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12.0 Staff Groups
The Core Skills Framework addresses this need by determining a standard set of learning outcomes for nine subjects commonly covered by organisations under their statutory and mandatory training requirements. The benefits of the Core Skills Framework include:

- Consistency and quality in training provision.
- Tackling the needless duplication of training.
- Opportunity to recognise training delivered by other organisations.
- Greater workforce flexibility.
- Freeing up capacity of Learning and Development functions.

1.1 Background

The need to address statutory and mandatory training was highlighted as a priority by the HR Directors across NHS Trusts within Cheshire & Merseyside. The Liverpool Women’s NHS Foundation Trust led a workshop to try and identify the core subjects common across organisations. 9 subjects were identified and the Cheshire & Merseyside Teaching PCT Collaborative (CM tPCT) took the outcomes of the workshop as the starting point to investigate whether a core set of learning objectives could be developed.

Part of the initial research revealed similar initiatives being undertaken in three other regions; NHS London, NHS West Midlands and NHS South Central. The three regions have come together to work collaboratively to implement a joint training framework.

Across the three regions, the framework is implemented slightly differently based on local need but is underpinned by a core set of learning outcomes common across the three regions. This approach allows the benefits to be widened and shared across all the regions.

The CM tPCT having liaised with these regions, have adopted the same approach, using the existing learning outcomes as the foundation for the Core Skills Framework. This has enabled development to be accelerated and ensures that the benefits locally can be extended to also encompass the other three regions.
To ensure the Core Skills Framework is supported across the region, the CM iPCT has engaged and consulted with organisations across the health sector in the North West, including NHS trusts, higher education institutes and the private sector.

1.2 How to use the Core Skills Framework

The Core Skills Framework incorporates nine of the subjects delivered by the majority of organisations as part of their statutory and mandatory training needs. Within the framework, each subject is broken down into the following areas:

- Introduction
- Relevant Legislation and Guidance
- Target Audience
- Learning Outcomes
- Trainer Guidance
- Refresher Periods

Introduction

A brief introduction of each subject provides an overview of the training requirements and places it in context. As an example, where a subject is divided into a number of levels, each level is clearly defined and details are provided of the staff group to which each level is primarily aimed.

Relevant Legislation and Guidance

The relevant legislation or guidance is listed along with the appropriate internet hyperlink to allow users of the Core Skills Framework to refer to the legal or statute requirements and the national advisory guidelines that have informed and shaped the learning outcomes for that subject.

Please note the internet hyperlinks referenced are correct at the time of publication, but may change in the future.

Target Audience

The target audience for each set of learning outcomes is listed, for example non-clinical or clinical staff. This is for guidance; there may be further workforce groups in addition to those listed for which the learning outcomes will also be suited.

It is the responsibility of each individual organisation to determine which training provides appropriate learning outcomes for the each of the different workforce groups. For reference, in the appendix there is a table that provides a breakdown of staff groups, for example the different workforce groups that make up clinical staff. This is based on the definitions used by the NHS Information Centre for the collation of workforce figures across the NHS.

Learning Outcomes

The learning outcomes for each subject provide the minimum standard required for that subject. They are generic to enable them to be recognised and transferable across roles, workforce groups, departments and organisations.

In addition to the learning outcomes there may be a need for additional localised content to be delivered based on the role, site or service need. This is to be determined by the organisation based on local policies, risk assessment and training needs analysis. For example, fire evacuation procedures will be dependent on a number of local factors and potentially differ substantially between organisations.
Trainer Guidance
To help organisations assure trainers or facilitators are competent to deliver training to an acceptable standard, guidance is given outlining the appropriate qualifications, experience or background deemed suitable to deliver that subject.

In addition to having the appropriate subject knowledge and expertise, trainers are expected to have the relevant CPD / Portfolio of evidence and / or experience in delivering training which supports the ability to:

- Maintain an effective learning environment
- Deliver effective learning
- Assess competency of effective learning

Refresher Periods
The refresher periods for each subject are given as guidance and are considered the minimum requirement. For example for some subjects refresher training is stated as being required to be delivered at least every 3 years, these periods are based on national legislation and direction where available. Organisations can however deliver refresher training more frequently in line with their individual requirements.

The Core Skills Framework supports the use of a formal assessment to test whether the learning and knowledge from the original training, has been retained. In most cases this will be considered sufficient for meeting the needs of refresher training however, if an individual fails the assessment they will need to repeat the full training.

If there has been a change in either legislation nationally or local organisational policy which impacts on any of the subjects and their learning outcomes, all individuals affected will need to receive an update to reflect any changes.

1.3 Delivery Methods
When implementing the Core Skills Framework, there are a wide range of delivery methods which can be considered. It will be the decision of individual organisations what will be the most appropriate form of delivery to meet their needs. This may include a number of options or a single approach. Whichever delivery method is adopted, organisations will need to ensure that the training meets the required learning outcomes as set out in the Core Skills Framework. To support the implementation of the Core Skills Framework expert guidance and a range of educational resources have been produced and which should be of value to organisations.

1.4 Who can I contact?
If you need further information about the Core Skills Framework or an understanding of how best to implement it within your organisation, please contact the Cheshire & Merseyside Teaching PCT Collaborative:

Email: tpct@liverpoolpct.nhs.uk
Tel: 0151 295 8617
2 Fire Safety

Fire Safety training is a legal requirement for all staff.

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

Dependent upon role, location and service need the learning outcomes stated should be supplemented by specific job and site training as deemed necessary by the organisation, based on localised fire risk assessment, training needs analysis and policy.

It is the responsibility of the organisation to determine how the training should be delivered and provide the assurance that it meets the learning outcomes detailed here.

