

THE LEWISHAM CLINICAL COMMISSIONING GROUP

**SAFEGUARDING CHILDREN AND (ADULTS WHO ARE
AT RISK OF HARM OR ABUSE CARE ACT 2014)
TRAINING STRATEGY FOR:
GENERAL PRACTICE**

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Contents

1. Introduction and Scope
2. Equality Statement
3. The purpose of training
4. Roles and responsibilities for General Practice
5. Competences expected of staff working with children and young people
6. Training required for Safeguarding Children and Young People
7. Competencies expected of staff working with adults
8. Training required for Safeguarding Adults for General Practice
9. Monitoring and Assurance
10. Relevant Legislation and Guidance
11. Implementation plan

1. Introduction and Scope

- 1.1 The purpose of this document is to provide a clear statement of the recommendations for General Practice regarding the provision of training for health staff in relation to safeguarding children and adults at risk.
- 1.2 As an NHS Body, and a major commissioner of local health services, CCGs have to assure themselves that the organisations from a quality perspective have effective safeguarding arrangements in place (Safeguarding Vulnerable people in the Reformed NHS: Accountability and Assurance Framework, 2015) and for this purpose the following recommendations have been developed by Lewisham Clinical Commissioning Group to facilitate this for General Practices.
- 1.3 All NHS organisations and General Practices are responsible for assuring that their employees have the knowledge, skills and competence to undertake their roles as outlined in the intercollegiate competency framework (RCPCH, 2014) levels 1 to 5 and specific requirements for Executives and Commissioning Body Directors.

General Practice

- 1.4 The purpose of this document is to provide a clear statement and **guidance for** General Practice and the provision of training for health staff in relation to safeguarding children and adults at risk.
- 1.5 In General Practice, the list of individuals to whom this guidance might apply includes;
 - General Practitioners (Partners, Salaried GPs, Retainers, Locums)
 - Nurse Practitioners
 - Practice Nurses
 - Consultant Nurses
 - Healthcare Assistants
 - Receptionists and Administrative Staff
 - Practice Managers
 - Any other staff employed by the practice
- 1.6 The Children Act (2004) and Care Act (2014) require **that all** staff;
 - Should be trained, competent and confident to recognise potential indicators of abuse and neglect
 - Should know how to act on those concerns; and,
 - Know how to fulfil their roles and responsibilities for safeguarding children and adults at risk in line with Local Safeguarding Children Board (LSCB) and Safeguarding Adult Board (SAB) procedures

- 1.7 This strategy aims to provide **guidance for** General Practice and some opportunities to participate in Safeguarding training provided by Lewisham Clinical Commissioning Group. Additional tools are embedded in the document to support learning. This strategy details the level of training required by General Practice and their employees.
- 1.8 The strategy links training with the role, responsibility, performance expectation and level of experience and in addition to learning derived through attendance on training programmes, written update briefings and literature on current safeguarding protection issues will be circulated to safeguarding leads on an annual basis as a minimum.
- 1.9 The documents that detail safeguarding training expectations, requirements and competences for health staff include:
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014);
 - Looked after Children knowledge, skills and competence of healthcare staff – Intercollegiate Role Framework (2015);
 - Roles and Competencies for Health Care Professionals 2014; and
 - NHSE Draft Intercollegiate Document 2014: Safeguarding Adults: Roles and competences for health care staff.
- 1.10 The strategy will be reviewed a minimum of three yearly or in response to changes in national and local guidance.

