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Healthy Communities

**NHS**  
Birmingham  
Community Healthcare  
NHS Foundation Trust

# **Safeguarding Training Strategy 2022 to 2025**

<b>BCHC Policy Reference Number:</b>	<b>CH 450</b>
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<b>Target Audience:</b>	All staff
<b>Subject Category:</b>	Clinical and non-clinical Safeguarding Training
<b>Summary:</b>	This Training Strategy reflects the commitment of Birmingham Community Healthcare NHS Foundation Trust to ensure that all staff are clear about the competences required to meet their Safeguarding Adults and Children's responsibilities within their role and workplace. The Training Strategy will ensure that staff are able to apply consistent Safeguarding principles and associated practices including the Mental Capacity Act

**Consultation History: Commencement of Consultation      Date: 21.01.22**

The following committees, groups or individuals have been consulted in the development of this Policy:

<b>Name:</b>	<b>Date:</b>
BCHC Safeguarding Adults team	15/02/2022
BCHC Safeguarding Children team	15/02/2022
Safeguarding Adults Sub Committee	16/02/2022
Mandatory Training group	10/03/2022

<b>Version Number:</b>	<b>Lead:</b>	<b>Date Change Implemented:</b>	<b>Reason for Change:</b>
1	Janet Lawrence	2012	New for BCHC
2	Anne McGarry	2014	Review
3	Anne McGarry	2018	Review
4	Michael Loftus	2019	Review
5	Asma Begum & Claire Holmes	2022	Review

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## 1. Introduction

This Training Strategy reflects the commitment of Birmingham Community Healthcare NHS Foundation Trust (BCHC) to ensure that all staff are clear about the competencies required to meet their Safeguarding responsibilities within their role and workplace. All staff, in any setting and role, have a responsibility in identifying, preventing harm or abuse occurring and in taking action where concerns arise. The Trust has a legal responsibility under the [Care Act 2014](#) (Crown, 2014) and the [Children Act 2004](#) (Crown, 2004) to ensure that we embrace and support the safeguarding agenda in order to provide safe, effective care. Additionally, this strategy ensures that other legislation has been considered when writing the strategy notable the [Mental Capacity Act 2005](#) (Crown, 2005) and the [Mental Capacity \(Amendment\) Act 2019](#) (Crown, 2019) amongst others. This Training Strategy will ensure that staff are able to apply consistent Safeguarding Adults and Children principles and practices whenever indicated. This Strategy is a plan of action designed to achieve the aims set out in the intercollegiate document, "[Adult Safeguarding: Roles and Competencies for Health Care Staff](#)" (Royal College of Nursing, 2018) and the intercollegiate document, "[Safeguarding Children and Young People: Roles and Competencies for Health Care Staff](#)" (Royal College of Nursing, 2019).

## 2. Purpose

That all staff, independent contractors, and volunteers are competent and confident in carrying out their responsibility to effectively identify, protect and promote the welfare of adults, young people and children at risk.

## 3. Scope

The purpose of this document is to provide the direction for BCHC to ensure that all managers and staff meet the competencies to safeguard Adults and Children within their role and workplace. This Policy is closely aligned to [CH 429 Safeguarding Adults](#), [CH 663 Safeguarding Children](#), [CH 387 Mental Capacity Act \(MCA\) Policy](#), [CH 375 Safeguarding Children Supervision Policy](#) and [CH 614 Allegations or Concerns regarding a Person in a position of Trust Management Policy \(PIPOT\)](#) policies and other Trust policies.

## 4. Objectives

That the strategy encompasses the competences required of all staff to validate their responsibilities within the framework of the [Birmingham Safeguarding Adults Board Policy, Procedure and Good Practice Guide](#), (BASB, 2021) [Working Together to Safeguard Children](#) (department for Education, 2018) and BCHC's [Safeguarding Adults](#) and [Safeguarding Children](#) policies and procedures. This document contains the following information:

- the Policy
- training levels
- training flowchart

- safeguarding adults and children's competency list
- learning outcomes.

## **5. Duties and Responsibilities**

### **Safeguarding Sub-Committee**

The committee is responsible for approving the Strategy, in consultation with the Mandatory Training Group and the Safeguarding Quality Assurance Impact Training Group to ensure governance including feedback and required actions.

### **Quality and Safety Executive**

This committee will ratify this document.

### **Chief of Nursing and Therapies:**

To monitor the effectiveness of the implementation of the Strategy and this is delegated to the Lead Safeguarding Nurse.

