

THE LEWISHAM CLINICAL COMMISSIONING GROUP

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

LEWISHAM CLINICAL COMMISSIONING GROUP STAFF

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1. Introduction and Scope

Lewisham Clinical Commissioning Group

- 1.1 The purpose of this document is to provide a clear statement of the expectations of Lewisham Clinical Commissioning Group 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 which they commission have effective safeguarding arrangements in place (Safeguarding Vulnerable people in the Reformed NHS: Accountability and Assurance Framework, 2015).
- 1.3 All NHS organisations including the CCG 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
- 1.4 NHS Lewisham CCG Safeguarding through Commissioning Policy v6. describes the standards expected by health providers and applies to all contracted staff including those employed on an interim basis
- 1.5 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
- 1.6 This document aims to provide guidance on the content and timetable for such training in Lewisham CCG.
- 1.7 This strategy details the training required for all staff working for Lewisham CCG and joint commissioning.
- 1.8 The strategy links training with the role, responsibility, performance expectation and level of experience. 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. The Lewisham Clinical Commissioning Group list of individuals to whom this guidance might apply is included in 6.7 Table 1.
- 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. The 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.

4. Roles and Responsibilities for Lewisham Clinical Commissioning Group

- 4.1 Lewisham Clinical Commissioning Group have a responsibility to ensure that all staff receives training in recognising and reporting safeguarding concerns and the services they commission include robust safeguarding training plans that are fit for purpose and comply to national guidance.
- 4.2 Lewisham Clinical Commissioning Group have a responsibility to ensure that there is a system and or process in place to ensure that a locum(s)/ interim staff has the required regulatory standards (for example registered with GMC, NMC, DBS clearance) and provide supporting evidence of attending safeguarding training.
- 4.3 Additionally the Lewisham Clinical Commissioning Group 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. Internal policy development necessary.
- 4.4 Lewisham Clinical Commissioning Group 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**) i.e. eLearning 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.
- 4.5 All training needs to be delivered by a suitably quality and experienced facilitators.
- Ensuring 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.

5. Safeguarding Children Competencies expected of *all* staff working for Lewisham Clinical Commissioning Group

5.1 The intercollegiate document: **Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (March 2014)**, provides guidance which gives clear directions as to the level of training required according to roles and responsibilities.

5.2 The identification of training needs is not a single event dependent on a grouping, but is a dynamic, on-going process identified through appraisal, managerial one to one's, clinical supervision, course evaluations and direct contact from staff.

5.3 **It is expected that Lewisham CCG 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.

5.4 There are five levels and a board level of expected safeguarding children competency.

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 Safeguarding Professionals.

Level 5: Designated Safeguarding Professionals.

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

5.5 This strategy recognises the vulnerability of Looked After Children (LAC) and supports the inclusion of LAC competencies in safeguarding training. It also recognises the need for those who work primarily with children and would receive safeguarding children training at level 3, to also undertake specific training in relation to the needs of Looked After Children. Knowledge of the health needs and inequalities of LAC is essential for those commissioning services and for CCG children's leads at minimum. (Looked after children:

skills and competencies of health care staff, Intercollegiate Role Framework (2015)

5.6 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 expected 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.

Monitoring of training for CCG staff will be carried on an annual basis forming part of the annual safeguarding training needs analysis and annual report. Any gaps in training that are identified will be addressed within an agreed timescale and built into the training program.

5.7 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 Lewisham Clinical Commissioning Group

Table 1:

	Level 1	Level 2	Level 3	Level 4	Level 5	Board
Lewisham Clinical Commissioning Group	All LCCG staff Inc. Board and executive level staff interim and agency staff	All staff working for the CCG who would have contact with children and families in their role e.g. Patient Participation, Medicines Management	<ul style="list-style-type: none"> • Consultant Nurse for Primary Care • Designated Nurse for Safeguarding Children • Designated Nurse for Looked After Children • Designated Doctor for Safeguarding Children • Designated Doctor for Looked after Children 	Named GP	<ul style="list-style-type: none"> • Designated Nurse for Safeguarding Children • Designated Nurse for Looked After Children • Designated Doctor for Safeguarding Children • Designated Doctor for Looked after Children • All Designated Professionals employed or working with the CCG via a Service Level Agreement • 	<ul style="list-style-type: none"> • Board see table 2

- 5.8 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.**

The minimum competency required for LCCG 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 will 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 2). The Lewisham Clinical Commissioning Group Training for Safeguarding Children is outlined.