2. Equality Statement

- 2.1 All public bodies have a statutory duty under the Equality Act 2010 to “set out arrangements to assess and consult on how their policies and functions impact on race equality”. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.
- 2.2 All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their carers and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.
- 2.3 It is expected that the Safeguarding Training Strategy will have a positive impact on equality. However, the CCG will ensure all our training programmes will include the relevant aspects equality, diversity and Human Rights requirements

3. Purpose of Training

- 3.1 The purpose of training for inter-agency work at both strategic and operational levels is to achieve better outcomes for children and adults who are at risk of harm or abuse as described in the Care Act 2014 which may affect different individuals at different stages of their life. An adult is described over the age of 18 years and for individuals aged over 16 years as in the case of Domestic Violence by promoting;
- A shared understanding of the tasks, processes, principles and roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and adults who are at risk of harm or abuse as described in the Care Act 2014;
 - More effective and integrated services at both the strategic and individual case level;
 - Improved communications between professionals including a common understanding of key terms, definitions and thresholds for action;
 - Effective working relationships, including an ability to work in multidisciplinary groups or teams;
 - Sound decision making based on information sharing, thorough assessment, critical analysis and professional judgment;
 - Learning lessons from Serious Case Reviews, Safeguarding Adult Reviews & Domestic Homicide Reviews and implementing changes to practice based on recommendations from local and national cases. To support the IRIS model of training to support identification and referral to improve safety for women in the case of Domestic Violence. It is mandatory that all General Practices in Lewisham complete the IRIS training recommended in the Lewisham Violence Against Women Action Plan July 2015.

4. Roles and Responsibilities for General Practice

- 4.1 Individual General Practices are responsible for ensuring their Practice staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare and adults at risk.
- 4.2 Practices should ensure that their employees are aware of how to recognise and respond to safeguarding concerns, including signs of maltreatment, abuse and neglect.
- 4.3 Practices are expected to comply with CQC Essential Standards of Quality and Safety outcomes 7 – 14, particularly outcome 7, Safeguarding People who use Services from abuse and for this purpose LCCG recommend that this strategy is progressed.
- 4.4 Practices have a responsibility to ensure that there is a system and or process in place to ensure that locum / interim staff have the required regulatory standards (for example registered with GMC, DBS clearance) and provide supporting evidence of attending safeguarding training.
- 4.5 Practices have a responsibility to ensure all frontline staff as outlined in the DBS referral guidance <https://www.gov.uk/government/organisations/disclosure-and-barring-service> are appropriately registered and managed in order to safeguard children and adults.
- 4.6 Practices have a responsibility to identify adequate resources and support for the following training opportunities:
 - Multi-agency training (**MAT**) with workers from different agencies to promote a common and shared understanding of the respective roles and responsibilities of different professionals, and to contribute to more effective working relationships.
 - Single agency training (**SAT**) from a health service perspective typically carried out within the practice for its own staff.
 - Individual training (**IT**) based on the needs or interests of the individual staff member, or involving accessing a more general multi -agency or single agency resource, or training accessed via other routes such as an approved e-learning module.
- 4.7 All training needs to be delivered by a suitably quality and experienced facilitators.
 - Ensuring that staff receive relevant single agency training that enables them to

maximise the learning derived from multi-agency training;

- Ensuring they keep accurate data of staff trained within the organisation including a breakdown of eligible staff trained at each level.

4.8 Practices are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting the welfare of children and adults at risk.

All General Practices have a responsibility to support training by:

- Releasing staff to attend the appropriate inter-agency training courses and ensuring the time for them to complete multi-agency training tasks and apply their learning in practice; the

[GP Tool Kit \(2014\)](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Safeguarding-Children-Toolkit-2014/RCGP-NSPCC-Safeguarding-Children-Toolkit.ashx) requires that the Practice Safeguarding Lead reviews staff training needs on a regular basis (<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Safeguarding-Children-Toolkit-2014/RCGP-NSPCC-Safeguarding-Children-Toolkit.ashx>)

Competencies expected of *all* staff working with Children and Young People in General Practice

5. It is recommended that General Practices have in place or undertake the following:

- A training needs analysis
- A training plan informed by the training needs analysis;
- Link individual learning needs to annual appraisal and data collection and reporting arrangements.