### **Divisional Directors (DDs)**

The DDs ensure that the Training Strategy is implemented and adhered to within the divisions and provide updates to the Safeguarding Sub Committee.

### **Lead Nurse for Safeguarding Adults and Children and the Head of Learning and Development**

All leads will monitor, review and audit implementation of the Training Strategy within their sphere of responsibility. Consult with the Safeguarding Quality Assurance Impact Training Group to ensure governance including feedback and required actions.

### **Safeguarding Adult Practitioners and Children's Named Nurses**

Practitioners will support the training needs within the divisions.  
Practitioners have a responsibility to demonstrate that they have updated their knowledge and skill in Safeguarding Adults and Children appropriate to their role and in compliance with professional registration responsibilities for professionally regulated staff.

### **Managers**

Managers have a responsibility to comply with the training processes and identify any additional needs of staff at their Personal Development Review (PDR). Managers will

receive compliance reports every quarter from Learning and Development and respond and alert staff immediately where they are non-compliant with their training.

### **Learning and Development Team**

The team will support monitoring and assurance of compliance. To ensure training availability is communicated well, administration is fit for purpose and that all attendances are accurately inputted on to a training database that allows for accurate monitoring and reporting of training performance and compliance with legislation and standards and supports the Mandatory Training Policy.

### **Human Resources (HR) departments**

The department has a responsibility for systems which ensure that training is provided, needs are clearly aligned to job descriptions/roles, Knowledge and Skills Framework (KSF) and appraisal processes (as described in the PDR Policy).

## **6. Definitions**

ADASS – Association of Directors of Adult Social Services  
BCHC – Birmingham Community Healthcare NHS Trust  
BSAB – Birmingham Safeguarding Adults Board  
BSCP – Birmingham Safeguarding Children’s Partnership  
CPD – Continual Professional Development  
CQC – Care Quality Commission  
DH – Department of Health  
DHR – Domestic Homicide Review  
FGM – Female Genital Mutilation  
HR – Human Resources  
IMCA – Independent Mental Capacity Advocate  
IMR – Individual Management Review  
ISA – Independent Safeguarding Authority  
KSF – Knowledge and Skills Framework  
MSP – Making Safeguarding Personal  
MCA – Mental Capacity Act  
MDT – Multi-Disciplinary Team  
MHA – Mental Health Act  
NHS – National Health Service  
PIPOT – Person in a Position of Trust  
PDP – Personal Development Plan  
PDR – Personal Development Review  
QIPP – Quality, Innovation, Productivity and Prevention  
RCA – Root Cause Analysis  
SA – Safeguarding Adults  
SAR – Safeguarding Adults Review  
SCPR – Safeguarding Children Practice Reviews  
SI – Serious Incident  
SIR-Serious Incident Review  
TNA – Training Needs Analysis.

## 7. Procedures/Process

### 7.1 Strategy Development

The Training Strategy is relevant to all BCHC divisions. It identifies the levels and tiers of Safeguarding training available to staff, depending on their roles and responsibilities.

The table below specifies five competence levels incorporating tiers of training requirements. The Training Strategy reflects key documents and legislation

### 7.2 Training promoted in this strategy

Training is noted in a number of levels:

Level 1: All staff working in health care settings

Level 2: All practitioners who have regular contact with patients, their families or carers, or the public.

Level 3: Registered health care staff working with adults who engage in assessing, planning, intervening, and evaluating the needs of adults and children where there are safeguarding concerns.

Level 4: Specialist roles –Safeguarding Practitioners.

Level 5: Specialist roles – Designated Professionals.

As appropriate to role based on a Training Needs Analysis (TNA).

Board level: Chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent and charitable health care and voluntary sector as well as statutory providers.

Staff groups are identified at each level, these are not exhaustive lists. It is recognised that there are a plethora of roles which are likely to increase over the coming years.

NB: It is expected that Level 3 competencies will be met within 12 months of induction.		LEVEL OF TRAINING (confirmed by Training Passport)					
INDUCTION	30 mins. within six weeks of commencing post	1	2	3	4	5	BOARD
REFRESHER TRAINING HOURS	Duration over a three-year period:  2 hours 4 hours 8 hours 24 hours	√	√	√	√	√	√

The staff groups identified are examples of the types of role which correspond to the stated level. For further detailed information practitioners may approach their individual colleges/professional bodies.

