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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	06 February 2020	Agenda Item	4.3
Report Title	Safeguarding Training Update and Training Needs Analysis		
Report Author	Nicola Edwards Head of Nursing Safeguarding		
Report Sponsor	Cathy Dowling, Deputy Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	This Paper provides the Committee with an update on Safeguarding Training requirements for Health Board staff following the introduction of the NHS Wales Safeguarding Training Framework (2019) and the progress of the Safeguarding Training Needs Analysis currently being undertaken by the Health Board Corporate Safeguarding Team.		
Key Issues	Key issues include the poor number of returns completed and returned, despite the number of requests/reminders sent.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE <p>Recommendations</p> <ul style="list-style-type: none"> Committee members are asked to note that this paper is to be presented to the Workforce & OD Committee, 20th February 2020 in order to advise the Committee of the progress of the work completed to date mapping and validating staff groups to their Mandatory Safeguarding Training as per the Intercollegiate Documents and the NHS Safeguarding Training Framework. 		

	<ul style="list-style-type: none"> • It is also recommended that all SDU's develop a process which allows all staff the opportunities to access E-learning in order to address their Safeguarding mandatory training compliance at the earliest timeframe possible, in order to address the shortfall in compliance with Mandatory Safeguarding Training. This will be reported and monitored through the Safeguarding Committee.
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SAFEGUARDING TRAINING UPDATE AND SAFEGUARDING NEEDS ANALYSIS

1. INTRODUCTION

The Corporate Safeguarding Team are currently in the process of completing a Safeguarding training needs analysis to assess the Safeguarding training requirements for staff following the introduction of the NHS Wales Safeguarding Training Framework (2019) {Appendix 1}. This framework has been mapped against the Adult Safeguarding: Roles and Competencies for Healthcare Staff (Intercollegiate Document First Edition 2018) and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Intercollegiate Document Fourth Edition 2019). The aim of the training needs analysis is to outline the requirements as set out in the Intercollegiate Documents and for all Service Delivery Units to consider the Safeguarding training requirements of the staff in their areas. This information is also to be utilised to help inform the development of appropriate Safeguarding training to meet the likely increased requirements. This report outlines the responses received and the implications for the Health Board.

2. BACKGROUND

At the end of 2018 the RCN released Adult Safeguarding: Roles and Competencies for Healthcare Staff (Intercollegiate Document First Edition 2018), guidance on the learning requirements of NHS staff in relation to Safeguarding, followed in early 2019 by Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Intercollegiate Document, Fourth Edition 2019). NHS Wales has developed the Safeguarding Training Framework which has been mapped against both Intercollegiate Documents. Within both Intercollegiate Documents it states “This guidance sets out minimum training requirements...” (Adult Safeguarding: Roles and Competencies for Healthcare Staff (Intercollegiate Document First Edition 2018, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Intercollegiate Document Fourth Edition 2019). As a result the Corporate Safeguarding team identified a need to review its current Safeguarding training plan to ensure that Health Board staff would be able to meet the required competencies outlined in both Intercollegiate Documents.

In May 2019, the Corporate Safeguarding team devised a series of Training Needs Analysis proformas, which were cascaded to all Health Board Service Delivery Units, via the Health Board Safeguarding Committee. The proformas advised the levels of training required by NHS staff in line with the Intercollegiate Documents and these were circulated with an initial request for returns by 1st July 2019. Due to limited returns the deadline was further extended to the 15th July, however this failed to yield further responses and this was reported to Safeguarding Committee on the 30th July. Agreement was given by Committee members to recirculate the proformas and the completed training needs analysis was to be reported to the Safeguarding Committee on 15th October 2019.

Returns continue to be slow, with all Service Delivery Units failing to supply completed proformas accounting for all staff employed within their respective areas. Information

provided on occasions has been presented incorrectly, prompting the need to return proformas and provide further guidance on the correct method of completion. Information collated from some areas show a different number of returns per staff numbers for the three areas requested, Mental Capacity Act, Adult and Children Safeguarding training. As a result, any analysis is flawed. In all cases the numbers of staff accounted for differs from numbers of staff employed in each Service Delivery Units indicated by Staff in Post figures obtained from ESR.