5.1 There are five levels and a board level of expected safeguarding children competency. The first three of which are relevant to primary healthcare teams:

Level 1: Competency expected of **all staff** working in a healthcare setting.

Level 2: Competency expected of clinical staff that have **regular contact** with parents, children and young people.

Level 3: (Core) competency expected of clinical staff who **work predominantly** with children, young people and parents.

Level 3: (Specialist) for those at Level 3 who require additional specialist competencies due to the nature of their work.

Level 4: Named professionals.

Level 5: Designated professionals.

Board Level: Senior Managers and Executive Leads with Board level responsibility for safeguarding children and young people.

5.2 Training Monitoring:

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. It is recommended that evidence of each staff member attainment against the Safeguarding competencies will be recorded in their annual appraisal documentation as evidence for the individual employee/employer and

organisation. It is recommended that any gaps in training which are identified would be addressed within an agreed timescale and built into the training program

5.3 In considering the various staff roles, it might be reasonable to require the follow levels of competency in relation to Children and Young People for General Practice:

Table 1:

	Level 1	Level 2	Level 3	Level 4	Level 5	Board
General Practices	Practice Manager, Reception staff, Administration staff, ancillary staff i.e. domestic and maintenance	Health Care Assistants, Practice Pharmacists, Counsellors, Allied Health Professionals, Therapists, Phlebotomists Practice Nurses	GP's, Advanced Nurse Practitioners, Practice Nurses, Consultant Nurses, GP Practice Safeguarding Leads	Named GP	Not required	Not required

- 5.4 The assessment of eligibility may be judged by asking the following 3 questions:
- I. Does this staff member working in a healthcare setting? If **“Yes”**, then **they will need to acquire Level 1 competency, as a minimum.**
 - II. Does this staff member have regular non clinical contact with parents, children and young people? If **“Yes”** then **they will need to acquire Level 2 competency, as a minimum**
 - III. Does this staff member work predominantly with children, young people and their parents, and are they expected to work and communicate with other agencies, such as making referrals to Children’s Social Care? If **“Yes”** then **they will need to acquire Level 3 (core) competency, as a minimum.**
- 5.5 The Intercollegiate document identifies General Practitioners as requiring Level 3 (specialist) competency.

The minimum competency required for General Practice staff is Level 1 which is achieved through eLearning. The Consultant Nurse for Primary Care and Designated roles including Designated Nurse for Safeguarding Children and Designated Nurse for Looked After Children, Designated Doctor for Safeguarding Children and Designated Doctor for Looked after Children would complete level 3-5. Board training will be combined with Children and Adults delivered annually.

6. Training required for Safeguarding Children and Young People

The level of training required is based on the level of competency the staff member is expected to demonstrate (Table 1).

Lewisham Clinical Commissioning Group Training Strategy for Safeguarding Children for General Practice 2014 – 2017 extracted from Safeguarding Children Standards in General Practice version 2.

6.1 Introduction

General Practitioners (GPs) and other clinicians and reception staff are placed in an important position as front-line staff in regular contact with families. GPs are also the central repository for health information about their patients. Thus, General Practitioners particularly and all staff within GP surgeries have a professional duty to be trained and regularly updated in safeguarding children and child protection. Many of the skills GPs already have in Consultation and Communication form the basis for good practice for safeguarding children. In addition, there are particular skills and knowledge which are relevant to safeguarding children, which require training and updating as in all other aspects of clinical practice.

All health care organisations have a duty under the Children Act 2004, Section 11, to make arrangements to safeguard and promote the welfare of children and young people.

The GMC guidance *0-18 Guidance for Doctors* states:

58. If you work with children or young people, you should have the knowledge and skills to identify abuse and neglect.²⁵ You should be aware of the use of frameworks for assessing children and young people's needs, the work of Local Safeguarding Children's Boards and Child Protection Committees, and policies, procedures and organisations that work to protect children and promote their welfare

The Intercollegiate Guidance *Safeguarding Children and Young People: Roles and Competences for Health Care Staff April 2006 and updated in March 2014* is the standard upheld by all the Royal Colleges and is referenced in the GMC *0-18 Guidance for Doctors* as above.