Within NHS organisations, a Fire Safety Manager should be appointed to take responsibility for all Fire Safety activities and will, through a training needs analysis, determine how best to achieve the training required.

2.1 Relevant Legislation and Guidance

- Health and Safety at Work etc Act 1974 (www.hse.gov.uk/legislation/hswa.htm)
- Fire Safety Order (www.communities.gov.uk/fire/firesafety/firesafetylaw)
- Firecode – Fire Safety in the NHS (www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Firecode/index.htm)

2.2 Target Audience

All Staff. Additional training may be required for specific roles, locations or service needs.
2.3 Learning Outcomes

All Staff should:

1. Understand the characteristics of fire, smoke and toxic fumes.
2. Know the fire hazards involved in the working environment.
3. Be aware of the significant findings of relevant fire risk assessments.
4. Practise and promote fire prevention.
5. Know instinctively the right action to take if fire breaks out or if smoke is detected.
6. Be familiar with the evacuation procedures and associated escape routes at their location and at their time of duty.
7. Take part in practical training sessions, which should include evacuation techniques.

Please note; in addition, local specific training should be provided for all staff where needed based on localised fire risk assessment, service need, training needs analysis and policy.

2.4 Fire Safety Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver Fire Safety 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 and / or relevant fire service experience.
- A thorough knowledge of Fire Safety in a health setting, including legislation and the Firecode.

2.5 Fire Safety Refresher Periods

All staff should receive regular, updated training. The duration and frequency of the training should be determined by a training needs analysis and periodically reviewed.

As a minimum, refresher training should be delivered face to face every 2 years by the recognised Competent Person in the organisation (usually the Fire Safety Adviser).

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.

To supplement face to face training, in alternative years, if staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff can not demonstrate this they will need to repeat the full training.

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.
Moving and Handling activities represent one of the biggest risks to employee health; it is the second largest cause of occupation illness. Within the health and social care sectors the level of injuries are much greater than in the wider workforce. Safer Moving and Handling is an integral part of patient care.

The learning outcomes for Moving and Handling in the Core Skills Framework have been divided into 2 levels:

- Level 1 is aimed at all staff and reflects a basic standard, providing a general awareness of Moving and Handling, which should underpin all levels of training.
- Level 2 is aimed at those staff directly involved in patient handling.

Please note; there may be some non-patient handling workforce groups for whom Level 2 training is more appropriate than Level 1.

Dependent upon role and location, the learning outcomes given here should be supplemented by specific job and site training as deemed necessary by the organisation, based on local risk assessment and training needs analysis. For example, additional training may be required for the use of a designated piece of equipment.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the Learning Outcomes detailed here.

### 3.1 Relevant Legislation and Guidance

- Health and Safety at Work etc Act 1974 (www.hse.gov.uk/legislation/hswa.htm)
- The Health and Safety Executive (HSE) (www.hse.gov.uk)
- The National Back Exchange (www.nationalbackexchange.org)
3.2 Moving and Handling – Level 1

3.2.1 Target Audience
All Staff. Additional training may be required for specific roles, locations or service needs.

3.2.2 Learning Outcomes
All Staff should be able to:

1. Describe employers and employees responsibilities under relevant national Health & Safety legislation including most recent versions of the Moving and Handling Regulations.
   - a) Describe employers and employees responsibilities under relevant national Health & Safety legislation including most recent versions of the Moving and Handling Regulations.
   - b) Describe responsibilities under local Trust Policies for Moving and Handling.
   - c) Identify where additional advice and information can be sought relating to Moving and Handling issues if necessary.

2. Demonstrate competence to conduct ‘on the spot’ risk assessments prior to moving inanimate loads.

3. Describe:
   - a) An ergonomic approach to manual handling and other work tasks leading to improved working posture.
   - b) Good back care to promote general musculo-skeletal health.
   - c) Principles of safer handling.

4. Identify local risk management processes and safe systems of work within your organisation.

5. Describe the importance of good team communication of all risk assessments conducted in safer handling.

6. Identify appropriate risk control strategies, resources and support channels available following a risk assessment.

7. Describe and demonstrate the processes involved in object handling with the best quality care using appropriate, safe and dignified moving and handling procedures (where appropriate).

Please note; the National Back Exchange recommend a practical element should be included to allow staff to practise and develop safe handling skills and techniques.

Local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.
3.3 Moving and Handling – Level 2

3.3.1 Target Audience

Patient Handling Staff. This will tend to be clinical staff groups but may also include some non-clinical staff groups such as porters, etc.

Additional training may be required for specific roles, locations or service needs.

3.3.2 Learning Outcomes

All Patient Handling Staff should be able to demonstrate the following:

1. a) Describe employers and employees responsibilities under relevant national Health & Safety legislation including most recent versions of the Moving and Handling Regulations.
   b) Describe responsibilities under local Trust Policies for Moving and Handling.
   c) Identify where additional advice and information can be sought relating to Moving and Handling issues if necessary.

2. Demonstrate competence to conduct ‘on the spot’ risk assessments prior to moving and handling patients and non-patient loads.

3. Describe:
   a) An ergonomic approach to manual handling and other work tasks leading to improved working posture.
   b) Good back care including general musculo-skeletal health.
   c) Principles of safer handling.

4. Identify local risk management processes and safe systems of work within your organisation.

5. Describe the importance of good team communication of all risk assessments conducted in safer handling.

6. Identify appropriate risk control strategies, resources and support channels available following a risk assessment. Be aware of unsafe practices and inappropriate / controversial handling techniques.

7. Describe how to provide patients with the best quality care using appropriate, safe and dignified moving and handling procedures.