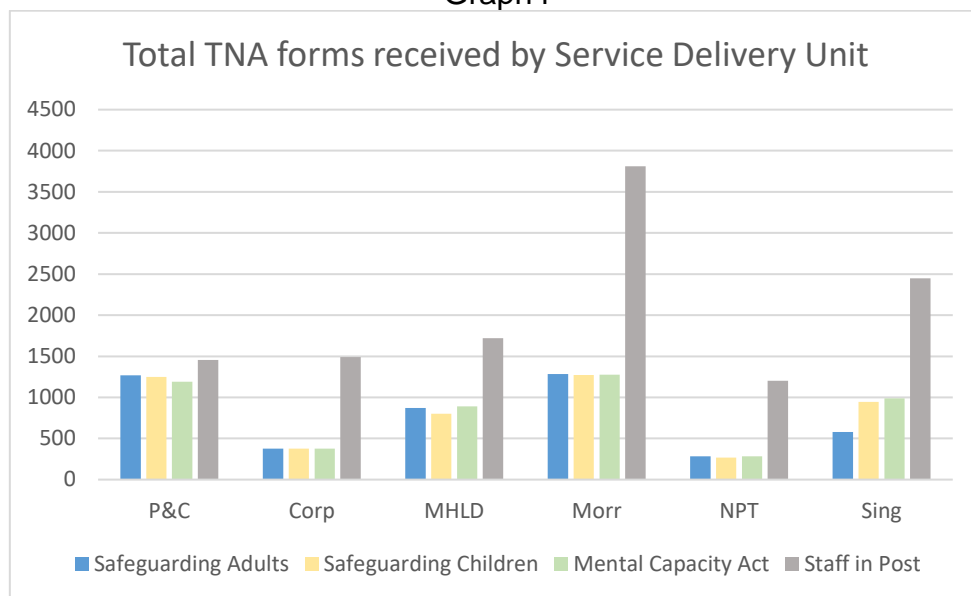
Following the last Committee the Training Needs Analysis proformas were again disseminated to all SDU's in an attempt to gain a more accurate picture across the Health Board. A request was made in December with a deadline of January 10th 2020 for returns. Table i shows the number of additional returns received per SDU. As shown there were additional returns received from Morriston and MH&LD SDU's only.

Table i Numbers of Additional Training Needs Analysis Received 20th January 2020

	Safeguarding Adults			Safeguarding Children			Mental Capacity Act		
	Jul-19	Additional returns	Total received	Jul-19	Additional returns	Total received	Jul-19	Additional returns	Total received
P&C	1268	0	1268	1248	0	1248	1190	0	1190
Corp	378	0	378	378	0	378	378	0	378
MHLD	728	144	872	714	88	802	753	136	889
Morr	1049	237	1286	1034	237	1271	1039	237	1276
NPT	282	0	282	268	0	268	282	0	282
Sing	579	0	579	945	0	945	990	0	990

Despite the repeated request for completion of Training Needs Analysis proformas, the total number of returns do not reflect the total number of staff in post in each SDU from ESR information. Graph (i) demonstrates the totals of proformas received from each Service Delivery Unit to date.

Graph i



The Tables below illustrate the numbers of returns from each SDU and the breakdown of the training requirements as per returns.

Primary & Community SDU Data (Table ii)

Total Staff in Post (ESR) = 1,455

MCA Total returns- 1023 staff	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	1023	311	30%	712	70%
Level 2	357	138	38%	219	62%
Level 3	194	35	18%	159	82%
Child Total returns - 1304	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	995	709	71%	286	19%
Level 2	365	236	64%	129	36%
Level 3	323	245	75%	78	25%
Adult Total returns - 1388	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	1089	780	72%	309	28%
Level 2	450	232	52%	218	48%
Level 3	215	101	47%	114	53%

Since the last request for information on the 23rd December no further Training Needs Analysis have been received and data remains as the last report to Committee.

