

NHS Derby and Derbyshire Integrated Care Board

Safeguarding Children Training Strategy

KEY POLICY MESSAGES

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| 1. | This strategy provides a framework which ensures the ICB meets its contractual and legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children and young people. |
| 2. | The safety and the quality of the care that children and young people and their families receive is of paramount importance to the ICB |
| 3. | The ICB is highly committed to safeguarding and promoting the welfare of children and young people. |

VERSION CONTROL

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Target Audience:	ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.

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1. INTRODUCTION

- 1.1 This Training Strategy should be read in conjunction with the [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(Fourth Edition: January 2019\)](#) and the [Looked after Children: Roles and competencies of health care staff \(2020\)](#).
- 1.2 All staff in the NHS have a responsibility to safeguard children and young people at risk of abuse or neglect who they come into contact with. NHS Derby and Derbyshire Integrated Care Board (the "ICB") has a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people. ([Working Together 2018](#)) and [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework \(2019\)](#)
- 1.3 In accordance with legislation, statutory guidance and recommendation of professional bodies it is expected that all individuals who work in NHS organisations are trained and competent to be able to recognise when a child may require safeguarding from harm and abuse and to know what to do in response to a concern (Children Act 2004; Working Together 2018).
- 1.4 The ICB is highly committed to safeguarding and promoting the welfare of children and young people. The ICB recognises that under Section 11 of The Children Act 1989/2004 it has a statutory duty to ensure that safeguarding and promoting the welfare of all children forms an integral part of the services commissioned by the ICB. As a commissioning organisation the ICB must ensure that its employees, ICB Board and those of the organisations they commission are knowledgeable about safeguarding children and young people and are confident and competent in carrying out their responsibilities.
- 1.5 To fulfil this the ICB responsibility a training strategy for safeguarding children and young people has been developed and a training programme produced offering a range of courses for safeguarding children for ICB staff and commissioned services such as independent providers which include GP Practices, Dentists, Pharmacists and Optometrists to access.
- 1.6 The ICB has a responsibility to ensure that all provider organisations and independent contractors have staff who have the required core competencies to safeguard children and young people and this is supported by staff being up to date with safeguarding children training to the required level depending on their role and responsibilities.
- 1.7 The purpose of this strategy is to provide a framework which ensures the ICB meets its contractual and legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children and young people. The strategy aims to provide information on the required safeguarding training for all managers and staff within the ICB and their commissioned services.
- 1.8 The identification of the level of safeguarding training required is dependent on the staff member's role and responsibility and following completion of the staff induction programme should be linked to the annual appraisal process and personal development plan.

2. STATUTORY FRAMEWORK

- 2.1 This strategy outlines the ICB training plan and a framework for the delivery of training. The elements described within the strategy aim to provide all employees and independent contractors and clinical staff with the knowledge and guidance of what level of training they are required to undertake in order to fulfil their duties and responsibilities in relation to safeguarding children. It has been formulated using the statutory guidance and key principles set out in:
- 2.1.1 The Children Act (1989/2004)
 - 2.1.2 Working Together to Safeguard Children (HM Government 2018)
 - 2.1.3 [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(Fourth Edition: January 2019 \)](#) and the [Looked after Children; Roles and competencies of health care staff \(2020\)](#).
 - 2.1.4 NHS England [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework \(2019\)](#)
- 2.2 Working Together to Safeguard Children (2018) sets out statutory guidance on the responsibility of ICBs and NHS England to ensure that health staff including those employed by independent contractors have an awareness of how to recognise and respond to safeguarding children concerns. The Statutory Guidance states that this can be best achieved by staff accessing a combination of single agency and multi-agency training available on [Derby and Derbyshire Safeguarding Children Partnership website](#).
- 2.3 Working Together to Safeguard Children (2018) sets out the role of Local Safeguarding Children Partnerships which replaced Safeguarding Children Boards in 2019. The Safeguarding Children Partnership is responsible for providing multi-agency training as well as monitoring and scrutinising single agency training offered by organisations. The ICB has an equal responsibility to the Police and the Local Authority within the Safeguarding Children Partnership in their training functions by representation on Safeguarding Children Partnership training sub groups and contributing to the training programme.
- 2.3.1 [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(Fourth Edition: January 2019 \)](#) and the [Looked after Children; Roles and competencies of health care staff \(2020\)](#), is a document which endorsed by the Department of Health, Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of Midwives. It provides a competency framework by setting out the levels of competence with the timescales required by different groups of healthcare staff and the type of training requirements necessary in order to ensure appropriate statutory training delivery. This document should be read in conjunction with this strategy.