8. Identify natural human movement patterns as a pre-requisite to moving and handling patients.

9. Practical work should take into account local, safe & assessed patient handling procedures and include relevant site specific handling procedures. For example, this may include:
   - Chair moves and transfers
   - Bed/trolley moves and transfers
   - Mobility
     - Managing the falling/fallen patient
     - Use of equipment available in the Trust e.g. profiling beds, hoisting equipment, sliding systems
     - Moving and positioning limbs
     - Emergency procedures

Please note; the National Back Exchange recommend a practical element should be included to allow staff to practise and develop safe handling skills and techniques.

Local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
3.4 Moving and Handling Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver Moving and Handling training to a satisfactory standard. For guidance this may include the following:

- Membership of the National Back Exchange.
- Relevant professional / healthcare qualification, for example a qualified nurse, occupational therapist, ergonomist, radiographer, ambulance paramedic.
- A thorough knowledge of Moving and Handling including legislation and an understanding of it’s application within a health setting.
- Attendance on an approved back care advisor course based on the NBE Inter-professional Curriculum (or proof of similar course) leading to a qualification in Back Care Management.

3.5 Moving and Handling Refresher Periods

Refresher periods for Moving and Handling training should be a minimum of:

- Level 1: Every 3 years
- Level 2: Every 2 years

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff can not demonstrate this they will need to repeat the full training.

If there has been a change in Moving and Handling Legislation nationally or an organisation has amended its policy locally, all staff affected will need to be updated to reflect any changes.
In terms of tackling violence against staff, Conflict Resolution training is a key preventative measure. It is important that staff feel safe in their working environments.

The Core Skills Framework provides 2 sets of Learning Outcomes for Conflict Resolution.

The first set applies to all health bodies with the exception of Mental Health or Learning Disability Trusts. The Learning Outcomes have been aligned to the ten objectives set out in the National Syllabus for Conflict Resolution Training developed by NHS Protect (formally known as the NHS Security Management Service), in association with the British Medical Association, the Royal College of Nursing and UNISON.

The second set takes into account the specific and complex needs of Conflict Resolution within Mental Health or Learning Disability Trusts. The Learning Outcomes have been aligned to the ten objectives set out in the Promoting Safer and Therapeutic Services (PSTS) syllabus developed by NHS Protect in conjunction with key stakeholders and specialists in this area. These include the National Institute of Mental Health in England (NIMHE) and the National Institute for Health and Clinical Excellence (NICE).

Dependent upon role and location, the learning outcomes stated here should be supplemented by specific job and site training as deemed necessary by the organisation, based on localised risk assessment, training needs analysis and policy.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the Learning Outcomes detailed here.

4.1 Relevant Legislation and Guidance

4.2 Learning Outcomes for all Health Bodies with the exception of Mental Health or Learning Disability Trusts

For example, this includes Acute, Ambulance, Foundation and Primary Care Trusts.

4.2.1 Target Audience

All Staff with contact with patients and/or the public. Priority should be given to staff groups most at risk, for example:

• Those who work in areas with the highest incidences of physical or non-physical assault.
• Those with a higher than average contact with patients and the public.
• Those identified by the organisation’s risk assessment.

4.2.2 Learning Outcomes

All Staff with contact with patients and/or the public should be able to:

1. Describe common causes of conflict.
2. Describe the two forms of ‘communication’.
3. Give examples of how communication can break down.
4. Explain three examples of ‘communication models’ that can assist conflict resolution.
5. Describe patterns of behaviours they may encounter during different interactions.
6. Give examples of the different warning and danger signs.
7. Give examples of impact factors.
8. Describe the use of distance when dealing with ‘conflict’.
9. Explain the use of ‘reasonable force’ as it applies to conflict resolution.
10. Describe different methods for dealing with possible conflict situations.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
4.3 Learning Outcomes for Mental Health or Learning Disability Trusts

Staff groups based in acute or primary settings who come across or deal with service-users or patients with mental health disorders or learning disabilities should also be considered to be trained in line with these learning outcomes.

4.3.1 Target Audience

All Staff who work within mental health and/or learning disabilities, with contact with patients and/or the public.

Priority should be given to staff groups most at risk, for example:

- Those who work in areas with the highest incidences of physical or non-physical assault.
- Those with a higher than average contact with patients and the public.
- Those identified by the organisation’s risk assessment.

4.3.2 Learning Outcomes

All Staff who work within mental health and/or learning disabilities, with contact with patients and/or the public should be able to:

1. Describe the role of the Security Management Director and Local Security Management Specialist in relation to the management of violence in mental health or learning disability settings, as defined by Secretary of State Directions issued to all health bodies in November 2003.

2. Describe theoretical, pathological and environmental explanations for aggression within mental health or learning disability settings.

3. Identify and demonstrate aspects of non-verbal de-escalation: verbal strategies and conflict resolution styles.

4. Identify and reflect upon the effect of functional and dysfunctional coping strategies on people’s lives and behaviour and relate this to mental health or learning disability settings.

5. Demonstrate an understanding of the positive contributions that service-users can make to prevention strategies, including awareness of how issues relating to culture, race, disability, sexuality and gender can enhance this process.

6. Describe individual and organisational responsibilities with regard to legal, ethical and moral frameworks relating to the use of force.

7. Demonstrate an understanding of the application of risk management interventions and the requirements for the effective assessment of dangerousness with reference to prevention planning.

8. Demonstrate an understanding of restraint-related risks, as outlined in the Bennett Inquiry and NICE guidelines with a view to incorporating risk reduction strategies into practice.

9. Demonstrate an understanding of the need for and scope of post-incident review procedures and of how to identify strategies and interventions for future prevention.

10. Identify spheres of influence in relation to the individual, team and organisational change required to achieve a reduction in aggression and violence.
Please note; in addition, local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.

