

Safeguarding Training Strategy

ICB document reference:	ICB SAFEGUARDING 011
Name of originator/author:	Claire Tozer, Safeguarding Adults and Children Lead, Lincolnshire ICB
Date of approval:	February 2023
Name of responsible Committee:	Clinical Policies Group
Responsible Director/ICB Officer:	Director of Quality and Nursing
Category:	Safeguarding
EIA undertaken:	No
Date issued:	February 2023
Review date:	January 2026
Target audience:	All staff
Distributed via:	Email, Website, Intranet and Board Portal

Document Control Sheet

Document Title	Safeguarding Training Strategy
Version	V9
Status	Refreshed Strategy
Authors	Claire Tozer
Date	January 2023

Document history			
Version	Date	Author	Comments
9	January 2023	Claire Tozer	Refreshed Strategy

CONTENTS	PAGE
Version Control Sheet	2
Contents	3
Introduction	4
Purpose	5
Roles and Responsibilities	5
Monitoring and Assurance	6
Appendix 1- Safeguarding Children	7
Appendix 2- Safeguarding Adults	9
Appendix 3- Prevent	10
Appendix 4- The ICB Board and Governing Body	11
RCGP supplementary guide to safeguarding training requirements for all primary care staff	12
Links to the Intercollegiate and Prevent training competency documents	13

Introduction:

This document is a Training Strategy and provides guidance for staff regarding the required training levels in the ICB.

1.1 NHS Lincolnshire ICB is committed to safeguarding and promoting the welfare of children, young people and adults who may be at risk. As commissioning organisations, ICB's must ensure that their employees and staff working in those services commissioned and contracted by them understand their role and responsibilities regarding safeguarding children and young people, and adults at risk of abuse or neglect. It is the vision of the ICB that safeguarding outcomes for children and adults are improved. In order to achieve this, every contact children and adults have with the NHS will be with practitioners and providers who have a knowledge and understanding of safeguarding issues and work in an organisation that has robust safeguarding systems and levels of supervision. In applying this strategy, the ICB 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.

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 (2018) sets out statutory guidance on the responsibility the ICB and NHS England to ensure that employees and independent contractors have an awareness of how to recognise and respond to safeguarding concerns.

1.4 Safeguarding Children and Young people: Roles and Competencies for Healthcare Staff (2019) sets out the minimum training and competency requirements for staff. The ICB will seek assurance that commissioned service providers fulfil their responsibilities.

1.5 The Care Act (2014) came into force in April 2015 and provides a robust statutory framework to safeguard adults at risk of harm and children transitioning into adult services

1.6 Adult Safeguarding: Roles and Competencies for Healthcare Staff (2018) sets out the minimum training and competency requirements for staff. The organisation will seek assurance that commissioned service providers fulfil their responsibilities.

1.7 The Domestic Abuse Act (2021) came into force in 2021 and provides a robust statutory framework to safeguard adults and children who are experiencing domestic abuse. The level of training required is set out in the Child and Adult Intercollegiate documents.

2. Purpose:

2.1 The purpose of this strategy is to provide a framework which ensures that the organisation meets its contractual and legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children, young people, and adults. The strategy aims to provide information on mandatory safeguarding training requirements for all managers and staff within and their commissioned services. Line managers are responsible for defining the level of safeguarding training the staff they manage require, in line with the children and adults Intercollegiate Documents.

2.2 The identification of the level of safeguarding training required is dependent on the staff member's role and responsibilities, and following the completion of the induction programme, should be linked to the annual appraisal process and a personal development plan.

2.3 All training provided should respect diversity (including culture, race, religion, and disability), promote equality, and encourage the participation of children, families, and adults in the safeguarding process.

2.4 All training provided should place the child and the adult at risk of abuse as the centre focus and promote the importance of understanding of both the adult and child's daily life experiences, ascertaining their wishes and feelings, listening to the child or adult at risk and never losing sight of his or her needs.

3. Roles and responsibilities

3.1 The organisations Chief Executive and the Director of Nursing and Quality have a responsibility to ensure that their staff are trained to recognise and respond to safeguarding concerns and that they are fully aware of their individual and corporate responsibilities for safeguarding both adults and children.

3.2 The Designated Nurse and Doctor take a strategic and professional lead across the health economy and support the Director of Nursing and Quality in relation to the safeguarding aspect of the role. They have responsibility to provide training for Governing Body members and staff, develop and maintain competencies for training that are compatible with national guidance and multi-agency policies. They are also responsible for ensuring that lessons learnt from major investigations (e.g. serious

case reviews, safeguarding adult reviews, domestic homicide reviews) are incorporated into training and development opportunities.

