

Safeguarding Training Strategy

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Ratified by	Quality Committee / Operational Leadership Team
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Responsible Committee / Board	NHS Ashford and NHS Canterbury and Coastal CCG Quality Assurance Groups
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Target Audience	All employees of NHS Ashford and NHS Canterbury and Coastal Clinical Commissioning Group (hereafter referred to as the CCG), Governing Body Members including Lay Members, contracted third parties (including agency staff) students / trainees, secondees and other staff on placement with the CCG.

Review Date	Version	Summary of Changes
October 2015	2.5	Updated contact details. Updated in line with the Care Act 2014
November 2015	2.6	The policy had an end of term review by the Designated Child and Adult Safeguarding Nurses and on their recommendation the wording was changed in 6.2 to reflect both Quality Committees. Policy was also adopted across both CCG's
January 2018	2.7	The policy had an end of term review by the Designated Child and Adult Safeguarding Nurses and on their recommendation the following changes were made: the Designated Nurse Safeguarding Adults name was updated; Appendix 4 – Training competencies for Children in Care was removed; Appendix 6 – References was removed and Appendix 2 – Domestic Abuse Training was updated to Safeguarding Training Matrix For Adults.
April 2018	2.8	Appendices 2 and 4 were updated with the CCG Workforce Training System information

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1. Introduction

- 1.1 The CCG is committed to safeguarding and promoting the welfare of children and young people, and adults who may be vulnerable. As commissioning organisations, they 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.
- 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 (2013) sets out statutory guidance on the responsibility of CCGs and NHS England to ensure that employees and independent contractors have an awareness of how to recognise and respond to safeguarding concerns.
- 1.4 The Children and Families Act, 2014 (C&FA) strengthens the accountability for the provision of services and support to children with special educational needs and/or disability (SEND). The CCG will seek assurance that service providers fulfil their responsibilities to this vulnerable group of children.
- 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.

2. Purpose:

- 2.1 The purpose of this strategy is to provide a framework which ensures the CCG 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 the CCG and their commissioned services.
- 2.2 The identification of the level of safeguarding training required is dependent on the CCG staff members role and responsibilities, and following the completion of the CCG 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 CCG Accountable Officer and Chief Nurse 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 Nurses and Doctors take a strategic and professional lead across the health economy and also support the Chief Nurse in relation to the safeguarding aspect of the role. They have responsibility to provide training for the CCG Governing Body 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 (serious case reviews, multiagency care reviews, safeguarding adult reviews, domestic homicide reviews) are incorporated into training and development opportunities.
- 3.3 Commissioned providers have a responsibility where relevant to adhere to the standards set out in the Care Quality Commission (CQC) "*Essential Standards for Quality and Safety*" in order to maintain registration with CQC (including GP practices from April 2013), in particular outcome 7: *Safeguarding people who use services from abuse but also outcome 14: Supporting workers*.
- 3.4 Additionally, all commissioned providers irrespective of CQC registration must comply with the standards applicable to training set out in the CCG Safeguarding Benchmarking Policy, in particular;
 - a. Standard 5.4: Staff access a comprehensive training programme which is monitored across all levels of the organisation. Awareness training is mandatory for all staff with a tiered approach to meet more complex needs. Staff will be trained to the required level to respond and act upon their concerns in line with their role and responsibilities, using nationally validated training competencies where available, and;
 - b. Standard 7.7: Staff have access to a range of training opportunities arising from lessons learnt.
- 3.5 The Kent Safeguarding Children Board and the Safeguarding Adult Board have a responsibility to provide training for all agencies that contribute financially to the Boards free of charge (unless otherwise stated). The focus for training provided by these Boards will be at level 3 and above, i.e. training that needs specifically to be delivered in a multi-agency environment or which is so specialist that it would not be viable to be delivered by single agencies.
- 3.6 The CCG Safeguarding Team have a responsibility to:

- a. Provide the CCG Governing Body 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 major investigations (case reviews, safeguarding adult reviews, domestic homicide reviews) are incorporated into training and development opportunities

