

NHS Shropshire, Telford & Wrekin Integrated Care Board Safeguarding Training Strategy May 2021

Author(s) (name and post):	Deputy Designated Safeguarding Nurse (interim)
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Document Control Sheet

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Document Amendment History

Version No.	Date	Brief Description
Version 0.1		This is a refreshed policy based on the previous 2015 version.
Version 0.2	15.11.2022	Updated to reflect change from CCG to ICS

The formally approved version of this document is that held on the NHS Shropshire, Telford & Wrekin Integrated Care Board website:

<https://www.shropshiretelfordandwrekin.nhs.uk/>

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1 Introduction

Working Together to Safeguard Children 2018 identifies that:

All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.

The minimum training requirements are clearly set out in the most current

<https://www.rcn.org.uk/professional-development/publications/pub-007366>

All ICS staff must have completed a Safeguarding (Child and/or Adult Protection) Basic Awareness course at a level that matches their work with children and young people and/or their parents and carers.

Similarly all staff who work in health care settings with vulnerable adults must complete the training identified in the above RCN document.

There is a staged approach to training with different staff being required to take training at different levels, dependent on their degree of contact with children and families, and vulnerable adults

2. Purpose

The purpose of this document is to clarify the level and frequency of safeguarding training that is expected for all ICS staff. Provider organisations commissioned by the ICB are required to have their own safeguarding strategy.

Delivery of this strategy will ensure the foundations are in place from which the

ICB will discharge its statutory duty to safeguard and promote the welfare of children as defined for NHS staff (Section 11 of the Children Act 2004).

Safeguarding Children Training

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Working Together to Safeguard Children 2018 identifies that:

All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.

The minimum training requirements are clearly set out in the most current intercollegiate guidance.

All ICS staff must have completed a Safeguarding (Child and/or Adult Protection) Basic Awareness course at a level that matches their work with children and young people and/or their parents and carers. There is a staged approach to training with different staff being required to take training at different levels, dependent on their degree of contact with children and families. This includes staff working in adult services that may be in contact with adults who care for children.

The Care Quality Commission document below supports the view that one of the most important principles of safeguarding is that it is everyone's responsibility. Health care staff frequently work with people in their moments of greatest need and can witness health and social inequalities which have a direct impact on the lives of people they care for. The intercollegiate document has been designed to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles.

<http://www.cqc.org.uk/sites/default/files/20150710%20CQC%20New%20Safeguarding%20Statement.pdf>

3. Responsibilities

It is the responsibility of the Executive Director for Nursing and Quality to ensure this policy is maintained and is up-to-date with statutory safeguarding requirements

3.1 The Chief Executive

The Chief Executive has overall responsibility for Safeguarding for the ICS.

3.2 Executive Directors and Managers

It remains the responsibility of organisations to develop and maintain quality standards and quality assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation through mechanisms such as safe recruitment processes including use of vetting and barring, staff induction, effective training and education, patient experience and feedback, critical incident analysis, risk assessments and risk registers.

4. Training delivery arrangements

Safeguarding children and young people, and safeguarding adults training is embedded in all commissioned services' contractual arrangements.

The emphasis is upon the importance of maximizing flexible learning opportunities to acquire the necessary competencies.

Providers will ensure that there are internal mechanisms in place to record and monitor all training.

Children Training can be delivered in any method that meets their requirements set out in 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, the Intercollegiate Document' (RCPCH 2019) and 'Working Together' (HM Government 2018). Note for all face to face training for children this should as a minimum have multiagency trainers to facilitate the training. Similarly for Safeguarding adult training there are a number of delivery routes. This includes training that can be accessed by the e-learning for health platform.

<https://www.e-lfh.org.uk/programmes/safeguarding-adults/>

In addition to that the joint training team deliver a substantial amount of training courses in the area of safeguarding which can be accessed via <https://shropshire.gov.uk/joint-training/#>

4.1 Training Values

All training should place as the centre focus the child and the adult at risk of abuse 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 and never losing sight of his or her needs.

All training should create an ethos that:

Values working collaboratively with others (valuing different roles, knowledge and skills);

Respects diversity (including culture, race, religion and disability);

Promotes equality;

Encourage participation of CYP and families in the safeguarding process.

4.2 Training Responsibilities

It will be the responsibility of managers to evaluate the different roles within their organisation at the recruitment stage to determine the level of safeguarding training that is appropriate to the role. Adherence to the levels will be reviewed through the appraisal process.

Training/education should be delivered by trainers who:

Have good facilitation skills and sound knowledge of safeguarding and promoting the welfare of children and adults

Have training material agreed by the learning and improvement sub group or the ICS.

All training / education sessions must:

Be informed by current research evidence, lessons from serious case and child death reviews, and national and local developments;

Reflect an understanding of the rights of the child and adult;

Be informed by an active respect for diversity, the experience of service users and a commitment to ensuring equality of opportunity;

Be reviewed regularly to ensure that it meets the agreed learning outcomes;

Request Individual feedback from learners following each session;

Be modified in accordance with trends and themes from feedback with version control of the content of successive courses being auditable.

4.3 Training requirements for ICS staff

Different groups require different levels of safeguarding adult and child protection competencies, depending on:

Their role and degree of contact with adults, CYP and families;

The nature of their work;

Their level of responsibility.

Children's Safeguarding training

All safeguarding training should be consistent with; 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, the Intercollegiate Document' (RCPCH 2019), and 'Working Together' (HM Government 2018) and the Adult safeguarding intercollegiate document.

All staff need a basic safeguarding (child and adult) awareness training session as part of their induction programme.