3. ICB RESPONSIBILITIES – CHIEF EXECUTIVE, CHIEF NURSE OFFICER, DESIGNATED PROFESSIONALS AND NAMED GPS FOR SAFEGUARDING CHILDREN

3.1 Organisational Responsibilities

Each employer is responsible for ensuring its employees clearly understand their contractual obligations within the organisation and enabling individual staff to access training and relevant education by which the organisation can satisfy its statutory duties:

- 3.1.1 the ICB's Chief Executive Officer and Chief Nurse Officer have a responsibility to ensure that their staff are trained to recognise and respond to safeguarding concerns and that they are fully aware of their individual and corporate responsibilities for safeguarding both adults and children;
- 3.1.2 the Designated Nurses and Designated Doctors take a strategic and professional lead across the health economy and also support the Chief Nurse Officer in relation to the safeguarding aspect of their role. They have responsibility to produce and provide training for the ICB Board and ICB staff, develop and maintain competencies for training that are compatible with national guidance and multi-agency policies. They are also responsible for ensuring that lessons learnt from major investigations (serious case reviews, multiagency care reviews, safeguarding adult reviews, domestic homicide reviews) are incorporated into training;
- 3.1.3 the Named GPs for Safeguarding Children are also instrumental in the development and the delivery of GP Practice training and work closely with the designated professionals in regard to this area of responsibility;
- 3.1.4 since Safeguarding Children training is a mandatory requirement of the ICB, implementing this strategy is an important component of clinical governance.

3.2 Responsibilities of Individuals

- 3.2.1 It is essential that all staff have the opportunity to access relevant safeguarding training, acknowledging the broad range of learning options that may be available and applicable according to individual need and service requirement.
- 3.2.2 It is the responsibility of line managers and heads of service to ensure that all staff working within their respective department(s) are supported to attend and maintain the necessary level of training in accordance with their role and responsibility which enables them to be suitably equipped to fulfil their safeguarding responsibilities.
- 3.2.3 In the event of any non-compliance with up-take of training this will need to be escalated to the relevant Line Manager who has a responsibility to address the employee's mandatory training non-compliance.
- 3.2.4 It is the responsibility of the employee to ensure that their ESR training record has been updated to reflect training that they have completed.

- 3.2.5 In the event of any difficulties accessing training employees are expected to raise their concerns with their Line Manager in a timely manner.

4. PURPOSE OF TRAINING

- 4.1 All staff working in a health care setting (including ICB staff) and particularly those who come into contact with children, young people and their families have a statutory responsibility to safeguard and promote their welfare and should know what to do if they have concerns about their wellbeing.
- 4.2 To fulfil these statutory responsibilities, all health staff depending on their role and responsibility must have access to appropriate levels of safeguarding education and training. This may include face to face training, eLearning, personal reflection and attending national and local conferences on relevant safeguarding topics.
- 4.3 Different groups of staff require different types and levels of training which is clearly outlined in the [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(Fourth Edition: January 2019 \)](#) and the [Looked after Children: Roles and competencies of health care staff \(2020\)](#), depending on their role and degree of contact with children, young people and families and the nature of their work and level of responsibility. This training strategy which should be read in conjunction with the above document will provide a guide on what is required for staff to attend and the training available to access.