Table 2: Staff training level and training recommendations for Safeguarding Children

Staff training level	Competency (CCG staff should refer to the RCPCH Intercollegiate Document to identify in more detail expected knowledge, skills, attitude and values linked to their role)	Delivery	Refresher Training and Updates
Level 1 LCCG	Competence at this level is about individuals knowing what to look for; which may indicate possible harm and knowing who to contact and seek advice from If they have concerns	As part of induction within 6 weeks of new post (SAT) www.elfh.org.uk	Yearly Updates
Level 2 LCCG	As outlined for Level 1: <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. 	www.elfh.org.uk (SAT)	Minimum of 3 to 4 hours over a 3 year period
Level 3 LCCG	As Outlined for Level 1 and 2: <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 	Initial training of 8 hours within a year of appointment This would be personal study or multi-agency learning (MAT)	Over a three-year period, refresher training equivalent to a minimum of 6 hours (Level 3 core equates to a

	<p>competencies.</p> <ul style="list-style-type: none"> • 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. 		<p>minimum of 2 hours per annum) and a minimum of 12-16 hours (Level 3 specialists)</p>
<p>Level 4 LCCG</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. • Able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice. • 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 interagency training and teaching for staff in the organisations covered. • Undertakes and contributes to serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans <p>Provides safeguarding / child protection supervision and leads or ensures appropriate reflective practice is embedded</p>	<p>Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training</p>	<p>Blended learning approach encompassing MAT, SAT and IT 24 hours minimum. Additional evidence may be obtained from attendances at forums and relevant conferences to support learning</p>

	<p>in the organisation to include peer review.</p> <ul style="list-style-type: none"> • Participates in sub-groups, as required, of the LSCB 		
<p>Level 5 LCCG</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 interagency 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. • 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: taking a strategic professional lead across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the commissioners. 	<p>Designated professionals including lead pediatricians, consultant/lead nurses, Child Protection should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work</p>	<p>Blended learning approach encompassing MAT, SAT and IT 24 hours minimum. Additional evidence may be obtained from attendances at forums and relevant conferences to support learning</p>

	<ul style="list-style-type: none"> • 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. 		
Board Level	<p>In addition to Level 1 Board members/commissioning leads should have the following:</p> <ul style="list-style-type: none"> • Knowledge of public health consequences and financial cost to the health economy of child maltreatment, care of survivors into adulthood and Looked after Children • Knowledge of agencies involved in Child Protection/Safeguarding, their roles and responsibilities, and the importance of interagency co-operation • Safeguarding Children and Young people: roles and competences for health care staff. • Knowledge about the statutory obligations to work with the local Safeguarding children’s board and other safeguarding 	<p>Once every 3 years A bespoke package which encompasses level 1 knowledge, as well as Board level specific delivered by the CCG Safeguarding Professionals</p>	<p>Once every 3 years</p>

	<p>agencies including the voluntary sector.</p> <ul style="list-style-type: none"> • Knowledge of the ethical, legal and professional obligations around information sharing related to safeguarding and child protection • Knowledge about the statutory obligation to be involved, participate and implement the learning from Serious or Significant Case Reviews (SCRs) and other review processes • Knowledge about the principles and responsibilities of the organisation's staff's participation with the Child Death Review <p>Process Knowledge about the need for provision of and compliance with staff training both within commissioning and provider organisations as an organisational necessity.</p> <ul style="list-style-type: none"> • Knowledge about the importance of safeguarding/child protection policies with regard to personnel, including use of vetting and barring and safe recruitment and the requirement for maintaining, keeping them up to date and reviewed at regular intervals to ensure they continue to meet organisational needs. • Knowledge about the regulation and inspection processes and implications for the organisation if standards are not met by either commissioners or providers. • Knowledge about the importance of regular reporting and monitoring of safeguarding arrangements within provider organisations. • Knowledge about Board level risk relating to safeguarding children and the need to have arrangements in place for rapid notification and action on Serious Untoward Incidents. • Knowledge and awareness about the requirement of the Board to have access to appropriate high quality medical 		
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	and nursing advice on Safeguarding/child protection matters from Lead / Named /Designated and nominated professionals		
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7. Competencies expected of *all* staff working with Adults in Lewisham Clinical Commissioning Group