4. Monitoring and Assurance

- 4.1 The CCG is responsible for maintaining quality standards and quality assurance in relation to service delivery, both within the CCG and across all provider services to ensure safeguarding is embedded within the organisational culture to protect children and adults from harm.
- 4.2 Assurance will be required by the CCG that all staff have the knowledge and skills, related to safeguarding children, adults, looked after children and domestic abuse are embedded within practice. This assurance should be obtained through relevant organisational quality and performance monitoring processes, internal and external audit, outcomes from inspections (e.g. CQC, Ofsted) as well as providers participating and cooperating with quality assurance processes such as Section 11 audit and Self-Assessment Framework for Adults.
- 4.3 In order to provide assurance to the CCG, 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. The training programmes and materials delivered for safeguarding children meet the requirements laid out in the intercollegiate document (2014) and for Children in Care (2012) and are appropriate to the training needs of staff
 - e. The training programme and materials delivered for safeguarding adults meets the requirements drawn from National Guidance for safeguarding adults (and children)
 - f. Evaluation and audit of safeguarding training, including peer observation, evaluation and feedback from training sessions
 - g. That 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.
- 4.4 The CCG should be assured that training programmes are updated in response

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to changes in legislation and practice as necessary, and are approved by the relevant Safeguarding Boards.

- 4.5 The CCG staff in a clinical/specialist roles are required to undertake both safeguarding children and safeguarding adults training and should use the attached matrices to identify the appropriate level of training required for their role and responsibilities.
- 4.6 The CCG staff should receive refresher training every three years as a minimum. Best practice would be that those working directly with children or vulnerable adults undertake some form of annual update.
- 4.7 The Kent Safeguarding Children Board (KSCB) and the Kent and Medway Safeguarding Adult Board (KMSAB) provides safeguarding training at no cost for NHS employees (which include CCG staff). The focus for training provided by these Boards will be at level 3 and above, i.e. training delivered in a multiagency forum or which more specialist training that cannot be delivered 'in-house' within a single agency.
- 4.8 Robust safeguarding e-learning training packages are available from KSCB, KMSAB, Professional Bodies (NMC, GMC, and AHP), Royal Colleges and E-Learning for Healthcare (ELfH) which is a Department of Health resource. However, the completion of e-learning course does not override the value of face-to-face training. The CCG staff should discuss the most appropriate mode of training to meet their needs with their line manager.

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 CCG and those working in commissioned or contacted services are outlined in 'Safeguarding children and young people: roles and competences for health care staff-Intercollegiate document' (RCPCH, 2014).

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: All staff including Board Level Executives/Non Executives, Lay members, non-clinical managers and staff working within health care settings; volunteers, Lay members

Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and /or parents/carers.

Level 3: Clinical staff working with children, young people and/or parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns (includes GPs)

Level 4: Specialist roles -Named Professionals

Level 5: Designated professionals;

2. The CCG Governing Body

2.1 The Intercollegiate document has specific guidance for the roles of Chair, Board Executives and Directors, which includes the CCG Governing Bodies.

2.2 All the CCG 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.

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

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- 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

2.4 The CCG Board will be held accountable for ensuring children and young people 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 document stipulates that Boards/CCG Governing Bodies have access to safeguarding advice and expertise through their Designated Professionals.

2.5 The CCG acknowledges all the requirements set out within the Intercollegiate Document and will comply with it 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 Document can be accessed to identify appropriate training needs of all employees within commissioned and contracted services.

Link to Intercollegiate document:

http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children - Roles and Competences for Healthcare Staff 02 0....pdf