This training strategy uses the intercollegiate guidance as its basis, adapting it for local use.

6.2 Aims of the training strategy

To ensure that all staff working in general practice in Lewisham receive adequate training in Safeguarding Children and Child Protection according to the Intercollegiate training recommendations for Safeguarding Children and Young People, 2014 and in response to local training needs.

6.3 Summary of training requirements:

1. All practice staff are trained to Level 1 and updated every 3 years. All HCAs (health care assistants) to be trained to Level 1 and 2 and updated annually.
2. All GPs and practice nurses (PNs) are trained to Level 3 (to include Levels 1 and 2) and receive updates annually.
3. All Safeguarding Children Practice Leads (to be known as Practice Leads) are fully aware of their roles and responsibilities, are trained to Level 3, remain updated annually and attend group supervision at least 4 times a year.

6.4 Level 1 training

(All staff including non-clinical managers and staff working in health care settings)
All 4 steps need to be completed to obtain Level 1.

1. Undertake Level 1 module of the e – Learning for Health course on Safeguarding Children and Young people (www.e-lfh.org.uk) and print off certificate of completion. (Or complete the Level 1 module of the www.corelearningunit.nhs.uk) This is not free for General Practice.
2. Be aware of Designated and Named Professionals for Safeguarding Children in NHS Lewisham and how to contact them in case of a child protection query. Be aware of how and when to contact Children's Social Care when a concern about a child arises.
3. Know who your Safeguarding Children Practice Lead is and understand his/her role.
4. Read the document setting out Lewisham Standards in General Practice for Safeguarding Children. Familiarise yourself with practice protocols in your area of work in relation to safeguarding children e.g. registration protocol for receptionists.

5. Updates of at least 2 hours are required every 3 years.

6.5 Level 2

(Minimum level required for non-clinical and clinical staff that have some degree of contact with children and young people and/or parents/carers e.g. all Health Care Assistants.)

After completing Level 1, proceed to Level 2:

4. Take level 2 module of the e – Learning for Health course on Safeguarding Children and Young people. (www.e-lfh.org.uk) and print off certificate of completion.
5. Attend a multiagency LSCB Level 2 course within the first year of completing the on-line course.

Updates may be either on-line or by attending a LSCB course. There should be a minimum of 4 hours learning over a 3 year period, after the initial Level 2 training.

6.6 Level 3

(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)

1. Attend a Level 3 course run by either the LSCB (multi-agency) or a Lewisham CCG course run for general practice staff. The Lewisham CCG courses are run every year and course material changes every 2 years, with the newest cycle starting in April 2014.
2. Ensure you have read and are aware of the London Child Protection Procedures, Working Together 2013 and your own practice policy and procedures.
3. Updates can be achieved by attending a multi-agency Level 3 LSCB course or a Lewisham CCG course for General Practice.

NOTE: E-learning is appropriate to impart knowledge at level 1 and 2. E-learning can also be used at level 3 and above as preparation for reflective team-based learning,

and contribute to appraisals and revalidation when linked to case studies and changes in practice.

4. A mixed portfolio is recommended over a 3 year period, with on-line learning, attending multi-agency courses, the Lewisham CCG course, carrying out and recording safeguarding children significant events and team case discussions. A minimum of 4 hours annually is recommended to be updated.

6.7 Practice Leads

1. Complete Levels 1, 2 and 3 as above.
2. Attend a Practice Leads meeting (held every 2 months) at least 4 times a year for group supervision and training.
3. The annual update requirement can be achieved by attending 4 of these Leads meetings of which one of them will be a specific Level 3 update.