5. TRAINING PROGRAMME

- 5.1 The ICB will offer a training programme to its own ICB employees and to Derby and Derbyshire GP Practices. Face to face training can also be arranged for Independent contractors such as Dental Practices, Optometrists Pharmacists but this will be based on the Safeguarding Children team capacity.
- 5.2 The ICB will ensure all providers have robust safeguarding training programme in place for their staff through the annual Section 11 self-assessments and Joint Safeguarding Children and Adults self-assessment tool.
- 5.3 It is also the responsibility of managers within the ICB and those provider services which have been commissioned by them (including Independent contractors and GP practices) to ensure that their staff are appropriately trained in order to fulfil their obligation for CQC registration and in line with regulatory and statutory requirements.
- 5.4 Training, education and learning opportunities should be a combination of multi-disciplinary and inter-agency. It may include personal reflection and scenario based discussion drawing on case studies and lessons from research and audit.
- 5.5 Safeguarding children training programmes can be obtained via the ICB staff intranet or ICB public-facing website or via the [Derby and Derbyshire Safeguarding Children Partnership website](#).

6. TRAINING LEVELS AND COMPETENCY

There are five levels of training competency – examples of groups that fall within each of these levels include:

6.1 Level 1

All staff including non-clinical managers and staff working in healthcare services.

6.2 Level 2

Minimum level required for nonclinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children. This would include ICB staff that chair or attend multidisciplinary meetings.

6.3 Level 3

All clinical staff working with children, young people and/or their parents/ carers and/or any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).

6.4 Level 4

Named professionals.

6.5 Level 5

Designated professionals.

6.6 Induction Programme

All health staff should complete a mandatory session of at least 30 minutes duration in the general staff induction programme or a specific session within six weeks of taking up post within a new organisation. This should provide key safeguarding/child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns. This mandatory induction session is separate and a pre-cursor to level 1 training, although many may choose to incorporate this within a level 1 training package.

6.7 Level 1: All staff working in health care services

This includes, for example, laboratory staff, receptionists (other than GP receptionists who require level2), administrative, caterers, domestic staff, transport staff, porters, community pharmacist counter staff and maintenance staff, including those non-clinical staff working for independent contractors (such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists) within the NHS, as well as volunteers across healthcare services.

6.7.1 Training Requirement

While each individual organisation determines the appropriate time commitment to ensure staff have the required up to date knowledge and skills, as a guide it is recommended that over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of two hours. This should provide key safeguarding/child protection information, including about vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.

6.7.2 Core competences

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. It comprises of:

- (a) recognising potential indicators of child maltreatment;
- (b) physical abuse including fabricated and induced illness, and FGM neglect;
- (c) emotional abuse, forced marriage, modern slavery and grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) missing children, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country) and child trafficking (internal and external);
- (d) sexual abuse, including child sexual exploitation, missing children, county and child trafficking (internal and external);
- (e) domestic abuse;
- (f) recognises that children with any disability (visible or hidden) are at greater risk of abuse;
- (g) recognises the vulnerabilities of children who are looked after;
- (h) awareness of the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child or young person (including the unborn child);
- (i) the impact of parental substance misuse, domestic violence and abuse;
- (j) the risks associated with the internet and online social networking;
- (k) adverse childhood experiences (ACEs) and their effects;
- (l) an understanding of the importance of children's rights in the safeguarding/child protection context, and the awareness of relevant legislation and guidance;
- (m) awareness that a child not being brought to a health appointment may be a potential indicator of neglect or other forms of abuse;

- (n) awareness of the potential significance on the wellbeing of children of parents/carers not attending or changing health appointments, particularly if the appointments are for mental health, alcohol or substance misuse problems (where appropriate to role);
- (o) taking appropriate action if they have concerns, including appropriately seeking advice, documenting and reporting concerns safely;
- (p) staff working in agencies that use a flagging/coding system for children at risk are familiar with the flagging/coding system as appropriate to role;
- (q) awareness of professional abuse and raising concerns about conduct of colleagues.