Appendix 2 - Safeguarding Children Matrix for CCG staff only

Training Level Staff Group	Core Competency Required (CCG staff should refer to RCPCH Intercollegiate Document to identify expected knowledge, skills, attitude and values linked to their role)	Frequency	Accessed at
Induction All CCG staff	<p>Awareness Level 1 training will be covered in the CCG quarterly induction day via a video, followed by online training. The training must be renewed on a three yearly online basis via the Workforce Training System.</p> <p>Awareness Level 1 training will be covered in all other induction programmes and must be renewed on a three yearly basis by e-learning (Kent Safeguarding Children Board (KSCB) introduction / foundation) / DVD / face to face (Medway Safeguarding Children Board (MSCB)).</p> <p>A facilitator pack is available for Practice Safeguarding Leads to train their own staff.</p> <p>Practice managers must have training in safer recruitment as a one off training</p>	Triennially New starters must complete online within the first month of employment and then once every 3 years thereafter	<p>Booked and online sessions via the online Workforce Training System: https://canterburycoastalcc.g.nhsworkforce.org/</p> <p>e-learning via KSCB: www.kscb.org.uk</p> <p>MSCB www.mscc.org.uk</p>
Level 1 Administrative staff, non-clinical managers, practice managers, volunteers	<p>Basic Safeguarding Training</p> <ul style="list-style-type: none"> Know what to look for which may indicate possible harm Know who to contact and seek advice from if they have concerns. Recognise potential indicators of child maltreatment Understand the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child, including the impact of domestic violence Understand the risks associated with the internet and online social networking, an understanding of the Understand importance of children's rights in the safeguarding/child protection and the basic knowledge of relevant legislation Taking appropriate action if they have concerns, including appropriately reporting concerns 	<p>Initial Training</p> <p>Review safeguarding training needs at Annual Appraisal</p> <p>3 yearly refresher training</p>	<p>Booked and online sessions via the online Workforce Training System: https://canterburycoastalcc.g.nhsworkforce.org/</p>
Level 2 Clinical managers, specific administrative staff; CCG clinical practitioners working in adult	<p>As outlined in Level 1:</p> <ul style="list-style-type: none"> Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify any signs of child abuse or neglect Able to identify and refer a child suspected of being a victim of trafficking or sexual exploitation; at risk of FGM or having been a victim of FGM at risk of exploitation by radicalisers Acts as an effective advocate for the child or young person Recognises the potential impact of a parent's/carer's physical and mental health on the well being of a child 	<p>Initial Training</p> <p>Review safeguarding training needs at Annual</p>	<p>E-learning via KSCB www.kscb.org.uk</p> <p>MSCB www.mscc.org.uk</p> <p>KSCB/MSCB/in-house Face-to-face training</p>

services	<p>or young person, including possible speech, language and communication needs</p> <ul style="list-style-type: none"> • Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues • As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals) • Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion • Shares appropriate and relevant information with other teams • Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act 	Appraisal	
<p>Level 3</p> <p>GP's, practice nurses, Urgent Care Centre practitioners Heads of Quality, Chief Nurse and Deputy, Designated Nurse for Safeguarding Adults</p>	<p>As outlined for Level 1 and 2</p> <ul style="list-style-type: none"> • Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect • Will have professionally relevant core and case specific clinical competencies • Documents and reports concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes • Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk • Undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training) • Contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), internal partnership and local forms of review, as well as child death review processes • Works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns <p>Additional specialist competencies as appropriate to role e.g. GP safeguarding Leads</p> <ul style="list-style-type: none"> • Advises other agencies about the health management of individual children in child protection cases • Applies the lessons learnt from audit and serious case reviews/case management reviews /significant case reviews (including the child practice review process in Wales) to improve practice • Advises others on appropriate information sharing 	<p>Initial Training</p> <p>Review training needs at Annual Appraisal and agreed by line manager</p> <p>Minimum :</p> <p>3 yearly updates</p>	<p>In-house/ Multiagency KSCB/MSCB</p> <p>GPs can access E-learning a:t www.e-lfh.org.uk</p> <p>but need to complete face-to-face reflective learning/workshop sessions</p>
<p>Level 4</p> <p>Named Doctor for Child Protection;</p>	<p>As outlined for Level 1, 2 and 3</p> <ul style="list-style-type: none"> • Contributes as a member of the safeguarding team to the development of strong internal safeguarding /child protection policy, guidelines, and protocols 	Initial Training	<p>Face-to-face training via</p> <p>KSCB/MSCB/ RCPCH/ RCN/BMA/ Specialist</p>

