy defines Central London, West London, Hammersmith and Fulham, Hounslow and Ealing (CWHHE) CCG’s statutory and mandatory training programme, which aims to ensure the organisations are resourced with people who have the appropriate competence and experience to enable the CCGs to achieve its purpose and meet future needs.

The policy documents the type of training, who must attend and if any update is required. It also documents the responsibilities of staff and managers and information about how to access the training.

Introduction

CWHHE CCGs recognise that statutory and mandatory training is of vital importance in order to protect the safety of staff, patients, visitors and the general public.

It is a CWHHE CCGs priority for staff to be released to attend statutory and mandatory training and the granting of permission for other training will be contingent on staff having attended, or arranged to attend, their required statutory or mandatory training for the current year.

This policy applies to all employees of CWHHE CCGs, members of the Governing Bodies and contracted staff.

Statutory and mandatory training must be undertaken by all staff. Failure to do so would be considered to be a breach of the terms and conditions of employment and may be subject to disciplinary procedures.

Definitions

Statutory Training
Statutory training is that which the CCGs are 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 & Security, Moving and Handling (Please see Appendix A for full training list).

**Mandatory Training**

Mandatory training is one 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.

**Training Provision**

Details of the statutory and mandatory training are attached at Appendix A, together with the frequency of when they should be completed by staff. These courses reflect the decisions taken by CWHHE CCGs about what needs to be done to meet requirements and regulations, the organisational priorities and the areas that are essential to CCG business.

It is recognised that for some staff, finding the time required to commit to attending formal training courses may be difficult. To address this, the majority of statutory and mandatory courses can be accessed via e-learning.

These courses are provided in line with Health and Safety legislation, Care Quality Commission standards and all other relevant DoH guidelines. The purpose is to support and protect staff, patients and the general public.

Staff who are directly involved with children or commissioning services for children or adults have additional training requirements. These have been outlined in appendix B.

**Duties and Responsibilities**

**Organisation Responsibilities**

The Chief Officer and CWHHE CCG Governing Bodies 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.

CWHHE CCGs have responsibility for ensuring that all requirements relating to statutory and mandatory training are in place and upheld by all staff. This ensures the quality, content and frequency of training being provided and equitable access to training by staff.
CWHHE CCGs are also required to ensure services commissioned by them have a Statutory and Mandatory training policy and programme to ensure best practice, minimise risk and to protect patient, staff and the general public.

**Responsibilities of Members of Staff**

All staff 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 appraisal meetings between staff and their line manager.

Many staff will have additional and specific professional and regulatory and continuing professional development requirements.

It is a priority that all staff ensure that training in the statutory and mandatory programme has been completed 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 staff that 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 staff whether paid or unpaid have a statutory duty to cooperate with their manager to undertake training as required.

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

**Responsibilities of Managers**

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

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

It is the responsibility of managers and supervisors to ensure that statutory and mandatory training is 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.

**Responsibilities of the HR Team**

The CCG will work with Human Resources Department who will be responsible for the reporting and administration of training to meet the requirements of the statutory and mandatory training. The HR team will provide monthly reports to the CCGs of training undertaken.
**Appendix A**

**CWHHE CCGs Statutory and Mandatory Training Table**

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>COURSE TITLE</th>
<th>TRAINING PROVIDER</th>
<th>WHO SHOULD ATTEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once only</td>
<td>Equality, Diversity and Human Rights</td>
<td>Skills for Health</td>
<td>All staff</td>
</tr>
<tr>
<td></td>
<td>Health Safety and Security</td>
<td>Skills for Health</td>
<td>CCG staff, contracted/interim staff and safeguarding staff</td>
</tr>
<tr>
<td></td>
<td>Moving and handling</td>
<td>Skills for Health</td>
<td>CCG staff, contracted/interim staff and safeguarding staff. Clinical staff to</td>
</tr>
<tr>
<td></td>
<td>Infection Prevention and Control level 1</td>
<td>Skills for Health</td>
<td>complete as per their provider organisation requirements</td>
</tr>
<tr>
<td>Annually</td>
<td>Information Governance</td>
<td>HSCIC</td>
<td>All staff</td>
</tr>
<tr>
<td></td>
<td>Fire Safety online training</td>
<td>Skills for Health</td>
<td>CCG staff, contracted/interim staff and safeguarding staff</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Children level 1</td>
<td>Skills for Health</td>
<td>CCG staff, contracted/interim staff, safeguarding staff and lay members</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Vulnerable Adults part A</td>
<td>Skills for Health</td>
<td></td>
</tr>
<tr>
<td>Every three years</td>
<td>Safeguarding Children level 2-3</td>
<td>LSCB/safeguarding team/other</td>
<td>Staff directly involved with children or commissioning services for children or</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Children level 5</td>
<td>External providers</td>
<td>Safeguarding team (child leads)</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Vulnerable adults</td>
<td>External providers</td>
<td>Safeguarding Team (adult leads)</td>
</tr>
</tbody>
</table>