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 is all Lewisham Clinical Commissioning staff and 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 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.</p> <ul style="list-style-type: none"> ● All staff including non- clinical, 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.</p> <ul style="list-style-type: none"> ● Medicines Management Team ● Commissioners ● Brokerage ● Professional leads for Adult Safeguarding ● Care Homes Compliance Nurse ● Consultant Nurses ● DASM
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.</p> <ul style="list-style-type: none"> ● GPs working for Lewisham Clinical Commissioning Group ● Consultant Nurse Primary Care ● Care Home Compliance Nurse ● All Consultant Nurses ● CHC Nurses and joint commissioners responsible for client review ● Governing Body Lead for Safeguarding Adults ● Medicines Management Team ● Designated Adult Safeguarding Manager (DASM) ● Executive Lead for Safeguarding Adults 	<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.</p> <ul style="list-style-type: none"> ● Named Adult Designates for Safeguarding Adults ● Executive Lead for Adult Safeguarding ● Governing Body Lead for Safeguarding Adults ● Consultant Nurses ● DASM
Level 5	Board Level
<ul style="list-style-type: none"> ● Designated professionals for Adult Safeguarding ● Associate Director of Quality and Designated Adult 	<p>Board level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors / Members</p>

<p>Safeguarding Managing</p> <ul style="list-style-type: none">• Director of Nursing and Quality• Consultant Nurse Adult Safeguarding	
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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.

Training required for Safeguarding Adults for Lewisham Clinical Commissioning Group

- 7.3 The level of training required is based on the level of competency the staff member is expected to demonstrate (see section 6.2 and table 3).
- 7.4 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 Lewisham Clinical Commissioning Group

- 7.5 Lewisham Clinical Commissioning Group staff will require a minimum of Level 1 training.
- 7.6 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).
- 7.7 Within one month of commencing a new role Lewisham Clinical Commissioning will be required to complete individual training through e-learning Level 1. 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).
- 7.8 Prevent training: Lewisham CCG 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>
- 7.9 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.
- 7.10 The Lewisham Clinical Commissioning Group staff will complete this module within one month of induction and repeat every three years. It is recommended training records are maintained.
- 7.11 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.

7.12 Lewisham will periodically with the support of Local Borough Lewisham host the delivery of WRAP training which will be accessible for Lewisham Clinical Commissioning Group. This will be delivered periodically. Lewisham Clinical Commissioning Group will continue to encourage the completion of level 1 awareness training through e-learning for Commissioning.

7.13 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 LCCG	Not required		Once every 3 years minimum of 2 hours i.e. eLearning
Level 2 LCCG	Not required	Once every 3 years minimum of 3 to 4 hours delivered by Safeguarding specialist delivered biannually	
Level 3 LCCG	Once every 3 years blended learning approach encompassing MAT,SAT,IT 12 to 16 hours minimum (Blended approach of eLearning, SAT delivered by Safeguarding specialist delivered biannually and multi-agency approach and Prevent by Prevent Institutions Officer LBL)		
Level 4 LCCG	Once every 3 years blended learning approach encompassing MAT,SAT and IT 24 hours minimum. Additional evidence may be obtained from attendances at forums and relevant conferences to support learning i.e. annual Prevent conference		
Level 5 LCCG	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, attendances at forums and relevant conferences to support learning i.e. Annual Prevent Conference		
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

8. Monitoring and Assurance

- 8.1 Working collaboratively with NHS Commissioners, LSCB and SAB. Training will be subject to audit, evaluation, quality assurance, scrutiny and reporting.
- 8.2 All training identified within this document is compliant with the standards required within the statutory and national guidance and with the training strategies of LSCB and SAB.
- 8.3 Training attendance records are expected to be kept indicating the number within each training level cohort and the percentage trained against each cohort including Prevent.
- 8.4 Training statistics will be reported into the LSCBs when requested as part of the Section 11 Audits and to SAB when requested as part of assurance frameworks.
- 8.5 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.

