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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 November 2019	Agenda Item	6.2
Report Title	Safeguarding Training Needs Analysis		
Report Author	Tricia Thomas Practice Education Facilitator Safeguarding 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	Choose an item.		
Purpose of the Report	A Safeguarding training needs analysis was carried out by the Corporate Safeguarding Team in order to assess the training requirements for staff following the introduction of the NHS Wales Safeguarding Training Framework (2019) This report outlines the response and its implications for the Health Board.		
Key Issues	Key issues include the poor number of returns completed and returned, despite the number of requests/reminders sent and an extension of the submission date and a second request via Safeguarding Committee.		
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	<ul style="list-style-type: none"> Committee members are asked to note that this paper has been presented to the Health Board Safeguarding Committee, October 15th 2019. Following the Committee each SDU's has been advised on their areas that require completion and submission of the Safeguarding Training Needs Analysis in order to consider the requirements for Safeguarding training as outlined in the Intercollegiate Documents. The Safeguarding Committee has recommended that the Director of Nursing and Patient Experience meet with the Director of Workforce in relation to how the SDU's can further progress the work of mapping and validating staff groups to their Mandatory 		

	<p>Safeguarding Training as per the Intercollegiate Documents.</p> <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 mandatory training compliance in the earliest timeframe possible, in order to address the shortfall in compliance with Mandatory Safeguarding Training. This will be monitored through safeguarding committee.
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SAFEGUARDING TRAINING NEEDS ANALYSIS

1. INTRODUCTION

A training needs analysis was carried out by the Corporate Safeguarding Team in order to assess the Safeguarding training requirements for staff following the introduction of the NHS Wales Safeguarding Training Framework (2019), which 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 was to outline the requirements as set out in the Intercollegiate Documents and for SDU's to consider the training requirements of the staff in their areas. This information was to then be utilised to help inform the development of appropriate Safeguarding training to meet the likely increased requirements. The report outlines the response and its 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 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). 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 were circulated with an initial request for returns by 1st July 2019, in order to report to Committee at the end of July. Due to limited returns the deadline was further extended to the 15th July, however this failed to yield further response 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. The Proformas were again cascaded on 5th August to all Unit Nurse Directors, with a request for completion by 2nd September 2019.

Returns have been slow and sporadic, with all SDU's failing to supply completed proformas accounting for all staff employed within their respective areas. Information provided 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, MCA, Adult and Children Safeguarding training. As a result, any analysis is flawed as it is not complete, and therefore cannot account as an accurate reflection of the current position of all Health Board staff. In all cases the numbers of staff accounted for differs from numbers of staff employed in each SDU as indicated by Staff in Post figures obtained from ESR.

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 i)

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%

The data from the returns received (Table i) demonstrates a low compliance at all levels for MCA, whilst the Level 1 compliance for Safeguarding Adult and Children Training are better. The table indicates that there are a high percentage of staff who are non-compliant at the highest level as per their role.

Morriston SDU Data: (Table ii)

Total Staff in Post (ESR) =3,810

MCA Total returns- 1056	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	714	303	42%	411	58%
Level 2	754	465	62%	289	38%
Level 3	53	26	49%	27	51%
Child Total returns - 1054	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	722	579	80%	143	20%
Level 2	756	448	59%	308	41%
Level 3	41	21	51%	20	49%
Adult Total returns - 1066	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	762	546	72%	216	28%
Level 2	825	528	64%	297	36%
Level 3	72	34	47%	38	53%

The data in Table ii, contains information received by the returns completed by Morriston SDU. This data demonstrates a compliance rate of less than 70% across all levels except Level 1 Safeguarding Adult and Child Training.

MH & LD SDU Data: (Table iii)

Total Staff in Post (ESR) = 1,721

MCA Total returns- 753	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	712	425	60%	287	40%
Level 2	623	350	56%	273	44%
Level 3	50	23	46%	27	54%
Child Total returns - 736	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs

Level 1	736	650	88%	86	12%
Level 2	542	224	41%	318	59%
Level 3	89	26	29%	63	71%
Adult Total returns - 1388	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	666	599	90%	67	10%
Level 2	549	243	44%	306	56%
Level 3	79	24	30%	55	70%

The data in Table (iii) demonstrates the information received from the returns from MH& LD SDU. All levels of MCA training have low compliance, which is of concern given the nature of the patients cared for in the Unit. Compliance rates are better across Child and Adult Safeguarding on the whole, with the exception Level 3 training which has compliance rates of 30% or less.