6.8 Staff induction

1. All new non-clinical staff appointed in any one year should complete Level 1 as soon as possible and, at the latest, within 6 months after employment begins.
2. All new clinical staff are required to complete Levels 1, 2 and 3 within 6 months of being employed at the General Practice.
3. All new staff within 6 weeks of starting employment must be shown where to find and to have read the practice's policy and procedures on safeguarding children, the Lewisham Safeguarding Standards in General Practice, the Working Together 2013 and London Child Protection Policies and Procedures, 2014. Time must be allocated for the member of staff to achieve this. If locums have any difficulty accessing LSCB training, contact should be made with local Named GP or Nurse for further advice or may be sought from the **Assistant Director of Quality (Children) Designated Nurse Safeguarding and Looked After Children NHS Lewisham Clinical Commissioning Group**.

7. Competencies expected of *all* staff working with Adults in General Practice

7.1 **Safeguarding Adults: Roles and competencies for health care staff as described in the NHSE final draft Intercollegiate document 2015** provides a baseline for standards of competence that individuals can expect to receive from professionals and organisations tasked with Safeguarding Adults and also provides employees and employers with a benchmark for the minimum standard of competence required of those who work to safeguard adults. The draft NHSE Intercollegiate document Safeguarding Adults: Roles and competences for health care staff are found www.lewishamccg.nhs.uk.

7.2 It describes 5 main levels of competence and an extra level for Board and Executive Staff.

Level 1: Key individuals in this group are required to contribute to safeguarding; However, they do not have any specific organisational responsibility in issues relating to safeguarding or any statutory authority to intervene. This would be all General Practice staff.

Level 2: Individuals in this group have regular contact with adults and/or carers. They are required to act on any concerns and also contribute to local and national policies, legislation and procedures. They are required to work within an inter or multi-agency context. Key individuals in this group are outlined in table 3.

Level 3: Individuals in this group are responsible for ensuring that the organisation at all levels is fully compliant and committed to safeguarding adults. Individuals must ensure that there are appropriate systems and resources in place to maintain this within an intra and inter agency context.

Level 4: Individuals in this group are responsible for ensuring that their organisation is at all levels fully compliant and committed to safeguarding adults and that there are appropriate systems and resources in place to maintain this within an intra and inter agency context.

Key individuals in this group are outlined in table 3.

Table 3:

Level 1	Level 2
<p>Key individuals in this group are required to contribute to safeguarding; however, they do not have any specific organisational responsibility in issues relating to safeguarding or any statutory authority to intervene. Examples:</p> <ul style="list-style-type: none"> ● Administrative staff ● Ancillary Staff e.g. Domestic and maintenance Staff ● All staff including non- clinical and administrative staff: including interim staff ● Board members and lay members, secretaries; reception staff, managers 	<p>Individuals in this group have regular contact with adults and/or carers. They are required to act on any concerns and also contribute to local and national policies, legislation and procedures. They are required to work within an inter or multi- agency context. Examples:</p> <ul style="list-style-type: none"> ● Receptionist, ● Phlebotomists ● Health Care Assistants ● Practice Pharmacists, ● Counsellors ● Practice Nurses ● Nurse Practitioners
Level 3	Level 4 (Specialist)
<p>All staff who regularly contribute to supporting adults at risk of abuse and/or their families/carers. This includes through multi agency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns. Examples:</p> <ul style="list-style-type: none"> ● All clinical staff, including GPs, locum GPs ● Safeguarding Adult professional Lead General Practice ● Practice Nurses ● Consultant Nurse Primary Care ● Practice Managers ● Advanced Nurse Practitioners 	<p>Individuals in this group are responsible for ensuring that their organisation is at all levels fully compliant and committed to safeguarding adults and that there are appropriate systems and resources in place to maintain this within an intra and inter agency context. Examples:</p> <ul style="list-style-type: none"> ● Named Adult Safeguarding Lead and identified specialist Safeguarding Leads across health organisation ● Named GP for Adults (applies to all named professionals to include doctors, nurses, allied health professionals and lead consultant / lead nurses)

<ul style="list-style-type: none"> • All Allied Health professionals. • Executive Lead Adult Safeguarding 	
<p>Level 5</p>	<p>Board Level</p>
<p>*Desirable</p> <ul style="list-style-type: none"> • Designated professionals for adult safeguarding such as Lead in Safeguarding in GP Practices 	<p>Board level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors / Members</p>

The decision on the competency required of a particular staff member is one for each practice to take, since roles and responsibilities for an employee may vary widely between practices.