<p>Named Nurse for Child Death</p> <p>Designated Safeguarding Professionals</p>	<ul style="list-style-type: none"> • Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice. • Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections • Works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered • Undertakes and contributes to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies • Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding team. • Works effectively with colleagues from other organisations, providing advice as appropriate • Provides advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers • Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases • Provides safeguarding / child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review. • Participates in sub-groups, as required, of the LSCB • Leads/oversees safeguarding quality assurance and improvement processes • Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people 	<p>Review safeguarding and leadership training needs at Annual Appraisal and agreed by line manager</p> <p>Minimum :</p> <p>3 yearly updates</p>	<p>training</p>
<p>Level 5</p> <p>Designated Doctors & Nurses for Safeguarding Children</p>	<p>As outlined for Level 1, 2 3 and 4</p> <ul style="list-style-type: none"> • Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community • Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across the health community • Leads/oversees safeguarding/child protection quality assurance and improvement across the health community • Leading innovation and change to improve safeguarding across the health economy • Takes a lead role in conducting the health component of serious case reviews/ case management reviews/significant case reviews across whole health community • Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies • Takes a strategic and professional lead across the health community on all aspects of • safeguarding/child protection 	<p>Initial Training</p> <p>Review safeguarding and leadership training needs at Annual Appraisal and agreed by line manager</p> <p>Minimum :</p> <p>3 yearly updates</p>	<p>Face-to-face training via</p> <p>KSCB/MSCB/ RCPCH/ RCN/BMA/ professional</p> <p>Body</p> <p>Specialist training</p>

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	<ul style="list-style-type: none"> • Provides expert advice to increase quality, productivity, and to improve health outcomes for vulnerable children and those identified with safeguarding concerns. • Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children to include: <ul style="list-style-type: none"> ❖ taking a strategic professional lead across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the commissioners ❖ ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned by the commissioners in keeping with LSCB procedures and recommendations ❖ provide specialist advice and guidance to the Board and Executives of commissioner organisations on all matters relating to safeguarding children including regulation and inspection, ❖ be involved with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications. ❖ Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance 		
<p>Level 5</p> <p>Designated Doctors and Nurses for Looked After Children</p>	<ul style="list-style-type: none"> • Clinically competent in meeting the health needs of looked after children, including those undergoing adoption (If the role encompasses a clinical component) • Effective strategically, raising key issues with service planners, commissioners and service providers to ensure the needs of looked after children are taken into account locally including those placed out of the area • Able to clearly articulate and provide sound policy advice across interagency and corporate parenting partnership and appropriate structures such as Health and Wellbeing Boards or equivalents • Able to develop, lead and monitor relevant quality assurance processes and service improvement of health services for looked after children across the health community • Able to effectively challenge colleagues in health and social care and influence change about the health and wellbeing of looked after children • Able to provide an effective contribution to the strategic corporate parenting agenda and the wider children's plan • Able to develop robust local looked after children policy guidelines and protocols • Able to undertake looked after children training needs analysis, commission, plan, design, deliver and evaluate multi-agency and in-house training for staff across the health community in partnership with others • Able to assess the risk of organisations' ability to improve outcomes for looked after children • Able to advise and influence commissioners to promote the coordination and delivery of health services for looked after children across professional and geographic boundaries • Able to influence the local authority in its responsibility to engage and work across boundaries to provide and commission specialist services for looked after children, including those placed out of area • Able to ensure mechanisms are in place to effectively enable the consultation, participation and 	<p>Initial Training</p> <p>Review safeguarding and leadership training needs at Annual Appraisal and agreed by line manager</p> <p>Minimum :</p> <p>3 yearly updates</p>	

	<p>involvement of looked after children/young people and service users in the planning and delivery of services</p> <ul style="list-style-type: none"> • Able to effectively provide, support and promote appropriate supervision in respect of the health of looked after children for colleagues across the health community 		
<p>Level 5</p> <p>Consultant Paediatricians for Child Death</p>	<p>The intercollegiate documents do not provide role specific competences for this role, however national guidance on child death assumes a level of competence:</p> <ul style="list-style-type: none"> • Initiate and lead on information sharing and multi-agency planning discussions following the unexpected death of a child where there are no child protection concerns. • Make immediate enquiries into and evaluating the reasons for and circumstances of the death, in agreement with the coroner; • Liaise with the coroner and the pathologist; • Ensure that appropriate medical investigations are undertaken. • Collect information about the death • Provide support to the bereaved family, referring to specialist bereavement services where necessary and keeping them up to date with information about the child's death. • Provide specialist clinical expertise to the Local Safeguarding Children Board Child Death Overview Panel. • Have an awareness of their personal strengths and weaknesses when talking with their patients and their families about death and dying • Have an understanding of the family's journey and the importance of effective and empathic communication during the dying process and afterwards once the family is bereaved • Have an understanding of the challenges of end of life care, a bereaved parent's perspective grief theory in relation to practice 	<p>Initial Training</p> <p>Review safeguarding and leadership training needs at Annual Appraisal and agreed by line manager</p> <p>Minimum :</p> <p>3 yearly updates</p>	