Singleton SDU Data: (Table iv)

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%

The data in Table (iv) demonstrates the information from Singleton SDU as per the returns received. It is important to note that Singleton SDU returns reflect one of lowest return rates per staff in post at 40%. The compliance rates are good for Level 1 Safeguarding Adult and Children training, and also for Levels 1 and 2 MCA training.

However, the rates of compliance fall drastically across Levels 2 and 3 for Child and Adult Safeguarding Training.

NPT SDU DATA :(Table v)

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%

The returns received from NPT SDU are contained in Table v (above). The number of returns from NPT SDU are the highest per staff in post, and contain information relating to higher number of staff than reflected in the Staff in post figures from ESR. The data received reflects that of the staff requiring Level 3 training in MCA and Adult Safeguarding, all non-compliant.

CORPORATE DATA: Table vi)

Total Staff in Post (ESR) = 1,492

MCA Total returns- 380	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	361	4	1%	357	99%
Level 2	22	1	5%	21	95%
Level 3	0	0	N/A	N/A	N/A

Child Total returns - 380	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	361	18	5%	343	95%
Level 2	22	2	10%	20	90%
Level 3	0	0	N/A	N/A	N/A
Adult Total returns - 380	Staff Numbers Requiring training	Number of Staff Compliant	% Compliance	Number of Staff in need of training	% needs
Level 1	361	20	6%	341	94%
Level 2	21	1	5%	20	95%
Level 3	0	0	N/A	N/A	N/A

The data in Table vi reflects the returns from Corporate SDU. Again this return rate is one of the lowest at approximately 25% of staff in post. This may reflect the diversity of roles which are managed under Corporate SDU. The returns also reflect the lowest levels of compliance, which again may be due to role diversity and an understanding of the requirements of staff in these areas.

Across all three areas analysed, MCA, Children and Adult Safeguarding Training, all SDU's appear to have staff who are not compliant at the most appropriate level for their role. The Health Board currently requires that all staff are compliant at a minimum of Level 1 as a mandatory requirement. In some cases, the information provided indicates that each SDU has staff that are non-compliant at Level 1, in each of the three fields. Therefore, it appears SDU's have staff working in their areas who are non-compliant with their mandatory Safeguarding training requirements. Moreover, Level 1 and 2 Safeguarding Adult and Children training is accessible via E-learning, which should mean easier access for staff.

The information gathered from the returns received, provided information in relation to 5,863 staff, which equates to approximately 46% of the Health Board workforce. Therefore, any analysis can only be used as an indication of the training needs of the remaining staff. The guidance outlined in the Intercollegiate Documents indicates that there will be an increase in the numbers of Health Board staff requiring Safeguarding Adult and Children training at Level 3.

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. The training needs analysis was completed in order to 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 number of completed Training needs analysis proformas equates to 46 % of the Health Board workforce. The data gathered from the completed returns, whilst only reflective of a portion of the Health Board, 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 this paper has been presented to the Health Board Safeguarding Committee, October 15th 2019. Following the Committee each SDU's has been advised on their areas that require completion and submission of the Safeguarding Training Needs Analysis in order to consider the requirements for Safeguarding training as outlined in the Intercollegiate Documents.

The Safeguarding Committee has recommended that the Director of Nursing and Patient Experience meet with the Director of Workforce in relation to how the SDU's can further progress the work of mapping and validating staff groups to their Mandatory Safeguarding Training as per the Intercollegiate Documents.

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 <i>(please choose)</i>	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 checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>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, as well as enhanced Safeguarding training dependant on their roles and responsibilities. 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>		
Financial Implications		
<p>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 responsibility to make arrangements to protect and safeguard the welfare of children, young people and adults at risk. Safeguarding policies uphold that patient and service users have the right to independence, dignity, respect, equality, privacy and choice.</p>		
Staffing Implications		
<p>All Health organisations within or contracted to NHS Wales have a duty to provide access to appropriate Adult and Children Safeguarding training across all levels for all staff. Regulated professionals have a responsibility to comply with their professional body's continuing professional development requirements for Safeguarding Adults and children</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<ul style="list-style-type: none"> ○ Prevention - acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Collaboration - Collaboration with persons may help the organisation meet its well-being objectives. 		

- **Involvement** - The importance of involving people with an interest in achieving the well-being goals, which includes staff engagement.

Improve population health through prevention and early intervention

Report History	
Appendices	