Evidence of achievement at each competence level is recognised by a combination of training attendance, continual professional development (CPD) events, experience and application in practice and Safeguarding supervision, team meetings, and conference attendance/participation. This can also be monitored through the supervision/ PDR process.

Multi-agency specialist modules will be advertised or disseminated as they become available from local safeguarding boards as appropriate. Relevant local, national and professional training events and conference attendance may meet some competences and/or updates, particularly for specialist and advanced roles.

### **7.3 Competences and Learning Outcomes**

The strategy promotes competency levels for BCHC which have been developed to address the learning needs for staff roles and responsibilities and in acknowledgement of the breadth of health service provision across the organisation. The levels for training for staff competencies have been developed with reference to the [Adult Safeguarding: Roles and Competencies for Health Care Staff](#) intercollegiate document (Royal College of Nursing, 2018) with acknowledgment of the [National Competence Framework for Safeguarding Adults](#) (Bournemouth University, 2010) and the [Birmingham Safeguarding Adults Board Strategic Plan 2021-2024](#). The levels for training for staff competencies have been developed with reference to the [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](#) (Royal College of Nursing, 2019), [The Children Act 2004](#) (Crown, 2004), [Working Together to Safeguarding Children](#) (Department for Education, 2018) and the [UK Core Skills Training Framework](#) (Skills for Health, 2021). The competencies have also been developed recognising the family where adults and children should flourish in safe, supportive structures. This awareness has resulted in the strategy supporting level 1 and 2 safeguarding training being combined with opportunities for higher level combined events to take place. Appendix 2 is a competency log template which can be used to record Safeguarding Training or combined safeguarding evidence.

### **7.4 What is Competence?**

A competence is the combination of the skills, knowledge and experience held by individual staff and this framework aims to ensure that these qualities inform Safeguarding practice in a way that is commensurate with an individuals' occupational role and responsibility. To be competent you need to be able to interpret a situation in its context, have a repertoire of possible actions to take and have been trained in the possible actions in the repertoire, where this is relevant.

## **8. Implementation**

Implementation of the Training Strategy will be monitored by the Chief of Nursing, Head of Learning and Development, Safeguarding Lead Nurse and the Divisional Directors. Levels of training compliance will be monitored by the Lead Nurse for Safeguarding,

Learning and Development and the divisions. Training content will be regularly reviewed and updated to reflect developments in the Safeguarding agenda and any subsequent changes in national, regional and local policies, processes and structures.

### **Training Needs Analysis (TNA):**

- BCHC has developed a rolling database which enables the identification and monitoring of the total number of staff/independent contractors requiring training at each level.
- BCHC will utilise Serious Incidents Sls, SARs, SIRs, Child Safeguarding Practice Reviews (CSPRs) and Domestic Homicide Reviews (DHRs) to inform the development of the safeguarding training programme.
- BCHC will utilise the Competence Framework.
- BCHC will utilise the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Royal College for Nursing, 2019) Competence Framework to inform the training levels and monitor its implementation.
- BCHC will utilise BSAB Competence Framework for Safeguarding Adults to inform the training levels and monitor its implementation.
- BCHC will ensure representation on the BSAB, BSCP Sub-Groups.
- BCHC will ensure training co-ordination and integration where relevant across all divisions where Safeguarding and associated training is relevant.
- BCHC will ensure Safeguarding and MCA principles are reflected in training.
- BCHC will demonstrate an understanding of appropriate referral mechanisms and information sharing across all training packages.
- BCHC will ensure Safeguarding training includes protecting children and or adults from maltreatment; preventing impairment of health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and taking action to enable all to have the best outcomes.
- BCHC will ensure a 'Think Family' approach to Combined Level 1 & 2 Safeguarding Training.
- BCHC Children's Safeguarding Training will ensure [Right Help Right Time](#) (Birmingham Safeguarding Children partnership, 2021) and Early Help processes are reflected for staff in Children's safeguarding training.
- BCHC will ensure that evaluation of training processes and outcomes are in place.
- BCHC will demonstrate an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as Freedom to speak.
- BCHC will demonstrate clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of Adults and Children.
- BCHC will demonstrate an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements.