Appendix 3 - Safeguarding Adults Training

1. Adult Safeguarding Reviews (SARs) and enquiries across the UK have often identified the same issues, e.g. workforce issues, poor information sharing between professionals /agencies, inadequate training and support for staff, and a failure to listen to the individual.
2. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all health staff have access to the appropriate safeguarding training, learning opportunities and support to facilitate their understanding of the clinical aspects of adult welfare and information sharing.
3. The Kent and Medway Safeguarding Adults Board, commissions multi-agency training for staff from its member statutory partner agencies, in relation to undertaking, contributing to and managing formal Safeguarding Enquiries (under Section 42 of the Care Act 2014), as well as decision making to support protective outcomes during and after Safeguarding Enquiries.
4. NHS England has produced draft guidance, 'Safeguarding Adults: Roles and competencies for health care staff – intercollegiate document (2015) / Best Practice. The 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.
5. Five levels of competency have been identified and gives examples of staff groups that fall within each of the levels:
 - **Level 1:** The minimum level of competence required of all staff working in a health care organisation.
 - **Level 2:** All staff that have regular contact with patients, their families or carers, or the public. This is the minimum level of competence for all professionally qualified healthcare staff.
 - **Level 3:** All staff who regularly contributes to supporting adults at risk of harm or abuse and/or their families / carers. This includes through the multiagency safeguarding procedures, and assessing, planning, intervening and evaluating the needs of an adult that there are safeguarding concerns about.
 - **Level 4:** Named Safeguarding Professionals (Adults).
 - **Level 5:** Designated Professionals (Adults)
6. In addition, this version of the framework also includes specific details for Chief Executives, Chief Officers of CCGs, Chairs, and Board Members including Executives, Non-Executives and Lay members.

7. Prevent Training and Competencies Framework (2015) produced by NHS England also clearly identifies training requirement for staff.
<https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf>
8. The training matrix outlined below has used these sources to inform CCG training requirements and will be reviewed once the final document for adult competencies have been finalised by NHS England.

Appendix 4 - Safeguarding Adults Training (including Domestic Abuse and Mental Capacity Act)

Training Level Staff Group	Core Competency Required <small>(Please refer to DRAFT NHSE Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document to identify expected knowledge, skills, attitude and values linked to their role – (to be published 2018))</small>	Frequency	Training
Induction - All practice staff	A mandatory in house session of at least 30 minutes duration should be included in the general staff induction programme or within twelve weeks of taking up post within a new organisation. This should provide key adult safeguarding information, including vulnerable groups, the different forms of abuse and appropriate action to take if there are concerns.	One-off Complete within 12 weeks of commencing role.	Give copy of NHS Safeguarding Adults pocket guide (updated May 2017):  NHS Safeguarding Adult Pocket Guide.pr https://www.england.nhs.uk/publication/safeguarding-adults-a-guide-for-health-care-staff/
Induction - All CCG staff	Awareness Level 1 training will be covered in the CCG quarterly induction day via a video, followed by online training. The training must be renewed on a three yearly online basis via the Workforce Training System.	Triennially New starters must complete online within the first month of employment and then once every 3 years thereafter	Booked and online sessions via the online Workforce Training System: https://canterburycoastalccg.nhsworkforce.org/