8.6 Training resources:

Table 5: Children Level 1 – Level 3

Level 1 Children	Level 2 Children	Level 3 Children	
E module	E module	Face to Face (MAT)	
www.corelearningunit.nhs.uk via Lewisham CCG intranet	www.corelearningunit.nhs.uk via Lewisham CCG intranet		

Table 6: Adults Level 1 – Level 4

Level 1 Adults	Level 2 Adults	Level 3 Adults	Level 4 Adult
E Module www.corelearningunit.nhs.uk via Lewisham CCG intranet Prevent Channel Awareness (IT) http://course.ncalt.com/Channel_General_Awareness	Face to Face (MAT) Safeguarding through commissioning	To include MCA and DoLS Care Act 2014 Statutory Guidance Familial Violence Violence against Women and Girls FGM Partnership working	Attendance at relevant forums and learning events

		WRAP/Prevent and Modern Day Slavery (MAT) Links to operational practice i.e. medicines management	
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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.

9. 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%200.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%20Childr en%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

10. Implementation Plan

In order for this strategy to be implemented the CCG Safeguarding Professionals will:

- Provide CCG Governing Bodies and Executive Committees with safeguarding training and development on a 3 yearly basis
- Develop and maintain competencies for safeguarding training compatible with national guidance and local multi-agency policies
- Ensure that lessons learnt from major investigations (Serious Case Reviews and Domestic Homicide Reviews) are incorporated into training and development opportunities

In addition, CCGs have a duty to support improvements in the quality of Primary Medical Care (NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework 2015), and a responsibility to support training. Periodically LCCG will support the delivery of training events and responding to opportunities such as protected learning time sessions (depending on capacity of the team). This is outlined in the Lewisham Clinical Commissioning Group safeguarding strategy for Primary Care.

Primary Care Practices retain the professional and clinical responsibility to adhere to standards set out in the Care Quality Commission (CQC) “Essential Standards for Quality and Safety” in relation to mandatory training requirement.

It is envisaged that the current GP Safeguarding Children Training Strategy would continue to be supported by the CCG safeguarding professionals.

The strategy training for implementation for Adults at Risk for Lewisham Clinical Commissioning Group will require audit for compliance and will feed into relevant reports including the Local Safeguarding Adult Board agenda.

11.1 Table7: 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	E access
WRAP Level 3 Training Host Lewisham Clinical Group delivered by Local Borough Lewisham	February June October

11.2 Table 8: Adults at Risk

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

Safeguarding Adult at Risk training	Content	Access	Additional training
<p>Level 1 www.corelearningunit.nhs.uk</p> <p>Level 1 http://www.e-lfh.org.uk/programmes/safeguarding-adults/</p>		<p>E Access</p> <p>E Access</p>	
Level 2	<p>Safeguarding through Commissioning training and definitions of abuse (SAT) 6 principles of Adult Safeguarding (taking into account the Care Act 2014 and making safeguarding personal) Responding and alerting, what to look for Professional curiosity Operational impacts</p>	<p>Face to Face (2 hours) Delivered biannually February October 3 yearly update</p>	<p>Optional Safeguarding and Gangs http://saferlondon.org.uk/safeguarding-and-gangs-one-day-training/</p>

<p>Level 3 LCCG staff will complete Level 2 to progress to Level 3</p>	<p>Legislative Framework Care Act Statutory Guidance MCA and DoLS Duty of Candor Alerting and the Role of Local Borough Lewisham Role of Local Safeguarding Adults Board Serious Case Reviews</p> <p>Example DHR</p>	<p>Face to Face (3 hours) Delivered 2 times a year March November 3 yearly update</p>	
<p>Level 4 To be achieved through attendance at professional seminars, workshops/study days, attendance at Local Safeguarding Adult Board, Peer Review, Safeguarding Supervision, reflective practice.</p>			
<p>Board Training *Lewisham Clinical Commissioning Group</p>	<p>Jointly delivered by Children and Young People and Adults Strategic overview and Board responsibility to safeguard</p>	<p>Face to face Delivered annually 3 yearly update</p>	