6.8 Level 2: All non-clinical and clinical staff who have any contact (however small) with children, young people and/or parents/carers who may pose a risk to children

This includes administrators and reception staff for looked after children and safeguarding teams, GP receptionists and reception managers, GP practice safeguarding administrators, GP practice managers, clinic reception managers, healthcare students including medical, relevant allied health professional students and nursing students, patient advocates, phlebotomists, pharmacists (unless undertaking professional care activities and services in care homes, urgent and emergency care settings, travel clinics, GP practices or out of hours require level 3 competency), ambulance staff (paramedics require level 3), dentists dental care professionals, audiologists, eye clinic liaison officers, optometrists, contact lens and dispensing opticians, adult physicians and surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (except mental health nurse, practice nurses and nurse practitioners who require level 3), non-medical neurophysiologists, allied healthcare practitioners and all other adult orientated secondary care healthcare professionals, including technicians. This would include ICB staff that chair or attend Multidisciplinary meetings.

6.8.1 Training Requirement

- (a) It is recommended that over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of four hours.
- (b) Training at level 2 will include the update and training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2.

6.8.2 Core competences

- (a) Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify signs of child abuse or neglect.
- (b) Able to identify and refer a child suspected of being a victim of trafficking, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country), forced marriage,

domestic violence, or modern slavery or sexual exploitation; at risk of exploitation/grooming by radicalisers, gang and electronic media abuse.

- (c) Able to identify and refer a child at risk of FGM or having been a victim of FGM.
- (d) Acts as an effective advocate for the child or young person, proactively seeking the child's views while taking into consideration the Gillick competency and Fraser guidelines but also considering how to balance children's rights and wishes with a professionals' responsibility to keep children safe from harm.
- (e) Recognises the potential impact of a parent's/ carer's physical and mental health on the wellbeing of a child or young person.
- (f) Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues.
- (g) As appropriate to role, able to refer to social care if a safeguarding/child protection concern is identified (aware of how to refer even if role does not encompass referrals).
- (h) Documents safeguarding/child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion.
- (i) Shares appropriate and relevant information with other teams.
- (j) Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.

6.9 **Level 3**

This includes GPs, practice nurses (including nurse practitioners within primary care), forensic physicians, forensic nurses, paramedics, urgent and unscheduled care staff, all mental health staff (adult and child and adolescent mental health staff), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses (children and adult), specialist nurses for safeguarding, looked after children's nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals/allied health professionals working with children, paediatric neurophysiologists, child play therapist/specialist, sexual health staff, school nurses including those working in independent schools, health visitors, family nurses (FNP), all children's nurses, perinatal staff, midwives, obstetricians, neonatologists, all paediatricians, paediatric radiologists, diagnostic radiographers, paediatric surgeons, lead paediatric anaesthetists for safeguarding/level 3 anaesthetists, paediatric intensivists, physician's assistants working in any level 3 speciality, pharmacists if undertaking professional care activities and services in care homes, urgent and emergency care settings, travel clinics, GP practices and out of hours services, specialist paediatric dentists, speciality and associate specialists (SAS) doctors working in any level 3 speciality listed above,

and all doctors/health professionals working exclusively or predominantly with children and young people It is expected that doctors in training (Including foundation level doctors) who have posts in these level 3-affiliated specialties/with significant children/young person contact, will also require level 3 training.

6.9.1 Training requirement

- (a) Initially Professionals will complete the equivalent of a minimum of 8 hours education, training and learning related to safeguarding/child protection. Those requiring role specific additional knowledge, skill and competencies should complete a minimum of 16 hours.
- (b) These staff groups include paediatricians, forensic physicians, GP's, GP practice safeguarding leads, practice nurses, Childrens nurses. Health visitors and family nurses, midwives, school nurses, children and young people's mental health nurses, child and adolescent psychiatrists,, child psychotherapists, child psychologists, perinatal psychiatrists, adult mental health psychiatrists and mental health nurses in adult mental health services, specialist paediatric dentists, diagnostic radiographers undertaking imaging for suspected physical abuse, radiologists, paramedics, paediatric surgeons, urgent and unscheduled care staff, obstetricians, neonatologists, paediatric intensivists, lead anaesthetists for safeguarding / child protection.