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Training Level Staff Group	Core Competency Required	Frequency	Training
Level 1	<p>Competence at this level is about individuals knowing what things to look out for which may indicate possible harm or abuse, and knowing who to contact and seek advice from within their organisation if they have concerns, and identifying when patients are at risk of abuse or are being abused within their usual environments. It comprises:-</p> <ul style="list-style-type: none"> • Awareness of potential types of adult abuse and how they might be recognised, including; physical abuse, emotional, sexual, psychological, financial, material abuse and neglect. • An appreciation of the form and context abuse can take place in. This will most often be domestic abuse but it includes honour based violence, modern day slavery, organisational abuse, discrimination, female genital mutilation, radicalisation into violent extremism, internet grooming and bullying. • Awareness of the potential impact of stress on the physical and mental health of individuals and their carers. • An awareness of the rights of the individual in the adult safeguarding context, including the importance of autonomy and empowerment, the right of adults to take risks, the principles of making safeguarding personal, and a basic knowledge of consent and mental capacity. • An awareness of the Prevent agenda and how it may affect them. • Confidence and knowledge to take any necessary immediate action, seek advice and report any safeguarding concerns appropriately within their organisation or, if necessary, through local safeguarding procedures. 	<p>Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.</p> <p>Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 30 minutes. This should provide key adult safeguarding information, including about vulnerable groups, the different forms of abuse, and appropriate action to take if there are concerns. This should include Prevent awareness in relation to extreme radicalisation of individuals</p>	<p>Level 1 & 2 e-learning via E-LFH: http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/</p> <p>DOLs: http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/</p> <p>Domestic Abuse: http://www.e-lfh.org.uk/programmes/domestic-violence-and-abuse/how-to-access/</p> <p>40 minute online e-training programme, designed specifically for health workers. www.kdac.org.uk/health-professionals</p> <p>PREVENT: http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/</p>

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Training Level Staff Group	Core Competency Required	Frequency	Training
Level 2	<p>Competence at this level is about individuals starting to report on the information which may indicate possible harm or abuse and knowing who to contact and seek advice from within the care team if they have concerns. It comprises:-</p> <ul style="list-style-type: none"> • Uses knowledge and understanding of what constitutes adult abuse to identify any signs of harm or abuse including Domestic Abuse. • An understanding of the MCA/DoLS and to apply the principles of MCA and DoLS. • Recognise where the individual should be considered for an independent advocate under the Care Act 2014. • Able to identify and refer an adult suspected of being a victim of trafficking or sexual exploitation; or a victim of FGM, or at risk of exploitation by radicalisers. • Acts as an effective advocate for the adult at risk of harm or abuse. • Recognises the potential impact of the individual's physical, mental capacity and mental health on the well-being of an individual, including possible speech, language and communication needs. • Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about the conduct of colleagues. • As appropriate to role, able to refer to social care if an adult safeguarding concern is identified • Know that sharing concerns is always part of their job even though it may not be part of their job description. • Documents safeguarding concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion. • Shares appropriate and relevant information within their team and when appropriate, other teams. • Understands the individual's right to privacy and autonomy and to make decision that are or seen unwise, but also understand the limited circumstances in which those rights can be overridden. • An understanding of the Prevent agenda as it affects their work. • Acts in accordance with key statutory and non-statutory guidance and legislation including the Human Rights Act and the Care Act 2014. 	<p>Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.</p> <p>Over a three-year period, individuals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours.</p> <p>Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2.</p> <p>Training, education and learning opportunities should include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit.</p> <p>This should be appropriate to the specialty and roles of participants, encompassing for example the importance of early help, domestic violence, adults at risk of abuse and harm, learning disability, and communicating with individuals.</p>	<p>Level 1 & 2 e-learning via E-LFH: http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/</p> <p>RCGP safeguarding Adults at Risk of harm online training - http://www.rcgp.org.uk/learning/online-learning/ole/safeguarding-adults-at-risk-of-harm.aspx</p> <p>DOLs: http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/</p> <p>Domestic Abuse: http://www.e-lfh.org.uk/programmes/domestic-violence-and-abuse/how-to-access/</p> <p>40 minute online e-training programme, designed specifically for health workers. www.kdac.org.uk/health-professionals</p> <p>KMSAB/KSCB: Safeguarding Adults including MCA / DOLs: http://www.kscb.org.uk/training/first-aid-training-courses http://www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/</p>