3.3 Commissioned providers have a responsibility to adhere to the standards set out in the Care Quality Commission (CQC) *“Fundamental standards- safeguarding from abuse (2015)”* order to maintain registration with CQC.

3.4 Any associated Safeguarding Children or Safeguarding Adult training programs are expected to align with the over- arching local training strategies of Lincolnshire Safeguarding Children Partnership, Lincolnshire Safeguarding Adult Board and Lincolnshire Domestic Abuse Partnership

3.5 The ICB Safeguarding Team have a responsibility to:

- a. Provide the Governing Body members with safeguarding training and development
- b. Develop and maintain competencies for safeguarding training that are compatible with national guidance and local multi-agency policies.
- c. Ensure that lessons learned from safeguarding reviews are incorporated into training and development opportunities

4. Monitoring and Assurance

4.1 The ICB is responsible for maintaining quality standards and quality assurance in relation to the services it delivers.

4.2 Commissioned service assurance will be required that all staff have the knowledge and skills related to safeguarding children, adults and domestic abuse which are embedded in practice. This assurance should be obtained through relevant organisational quality and performance monitoring processes, internal and external audit, outcomes from inspections (e.g. CQC) as well as providers participating and cooperating with quality assurance processes such as Section 11 audit, Self-Assessment Framework for Adults and Domestic Abuse Charter audit.

4.3 In order to provide assurance to the organisation, all contracted practitioners/services will record and provide information including:

- a. Attendance figures for all levels of training
- b. Number of staff compliant with safeguarding training
- c. Evidence of improved outcomes for vulnerable groups as a result of staff having received training
- d. Training programmes and materials delivered meet the requirements laid out in the intercollegiate document (2019) for Children and the intercollegiate document (2018) for adults.

- g. Learning from Case Reviews, Domestic Homicide Reviews, critical incidents, complaints, and patient feedback is embedded within training
- h. Evidence that safeguarding training needs are reviewed as part of annual appraisal process.

Appendix 1 - Safeguarding Children Training

1. Safeguarding Children and Young People-Training and Competency Framework

1.1 To protect children and young people from harm, all staff working in any healthcare setting must be competent to recognise child abuse and know how to take effective action appropriate to their role. The minimum safeguarding training requirements for staff working within the ICB and those working in commissioned or `contracted services are outlined in 'Safeguarding children and young people: roles and competences for health care staff-Intercollegiate document' (RCPCH, 2019).

1.2 The Intercollegiate Document competency framework sets out the minimum training requirements required by staff undertaking specific roles within commissioning and provider services. Safeguarding competencies incorporate the requisite skills, knowledge, attitudes, and values for safe and effective practice.

1.3 The Intercollegiate Document identifies five levels of competency and gives examples of staff groups that fall within each of the levels:

Level 1: This includes, for example, Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those nonclinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists, and pharmacists, as well as volunteers across health care settings and service provision.

Level 2: This includes administrators for looked after children and safeguarding teams, health care students, clinical laboratory staff, phlebotomists, pharmacists, ambulance staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, contact lens and dispensing opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians.

Level 3: This includes GPs, forensic physicians, forensic nurses, paramedics, urgent and unscheduled care staff, all mental health staff (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding, looked after children's nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children's nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, lead anaesthetists for safeguarding and child protection paediatric intensivists, paediatric orthodontists and dentists with a lead role in child protection.

Level 4: Specialist roles -Named Professionals. This includes named doctors, named nurses, named health visitors, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for Organisations commissioning Primary Care.

Level 5: Designated professionals; This applies to designated doctors and nurses, lead paediatricians, consultant/lead nurses.

Appendix 2 - Safeguarding Adults - Training and Competency Framework

2.1 To protect adults at risk of abuse, all staff working in any healthcare setting must be competent to recognise adults at risk of abuse and know how to take effective action appropriate to their role. The minimum safeguarding training requirements for staff working within the ICB and those working in commissioned or contracted services are outlined in 'Safeguarding adults: roles and competences for healthcare staff- Intercollegiate document' (2018).

2.2 The Intercollegiate Document competency framework sets out the minimum training requirements required by staff undertaking specific roles within commissioning and provider services. Safeguarding competencies incorporate the requisite skills, knowledge, attitudes, and values for safe and effective practice.

2.3 The Intercollegiate Document identifies five levels of competency and gives examples of staff groups that fall within each of the levels:

Level 1: All health care staff including, receptionists, administrative staff, caterers, domestic and transport staff, porters, community pharmacist counter staff, peer support workers and maintenance staff, board level executives and non-executives, non-clinical staff working in primary health care settings. This is the minimum level of competence required of all staff working in a health care organisation.