6.9.2 Refresher training

Over a three-year period, professionals should be able to demonstrate refresher education, training and learning equivalent to:

- (a) a minimum of eight hours for those requiring Level 3 core knowledge, skills and competencies;
- (b) a minimum of 12–16 hours for those requiring role specific additional knowledge, skills and competencies; and
- (c) 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 and 2 in addition to level 3.

6.9.3 Core Competencies

As outlined for Level 1 and 2:

- (a) draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/ or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse and escalates accordingly;
- (b) when treating adults, takes appropriate action to safeguard any children who may be at risk of harm due to the adult's health or behaviour, routinely considering whether that adult has any responsibility for children;

- (c) documents history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes, seeking specific expertise and guidance as role requires;
- (d) reports concerns, including using appropriate coding as appropriate to role, in all relevant patient records to record safeguarding concerns;
- (e) contributes to inter-agency assessments, as relevant to role, the gathering and sharing of information and, where appropriate, analysis of risk;
- (f) undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of education and training);
- (g) contributes as required/where relevant to role to: serious case reviews/case management reviews/significant case reviews, domestic homicide reviews which include children/internal partnership and local forms of review, as well as child death review processes;
- (h) advises other agencies as appropriate to role about the health management of individual children in child protection cases.
- (i) works with other professionals and agencies, with children, young people and their families when there are safeguarding concerns.
- (j) able to share information appropriately and is able to provide advice to others on appropriate information sharing according to Caldicott principles.
- (k) applies the lessons learnt from audit, serious case reviews, domestic homicide reviews and case management reviews to improve practice.

6.10 For those new into a post requiring Level 3, it is expected that the timeframe for an individual attaining the knowledge, skills and competence of level 3 should not exceed a 12-month period and will be significantly shorter for those undertaking job rotations. **Please see the [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(2019\)](#) and [Looked after Children; Roles and competencies of health care staff \(2020\)](#).**

for full details of additional core competencies for each group.

6.11 **Level 4: Specialist roles: Named Professionals for Safeguarding Children and Looked after children**

This includes named doctors, named nurses, named midwives (in organisations delivering maternity services), named health professionals in

ambulance organisations and named GPs for organisations commissioning primary care.

6.11.1 Training Requirement

- (a) 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 and supervision training.
- (b) Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded).
- (c) Named professionals should complete a management programme with a focus on leadership and change management within three years of taking up their post.
- (d) Named professionals responsible for training of doctors are expected to have appropriate education for this role.
- (e) Additional training programmes such as the newly developed Royal College of Paediatrics and Child Health level 4/5 training for paediatricians should be undertaken within one year of taking up the post.

Training at level 4 will include the update and training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4.

6.11.2 Core competence

As outlined for Level 1, 2 and 3.

- (a) Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols.
- (b) Able to effectively communicate local safeguarding knowledge, research and findings from audits, challenge poor practice and address areas where there is an identified training/development opportunity.
- (c) Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections.
- (d) Work 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 inter-agency training and teaching for staff in the organisations covered.
- (e) Undertakes and contributes to serious case reviews/case management reviews/ significant case reviews, domestic homicide reviews which include children individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root

cause analysis approach where appropriate or other locally approved methodologies.

- (f) Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding/child protection team.
- (g) Works effectively with colleagues from other organisations, providing advice as appropriate.
- (h) Provides advice and information about safeguarding/child protection to the employing authority, both proactively and reactively this includes the board, directors, and senior managers - both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases
- (i) Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- (j) Leads/oversees safeguarding/child protection quality assurance and improvement processes.
- (k) Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people.

6.12 **Level 5**

This applies to Designated Doctors and Nurses/ Lead Paediatricians and Nurses.