Morriston SDU Data: (Table iii)

Total Staff in Post (ESR) =3,810

MCA Total returns- 1276	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	904	331	37%	573	63%
Level 2	988	485	49%	503	51%
Level 3	241	30	13%	211	87%
Child Total returns - 1271	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	915	616	67%	299	33%
Level 2	992	470	47%	522	53%
Level 3	229	23	10%	206	90%
Adult Total returns - 1286	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	955	583	61%	372	39%
Level 2	1061	547	52%	514	48%
Level 3	260	38	15%	222	85%

The data in Table iii, contains updated information received since the last Committee report from Morriston SDU.

MH & LD SDU Data: (Table iv)

Total Staff in Post (ESR) = 1,721

MCA Total returns- 889	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	751	423	56%	328	44%
Level 2	721	428	60%	293	40%
Level 3	95	41	43%	54	57%
Child Total returns - 824	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	381	327	86%	54	14%
Level 2	364	70	19%	294	81%
Level 3	87	21	24%	66	76%
Adult Total returns - 872	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	741	676	91%	67	9%
Level 2	686	326	48%	360	52%
Level 3	116	33	28%	83	72%

The data in Table (iv) contains updated information received from MH & LD SDU.

Singleton SDU Data: (Table v)

Total Staff in Post (ESR) = 2,447

MCA Total returns- 990	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	879	294	33%	585	67%
Level 2	555	76	14%	479	86%
Level 3	40	4	10%	36	9%
Child Total returns - 981	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	817	716	88%	101	12%
Level 2	508	207	41%	301	59%
Level 3	147	135	92%	12	8%
Adult Total returns - 543	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	445	410	92%	35	8%
Level 2	487	111	23%	376	77%
Level 3	33	6	18%	27	82%

No further Training Needs Analysis have been received, therefore the data remains the same as reported to the last Committee meeting.

NPT SDU DATA :(Table vi)

Total Staff in Post (ESR) = 1,203

MCA Total returns- 1286	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	1286	548	43%	738	57%
Level 2	579	358	62%	221	38%
Level 3	249	0	0%	249	100%
Child Total returns - 1286	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	1286	1101	86%	185	14%
Level 2	672	458	68%	214	32%
Level 3	101	39	39%	62	61%
Adult Total returns - 1206	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	1206	1024	85%	182	15%
Level 2	580	363	63%	217	37%
Level 3	249	0	0%	249	100%

No further Training Needs Analysis have been received, therefore the data remains the same.

CORPORATE DATA: (Table vii)

Total Staff in Post (ESR) = 1,492

MCA Total returns- 388	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	369	12	3%	357	97%
Level 2	28	7	25%	21	75%
Level 3	6	6	100%	N/A	N/A
Child Total returns - 388	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	369	26	7%	343	93%
Level 2	28	8	29%	20	71%
Level 3	6	6	100%	N/A	N/A
Adult Total returns - 388	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	369	28	8%	341	92%
Level 2	27	7	26%	20	74%
Level 3	6	6	100%	N/A	N/A

No further Training Needs Analysis have been received, therefore the data remains the same.

Due to the continued poor response it is difficult to provide a true depiction staffs Safeguarding training requirements. It is also difficult to provide assurance that staff are accessing the most appropriate level of training for the role they perform. A breakdown of the percentage compliance per SDU is available, however this equates to the number of returns received and cannot be seen as accurate reflection of each SDU's current position.

Staff are reminded that it is the responsibility of each practitioner to ensure that they meet the training requirements for Safeguarding as set out within the NHS Wales Safeguarding Training Framework (2019) as well as the Mandatory Training criteria.

The Corporate Safeguarding Team, in conjunction with the Extended Safeguarding Team and representatives from other key areas are developing new Safeguarding Training Programmes to encompass the learning objectives and core competencies for Level 3 Safeguarding Adult and Children training, following the launch of the Wales Safeguarding Procedures, November 2019. The training needs analysis will inform

this process. The development of Level 3 Safeguarding Adult and Children training will continue, and it will be necessary moving forward to monitor the levels of attendance and also the variety of disciplines, to ensure that the training is delivered in a format which allows for the attendance of all staff who will require this level of competence.