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Training Level Staff Group	Core Competency Required	Frequency	Training
Level 3	<p>Competence at this level is about individuals starting to act on the information which may indicate possible harm or abuse and advice other members of the care team if they have concerns. It comprises:-</p> <ul style="list-style-type: none"> • Draws on professional knowledge and expertise to identify signs of harm or abuse. • Ability to document and report concerns of abuse in a manner that is appropriate for safeguarding and legal processes. • Is able to undertake or contribute to enquiries, assessments and the gathering and sharing of information in line with local multiagency safeguarding adult's policies and procedures. • Uses an in-depth knowledge of local multiagency safeguarding adults' policies and procedures to advise staff in relation to identifying and responding to concerns about adult abuse. • Works with other professionals and agencies, along with individuals when there are safeguarding concerns. • Undertakes regular documented reviews of own and/or team's safeguarding practice as appropriate to role (in various ways, such as through audit, case discussion, peer review and supervision and as a component of refresher training). • Contributes to Safeguarding Adults Reviews/case management reviews, internal partnership and local forms of review. • Maintains knowledge and awareness of the Mental Capacity Act and its Code of Practice, the Deprivation of Liberty Safeguards (DoLS) and Care Act 2014, along with their impact on safeguarding adults and managing all related functions as appropriate. • To be able to highlight issues relating to vulnerable people in relation to the Prevent agenda. • Where role includes conducting detailed assessments of adults at risk of harm or abuse, demonstrates ability to apply in depth knowledge of safeguarding issues in the assessment and examination of the adult at risk and how to provide reports with an opinion. • Applies the lessons learnt from audit and Safeguarding Adults Reviews/case management reviews to improve practice. • Advises others on appropriate information sharing. 	<p>For those individuals moving into a permanent senior level post, GP or Team Leader, who have as yet not attained the relevant knowledge, skills and competence required at level 3, it is expected that within a year of appointment additional education will be completed. This is to be equivalent to a minimum of 8 hours of education and learning related to adult safeguarding, and those requiring specialist-level competences should complete a minimum of 16 hours.</p> <p>Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core, this equates to a minimum of 2 hours per annum), a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill).</p> <p>Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1 and 2.</p> <p>In addition to level 3 Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, safeguarding adult's reviews, lessons from research and audit, as well as communicating with individuals about what is happening. This should be appropriate to the specialty and roles of the participants.</p> <p>At level 3 this could, include attendance at a WRAP 3 workshop (for Prevent), where appropriate.</p>	<p>Domestic Abuse: http://www.bristol.ac.uk/primaryhealthcare/researchthemes/responds/training-pack/</p> <p>Safeguarding Adults: KMSAB/KSCB: Safeguarding Adults Levels including MCA/DOLs: http://www.kscb.org.uk/training/find-training-courses http://www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development</p> <p>PREVENT The WRAP training is currently being revised by the Home Office and therefore contact Designated Nurse for Adults for an update.</p>

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Appendix 5 - CCG Training Matrix

Training level	Child safeguarding	Adult safeguarding (including domestic abuse)	PREVENT
Level 1	Non-clinical and administrative staff: e.g. secretaries; reception staff, GP practice managers; administrative staff.	The minimum level of competence required of all staff working in any health care organisation including Governing body members.	All staff working in the health sector. All non-clinical and clinical staff that have any contact with adults, children and young people and/or parents/carers including:
Level 2	All clinical staff who have any contact with children, young people and/or parents/carers	All staff that have regular contact with patients, their families or carers, or the public. This may include – Commissioning team staff, nursing and quality team members, medicines management staff, CCG primary care staff and receptionists as examples of staff who have regular contact with patients, even if this is only by telephone. Level 2 should be the minimum level of competence for all qualified healthcare staff.	administrators for LAC children and safeguarding teams, adult physicians, GP receptionists.
Level 3	All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/ child protection concerns	Nominated primary care leads for safeguarding adults.	WRAP - All clinical staff working with adults, children and young people and/or their parents/carers including: GPs, looked after children's nurses, community services (including Practice nurses), People providing services to migrants or asylum seekers, Practitioners working in adult community services with adults of a working age and Practitioners working in children's community services with young people.
Level 4	Specialist roles and named professionals	Nominated primary care leads for safeguarding adults and named doctor roles.	
Level 5	Designated Doctor/Nurses	Designated Doctor/Nurses	

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Appendix 4 - Equality Impact Assessment

What is an Equality Impact Assessment (EIA)?

An EIA is a systematic appraisal of the (actual or potential) effects of a function or policy on different groups of people. It is conducted to ensure compliance with public duties on equality issues (which in some areas go beyond a requirement to eliminate discrimination and encompass a duty to promote equality), but more importantly to ensure effective policy making that meets the needs of all groups.