6.12.1 Training requirement

- (a) Designated professionals including lead paediatricians, consultant/lead nurses, and child protection nurse advisers 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.
- (b) Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines and have the option of accessing individual external reflective and restorative supervision (and their attendance/participation should be recorded as part of continuing professional development record).
- (c) An executive level management programme with a focus on leadership and change management should be completed within three years of taking up the post.
- (d) Additional training programmes such as the Royal College of Paediatrics and Child Health level 4/5 training for paediatricians should be undertaken within one year of taking up the post.

- (e) 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.

6.12.2 Core competence

As outlined for Level 1, 2 3 and 4.

- (a) Provides supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- (b) Conducts training needs analysis, and commissions, plans, designs, delivers, and evaluates safeguarding/child protection single and inter-agency training and teaching for staff across healthcare services, including public health services commissioned by local authorities, and provided by independent/ private healthcare providers.
- (c) Leads/oversees safeguarding/child protection quality assurance and improvement across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- (d) Leads innovation and change to improve safeguarding across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- (e) Takes a lead role in ensuring robust processes are in place across healthcare services to learn lessons from cases where children and young people die or are seriously harmed and maltreatment or neglect is suspected.
- (f) Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.

6.13 **Board Level for Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, Commissioning Directors**

All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership. All boards should have access to safeguarding advice and expertise through Designated or Named professionals.

6.13.1 Training Requirement

This will be a tailored package to be delivered which encompasses level 1 - knowledge, skills and competences, as well as Board level specific as issues.

7. TRAINING MONITORING/EVALUATION

- 7.1 Individual Practitioners and Managers have a responsibility to demonstrate assurance of own and staff compliance in line with the training strategy. Assurance of ICB and provider compliance will be administrated through the annual ICB and Derby and Derbyshire Safeguarding Children Partnership Section 11 audits or through other assurance request.
- 7.2 Being able to provide evidence to the CQC and ICB that staff are adequately trained is a fundamental part of the ICB contract monitoring arrangements and CQC inspection.
- 7.3 Any training provided by the ICB Designated professionals and Named GPs will be evaluated and based on feedback received relevant changes will be made to the training courses /programme.
- 7.4 The ICB's Assistant Director for Safeguarding Children / Lead Designated Nurse for Safeguarding Children is responsible for the revision and updating of this strategy.

8. EQUALITY STATEMENT

- 8.1 The ICB aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.
- 8.2 In carrying out its function, the ICB must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which the ICB is responsible, including policy development, review and implementation.

9. DUE REGARD

- 9.1 This policy has been reviewed in relation to having due regard to the PSED of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

10. REFERENCES

- The Children Acts 1989 and 2004 London: HMSO
- Working Together to Safeguard Children (2018)
- The Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Fourth Edition: January 2019)
- Looked after Children; Roles and competencies of health care staff (2020).

Appendix 1 – Safeguarding Children Training Schedule for Non-Clinical, Clinical, Specialist Healthcare Staff and Board Members

It is the responsibility of individual professionals and their managers to ensure that staff attend relevant training in order to fulfil their role and responsibilities.

Group Level	Core	Update	Specialist	Notes
<p><u>Level 1</u></p> <p>All staff requiring basic safeguarding/child protection training and who do not require other levels of competency</p>	<p>Minimum entry level for all staff working in health care settings at induction or within 6 weeks of taking up post in a new position</p>	<p>2 hours minimum over a 3 year period</p>		<p>Designated Nurses and Named GPs will provide this training</p> <p>Level 1 e-learning training is also available via ESR</p> <p>Competence needs to be monitored by the Line Manager as part of the PDR process</p>
<p><u>Level 2</u></p> <p>All non-clinical and clinical staff that have any contact (however small) with children, young people and /or parents/carer or any adult that may pose a risk to children. This would include ICB staff that chair or attend Multidisciplinary meetings.</p>	<p>Minimum entry level for all staff working in health care settings at induction or within 6 weeks of taking up post in a new position</p>	<p>4 hours minimum over a 3 year period</p>	<p>Safeguarding children training also provided by individual professional bodies/ organisations available through:</p> <ul style="list-style-type: none"> • e-learning Internal Staff training programme • National Conference • Derby and Derbyshire Safeguarding Children Partnership Training Programme 	<p>Training provided by Designated Nurses through the ICB Training Programme</p> <p>Level 2 e-learning is also available</p> <p>Competence needs to be monitored by the Line Manager as part of the PDR process</p>