For those staff who have frequent face to face contact with service users, additional training (level 2 for children and Mental Capacity Act for adults) will be required.

Children - Level 1 eLearning mandatory for all staff minimum of 3 yearly

Children - Level 2 eLearning yearly training minimum of 3 yearly. For those staff who have frequent face to face contact with service users additional training (level 2 face to face for children and MCA for adults)

Children - Level 3 Training, to be undertaken every 3 years (minimum of 2 hours training each year) education and learning opportunities should be multi-disciplinary and Multi-agency, and delivered internally and externally. This training should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening. This training has to be carried out by use of different learning styles and should as a minimum be multi-professional and/or multi-agency staff meetings/supervision/peer discussions, clinical updates around safeguarding, clinical audit, reviews of critical incidents and significant unexpected events, E learning and face to face level 3 multiagency training.

Records of all training need to be kept by the individual and submitted to their manager and the safeguarding lead.

Adult Safeguarding training

The safeguarding adults' intercollegiate document offers a similar level of detailed guidance regarding the requirements for safeguarding adults training.

This Framework identifies five levels of competence, and gives examples of groups that fall within each of these, the levels are as follows:

Level 1: All staff including non-clinical managers and staff working in health care settings,

Level 2: Minimum level required for non-clinical and clinical staff that have some degree of contact with adults and/or parents/carers

Level 3: Clinical staff working with adults and who could potentially contribute to assessing, planning, intervening and evaluating the needs of an individual

Level 4: Safeguarding professionals

Level 5: Designated professionals

Child & Adults Board Training level 1 PLUS

This e-learning is to ensure board members have a level of knowledge equivalent to level 1 and additional training provided by the safeguarding leads around promoting a positive culture of safeguarding children/Adults across the Board. Being aware of national and local procedures for safeguarding and insuring these polices are present in provider and own organisation. It includes not just child protection but also the wider area of safeguarding for example safer recruitment; whistle blowing.

Note for the Designated and named professionals level 4 and level 5 training is expected and this will be reviewed as part of both the NMC revalidation process and annual appraisals.

Annual appraisal is crucial to determine individuals' attainment and maintenance of the required knowledge, skills and competence. Employers and Responsible Officers should assure themselves that appraisers have the necessary knowledge, skills and competence to undertake appraisals and in the case of medical or nursing staff to oversee revalidation.

4.4 Training content/ staff role requirements

Level 1: All staff working in health care settings

This level is equivalent to basic safeguarding training across all partner organisations working with children and young people. Access can be via E-learning and induction training. Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Level 2: All non-clinical and clinical staff who have any contact with adults and/or carers via e- learning and face to face training yearly training

Level 3: All clinical staff working with Adults at risk of abuse or harm and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns.

This training will include along with level one and 2:

- Awareness of the implications of legislation, inter-agency policy and national guidance
- Understanding the importance of the individuals rights in the safeguarding context, and related legislation
- Understanding information sharing, confidentiality, and consent related to adults
- Awareness of the role and remit of the Safeguarding Adults Board
- Knowledge (as appropriate to one's role) of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process.
- Understanding of the relevance of multi-agency audits and role in multi-agency processes.
- Understand processes for if an individual is known to professionals in social care and/or other agencies.

- Awareness of resources and services that may be available within health and other agencies/voluntary sector to support families
- Know what to do where there is an insufficient response from an organisation and how to escalate.
- Know the long term effects of abuse and how these can be detected and prevented.
- Know the range and effectiveness of interventions for adult abuse/harm
- Know the procedures for missed appointments for vulnerable patients
- Understand the LeDer and Vulnerable adult review process
- Understand and contribute to audit against national and local guidelines

This training will be a combination of multi-disciplinary and multi-agency and include reflective learning and scenario based discussion.

5. Assurance and Governance

Assurance will be required by the ICS, Safeguarding Boards and NHSE as reported in the annual Safeguarding Assurance Framework.

Activity and quality metrics for all providers will be performance monitored on a Quarterly basis through the CQRM framework.

Training activity for ICS directly employed staff assurance will be received via annual appraisals and monitored as part of mandatory training arrangements.

All GP and associated practice staff will be monitored via annual appraisals and via requests from the ICS and NHS England.

The Practice manager will keep a record of all training for staff and reported to the lead safeguarding adult/child on a bimonthly basis

6. Related documents

The following additional documents contain information that relates to this policy:

<https://www.legislation.gov.uk/ukpga/2004/31/contents>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf

<https://www.scie-socialcareonline.org.uk/statutory-guidance-on-making-arrangements-to-safeguard-and-promote-the-welfare-of-children-under-section-11-of-the-children-act-2004/r/a11G0000017v5JIAQ>

<https://www.scie-socialcareonline.org.uk/statutory-guidance-on-making-arrangements-to-safeguard-and-promote-the-welfare-of-children-under-section-11-of-the-children-act-2004/r/a11G00000017v5JIAQ>

<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

<https://www.nice.org.uk/guidance/cg89>

7. Dissemination

. These guidelines will be disseminated by the following methods:

- Directors – to disseminate within their areas
- Staff - via News Flash bulletin / article
- Published to the Website
- Awareness raising by Safeguarding Designated professionals

8. Review and compliance monitoring

This policy will be reviewed in 3 years or less as new national guidance relating to safeguarding and safeguarding training emerges.

9. Glossary

Term / Abbreviation	Explanation / Definition
CCG	Shropshire, Telford & Wrekin Integrated Care System
NHSE	National Health Service England
CYP	Children & Young People
LeDer	Learning disability review programme
CQRM	Clinical Quality Review Meeting