3. GOVERNANCE AND RISK ISSUES

The data gathered from the completed returns, whilst only reflective of a portion of Health Board staff, indicates that all SDU's have staff who are non-compliant with both their Mandatory Safeguarding training, as well as specialist training dependant on their roles and responsibilities. As the Health Board has a statutory obligation to safeguard individuals, it is of concern that there may be staff who are unaware of their roles and responsibilities in relation to this. This concern may have wider implications for the Health Board in fulfilling its statutory duties. As already stated, competency will be assessed as part of annual Performance and Development Reviews and revalidation for registrants. If staff are unable to demonstrate appropriate competency, this may have implications for their ability to practice, placing further demands on the Health Board. Due to a lack of knowledge Health Board staff may not raise Safeguarding concerns as appropriate. Also, staff may not be aware of what constitutes a safeguarding concern, or have an understanding of the complexities and/or vulnerabilities of individuals, and the risks associated. Failure to act on a safeguarding concern could lead to significant harm or even death of an individual.

4. FINANCIAL IMPLICATIONS

This report makes no recommendations to the Committee that carry financial implications. Safeguarding is a core duty of care for the Health Board. Financial implications to meet the statutory safeguarding mandatory training requirements are within existing budgets.

5. RECOMMENDATION

Committee members are asked to note that the contents of this paper and the repeated requests for the completion of the Training Needs Analysis proformas.

Following the last Committee a request has been made for this paper to be presented to the Workforce and OD Committee on the 20th February 2020 to inform Workforce & OD of the work to date and the NHS Wales Safeguarding Training Framework.

It is also recommended that all SDU's develop a process which allows all staff the opportunities to access E-learning in order to address their mandatory training compliance in the earliest timeframe possible, in order to address the shortfall in compliance with Mandatory Safeguarding Training.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>This Paper provides the Committee with an update on Safeguarding Training requirements for Health Board staff. The data in this report, whilst only reflective of a portion of the Health Board, indicates that all SDU's have staff who are non-compliant with Mandatory Safeguarding training. Key issues include the poor number of returns completed and returned, despite the number of requests/reminders sent.</p>		
Financial Implications		
<p>This report makes no recommendations to the Committee that carry financial implications. Safeguarding is a core duty of care for the Health Board. Financial implications to meet the statutory safeguarding mandatory training requirements are within existing budgets.</p>		
Legal Implications (including equality and diversity assessment)		
<p>The Health Board has a statutory obligation to safeguard individuals, it is of concern that there may be staff who are unaware of their roles and responsibilities in relation to this. This concern may have wider implications for the Health Board in fulfilling its statutory duties.</p>		
Staffing Implications		
<p>The Health Board has a statutory obligation to safeguard individuals, and it is of concern that staff maybe unaware of their safeguarding roles and responsibilities</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p>		

- **Long Term** - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
- **Prevention** - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
- **Collaboration** - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
- **Involvement** - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Report History	This is an update Report and previous Reports have been presented to this Committee and the Safeguarding Committee. This paper is also to be presented to the Workforce & OD Committee 20 th February 2020.
Appendices	Appendix - 1 NHS Wales Safeguarding Training Framework, 2019

Appendix 1



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Living a life that is free from harm and abuse is a basic right for every child, young person and adult within Wales.

When abuse or neglect is identified, it should be dealt with swiftly, effectively and in ways that are proportionate to the concerns raised.

The Social Services and Well-being (Wales) Act offers a clear expectation that the child/young person/adult must be at the centre of any safeguarding response and remain as much in control of decision making as possible. The basic right of a child/young person/adult to be heard throughout the safeguarding process is a critical element in the drive to ensure more personalised support that can only be offered by staff who fully recognise their roles and responsibilities concerning Safeguarding.

Organisational development and training play important roles in helping organisations and those who work in them to be effective.

