



North West London

## Safeguarding Training Strategy

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## **1. Introduction:**

- 1.1 The NHS North West London Integrated Care Board (ICB) has a statutory duty to safeguard and promote the welfare of children and adults of North West London. This duty includes ensuring that all ICB staff (substantive, fixed contract and interim) and volunteers access safeguarding training at a level appropriate to their role and understand their responsibility to safeguard children and adults. In addition, the ICB as a commissioning organisation has a duty to have oversight of the compliance of healthcare staff with safeguarding training in commissioned services.
- 1.2 NHS North West London ICB is fully committed to its responsibility for protecting and safeguarding adults, children and young people. Our principal philosophy is that safeguarding is everybody's business and all staff will respond and act to raise safeguarding concerns and address any emerging issues.
- 1.3 The Safeguarding Assurance and Accountability Framework (SAAF NHS 2022 p15) identifies training as a key element of effective safeguarding arrangements and highlights the three intercollegiate documents. The three intercollegiate documents outlining the training and competencies required by healthcare staff are:
  - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019
  - Looked after Children: roles and competencies of healthcare staff December 2020
  - Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.
- 1.4 The training strategy has been developed based on the requirements and competencies as set out in the three intercollegiate documents and aims to provide the ICB commissioners, managers and staff with clear direction as to their roles and responsibilities as relates to safeguarding arrangements, safeguarding training and competency requirements of staff and processes for monitoring compliance.
- 1.5 This is the first training strategy to be developed by the ICB and as a 'live' document which will be updated as and when there are significant changes in national guidance and local training needs, however it is the intention the strategy will cover the next 2 years; full review date 2025.

## **2 Aims and Scope of the Strategy:**

- 2.1 The aims of this strategy are as follows:
  - The ICB is compliant with legislative safeguarding duties and responsibilities.
  - The ICB Executive Board to be aware of its responsibilities for ensuring robust safeguarding training arrangements.
  - ICB staff are clear on the level of training and achieve the competencies required for their role.

- ICB managers are clear on the level of training and competencies required by the staff they manage and their responsibilities to monitor compliance.
- ICB commissioners ensure safeguarding training compliance is part of contract monitoring and quality assurance systems.
- ICB has robust monitoring and assurance systems in place to monitor and achieve training compliance across the ICB workforce

2.2 In addition, the strategy aims to better inform ICB managers and staff on how and where to access safeguarding training including internal and external opportunities. A trained and competent workforce, this is staff who have achieved the knowledge and competencies to recognise and respond to safeguarding situations in an appropriate and effective manner supports the core national objectives of the integrated care system (ICS).

2.3 The strategy's aim of a trained and competent workforce aligns with and supports the four core national objectives of ICSs:

- *Improve outcomes in population health and health care*
- *Prevent ill health and tackle inequalities in outcomes, experience and access*
- *Enhance productivity and value for money*
- *Support broader economic and social development*

Link: <https://www.nwlondonics.nhs.uk/about-the-ics>

2.4 The strategy aims to embed in North West London ICB a corporate and individual responsibility for safeguarding arrangements. The ICB as an NHS organisation has a responsibility and duty to ensure it exercises its functions with a regard for safeguarding children and adults and the individual staff through the contract and appraisal processes has a responsibility to evidence and comply with safeguarding requirements.

2.5 The scope of this strategy extends to all ICB staff including volunteers - substantive, fixed contract and interim.

### **3 Roles and Responsibilities:**

3.1 All safeguarding duties and responsibilities previously held by CCGs are transferred to ICBs. The ICB holds executive accountability for safeguarding children and adults including workforce planning.

3.2 The ICB Chief Nursing Officer has delegated safeguarding responsibilities from the ICB Chief Executive Officer. This includes the responsibility to ensure that staff are trained at a level commensurate to their role and understand their individual and corporate responsibilities to safeguard children and adults.

3.3 The Designated Professionals within the ICB will ensure that:

- Safeguarding training is aligned with national guidance and the intercollegiate documents
- Have oversight of and report on safeguarding training compliance
- The learning and recommendations from national and local safeguarding reviews are incorporated into safeguarding training.

- 3.4 Line Managers have a responsibility to ensure the staff they manage access and complete safeguarding training commensurate to their role and this is recorded on ESR. The line manager has the responsibility to escalate noncompliance with safeguarding training.
- 3.5 All staff have a responsibility to attend safeguarding training commensurate to their role and this is recorded on ESR.
- 3.6 Learning and Development Department responsibilities lie within the access to and provision of a safeguarding training offer which is aligned to national and professional guidance.