- The details of each competency level, with the knowledge and skills that underpin them are set out in the NHSE draft Intercollegiate document 2014: Safeguarding Adults: Roles and competencies for health care staff final version.

8. Training recommended for Safeguarding Adults for General Practice

- 8.1 The level of training required is based on the level of competency the staff member is expected to demonstrate (see section 8 and table 3).
- 8.2 Skills for Health (2012) recommendation: Adult Safeguarding refresher training for all staff should take place at a minimum of every 3 years.

Safeguarding Adult training for General Practice

- 8.3 All staff within GP practices will require a minimum of Level 1 training.
- 8.4 For Levels 2, 3, 4 and 5 will require a skills analysis to determine the nature of the role and responsibilities. This should be outlined in both job description and person specification. (See table 3).
- 8.5 Within one month of commencing a new role General Practice staff will be required to complete individual training through e-learning. This will need to be followed by single agency training or multi-agency training within 6 months of start date (e-learning does not demonstrate competence whereas it may demonstrate knowledge and thus requires supervision, reflective practice and appraisal support).
- 8.6 Prevent training: General Practices will be committed to follow the published guidelines NHSE Prevent Training and Competency Framework February 2015. <https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>
- 8.7 Level 1 awareness training is available through e-learning Channel General Awareness http://course.ncalt.com/Channel_General_Awareness College of Policing and Metropolitan Police Service.
- 8.8 All General Practices are recommended to complete this module within one month of induction and repeat every three years. It is recommended training records are maintained. Front line staff as described in the NHSE Prevent Training and Competency Framework February 2015 will be required to complete WRAP training additional to level 1 training. WRAP training may be sourced from Prevent Institutions Officer Local Borough Lewisham. Email: Prevent@lewisham.gov.uk. WRAP is level 2/3 training.
- 8.9 Lewisham will periodically with the support of Local Borough Lewisham host the delivery of WRAP training which will be accessible for General Practice. This will be delivered three times a year. Lewisham Clinical Commissioning Group will continue to encourage the completion of level 1 awareness training through

e-learning for General Practice.

8.10 Additional resources: <http://www.lewisham.gov.uk/myservices/publicsafety/Pages/Prevent-programme.aspx>

Table 4: Staff training level and training recommendations for Adult Safeguarding

Staff training level	Multi agency training (MAT)	Single agency training (SAT)	Individual training (IT)
Level 1 General Practices	Not required		Once every 3 years minimum of 2 hours i.e. eLearning
Level 2 General Practices	Not required		Once every 3 years minimum of 2 hours i.e. eLearning
Level 3 General Practices	Once every 3 years blended learning approach encompassing MAT,SAT,IT 12 to 16 hours minimum (Blended approach of eLearning, SAT delivered by Consultant Nurse Adult Safeguarding delivered three times a year and multi-agency approach including IRIS delivered by Clinical Lead and IRIS Educator and Prevent by Prevent Institutions Officer LBL and attendance at Health Safeguarding Case Conferences held by LCCG and additional appropriate seminars		
Level 4 General Practice	Recommendation: Once every 3 years blended learning approach encompassing MAT,SAT and IT 24 hours minimum		
Level 5 Named professionals and designated doctor	Once every 3 years blended learning approach SAT and MAT Be spoke i.e. GMC Familiarity with SAR process, Safeguarding Adults Boards, Peer review, Supervision in Adult safeguarding, clinical advice in complex		

	cases, attendance at safeguarding forums available for expert health advice. Links to other CPD activity and familiarity with local safeguarding structures, process and systems i.e. attendance at LSAB		
Senior managers as above L5 and executive leads at Board level	Once every 3 years Be spoke i.e. National policy and implication Criminal justice systems National guidelines Advanced awareness	Once every 3 years	Once every 3 years