All organisations have a responsibility to support their employees to develop their knowledge, skills and capability to perform effectively in their role.

To this end, the NHS Wales National Safeguarding Team (NST) in collaboration with the NHS Wales Safeguarding Network have developed this Safeguarding Training Framework for use by NHS Wales (employees, volunteers, independent contractors, board members). It will support relevant staff within their organisations to undertake their safeguarding roles and responsibilities in a confident and competent manner and in accordance with the Intercollegiate Documents – Adult Safeguarding: Roles and Competencies for Healthcare staff (2018) [[Adult ICD](#)] and Safeguarding Children and Young People: Roles and Competencies for Healthcare staff (2019) [[Children's ICD](#)].

The document has been benchmarked against intercollegiate guidance, national workforce competencies such as; the UK Core Skills Training Framework 2018, Adverse Childhood Experiences (ACEs) Skills and Knowledge Framework for Wales (March 2019), National Training Framework for Violence Against Women Domestic Abuse and Sexual Violence 2016 and various examples of relevant legislation with regards to populations at risk.

2.Purpose

This document aims to outline the competencies expected of staff, volunteers, independent contractors and Board members to ensure the safety and wellbeing of children, young people and adults who may be experiencing, or at risk of, abuse or neglect.

The framework will help all health staff understand the role and level of skills, knowledge and experience required for their particular job profile and where appropriate to meet the requirement of their professional body.

There is an expectation that organisations will ensure that all staff providing a service, know how to respond to concerns in line with local and national requirements. This Competency Framework is for use by NHS Wales to support individuals and organisations to undertake their safeguarding roles and responsibilities in a **confident and competent** manner.

For the purpose of this document, training is not limited to formal events, which we have traditionally offered for safeguarding, but can include a wide range of learning and development activities including shared expertise, peer reviews, safeguarding supervision and personal development. Effective Safeguarding Training can be achieved by a combination of single and multi-agency training, as well as reflection on safeguarding elements of everyday practice (See Section 4).

There is some overlap in the competencies needed for adult and child safeguarding including but not limited to safeguarding ethos, confidentiality, information sharing, documentation and domestic abuse. Training in these areas will count towards the required hours in both.

The staff groups identified at each level in the Intercollegiate Documents are not exhaustive lists. They are examples of the types of role that correspond to the stated level. With increasing autonomy and decision making of all frontline practitioners, it is acknowledged that there are healthcare staff whose roles and service specifications mean that they will cross over levels e.g. currently some ambulance staff in patient facing roles will be commissioned according to level 2 and others level 3. The overriding message of these documents and this Health Safeguarding Training Framework is that workers acquire competencies, knowledge and skills appropriate to their role.¹

Safeguarding competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans.

¹ The intercollegiate framework needs to be viewed as a continuum, enabling staff to develop and acquire additional knowledge, skills and competencies throughout their career and specific to their role.

The current versions of the Intercollegiate Documents therefore emphasise 'as appropriate to role' in many places for this very reason.

Whilst the implementation of this document is not mandatory, it represents a standard of expected practice.

Taking responsibility for learning and development is key to having a skilled and competent workforce able to take on the roles and responsibilities required to protect adults and children at risk and ensure we respond appropriately when abuse or neglect is identified or suspected. Healthcare professionals must ensure that they utilise opportunities to meet the level of training and competencies that are appropriate for their roles.

All Health organisations within or contracted to NHS Wales have a duty to provide access to appropriate adult and child safeguarding training across all levels for all staff. Organisations should consider encompassing safeguarding learning within regular, multiagency or family meetings, clinical updating, sharing good practice and clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.

Such participative learning time should be documented and a reflective record kept by the participant.

Regulated professionals have a responsibility to comply with their professional body's continuing professional development requirements for safeguarding adults and children e.g. the General Medical Council (GMC) is explicit in the expectation that doctors are responsible to develop and maintain the knowledge and skills to protect children and young people at a level that is appropriate to their role. It directs doctors to the intercollegiate document Safeguarding Children and Young People for information on the level and frequency required for such training (**Protecting Children and Young People: The Responsibilities of all Doctors**, GMC). Most other professional bodies have also contributed to and agreed the Children's and Adult ICDs competencies for health staff.