4.4 Conflict Resolution Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver Conflict Resolution training to a satisfactory standard. For guidance this may include the following:

- A relevant Conflict Resolution qualification, for example the CFSMS National Syllabus Familiarisation Course and the City and Guilds 1886 in Conflict Management Training.

- A thorough knowledge of Conflict Resolution, the relevant legislation and an understanding of the types of conflict situations relevant within a health setting.

4.5 Conflict Resolution Refresher Periods

Refresher training for Conflict Resolution should be repeated at least every 3 years for all staff who have contact with patients and/or the public.

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff cannot demonstrate this they will need to repeat the full training.

If there has been a change in Conflict Resolution Legislation nationally or an organisation has amended its policy locally, all staff affected will need to be updated to reflect any changes.
5

Equality, Diversity & Human Rights

A diverse workforce enables us to deliver a better service and improve patient care. 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.

The following learning outcomes reflect the basic standard which should be incorporated into equality, diversity and human rights training for all staff.

These learning outcomes have been mapped to the NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process - Core Dimension 6: Equality and Diversity.

Dependent upon role and location, the learning outcomes given here should be supplemented by specific job and site training as deemed necessary by the organisation, based on local policy and training needs analysis.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the Learning Outcomes detailed here.

5.1 Relevant Legislation and Guidance

- Equality Act 2010 (www.homeoffice.gov.uk/equalities/equality-act/)

5.2 Target Audience

All Staff. Additional training may be required for specific roles or service needs.

5.3 Learning Outcomes

All Staff should be able to:
1. Understand how legislation, organisational policies and processes can enable staff members to act appropriately and understand people’s rights.

2. Describe individual role and responsibilities in supporting and promoting equality and diversity.

3. Explain how to challenge behaviours that undermine equality and diversity.

4. Recognise the importance of valuing people as individuals and treating everyone with dignity, courtesy and respect.

5. Consider the consequences of their own behaviour and its effect on others’ human rights.

Please note; in addition, local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.

5.4 Equality, Diversity and Human Rights Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver Equality, Diversity and Human Rights training to a satisfactory standard. For guidance this may include the following:

- A relevant qualification in Equality, Diversity and Human Rights.
- A thorough knowledge of Equality, Diversity and Human Rights legislation and an understanding of its application within a health setting.

5.5 Equality, Diversity and Human Rights Refresher Periods

It is recommended that all staff should undertake refresher training for Equality, Diversity and Human Rights at least once every 3 years.

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff cannot demonstrate this they will need to repeat the full training.

If there has been a change in Equality, Diversity and Human Rights Legislation nationally or an organisation has amended its policy locally, all staff affected will need to be updated to reflect any changes.
All health organisations have an obligation to provide an effective resuscitation service and to ensure that staff receive training and regular updates in order to maintain a level of competence appropriate to their role.

The learning outcomes for Resuscitation in the Core Skills Framework have been broken down into a number of levels and divided between adult and child/infant to take account of various staff roles, their range of responsibilities and the differing resuscitation needs between adults and children.

Dependent upon role and location, the learning outcomes detailed here should be supplemented by specific job and site training as deemed necessary by the organisation, based on local risk assessment and training needs analysis.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the learning outcomes detailed here.

6.1 Relevant Guidance
- Resuscitation Council (UK) (www.resus.org.uk)

6.2 Definition of Levels
The learning outcomes for Resuscitation are defined in levels as listed below.

For Levels 3 and 4 it is recommend that staff complete the registered courses supported by the Resuscitation Council (UK).

It is recognised that these will not be available in every organisation, for example this may be the case for some Mental Health or Primary Care organisations. Therefore the Core Skills Framework outlines an alternative set of learning outcomes for these levels.

- Level 1:
  Aimed at all staff.
• **Level 2 - CSF Adult Basic Life Support**
  Based on the Basic Life Support guidelines provided by the Resuscitation Council (UK). Aimed at staff with direct patient contact.

• **Level 2 - CSF Child Basic Life Support**
  Based on the Basic Life Support for Paediatrics guidelines provided by the Resuscitation Council (UK). Aimed at staff with direct patient contact who work with children and infants.

• **Level 3 - Immediate Life Support**
  Supported by the Resuscitation Council (UK) and aimed at staff who are registered Healthcare Professionals such as Doctors and Nurses.

  Where the above programme is not available the following set of learning outcomes can be delivered as an alternative:

• **Level 3 - CSF Adult Intermediate Life Support**
  Based on the Immediate Life Support guidelines provided by the Resuscitation Council (UK).

• **Level 3 - Paediatric Immediate Life Support**
  Supported by the Resuscitation Council (UK) and aimed at staff who are registered Healthcare Professionals such as Doctors and Nurses, who work with children and infants.

  Where the above programme is not available the following set of learning outcomes can be delivered as an alternative:

• **Level 3 - CSF Child Intermediate Life Support**
  Based on the Paediatric Immediate Life Support guidelines provided by the Resuscitation Council (UK).

• **Level 4 - Advanced Life Support**
  Supported by the Resuscitation Council (UK) and aimed at staff who are registered Healthcare Professionals such as Doctors and Nurses, who are expected to apply advanced resuscitation skills as part of their clinical duties on a regular basis.

  Where the above programme is not available the following set of learning outcomes can be delivered as an alternative:

• **Level 4 - CSF Adult Advanced Life Support**
  Based on the Advanced Life Support guidelines provided by the Resuscitation Council (UK).

• **Level 4 - European Paediatric Life Support**
  Supported by the Resuscitation Council (UK) and aimed at staff who are registered Healthcare Professionals such as Doctors and Nurses, who are expected to apply advanced resuscitation skills as part of their clinical duties on a regular basis, and who work with children and infants.