9. Monitoring and Assurance

- 9.1 Working collaboratively with NHS Commissioners, NSCB and SAB. Training will be subject to audit, evaluation, quality assurance, scrutiny and reporting.
- 9.2 All training identified within this document is compliant with the standards required within the statutory and national guidance and with the training strategies of NSCB and SAB.
- 9.3 Training attendance records are expected to be kept by each Member Practice through their GP Practice Safeguarding Lead indicating the number within each training level cohort and the percentage trained against each cohort including Prevent.
- 9.4 Training statistics may be reported into the LSCBs when requested as part of the Section 11 Audits and to SAB when requested as part of assurance frameworks.
- 9.5 Staff should also maintain their own individual records of training attended and completed. Nurses should consider using training for the purpose of reflective practice and revalidation.

9.6 Recommended training resources

Table 5: Level 1 – Level 3

Level 1 Children	Level 2 Children	Level 3 Children
E Modules: www.e-lfh.org.uk	E Modules www.e-lfh.org.uk	Face to Face (MAT) Via GP Lewisham Clinical Commissioning Group Training

<u>Level 1 Adults</u>	<u>Level 2 Adults</u>	<u>Level 3 Adults</u>
E Modules: SCIE Training and Consultancy OR Age UK Care Courses OR www.e-lfh.org.uk	E Modules: www.e-lfh.org.uk	**Safeguarding Operationally in General Practice *To include MCA and DoLS *The Care Act 2014

<p><u>PREVENT</u> General Practices will be committed to follow the published guidelines NHSE Prevent Training and Competency Framework February 2015. https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-fmwrk.pdf</p> <p>Level 1 awareness training available through e-learning Channel General Awareness http://course.ncalt.com/Channel_General_Awareness College of Policing and Metropolitan Police Service.</p> <p>Level 2/3 WRAP training may be sourced from Prevent Institutions Officer Local Borough Lewisham. Email: Prevent@lewisham.gov.uk.</p>		<p>*Statutory Guidance</p> <p>*Violence Against Women and Girls including FGM and Honour Based Violence covered in IRIS training Recommendation VAWG action plan 2014.</p> <p>** (Host Lewisham Clinical Commissioning Group)</p>
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Additional training resources Children: [Safeguarding Children Training Directory](#)
[Safeguarding Children and Young People - A Toolkit for General Practice 2011](#)
[e - Learning for Healthcare - Safeguarding Children and Young People](#)
[RCPCH - Safeguarding Training and Resources](#)
[NSPCC Safeguarding Learning Resources](#)

Additional training resources Adults: [Age UK Care Courses](#)
[SCIE Training and Consultancy](#)
<https://www.nmc.org.uk/standards/safeguarding/>
www.rcn.org.uk
www.GMC-uk.org

OTHER GUIDANCE AND TRAINING REFERENCES

The Care Act 2014 – safeguarding adults

- [Care Act 2014 – safeguarding adults](#) support and guidance or implementation from the Social Centre Institute of Excellence.
- [Guide for Safeguarding Adults Boards \(SABs\)](#). This guide from the Social Centre Institute of Excellence aims to support SABs by informing them of what is required of them under the Care Act, with supplementary resources.

- [Adult safeguarding practice questions](#) Questions around a number of challenging safeguarding dilemmas, to make clear how these should be handled within the new legal framework.
- [Sharing information](#) Guide to support implementation of the adult safeguarding aspects of the Care Act 2014. Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding adults but has been highlighted as a difficult area of practice.
- [Statutory guidance on the implementation of the Care Act 2014](#) From the Department of Health.