Please refer to the individual staff training requirements table below
## Statutory and Mandatory Training
### Individual Staff Training Requirements

<table>
<thead>
<tr>
<th>Roles</th>
<th>Equality, Diversity and Human Rights</th>
<th>Health, Safety and Security</th>
<th>Information Governance</th>
<th>Safeguarding Children Level 1</th>
<th>Safeguarding Children Level 2</th>
<th>Safeguarding Vulnerable Adults Part A</th>
<th>Safeguarding Adults Part B</th>
<th>Infection Prevention and Control Level 1</th>
<th>Moving and Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Staff</td>
<td>M</td>
<td>M</td>
<td>M1</td>
<td>M1</td>
<td>-</td>
<td>M1</td>
<td>-</td>
<td>M1</td>
<td>M</td>
</tr>
<tr>
<td>Lay members (CCG Governing body)</td>
<td>M</td>
<td>-</td>
<td>M1</td>
<td>-</td>
<td>M1</td>
<td>M1</td>
<td>-</td>
<td>M1</td>
<td>-</td>
</tr>
<tr>
<td>Clinical governing body members</td>
<td>M</td>
<td>-</td>
<td>M1</td>
<td>-</td>
<td>-</td>
<td>M3</td>
<td>M3</td>
<td>*1</td>
<td>-</td>
</tr>
<tr>
<td>non clinical Governing body members</td>
<td>M</td>
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<td>M1</td>
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<td>M1</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Contracted/Interim staff</td>
<td>M</td>
<td>M</td>
<td>M1</td>
<td>M1</td>
<td>-</td>
<td>M1</td>
<td>-</td>
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<td>M</td>
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<tr>
<td>Safeguarding Staff</td>
<td>M</td>
<td>M</td>
<td>M1</td>
<td>M1</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>M1</td>
</tr>
</tbody>
</table>

* Safeguarding children professionals don’t need to do Safeguarding level 1, 2 or 3 as are required to have level 5 and need to show evidence of that every three years.
* Safeguarding Adult leads don’t need to do Part A and B as required to have evidence of higher level training every three years.
*1 Any staff who do clinical sessions will need to complete annual training as per their provider organization’s requirements.

### Key
- **M**: Mandatory initial training for this job role, once only
- **M1**: Mandatory initial training for this job role, Annually
- **M3**: Mandatory initial training for this job role, every 3 years
Appendix B

Safeguarding children (March 2014 Safeguarding Children and young people: roles and competences for health care staff, intercollegiate)

Non clinical governing body members need to complete level 1 safeguarding module every year (online). In addition a tailored package will be delivered (over 3 years) which encompasses level 1 knowledge, skills and competences.

  a) Demonstrates an awareness and understanding of child maltreatment  
  b) Demonstrates an understanding of appropriate referral mechanisms and information sharing  
  c) Demonstrates clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children  
  d) Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements  
  e) Demonstrates an awareness and understanding of arrangements to share relevant information  
  f) Demonstrates an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as safe whistle blowing  
  g) Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training  
  h) Demonstrates collaborative working with lead and nominated professionals across Agencies

Staff working directly with children or commissioning children’s services will need to complete level 2 and 3 training via the LSCB or a bespoke training package by the safeguarding team/other. This training will be valid for 3 years. Staff working directly with children and/or families also require yearly updates. Updates can take different formats, i.e. workshops, e-learning, conferences, practice discussions where the learning can be evidenced, etc. It is important that staff build on their safeguarding knowledge and not repeat the same courses/training yearly.