4.MethodsofTraining

This Competency Framework acknowledges that in addition to traditional ‘classroom’ training events, there are different ways of learning and developing.

Different recognised activities that could contribute to meeting the competencies include:

1. Taught courses, conferences and briefings

(single agency, multi-agency, joint courses – in house or external provider) – usually offered for large audience within lecture theatres.

2. Practice based workshops

(single, joint and multi-agency) – review of case scenarios/peer reviews.

3. E-Learning /workbooks

4. Supervision:

• Management Supervision:

Usually undertaken by your line manager – review of caseload / performance and an opportunity to discuss concerns about how to progress cases.

• Safeguarding Supervision:

Individual safeguarding supervision (1-1), group safeguarding supervision, safeguarding clinical peer review (usually review of retrospective cases), post safeguarding incident debriefs, unscheduled or unplanned immediate safeguarding advice and support.

5. Practice Reviews: Learning the lessons

- **Being part of the Panel** reviewing cases (chair/reviewer/panel member) – improving specialist knowledge through partnership working.

- **Participant in Practice Review Learning event & Multi Agency Professional Forums:** encourages multi agency reflective practice and the individual’s roles and responsibilities within the process.

- **Multi agency learning** of safeguarding/ complex cases through facilitated discussion, consultation /reflection by examining and analysing individual current or no longer active cases.

- **Dissemination of new knowledge and findings through** multi-agency audits/findings from practice reviews, inspections etc., in order to safeguard continuing multi-professional learning and development.

6. Personal/Practice activities

Practitioners should consider encompassing safeguarding learning within regular activities and meetings as described in paragraph 3.2.

- Case/team audit.
- Significant event/critical incident analysis.
- Producing/reviewing policies and guidance at a local or organisation level.
- Reflection on multi-disciplinary and multi-agency meetings (e.g. case conferences, learning events).
- Reflection on contribution to multi-agency reviews and local safeguarding audits.
- Reflection on personal reading.

Such participative learning time should be documented and a reflective record kept by the practitioner.

5. Competencies-Levels and Staff Groups

Table 1 shows a correlation of the training levels from the Intercollegiate Documents, UK Core Skills Framework, the ACEs skills and knowledge framework and the National Training Framework for Violence against Women Domestic Abuse and Sexual Violence.

Table 1

NHS Wales Safeguarding Training Framework Level	ICD Level	UK Core Skills Levels	ACEs Training Framework Level	National Training Framework for VAWDASV Groups
1	1	1	Informed	1
2	2	2		2
3	3	3	Skilled	2/3/4/5 as appropriate to role
4	4			
5	5		Influencers	
Board Level	Board Level			6

Table 2 describes the six staff groups requiring training across the NHS Wales organisations, where to access the competencies, knowledge, skills for these levels, the method of learning that can be utilised, and the frequency and duration of training/activities required.

Table 2

Level	Staff Groups/Role	Core Competencies can be found at the following links: <i>(web addresses for documents can also be found in the appendix)</i>	Method of Learning	Frequency of Training/Activities
1	All staff working within health care settings	Children's ICD pages 18-21 Adult ICD pages 14-15	NHS Wales E-learning package or classroom, depending on individual NHS Wales organisational Training Strategy	Requirements of Statutory and Mandatory Training should be met. Including completing training within six weeks of induction and of refresher training every three years. Independent contractors are required to train their staff to the same standard.
2	All staff that have regular contact with patients, their families, carers or the public	Children's ICD pages 22-26 Adult ICD pages 16-17	NHS Wales E-learning or classroom, depending on individual NHS Wales organisational Training Strategy.	Requirements of Statutory and Mandatory Training should be met. Including completing training within six weeks of induction and refreshing training every three years. Refresher training will include adult and child safeguarding together. Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2. Duration four hours every three years. Independent contractors are required to train their staff to the same standard.