### **Training provision:**

- BCHC will make available training sessions at the necessary levels to promote staff competence in safeguarding to comply with statutory requirements
- BCHC and managers need to ensure staff complete the required level of training and are provided with development opportunities to achieve the specified competences
- BCHC Divisions and their Operational Managers will ensure that the training needs analysis meets the need for the roles staff are undertaking based on the Intercollegiate guidance for children (Royal College of Nursing, 2019) and adults (Royal College of Nursing, 2018) and that divisional governance systems monitor compliance.
- The training will respect and acknowledge equal opportunities/diversity issues
- The training will reflect the different learning styles of attendees and incorporate the diversity of communities and individuals
- BCHC will develop flexible and blended learning packages for staff by developing and updating E learning programmes and delivering group and bespoke face to face sessions where necessary
- BCHC will provide single and multi-agency training pathways that link with the local and national strategic direction for Safeguarding
- BCHC have mechanisms in place to support staff that are affected by the impact of emotional responses that Safeguarding training can evoke.
- The organisation will ensure that safeguarding lead trainers have completed a training programme or equivalent.
- The organisation will ensure that lead trainers have the necessary knowledge, skills and professional experience regarding safeguarding and how it applies to healthcare settings and the multi-agency context.
- Training and the development of specialist modules and safeguarding activities will be informed by current research evidence, lessons from serious cases, DHRs, SARs, SIRs, CSPRs and LeDeR reviews as applicable to safeguarding.
- Bespoke and specialist training for external agencies can be commissioned in consultation with Learning and Development and the Safeguarding Team.
- All safeguarding training will be evaluated by those receiving it and evaluations reviewed by lead Safeguarding managers to address issues and maintain currency
- All safeguarding training packages will be assessed as fit for purpose initially and at least annually by the Safeguarding Quality Assurance and Impact Training Group to incorporate changes in legislation and policy and maintain currency.

## **9. Duty of Candour**

The Trust recognises it has a duty of candour under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. Under this duty, it has a responsibility to be open and transparent with patients, families, and carers in relation to their care and treatment and has specific requirements when things go wrong. This will include informing people about any clinical incident, providing reasonable support, providing truthful information and an apology when things go wrong. Where a safeguarding incident occurs, following an investigation any learning identified will be shared with staff, including revision of training.

## **10. Implications**

### **Training Implications**

The Trust will ensure staff have the time to receive training commensurate to roles and responsibilities as noted in this strategy.

### **Financial and Legal Implications**

BCHC has a responsibility to provide training to their staff to enable them to carry out their duties safely, effectively, and competently and to ensure that that they are complying with their statutory, legal and professional responsibilities. Failure to meet these standards could result in legal and financial implications for individuals and the Trust.

<b>11. Monitoring and Audit</b>						
Element to be monitored:	Lead:	Tool:	Frequency:	Reporting arrangements:	Acting on recommendations and lead(s):	Change in practice and lessons to be shared:
What key element(s) need(s) monitoring as per local approved Policy or guidance? Where NHSLA criteria exist, these elements will be the criterion's minimum requirements (those itemised a, b, c etc)	Name the lead and what is the role of the Multi-Disciplinary Team or others if any	What tool will be used to monitor/check/observe/assess/inspect/authenticate that everything is working according to this key element from the approved Policy? This could be an audit, or risk assessment document.	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report go to and how will this be monitored? How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g., meeting minutes	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared?
Safeguarding Adults and Children Level 2 to 5 and Board level Training is mandatory for all Trust staff and requires a refresher in line with intercollegiate document guidance.	Lead Specialist Nurse for Safeguarding Adults and Children, Learning and Development, divisional service and team managers	Training compliance is monitored every quarter by the Lead Specialist Nurse for Safeguarding, Trust Board, Learning and Development and Divisional Directors	Every quarter	Safeguarding Sub-Committee, Mandatory Training Group, Safeguarding Quality Assurance Impact Training Group and divisional Committees	Safeguarding Sub-Committee	Via the Mandatory training Group work and dissemination of information.

## 12. References

Birmingham Adult Safeguarding Board (2021). Birmingham Safeguarding Adults Board Strategic Plan. [online] Available from: <https://www.bsab.org/downloads/download/43/birmingham-safeguarding-adults-board-strategic-plan> (Accessed 27 April 2022).

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Skills for Health (2021) UK Core Skills Training Framework. [online] Available from: <https://www.skillsforhealth.org.uk/info-hub/statutory-mandatory-core-skills-training-framework-cstf/> (Accessed 27 April 2022).