Guidance and advice

- [Adult safeguarding](#) A wealth of information from Social Care Institute of Excellence including prevention, mediation, commissioning and e-learning.
- [Safeguarding older people from abuse](#) Fact sheet from Age UK.
- [What is elder abuse?](#) Information from Age UK.
- [Adult safeguarding](#) Factsheet from the Medical Protection Society.
- [Making safeguarding personal](#) Guide from Directors of Adult Social Services ((ADASS)

[Deprivation of liberty safeguards – factsheet](#) from Age UK.

10. Relevant Legislation / Guidance

1. Care Act 2014 - <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>
2. Care and Support Statutory Guidance (Department of Health 2014)
3. Care Quality Commission: Essential Standard of Care - <http://www.cqc.org.uk/content/fundamental-standards>
4. Department of Health (2004) National Service Framework for Children, Young People & Maternity Services - <https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services>
5. Department of Health (2010) Clinical Governance and Adult Safeguarding: An Integrated Approach
6. DFE (2015) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of Children - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
7. Draft Intercollegiate Document 2014: Safeguarding Adults: roles and competencies for health care staff (NHSE 2015)
8. NHS England Prevent Training and Competencies Framework (2015) - <https://www.england.nhs.uk/wp-content/uploads/2015/.../train-competnc-frmwrk.pdf>
9. Royal College of Paediatrics and Child Health (2014) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: Intercollegiate Document - [http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20(3)_0.pdf)
10. Royal College of Paediatrics and Child Health (2015) Looked after Children: Knowledge, skills and competence of health care staff (March 2015) - http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf
11. Skills for Health - <http://www.skillsforhealth.org.uk/>

12. Social Care Institute for Excellence - <http://www.scie.org.uk/>
13. Lewisham policies www.lewishamccg.nhs.uk

11. Implementation Plan

In order for this strategy to be implemented it is envisaged that the current GP Children and Young People 2014 – 2017 Safeguarding strategy will continue. The strategy for implementation for Adults at Risk recommended for General Practice is outlined. (The strategy will require audit for compliance and will feed into relevant reports including the Local Safeguarding Adult Board agenda). Additional training follows for adults at risk.

12.1 Table 6: Prevent

- Level 1 at induction and 3 yearly update
- WRAP according to job role and 3 yearly update

Prevent Channel Awareness Level 1 http://course.ncalt.com/Channel_General_Awareness		General Practice	E Access	
WRAP Level 3 Training Host Lewisham Clinical Group delivered by Local Borough Lewisham		General Practice	Delivered three times a year	February June October

12.2 Table 7: Adults at Risk

- Level 1 at induction and 3 yearly update
- Level 2 update 3 yearly
- Level 3 and update 3 yearly according to job role

Safeguarding Adult at Risk training	General Practice	On-going Access	Additional training
Level 1 www.e-lfh.org.uk	General Practice *Free of charge	E Access	
Level 2 www.e-lfh.org.uk	General Practice *Free of charge	E Access	Safeguarding and Gangs http://saferlondon.org.uk/safeguarding-and-gangs-one-day-training/ Attendance at seminars and relevant study

			days i.e.
Level 3	Safeguarding Operationally in General Practice *Legislative Framework *Care Act *Statutory Guidance *MCA and *DoLS *Duty of Candour *Alerting and the role of local Borough Lewisham *Role of Local Safeguarding Adults Board *Serious Case Reviews	Face to Face Delivered 3 times a year March June November 3 hours Host LCCG 3 yearly update	Health Safeguarding Conference *Host Lewisham Clinical Commissioning Group Held January May October

<p>Level 4 To be achieved through professional seminars, workshops/study days, attendance at Local Safeguarding Adult Board, Peer Review, Safeguarding Supervision, reflective practice.</p> <p>*All bookings for training and Health safeguarding Conference: Contact Georgina.wilkinson@nhs.net</p>			
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