  Where the above programme is not available the following set of learning outcomes can be delivered as an alternative:

• **Level 4 - CSF Child Advanced Life Support**
  Based on the Advanced Paediatric Life Support guidelines provided by the Resuscitation Council (UK).

Please note, some organisations may include modified techniques for child/infant resuscitation on their adult resuscitation sessions; for example, this may be delivered to community healthcare providers who work with children such as health visitors or school nurses.

This additional child based content will not be recognised or portable to another organisation unless all the learning outcomes have been met for the equivalent child based level, for example Level 2 – CSF Child Basic Life Support.
6.3 Resuscitation Level 1
6.3.1 Target Audience
All Staff.
6.3.2 Learning Outcomes
All Staff should be able to:

1. Summon emergency help to a collapsed person.

Please note; in addition, local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.

6.4 Resuscitation Level 2 - CSF Adult Basic Life Support
6.4.1 Target Audience
Aimed at staff with direct patient contact, as defined by the organisation’s risk assessment and training needs analysis.

6.4.2 Learning Outcomes
Staff with direct patient contact should be able to:

1. Have an awareness of national guidelines, local policies and procedures.
2. Recognise a person who has collapsed.
3. Initiate an appropriate emergency response.
4. Initiate and maintain effective chest compression in accordance with the current Resuscitation Council (UK) guidelines.
5. Initiate and maintain effective lung ventilations in accordance with the current Resuscitation Council (UK) guidelines.
6. Provide effective airway management.
7. Identify and manage a person who is choking.
8. Identify and manage a person who is unconscious, facilitate the person in the recovery position.
9. Understand their role and responsibilities within the team in responding to emergency situations until the arrival of a resuscitation team or more experienced assistance.
10. Understand reporting conventions appropriate to their role and responsibilities.

Please also refer to the latest algorithms provided by the Resuscitation Council (UK).

In addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
6.5 Resuscitation Level 2 - CSF Child Basic Life Support

6.5.1 Target Audience
Aimed at staff with direct patient contact who work with children and infants, as defined by the organisation’s risk assessment and training needs analysis.

6.5.2 Learning Outcomes
Staff with direct patient contact who work predominately with children and infants should be able to:

1. Have an awareness of national guidelines, local policies and procedures.
2. Recognise a child/infant who has collapsed.
3. Initiate an appropriate emergency response.
4. Provide effective airway management to a child/infant.
5. Identify and manage a child/infant who is choking.
6. Initiate and maintain effective lung ventilations in accordance with the current Resuscitation Council (UK) guidelines.
7. Initiate and maintain effective chest compressions in accordance with the current Resuscitation Council (UK) guidelines. Take into account the need to modify Adult Basic Life Support techniques.
8. Identify and manage a child/infant who is unconscious, facilitate the child/infant in the recovery position.
9. Understand reporting conventions appropriate to their role and responsibilities.
10. Understand reporting conventions appropriate to their role and responsibilities.

Please also refer to the latest algorithms provided by the Resuscitation Council (UK).

In addition, local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.
6.6 Resuscitation Level 3 - CSF Adult Intermediate Life Support

Please note, the Immediate Life Support course supported by the Resuscitation Council (UK) is the preferred option, but where this is not available the learning outcomes below can be completed by staff as an alternative.

6.6.1 Target Audience

Aimed at staff who are registered healthcare professionals such as doctors and nurses.

Additional training may be required for specific roles or service needs, as defined by the organisation’s risk assessment and training needs analysis.

6.6.2 Learning Outcomes

All registered healthcare professionals should be able to:

1. Describe the causes and prevention of cardiopulmonary arrest.
2. Demonstrate the ABCDE assessment and interventions.
3. Demonstrate basic life support and defibrillation (manual and / or AED).
4. Demonstrate effective airway management, including choking and the recovery position.
5. Manage patients in cardiopulmonary arrest and provide initial post resuscitation care until the arrival of the resuscitation team or more experienced assistance.
6. 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.
7. Understand reporting conventions appropriate to their role and responsibilities.

Please also refer to the latest algorithms provided by the Resuscitation Council (UK).

In addition, local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.
6.7 Resuscitation Level 3 - CSF Child Intermediate Life Support

Please note, the Paediatric Immediate Life Support course supported by the Resuscitation Council (UK) is the preferred option, but where this is not available the learning outcomes below can be completed by staff as an alternative.

6.7.1 Target Audience

Aimed at staff who are registered healthcare professionals such as doctors and nurses, who work with children and infants.

Additional training may be required for specific roles or service needs, as defined by the organisation’s risk assessment and training needs analysis.

6.7.2 Learning Outcomes

All registered healthcare professionals who work with children and infants should be able to:

1. Recognise the seriously ill child/infant and initiate appropriate interventions to prevent cardiorespiratory arrest
2. Demonstrate the ABCDE assessment and interventions.
3. Demonstrate initial resuscitation and defibrillation (manual and / or AED).
4. Demonstrate effective airway management, including choking and the recovery position.
5. Manage the child/infant in respiratory or cardiorespiratory arrest and provide initial post resuscitation care until the arrival of a resuscitation team or more experienced assistance.
6. 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.
7. Understand reporting conventions appropriate to their role and responsibilities.

Please also refer to the latest algorithms provided by the Resuscitation Council (UK).

In addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
6.8 Resuscitation Level 4 - CSF Adult Advanced Life Support

Please note, the Advanced Life Support course supported by the Resuscitation Council (UK) is the preferred option, but where this is not available the learning outcomes below can be completed by staff as an alternative.

6.8.1 Target Audience

Aimed at staff who are registered healthcare professionals such as doctors and nurses, who are expected to apply advanced resuscitation skills as part of their clinical duties on a regular basis.