Safeguarding Team (children’s leads)

Safeguarding Team (children’s leads) will need to complete level 5 training which addresses the following points:

• Designated professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals’ work  
• Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded)  
• An executive level management programme with a focus on leadership and change management should be completed within three years of taking up the post  
• Additional training programmes such as the newly developed RCPCH level 4/5 training for Paediatricians should be undertaken within 3 years of taking up the post.  
• Training at level 5 will include the training required at levels 1-4 and will negate undertake refresher training at levels 1-4 in addition to level 5

Learning outcomes:
• To be able to know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding/child protection single and inter-agency training and teaching for staff across the health community.
• To be able to know how to take a lead role in:
  a) Leading /overseeing safeguarding/child protection quality assurance and improvement across the health community.
  b) The implementation of national guidelines and auditing the effectiveness and quality of services across the health community against quality standards.
  d) Service development conducting the health component of serious case reviews/ case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt.
  e) Strategic and professional leadership across the health community on all aspects of safeguarding/child protection.
  f) Multi-disciplinary team reviews.
  g) Regional and national safeguarding/child protection clinical networks (where appropriate).
• To be able to know how to give appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
• To be able to know how to provide expert advice on increasing quality, productivity, and improving health outcomes for vulnerable children and those where there are safeguarding concerns.
• To be able to oversee safeguarding/child protection quality assurance processes across the whole health community.
• To be able to know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.
• To be able to know how to influence improvements in safeguarding/child protection services across the health community.
• To be able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
• To be able to apply in practice:
  a) Advanced and in-depth knowledge of relevant national and international policies and implications.
  b) Advanced understanding of court and criminal justice systems, the role of the different courts, the burden of proof, and the role of professional witnesses and expert witnesses in the different stages of the court process.
• To be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.
• To be able to provide clinical supervision, appraisal, and support for named professionals.
• To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.
• To be able to reconcile differences of opinion among colleagues from different organisations and agencies.

Safeguarding Adults
Governing body members need to do Part A and then have an annual bespoke package (over 3 years) covering:

Learning outcomes
This will require a tailored package to be delivered which encompasses Part A knowledge, skills and competences, as well as Board level specific as identified in this section.

- Demonstrates an awareness and understanding of Adults at risk of abuse or neglect
- Demonstrates an understanding of appropriate referral mechanisms and information sharing
- Demonstrates clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of vulnerable adults
- Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements
- Demonstrates an awareness and understanding of arrangements to share relevant information
- Demonstrates an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as safe whistle blowing
- Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training
- Demonstrates collaborative working with lead and nominated professionals across Agencies

**Safeguarding Team (adult leads) (not part A or part B as should have evidence of this on employment)**

- Lead professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals’ work
- Lead professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded)
- An executive level management programme with a focus on leadership and change management should be completed within three years of taking up the post

**Learning outcomes**

- To be able to know how to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate safeguarding single and inter-agency training and teaching for staff across the health community.
- To be able to know how to take a lead role in:
  a) Leading /overseeing safeguarding quality assurance and improvement across the health community.
  b) The implementation of national guidelines and auditing the effectiveness and quality of services across the health community against quality standards.
  c) Service development conducting the health component of serious case reviews/ case management reviews/significant case reviews drawing conclusions and developing an agreed action plan to address lessons learnt.
  d) Strategic and professional leadership across the health community on all aspects of safeguarding/child protection.
  e) Multi-disciplinary team reviews.
  f) Regional and national safeguarding clinical networks (where appropriate)
- To be able to know how to give appropriate advice to specialist safeguarding professionals working within organisations delivering health services and to other agencies.
- To be able to provide advice in relation to MCA/DOLS
- To be able to oversee safeguarding/quality assurance processes across the whole health community.
- To be able to know how to provide expert advice to service planners and commissioners, to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of vulnerable adults.
- To be able to know how to influence improvements in safeguarding services across the health community.
- To be able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance.
- To be able to apply in practice:
  a) Advanced and in-depth knowledge of relevant national and international policies and implications.
• To be able to know how to provide, support and ensure safeguarding appraisal and appropriate supervision for colleagues across the health community.
• To be able to evaluate and update local procedures and policies in light of relevant national and international issues and developments.
• To be able to reconcile differences of opinion among colleagues from different organisations and agencies.