Level	Staff Groups/Role	Core Competencies can be found at the following links: <i>(web addresses for documents can also be found in the appendix)</i>	Method of Learning	Frequency of Training/Activities
3	Registered health care staff working with patients who engage in assessing, planning, intervening and evaluating the needs of a child, young person or adult where there are safeguarding concerns (as appropriate to role)	<p>Children's ICD pages 27-34</p> <p>Pages 34-49 contain additional details on competencies, knowledge, attitudes and values for specific professionals including Paediatricians, GPs, Health Visitors and Midwives</p> <p>Adult ICD pages 18-20</p>	<p>At level 3 training, education and learning opportunities should be multi-disciplinary and inter-agency and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit. As well for children, communicating with them about what is happening as appropriate to the speciality and roles of participants.</p> <p>This can be achieved by various forms of learning as identified in section 5 above².</p>	<p>Those starting posts at level 3 will be expected to meet the competencies of the ICD within twelve months of induction.</p> <p>Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1-2 in addition to level 3. Refresher training is required every three years.</p> <p>The hours of training required at this level are dependent on role and are detailed in the ICD documents. In addition, several Professional bodies ie.g. RCGP & PCPCH have published advice on the hours of training required.</p> <p>As there is some overlap of the competencies for adult and child safeguarding, some training/activities will count towards the required hours in both.</p>
4	Specialist roles and those who have specific child and/or adult safeguarding responsibilities e.g., Health Board and NHS Trust Safeguarding Leads and Named Professionals	<p>Children's ICD pages 50-53</p> <p>Adult ICD pages 21-22</p>	<p>This can be achieved by various forms of learning as identified in section 5 above.</p> <p>At this level educational and learning opportunities should include multidisciplinary and interagency training and be delivered internally and externally</p>	<p>Those starting posts at level 4 will be expected to meet the competencies of the ICD within twelve months of induction</p> <p>Training at level 4 will include the training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4.</p> <p>Duration twenty-four hours over three years.</p> <p>As there is some overlap of the competencies for adult and child safeguarding, some training/activities will count towards the required hours in both</p>

² For competencies at levels 3, 4 and 5 evidence of acquisition should be recorded by the practitioner e.g. in a Competency Assessment booklet (under development by the NHS Wales Safeguarding Network Training Sub Group).

Level	Staff Groups/Role	Core Competencies can be found at the following links: <i>(web addresses for documents can also be found in the appendix)</i>	Method of Learning	Frequency of Training/Activities
5	Specialist roles – designated and named professionals and equivalent roles	Children’s ICD pages 54-58 Adult ICD pages 23-24	This can be achieved by various forms of learning as identified in section 5 above. At this level educational and learning opportunities should include multidisciplinary and interagency training and be delivered internally and externally.	Those starting posts at level 5 will be expected to meet the competencies of the ICD within twelve months of induction Training at level 5 will include the training required at levels 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5. Duration twenty-four hours over three years. As there is some overlap of the competencies for adult and child safeguarding some training/activities will count towards the required hours in both
Board level	Chief Executive officers, Trust and Health Board executive and non-executive directors/ members	Children’s ICD pages 59-63 Adult ICD pages 25-28	Bespoke training to be delivered locally.	Training to include level 1 ICD competencies. Duration two hours every three years.

Appendix: References

Adult Safeguarding: Roles and Competencies for Health Care Staff, First Edition (August 2018)

www.rcn.org.uk/professional-development/publications/pub-007069

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition (January 2019)

www.rcn.org.uk/professional-development/publications/007-366

UK Core Skills Training Framework for Health, Version 1.5 (October 2018)

www.skillsforhealth.org.uk/framework.php#frameworks

Adverse Childhood Experiences (ACEs) Skills and Knowledge Framework for Wales (March 2018)

www.aceawarewales.com/resources

NMC Code of Practice: The Code (March 2015)

www.nmc.org.uk/news/news-and-updates/revised-code-for-nurses-and-midwives-

Health & Care Professionals Council Standards

www.hcpc-uk.org/standards