Additional training may be required for specific roles or service needs, as defined by the organisation’s risk assessment and training needs analysis.

6.8.2 Learning Outcomes

All staff who are registered healthcare professionals such as doctors and nurses, who are expected to apply advanced resuscitation skills as part of their clinical duties should be able to:

1. Recognise and treat the deteriorating patient using a structured ABCDE approach and the peri-arrest arrhythmias.
2. Recognise and treat cardiac and/or respiratory arrest, following the ALS algorithm including starting CPR, manual defibrillation, life threatening arrhythmias, and post resuscitation care.
3. Care for the deteriorating patient or patient in cardiac and/or respiratory arrest in special circumstances such as anaphylaxis, and pregnancy.
4. Lead a team, work as a team member, and use structured communication skills including giving an effective handover.

Please also refer to the latest algorithms provided by the Resuscitation Council (UK).

In addition, local specific training should be provided for all staff where needed, based on localised risk assessment, training needs analysis and policy.

Some organisations may deliver annual refreshers based on the above learning outcomes. The Cardiopulmonary Resuscitation - Standards for Clinical Practice and Training, states “Clinical staff should update their skills annually”.

6.9 Resuscitation Level 4 - CSF Child Advanced Life Support

Please note, the European Paediatric Life Support course supported by the Resuscitation Council (UK) is the preferred option, but where this is not available the learning outcomes below can be completed by staff as an alternative.

6.9.1 Target Audience

Aimed at staff who are registered healthcare professionals such as doctors and nurses, who are expected to apply advanced resuscitation skills as part of their clinical duties on a regular basis, and who work with children and infants.

Additional training may be required for specific roles or service needs, as defined by the organisation’s risk assessment and training needs analysis.

6.9.2 Learning Outcomes

All staff who are registered healthcare professionals such as doctors and nurses, who are expected to apply advanced resuscitation skills as part of their clinical duties on a regular basis, and who work with children and infants, should be able to:
1. Recognise and treat the deteriorating child/infant using a structured ABCDE approach.
2. Recognise and treat cardiac and/or respiratory arrest, following the ALS algorithm including starting CPR, manual defibrillation, life threatening arrhythmias, and post resuscitation care.
3. Care for the deteriorating child/infant or child/infant in cardiac and/or respiratory arrest in special circumstances such as anaphylaxis.
4. Lead a team, work as a team member, and use structured communication skills including giving an effective handover.

Please also refer to the latest algorithms provided by the Resuscitation Council (UK).

In addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.

Some organisations may deliver annual refreshers based on the above learning outcomes. The Cardiopulmonary Resuscitation - Standards for Clinical Practice and Training, states “Clinical staff should update their skills annually”.

6.10 Resuscitation Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver resuscitation to a satisfactory standard. For guidance this may include the following:

- Relevant professional and/or healthcare qualification and/or experience, for example a resuscitation officer.
- Recognised resuscitation training course, for example the Generic Instructor Course, overseen by the Resuscitation Council (UK) and Advanced Life Support Group.

6.11 Resuscitation Refresher Periods

Refresher periods for resuscitation training should be a minimum of:

- Level 1: Once, for example at induction.
- Level 2 (Adult and Child): Every year.
- Level 3 (Adult and Child): Every year.
- Level 4 (Adult and Child): Every 4 years.

(Accreditation for Advanced Life Support and European Paediatric Life Support is 4 years, but some organisations may deliver annual updates. The Cardiopulmonary Resuscitation - Standards for Clinical Practice and Training, states “Clinical staff should update their skills annually”.)

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for part of their refresher training. They will still need to undertake a practical element to demonstrate appropriate techniques and application.

If staff can not demonstrate this they will need to repeat the full training.

If there has been a change in resuscitation guidelines or an organisation has amended its policy locally, all staff affected will need to be updated to reflect any changes.
Health and Safety training is a legal requirement for all staff. Everyone within an organisation needs to know how to work safely and without risks to health.

The following learning outcomes have been mapped against the relevant legislation and the NHS Knowledge and Skills Framework. They reflect the minimum standard that should be incorporated into health and safety training.

Dependent upon role and location, the learning outcomes given here should be supplemented by specific job and site training as deemed necessary by the organisation based on local risk assessment, training needs analysis and policy.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the learning outcomes provided here.

7.1 Relevant Legislation and Guidance

- The Health and Safety Executive (HSE) (www.hse.gov.uk)
  - Health and Safety at Work etc Act 1974 (www.hse.gov.uk/legislation/hswa.htm)

7.2 Target Audience

All Staff. Additional training may be required for specific roles or service needs.
7.3 Learning Outcomes

All Staff should be able to:

1. Describe where additional information about health and safety, including relevant national legislation or guidance and local policies, may be found.

2. Recognise workplace hazards and/or incidents and the need for preventative and appropriate remedial action. Understand and promote safe working practices.

3. Demonstrate the importance of acting in ways that are consistent with legislation, policies and procedures for maintaining own and others’ health and safety.

4. Demonstrate how to report any issues at work that may put health and safety at risk.

5. Identify and assess the potential risks involved in work activities and processes for self and others.

6. Identify individual responsibilities in reporting incidents and describe details of the policies and processes in place for reporting such incidents.

7. Demonstrate an understanding of the need to cooperate with their employer on health & safety matters and correctly use work items provided by their employer. For example, this may include the use of personal protective equipment in accordance with the appropriate training and/or instructions.

8. Demonstrate an understanding that individuals must not misuse anything provided for their and others’ health, safety or welfare.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.

7.4 Health and Safety Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver Health and Safety training to a satisfactory standard. For guidance this may include the following:

- Membership of a professional organisation, for example the Chartered Membership of IOSH.
- A relevant qualification in Health and Safety, for example NEBOSH Diploma.
- A thorough knowledge of Health and Safety legislation and an understanding of its application within a health setting.