Group Level	Core	Update	Specialist	Notes
<p><u>Level 3 (Core)</u></p> <p>All clinical staff working with children, young people and/or parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and evaluating the needs of child/young person and parenting capacity where there are safeguarding/ Child protection concerns.</p>	<p>Minimum entry level for all staff working in health care settings at induction or within 6 weeks of taking up post in a new position</p> <p>Newly appointed GPs require equivalent of 8 hours safeguarding training within first year of employment</p>	<p>Minimum of 6 hours over a 3 year period</p>	<p>Specialist Safeguarding children training also provided by individual professional bodies / organisations available through</p> <ul style="list-style-type: none"> • e-learning • Internal Staff training programme • National Conference • Derby and Derbyshire Safeguarding Partnership Training Programme 	<p>Training provided by:</p> <ul style="list-style-type: none"> • Named GPs/Doctors and Designated Professionals • Derby and Derbyshire Safeguarding Children Partnership • National Conference • Professional Bodies • Peer Review • Attending learning reviews • Reflective writing <p>Competence needs to be monitored by the Line Manager as part of the PDR process</p>
<p><u>Level 3 – Specialist Knowledge and Skills</u></p> <p>All clinical staff working with children, young people and /or their parents</p> <ul style="list-style-type: none"> • GP's • GP practice safeguarding leads • Advanced Nurse Practitioners • Health Visitors • School Nurses • Paediatricians • Midwives 	<p>As above</p>	<p>Minimum of 12-16 hours over a 3 year period</p>	<p>Specialist Safeguarding children training also provided by individual professional bodies / organisations available through</p> <ul style="list-style-type: none"> • e-Learning • Internal Staff training programme • National Conference • Derby and Derbyshire Safeguarding Partnership Training Programme 	<p>Training provided by:</p> <ul style="list-style-type: none"> • Named GPs/Doctors and Designated Professionals • Derby and Derbyshire Safeguarding Children Partnership • National Conference • Professional Bodies • Peer Review • Attending learning reviews • Reflective writing <p>Competence needs to be monitored by the</p>

Group Level	Core	Update	Specialist	Notes
<ul style="list-style-type: none"> Practice Nurse 				Line Manager as part of the PDR process
<p>Level 4/5</p> <p>Specialist Roles:</p> <ul style="list-style-type: none"> Designated Professionals Named Professionals Named GPs 	Minimum entry level for all staff working in health care settings at induction or within 6 weeks of taking up post in a new position	<p>Over 3 year period should receive a minimum of 24 hour training.</p> <p>Should also include leadership, management, appraisal and supervision training as required</p>	<p>Specialist Safeguarding children training also provided by individual professional bodies / Organisations available through</p> <ul style="list-style-type: none"> e-Learning National Conference Derbyshire Safeguarding Partnership – Multiagency Training Programme 	<p>Training available from National Conference, Derby and Derbyshire Safeguarding Children Partnership and BASPCAN</p> <p>Competence needs to be monitored by the Line Manager as part of the PDR process</p>
<p>Board Level</p> <p>Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/ members, Directors</p>	Minimum entry level for all staff working in health care settings at induction or within 6 weeks of taking up post in a new position	Will require a tailored package to be delivered which encompasses level 1 as well as Board specific issues	Training will be delivered with the advice of the ICB Chief Nurse Officer and Designated Professionals	<p>Training will also be available from:</p> <ul style="list-style-type: none"> Designated Professionals Derby and Derbyshire Safeguarding Children Partnership National Conference <p>Competence needs to be monitored by the Line Manager as part of the PDR process</p>