Level 2: This includes administrators for safeguarding teams, health students, phlebotomists, pharmacists, 111/999 communications centre staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, nursing associates, clinical researchers, allied health professionals, ambulance staff, staff who work in virtual/online health settings who provide any health care online, registered nurses, medical staff, and GP practice managers. This is the minimum level of competence for all professionally qualified healthcare staff.

Level 3: This includes safeguarding professionals, medical staff, general practitioners, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/ intellectual disability practitioners, health professionals working in substance misuse services, paramedics, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection (as appropriate to their role).

Level 4: Named Safeguarding Professionals (Adults). This includes lead doctors, heads of adult safeguarding, and named GPs/doctors for organisations commissioning primary care. Named professionals working in provider or commissioning services.

Level 5: Designated Professionals (Adults) This level applies to designated safeguarding professionals (or equivalent roles).

Appendix 3- Prevent Training

3.1 The Prevent Training and Competencies Framework (2017) produced by NHS England clearly identifies training requirement for staff. The framework should be used

in conjunction with the Adult and Children Intercollegiate Document for Safeguarding, to ensure consistency in training and competency development. They provide clarity on the level of Prevent training required for healthcare workers through identifying staff groups that require Basic Prevent Awareness (BPA) and those who are required to attend the Workshop Raising Awareness of Prevent (WRAP / Level 3) or equivalent approved e-learning package.

Levels 1 and 2 (BPA) - All staff who are not included in the level 3, 4 and 5. This level can be achieved by completing the 2015 Health Education England, Safeguarding e-learning package, or other suitable package developed by the organisation that clearly demonstrates meeting the needs of staff at level 1 and 2.

Level 3 (WRAP) - All staff who could potentially contribute to assessing, planning, intervening, and evaluating the needs of a child where there are safeguarding concerns.

This group will include for example; GPs, mental health practitioners, front line ambulance staff and chaplaincy staff. Similarly, those contributing to assessing, planning, intervening, and evaluating the needs of adults should be considered to require level 3 training.

Level 4 (WRAP) - Named professionals.

Level 5 (WRAP) - Designated professionals

Appendix 4 - The ICB Board and Governing Body

4.1 The ICB Board will be held accountable for ensuring children, young people and adults at risk receive high quality, evidence-based care and are seen in appropriate environments, by staff, with the requisite skills, training values and expected behaviours. The intercollegiate documents and Prevent guidance stipulate that Boards/ICB Governing Bodies have access to safeguarding advice and expertise through their Designated Professionals.

4.2 The ICB acknowledges all the requirements set out within the Intercollegiate Documents and Prevent guidance and will comply with them in respect of its own staff across all levels of the organisation. It will also monitor compliance and quality assurance related to safeguarding training within commissioned services. The Intercollegiate Documents can be accessed to identify appropriate training needs of all employees within commissioned and contracted services

4.3 The Intercollegiate document has specific guidance for the roles of Chair, Board Executives and Directors, which includes Governing Body members.

4.4 All Board members/commissioning leads should have Level 1 core competencies in safeguarding and must know the common presenting features of abuse and neglect and the context in which it presents to healthcare staff.

4.5 Additionally, Board members/commissioning leads should have an understanding of:

- The statutory role of the Board in safeguarding including partnership arrangements
- Safeguarding policies, risks, and performance indicators
- Staff's roles and responsibilities in safeguarding
- Expectations of regulatory bodies in relation to safeguarding

Training level	Level 1	Level 2	Level 3
Staff groups	Receptionists Administrative staff (e.g. finance) Domestic staff Volunteers EBEs. This is the minimum level of training for all ICB staff.	All staff that has regular contact with patients and their families, carers or the public. This is the minimum level of competence for all professionally qualified healthcare staff.	Doctors Safeguarding nurses All staff working with children/adults who contribute to assessing and planning care needs.
Adult safeguarding training requirement over 3 years	Minimum 2 hours (this is available via ESR)	Minimum 4 hours	Minimum of 8 hours (this is delivered by the ICB safeguarding team)
Children safeguarding training requirement over 3 years	Minimum 2 hours (this is available via ESR)	Minimum 4 hours	Minimum of 8 hours (this is delivered by the ICB safeguarding team)
Total safeguarding training requirement over 3 years	Minimum 2 hours	Minimum 8 hours	Minimum 16 hours

Links to the Intercollegiate, Prevent and RCGP training competency documents:

Adults

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

Children

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Prevent

<https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf>

RCGP

<https://www.rcgp.org.uk/getmedia/91770d17-88e4-4b84-acdf-a49aa1427421/Safeguarding-training-requirements-for-Primary-Care-FINAL.pdf>