7.5 Health and Safety Refresher Periods

It is recommended that all staff should undertake refresher training for health and safety at least once every 3 years.

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff can not demonstrate this they will need to repeat the full training.

If there has been a change in health and safety legislation nationally or an organisation has amended its policy locally, all staff affected will need to be updated to reflect any changes.
Infection prevention & control is everyone’s business. All health organisations need to put infection prevention & control at the heart of good management and clinical practice to ensure effective protection of the public’s health and to minimise the risk of infection.

The learning outcomes for infection prevention & control in the Core Skills Framework have been divided into 2 levels.

- Level 1 is aimed at all staff and reflects a basic standard which should be incorporated into infection prevention & control training for all levels.
- Level 2 is aimed primarily at clinical staff and reflects a further standard which should be incorporated into infection prevention & control training, particularly those staff who provide hands-on patient care.

Dependent upon role and location, the learning outcomes given here should be supplemented by specific job and site training as deemed necessary by the organisation based on local risk assessment and training needs analysis.

Please note; there may be some non-clinical workforce groups for whom Level 2 training is more appropriate than Level 1.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the learning outcomes provided here.

8.1 Relevant Legislation and Guidance
- The Health Act 2009 (www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_093280)
- The Infection Prevention Society (www.ips.uk.net)
8.2 Infection Prevention & Control – Level 1

8.2.1 Target Audience
All Staff. Additional training may be required for specific roles or service needs.

8.2.2 Learning Outcomes
All Staff should be able to:

1. Understand the general principles of Infection Prevention and Control.
2. Appreciate the nature of Healthcare Associated Infections (HCAIs).
3. Recognise factors that may increase an individual’s susceptibility to infection.
4. Be aware of how individuals can contribute to Infection Prevention & Control.
5. Know where to find information about Infection Prevention & Control, including relevant national legislation or guidance and local policies.
6. Describe the role of hand hygiene in the prevention of transmission of infection.
7. Describe the basic local infrastructure, initiatives and reporting procedures for Infection Prevention & Control.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
8.3 Infection Prevention & Control – Level 2

8.3.1 Target Audience
All Clinical Staff. Additional training may be required for specific roles, locations or service needs.

8.3.2 Learning Outcomes
All Clinical Staff should be able to:

1. Define Healthcare Associated Infections and develop an understanding of why this is important.
2. Define the term “Chain of Infection.”
3. Describe the routes of transmission of micro-organisms and provide relevant examples.
4. Describe the three levels of decontamination including being able to provide examples of equipment that needs to be decontaminated at those levels.
5. Describe who is responsible for cleaning items used in patient care and how and when is this done.
6. Identify single use items.
7. Describe local and national policy and statutory requirements relating to:
   - Theory and practice of hand hygiene.
   - Correct use of PPE.
   - Safe use and disposal of sharps and management of accidental splash or sharps injuries.
   - Management of blood and body fluid spillages.
   - Safe disposal of waste and used linen (if applicable).
8. Describe the need for surveillance of alert conditions, for example diarrhoea and vomiting.
9. Describe how to safely manage patients with specific alert organisms, for example MRSA, C. diff.
10. Where applicable, identify the procedure for microbiological investigation such as specimen collection for screening and investigation and the role of antibiotic use.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
8.4 Infection Prevention & Control Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver infection prevention & control to a satisfactory standard. For guidance this may include the following:

- Relevant professional/healthcare qualification, for example a qualified nurse.
- A thorough knowledge of infection prevention & control legislation and an understanding of it’s application within a health setting.
- Academic skills related to infection prevention & control.

8.5 Infection Prevention & Control Refresher Periods

Refresher periods for infection prevention & control training should be a minimum of:

- Level 1: Every 3 years
- Level 2: Every year

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff can not demonstrate this they will need to repeat the full training.

If there has been a change in infection prevention & control legislation nationally or an organisation has amended its policy locally, all staff affected will need to be updated to reflect any changes.
All health care organisations have a duty to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm.

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about child protection.

The Core Skills Framework includes learning outcomes for safeguarding children at Level 1 and Level 2.

- Level 1 is aimed at non-patient facing staff
- Level 2 is aimed at patient facing staff

Please note; there may be some non-patient facing workforce groups for whom Level 2 training is more appropriate than Level 1.

Dependent upon role and location, the learning outcomes given here should be supplemented by specific job and site training determined by the organisation based on local risk assessment and training needs analysis.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the learning outcomes provided here.

9.1 Relevant Legislation and Guidance


9.2 Safeguarding Children – Level 1

9.2.1 Target Audience

Non-patient facing staff. Additional training may be required for specific roles or service needs.

9.2.2 Learning Outcomes

All non-patient facing staff should be able to:

1. Be aware of the nature of child abuse, such as physical abuse, sexual abuse, neglect and emotional abuse.
2. Be familiar with commonly terminology in relation to child safeguarding, such as ‘looked after child’.
3. Recognise signs of child abuse.
4. Understand local policies and procedures in relation to Safeguarding Children.
5. Recognize the necessary actions if child abuse is suspected and how these relate to individual roles and responsibilities.
6. Identify appropriate actions to take if there are barriers to escalating a case of suspected child abuse.
7. Understand the risks associated with the internet and online social networking.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
9.3 Safeguarding Children – Level 2