Like all other public bodies, the CCG is required by law to conduct impact assessments of all functions and policies that is considered relevant to the public duties and to publish the results.

An Equality Impact Assessment must be completed when developing a new function, policy or practice, or when revising an existing one.

*In this context a **function** is any activity of the CCG, a **policy** is any prescription about how such a function is carried out, for instance a strategy, guidelines or manual, and a **practice** is the way in which something is done, including key decisions and common practice in areas not covered by formal policy.*

Support

It is important that all policies are informed by the knowledge of the impact of equalities issues accumulated across the organisation. Early in the policy development process, and before commencing the EIA.

The EIA process

The EIA has been constructed as a two-stage process in order to reduce the amount of work involved where a policy proves not to be relevant to any of the equalities issues.

The initial screening tool should be completed in all cases, but duplication of material between it and the full EIA should be avoided. For instance, where relevance to an equalities issue is self-evident or quickly identified this can be briefly noted on the initial screening and detailed consideration of that issue reserved for the full EIA.

DOCUMENT NAME:

Safeguarding Training Strategy

Stage 1 – initial screening

The first stage of conducting an EIA is to screen the policy to determine its relevance to the various equalities issues. This will indicate whether or not a full impact assessment is required and which issues should be considered in it. The equalities issues that you should consider in completing this screening are:

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- Race
- Gender
- Gender identity
- Disability
- Religion or Belief
- Sexual orientation
- Age (including younger and older patients)
- Human Rights
- Socio-economic

Aims

What are the aims of the policy?

To provide guidance to managers of the CCG staff, managers of commissioned and contracted services about the safeguarding training requirements for their employees.

To provide an assurance framework related to the above against which providers will be monitored, in order for the CCG to discharge its legislative commissioning duties.

Effects

What effects will the policy have on staff, patients or other stakeholders?

Are there any barriers (communication, physical access, location, sensitivity etc.) which could inhibit access to the benefits of the policy?

It will facilitate improvements in knowledge skills and competence of the children’s workforce in order to better protect vulnerable groups.

There are no known barriers

Evidence

Is there any existing evidence of this policy area being relevant to any equalities issue?

Identify existing sources of information about the operation and outcomes of the policy, such as operational feedback (including monitoring and impact assessments)/Inspectorate and other relevant reports/complaints and litigation/relevant research publications etc. Does any of this evidence point towards relevance to any of the equalities issues?

No evidence known

Stakeholders and feedback

Describe the target group for the policy and list any other interested parties. What contact have you had with these groups?

All CCG employees, governing body and services commissioned including designated professionals.

Do you have any feedback from stakeholders, particularly from groups representative of the various issues, that this policy is relevant to them?

Not at this stage. Will occur when sent out for comment.

Impact

Could the policy have a differential impact on staff, patients, or other stakeholders on the basis of any of the equalities issues?

No

Summary of relevance to equalities issues

Equality Strand	Negative Impact Yes/No	Positive Impact Yes/No	Rationale
Race		yes	Equality statement in document
Gender		yes	As above
Gender identity		yes	As above
Disability		yes	As above
Religion or Belief		Yes	As above
Sexual orientation		Yes	As above
Age (younger patients)		Yes	As above
Age (older patients)		Yes	As above

Human Rights

Yes

The commitment to uphold human rights stated in document.

Socio-economic

Yes

Equality statement in document

If you have answered “Yes” to negative impact for any of the equality strands and the impact is either high or medium, a full impact assessment must be completed, unless it can be justified that it is not significant (low) or that to do a full EIA is not a proportionate response.

If a full EIA is not necessary, what is your justification for this?

There are no negative equality strands identified or applicable.

Monitoring and review arrangements

Describe the systems that you are putting in place to manage the policy and to monitor its operation and outcomes in terms of the various equality issues.

A clear statement of intent made within the document.

Equal opportunity policies and training in place for the CCG and evidence of such policies from providers will be sought.

Any complaints of inequality issue will be robustly investigated

State when a review will take place and how it will be conducted.

This strategy will be reviewed in June 2015 unless there is change in legislation or statutory guidance to suggest it should be reviewed earlier.

Name (in CAPS) and signature

Date

Policy lead

Senior manager