**BCHC Policies:**

[CH 375 Safeguarding Children Supervision Policy](#)

[CH 387 Mental Capacity Act \(MCA\) Policy](#)

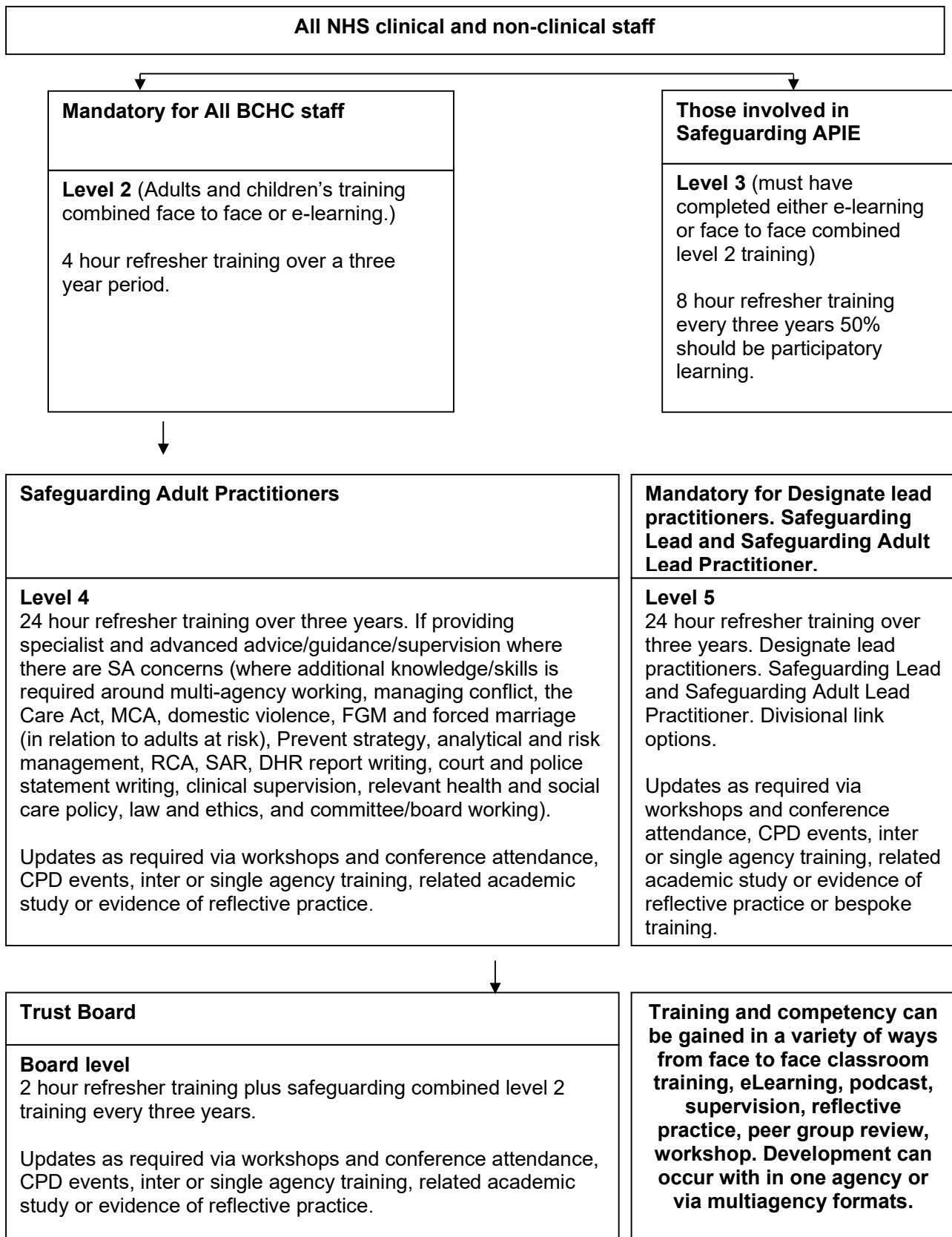
[CH 429 Safeguarding Adults Policy](#)

[CH 614 Allegations or Concerns regarding a Person in a position of Trust Management Policy \(PIPOT\)](#)

[CH 663 Safeguarding Children Policy](#)

## Appendix 1: Safeguarding Training Flowchart

### Safeguarding Training Flowchart



## Appendix 2: Competency log Template

**Name of staff member .....**

**Competencies to be achieved linked to level of training required.**

**Level required.....**

**Name and Role of person gathering evidence.....**

<b>Core Competency/Outcome</b>	<b>Evidence</b>	<b>Additional comments</b>
E.g. recognising potential indicators of abuse harm and neglect.		
E.g. an awareness that adults experiencing stressful situations in their own lives may have caring responsibilities, for other adults or children		