9.3.1 Target Audience
All patient facing staff. Additional training may be required for specific roles or service needs.

9.3.2 Learning Outcomes
In addition to the learning outcomes for Level 1, all patient facing staff should be able to:

1. Understand normal development of children and young people and how abuse may affect this.
2. Understand the public health significance of child abuse, including epidemiology and impact.
3. Recognize the socio-economic and parental factors that may lead to child abuse.
4. Understand the paramount importance of the child or young person’s best interests as reflected in legislation and key statutory and non-statutory guidance.
5. Understand the increased needs of Looked After Children and risk of further abuse.
6. Be aware of the legal, professional, and ethical responsibilities around information sharing.
7. Know best practice in documentation, record keeping, and understand data protection issues related to safeguarding children concerns.
8. Understand the purpose, process and lessons learned from serious case reviews / case management reviews / significant case reviews/ individual management reviews / individual agency reviews / internal management reviews, and child death review processes.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.
9.4 Safeguarding Children
Trainer Guidance

The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver the above course to a satisfactory standard. For guidance this may include the following:

- Preferable to have a relevant qualification and / or experience in Safeguarding Children.
- Familiarity / awareness of relevant diversity and cultural issues

9.5 Safeguarding Children Refresher Periods

Refresher periods for Safeguarding Children training should be a minimum of:

- Level 1: Every 3 years
- Level 2: Every 3 years

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff can not demonstrate this they will need to repeat the full training.

If there has been a change in Safeguarding Children Legislation nationally or an organisation has amended it’s policy locally, all staff affected will need to be updated to reflect any changes.
A vulnerable adult can be anyone over the age of 18, who has a physical or sensory impairment, learning disability or a mental health problem and who may be unable to protect themselves from harm or abuse. Many frail or confused older people are especially vulnerable.

The learning outcomes in the Core Skills Framework are aimed at all staff and provide a general awareness of the issues surrounding safeguarding vulnerable adults.

Dependent upon role and location, the learning outcomes given here should be supplemented by specific job and site training as deemed necessary by the organisation based on local risk assessment and training needs analysis.

It is the responsibility of the organisation to determine how the training should be delivered, and provide the assurance that it meets the learning outcomes provided here.

10.1 Relevant Legislation and Guidance


10.2 Target Audience

All Staff. Additional training may be required for specific roles or service needs.
10.3 Learning Outcomes
All Staff should be able to:

1. Be aware of the notion of a 'vulnerable adult'.
2. Understand the nature of adult abuse.
3. Recognize indicators of adult abuse and neglect.
4. Know local arrangements for the implementation of multi-agency safeguarding adults policies and procedures.
5. Know what to do if abuse of an adult is suspected.
6. Appreciate the importance of sharing information.
7. Identify appropriate actions to take if there are barriers to escalating a case of suspected adult abuse.

Please note; in addition, local specific training should be provided for all staff where needed based on localised risk assessment, training needs analysis and policy.

10.4 Safeguarding Vulnerable Adults Trainer Guidance
The employing organisation should be assured that trainers have the appropriate qualifications, experience or background to deliver Safeguarding Vulnerable Adults to a satisfactory standard. For guidance this may include the following:

- Preferable to have a relevant qualification and / or experience in Safeguarding Vulnerable Adults.
- Familiarity / awareness of relevant diversity and cultural issues

10.5 Safeguarding Vulnerable Adults Refresher Periods
The refresher period for safeguarding vulnerable adults training at level 1 should be a minimum of every 3 years.

If staff can demonstrate through a formal assessment that they have retained the knowledge covered by the learning outcomes and can apply them in their role, this will be sufficient for their refresher training. If staff can not demonstrate this they will need to repeat the full training.

If there has been a change in safeguarding vulnerable adults legislation nationally or an organisation has amended its policy locally, staff will need to receive an update to reflect any changes.
The Staff groups in the table below are based on the definitions used by the NHS Information Centre (The NHS Information Centre is England’s central, authoritative source of health and social care information) for the collation of workforce figures across the NHS.

The Staff groups in the table below are based on the definitions used by the NHS Information Centre (The NHS Information Centre is England’s central, authoritative source of health and social care information) for the collation of workforce figures across the NHS. Based on these definitions, the staff groups have been split into Clinical and Non-Clinical Staff. The majority of subjects within the Core Skills Framework make a distinction in the learning outcomes between Clinical and Non-Clinical staff. For those subjects that make further distinctions, details are given within the framework under that subject. For example, Resuscitation has separate learning outcomes for Adult and Child.
### Core Skills Framework for the North West Health Sector - Version 1.0 (October 2011)

**Clinical Staff**

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<tr>
<th>Professionally Qualified Clinical Staff</th>
<th>All Doctors</th>
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<tr>
<td>Qualified Nursing Staff</td>
<td>Total Qualified Nursing Staff</td>
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<tr>
<td>Total Qualified Scientific, Therapeutic &amp; Technical Staff</td>
<td>Support to doctors &amp; nursing staff (including Bank support)</td>
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<td>Support to scientific, therapeutic &amp; technical staff</td>
<td>Support to ambulance staff</td>
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**Non Clinical Staff**

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<tr>
<th>NHS Infrastructure Support</th>
<th>Central Functions</th>
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<td>Hotel, Property &amp; Estates</td>
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<tr>
<td>Manager &amp; Senior Manager</td>
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**Other GP Practice Staff**

- Consultants (including Directors of Public Health)
- Registrars
- Other doctors in training (Hospital practitioners and clinical assistants (non-dental specialities))
- Other medical and dental staff
- GPs (GP Providers, other GPs, GP registrars, GP retainers)
- Qualified nursing, midwifery & health visiting staff
- Bank nursing, midwifery & health visiting staff
- Qualified Allied Health Professions
- Other qualified scientific, therapeutic & technical staff
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<th>Core Skills Area</th>
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<td>Fire Safety</td>
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<td>Moving &amp; Handling</td>
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<td>Health and Learning Disability Trusts)</td>
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<td>Resuscitation - CSF Adult Basic Life Support</td>
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