#### **4 Monitoring and Assurance:**

- 4.1 The ICB has a duty to ensure that all ICB staff (substantive, fixed contract and interim) and volunteers access safeguarding training at a level appropriate to their role and understand their responsibility to safeguard children and adults. This includes oversight of the compliance of healthcare staff with safeguarding training in commissioned services. ICB staff compliance is reported on quarterly.
- 4.2 The training compliance targets are as follows:
  - Safeguarding training (adults and children) 90%
  - Mental Capacity Act Training 90%
  - Prevent Basic awareness 90%
  - Prevent Duty (L3) training is 90%
- 4.3 A Training Needs Analysis (TNA) informs the ICB safeguarding training offer; the current TNA is in progress. The Learning and Development Department refers to a Learning Needs Analysis (LNA) and for the purpose of this Training Strategy LNA/TNA the aims of both are the same. The quality of safeguarding training is assured through a robust evaluation process co-ordinated by the Learning and Development Department with oversight by the Safeguarding Team.

#### **5 Safeguarding Adults Training:**

- 5.1 The competency framework Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018) outlines the skills and knowledge required for all health professionals to ensure they are equipped to undertake their safeguarding roles and responsibilities in line with the Care Act 2014. Within its umbrella of expected knowledge and skills are those pertaining to forensic practice, mental capacity and deprivation of liberty safeguards and Prevent. These latter two areas of practice have their own competency frameworks which complement Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) and should be referred to when considered competency in these areas.

- 5.2 Adult Safeguarding: Roles and Competencies for Health Care Staff (2018 p7) states that safeguarding competencies are:

*'the ability to perform a specific task, action or function successfully. They are a combination of skills, knowledge and experience expected of individual staff and being able to demonstrate the ability to be critically reflective and self-aware as you analyse, review and evaluate your skills, knowledge and professional practice'.*

To support this, a healthy learning culture is encouraged within Safeguarding and supervision is considered fundamental to foster and further enable reflective practice in relation to safeguarding adults.

- 5.3 The Care Act 2014 is underpinned by six Safeguarding Adult principles that all health professionals need to understand and apply when engaging with adults at risk of abuse or neglect. These are: empowerment, prevention, proportionality, protection, partnership and accountability. This value base is also the cornerstone for Making Safeguarding Personal (MSP). This strategy supports the embedding of the MSP guidance in practice for all health professionals regardless of their role. (Making Safeguarding Personal for commissioners and providers of health and social care, Local Government Association, 2019)
- 5.4 Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) competency framework breaks health staff roles into five levels of training plus a Board level. Those requiring a higher competency level should also be competent at the proceeding level. e.g. A staff member requiring Level 3 competency also needs to possess the skills and knowledge outlined in levels 1 and 2. Refresher training at level 3 would negate the need to also complete refresher training at level 1 & 2, so long as those skills are possessed. The table below outlines the levels for staff and the number of expected hours of refresher training every 3years.

**Table 1: Safeguarding Adult Training Level and Expected Hours.**

Level	Staff	Min hrs of refresher training over a 3year period
Level 1	All staff working in health care settings- including non-clinical staff	2hrs

Level 2	All practitioners that have regular contact with patients, their families or carers, or the public	3-4hrs
Level 3	Registered health staff who engage in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)	8hrs
Level 4	Specialist roles – named professionals	24 hours. To include clinical leadership, appraisal and supervision training. Should participate in peer support networks
Level 5	Specialist roles – designated professionals or equivalent roles	24 hours. To include clinical leadership, appraisal and supervision training. Should participate in peer support networks

- 5.5 Designated professionals should be attending an executive level management programme with a focus on leadership and change management within three years of taking up the post (Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 p.37)
- 5.6 Board members should receive a bespoke training package encompassing Level 1 knowledge, competencies and skills in addition to the specific learning outcomes outlined on page 39 of the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018).
- 5.7 Chief Nursing Officer, Chief Medical Officer and Deputy Chief Nurse will require Safeguarding Training to Level 3.

## 6 Preventing Radicalisation:

- 6.1 The NHS Prevent training and competencies framework (DHSC, Sept 2022) has been published to enable consistency in Prevent training across the health sector. It supports NHS provider organisations, NHS commissioners and organisations providing services on behalf of the NHS to meet its legislative responsibilities to equip staff to safeguard and promote the welfare of children, young people and adults in relation to Prevent and its contractual training obligations set out in the [NHS Standard Contract](#).
- 6.2 The Prevent training and competencies framework (DHSC, Sept 2022) states 'to ensure consistency in training and competency development, the framework should be used in conjunction with the intercollegiate documents:
- [adult safeguarding: roles and competencies for healthcare staff](#)
  - [safeguarding children and young people: roles and competencies for healthcare staff](#)
  - [looked after children: roles and competencies for healthcare staff](#)

- <https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework>

6.3 As with the other intercollegiate documents the framework sets out competencies in line with staff role

**Table 2: Safeguarding Adult Training Level and Staff Group.**

Level	Staff Group
Level 1	all staff working in healthcare settings, including non-clinical managers and staff
level 2	all clinical and non-clinical staff who have regular contact with patients, their families or carers, or the public
level 3	all clinical staff working with adults, children, young people and/or their parents or carers, who could potentially contribute to assessing, planning, intervening and/or evaluating the health needs of a service user
level 4	specialist roles – named professionals
level 4 and 5	Prevent lead
level 5	Specialist roles – designated doctors, nurses and professionals

## **7 Mental Capacity Act Training and Deprivation of Liberty Safeguards:**

- 7.1 The Mental Capacity Act (2005) has been implemented since 2007. The Deprivation of Liberty Safeguards were brought in as an addendum a couple of years afterwards. In July 2018, the Government published a Mental Capacity (Amendment) Bill which proposes the Deprivation of Liberty Safeguards will be replaced by the Liberty Protection Safeguards (LPS). This has involved a review of the Mental Capacity Code of Practice. Whilst the health and social care sector awaits the finalised details of LPS following a lengthy consultation in 2022, MCA remains the cornerstone. It is law that impacts everyone working with those over the age of 16years.
- 7.2 The National Mental Capacity Act Competency framework sets out the skills, knowledge and abilities expected of staff working within the Mental Capacity Act. (Brown, K., Bogg, D. and Lyne, M., 2017. National Mental Capacity Act competency framework. Bournemouth: The National Centre for Post-Qualifying Social Work, Bournemouth University)
- 7.3 It divides staff groups across the health and social care sector into Groups A to E, with the specialist role of Best Interests Assessors. This framework can be read alongside the Intercollegiate safeguarding competencies framework to support good practice.



## 8. Safeguarding Children and Looked After Children Training Levels:

8.1 The safeguarding children training levels and competencies referred to this strategy are those identified in the intercollegiate documents:

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019
- Looked after Children: roles and competencies of healthcare staff December 2020

8.2 The safeguarding children levels of training are as follows:

**Table 3: Safeguarding Children Training Level and Staff Group.**

Level	Staff Group
Level 1	All staff including non-clinical managers and staff working in healthcare services.
Level 2	Minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children
Level 3	All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening and/ or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).
Level 4	Named professionals
Level 5	Designated professionals.

(Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019 p14)

8.3 Board members require a level of training specific to the responsibilities of the role. Board level training is outlined in the intercollegiate document (2019 p59)

*All board members including non-executive members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership,*

(Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 p59)

8.4 Additional knowledge skills and competencies requirement for specific professional roles at level 3. These roles include paediatricians, GPs, GP practice safeguarding leads, practice nurses, children's nurses, health visitors, school nurses. Midwives - a complete list is found in Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 p34.

8.5 Designated doctors and nurses are identified as requiring Prevent Level 5 training (NHS Prevent training and competencies framework (2022))

8.6 The looked after children levels of training are as follows:

**Table 4: Looked After Children Training level and Staff Group.**

Level	Staff Group
Level 1	All staff including non-clinical managers and staff working in healthcare settings.
level 2	Minimum level for all non-clinical and clinical staff who, within their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children.
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 health needs of a looked after child/young person or care leaver.
level 4	Specialist medical, nursing and health professionals for looked after children and adoption, including named professionals and medical advisors for fostering and adoption.
level 5	Designated professionals.

(Looked after Children: Roles and Competencies of Healthcare Staff December 2020)

8.7 Each level of training builds in the knowledge and competencies of the previous level.

## **9. Achieving Training Compliance:**

9.1 The training compliance targets are as follows:

- Safeguarding training (adults and children) 90%
- Mental Capacity Act Training 90%
- Prevent Basic awareness 90%
- Prevent Duty training (L3) is 90 %

9.2 For the ICB to meet safeguarding training compliance targets it is important to have an accessible and relevant training offer (internal and external) which is regularly reviewed through a TNA to identify training needs.

9.3 The systems in place to record staff training attendance must be accurate and flexible allowing current training and previous training to be recorded from other NHS organisations.

9.4 Processes and systems are in place to report on safeguarding training compliance of both ICB workforce and of commissioned services on a quarterly basis.

### Intercollegiate Documents Links:

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff  
<https://www.rcn.org.uk/professional-development/publications/pub-007366>
- Looked After Children: Roles and Responsibilities of Healthcare Staff  
[Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/Professional-Development/publications/looked-after-children-roles-and-responsibilities-of-healthcare-staff)
- Adult Safeguarding: Roles and Competencies for Health Care Staff  
<https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>
- NHS Prevent training and competencies framework  
<https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework>