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NHS
Bolton Clinical Commissioning Group

**NHS Bolton Clinical Commissioning Group
Safeguarding Children, Young People and Adults at
Risk – Safeguarding Standards for commissioned
services 2018-2019. (Non NHS providers)**

A Collaborative Greater Manchester (GM) Document

DOCUMENT CONTROL PAGE	
Title	<p>NHS Bolton Clinical Commissioning Group: Safeguarding Children, Young People and Adults at Risk – Safeguarding Standards for Commissioned Services (2018-2019)</p> <p>A Collaborative Greater Manchester (GM) Document</p>
Supersedes	<p>Safeguarding Children, Young People and Adults at Risk – Contractual Standards 2017-2018</p> <p>A Collaborative Greater Manchester (GM) Document</p>
Minor Amendments	<p>The content of the document has been refreshed and updated to better reflect the structural changes within the GM health economy.</p> <p>The content of the audit tools have been updated and reformatted into thematic areas to make the requirements of the standards clearer.</p>
Author	<p>Representatives from the GM Designated Professional Clinical Networks for:</p> <ul style="list-style-type: none"> • Safeguarding Adults; • Safeguarding Children; • Looked After Children.
Ratification	<p>Each CCG Designated Nurse will be responsible for ensuring this document is ratified via their CCG appropriate governance process.</p>
Application	<p>For incorporation into the contracts of all commissioned services.</p>
Circulation	<p>This Policy has been shared with the GM Directors of Commissioning and is to be added to all contracts.</p>
Review	<p>This Policy will be reviewed in November 2018</p>

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1. INTRODUCTION

- 1.1.** NHS Bolton Clinical Commissioning Group regard our statutory responsibilities to safeguard children, young people and adults at risk of harm as a major priority for our organisation and for our work with local partners.
- 1.2.** The NHS Constitution sets out safeguarding responsibilities, requiring the Governing Body of all the CCGs to oversee a clear strategy and regular reporting to ensure that the CCGs meets their duties, in line with:
- Children Act 1989;
 - Children Act 2004;
 - Care Act 2014;
 - Criminal Justice and Courts Act 2015;
 - Mental Health Act 1983 / 2007;
 - Mental Capacity Act 2005 / Deprivation of Liberty Safeguards 2009;
 - Equality Act 2010;
 - Human Rights Act 1998;
 - Looked after children: Knowledge, skills and competences of health care staff - Intercollegiate Role Framework (March 2015);
 - Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007);
 - Deprivation of Liberty Code of Practice 2009;
 - Care Act guidance 2014
 - Care and Support Statutory Guidance (DH, 2017);
 - Safeguarding children and young people: roles and competences for health care staff - Intercollegiate Document Third edition (March 2014);
 - Safeguarding Adults: The Role of Health Services (DH 2011);
 - Safeguarding Vulnerable People in NHS Accountability and Assurance Framework NHS England 2015;
 - Serious Incident Framework (March 2015);
 - Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH 2015);
 - Working Together to Safeguard Children (HM Government 2015);
 - The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB);
 - The policies and procedures of the Greater Manchester Safeguarding Partnership - Safeguarding Children Procedures Manual;
 - Channel Duty Guidance. Protecting vulnerable people from being drawn into terrorism (2015);
 - Revised Prevent Duty Guidance: for England and Wales (HM Government 2015)
 - Any other legislation, guidance and Code of Practice relevant to safeguarding children, Looked After Children and adults at risk.
- 1.3.** All Clinical Commissioning Groups have a statutory duty to ensure that all health providers, from whom they commission services (both public and independent sector), have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults at risk from actual abuse or possible abuse; that healthcare providers are linked into their Local Safeguarding Children and Local Safeguarding Adults Boards; and that healthcare workers contribute to multi-agency working.
- 1.4. Safeguarding and the NHS**

The Health and Social Care Act 2014 and the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (July 2015) revised the responsibilities for commissioners and how they safeguard their populations. The responsibilities put patients and the quality of their care at the heart of the NHS. The Government's commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations.

- 1.5.** Commissioners have responsibilities for commissioning high quality healthcare for all patients in their area. However, they have particular safeguarding duties for those patients who are less able to protect themselves from harm, neglect or abuse, for example, due to impaired mental capacity. Safeguarding must encompass:
- The prevention of harm and abuse through provision of high quality care;
 - Effective responses to allegations of harm and abuse, responses that are in line with local multi-agency procedures;
 - Using learning to improve service to patients.
- (Role of NHS Commissioners: DH 2011)*

2. PURPOSE AND SCOPE

- 2.1.** The safety of children, young people and adults at risk is a vital element of the work in the NHS. We understand that people come to the NHS for healthcare, advice and support at the most vulnerable points in their life. As well as treating the illness, we recognise that the safety and health are intertwined aspects of their wellbeing. As such, we see the key role that NHS staff play in ensuring that children, young people, and adults at risk are protected from potential harm.
- 2.2.** It is important that all practitioners working with children, young people and adults at risk understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance. And it is important that commissioners understand their roles in creating a safe environment with the requisite checks and balances to ensure that local healthcare services meet their responsibilities.
- 2.3.** This document provides clear service standards (see appendices) against which Non-NHS providers will be monitored to ensure that all service users are protected from abuse or the risk of abuse.
- 2.4.** This document aims to ensure that no act of commission or omission on behalf of the CCG or by the services it commissions puts a service user at risk. It sets out the safeguarding standards required of commissioned services and includes the monitoring and escalation processes for ensuring the standards are complied with.
- 2.5.** It also addresses training requirements, communication processes, and duties with associate commissioners, who will be notified of a Provider's non-compliance with the standards contained in this document. Associate commissioners will also be notified of reported serious incidents that have compromised the safety and welfare of a child, young person, or adult at risk, resident within their population.

3. DEFINITIONS

- 3.1.** For the purpose of this document the following definitions provide clarity of terms:

3.2. Commissioning

A collaborative exercise in providing the highest quality healthcare services to meet the identified needs of a population within available resources.

3.3. Children

As defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

3.4. Safeguarding Children

Safeguarding and promoting the welfare of children is defined for the purpose of this document as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.
(*Working Together to Safeguard Children 2015*)

3.5. Looked After Children

Children and young people under the age of 18 who live away from their parents or family are supervised by a social worker from the local council children's services department.

- 3.6.** A looked after child may either be accommodated (which means that the council is looking after them with the agreement, at the request or in the absence of their parents) or subject to a Care Order made by the Family Courts.

3.7. Adult at Risk

The Care Act (2014) identifies an adult at risk as being: *"A person who has needs for care and support (whether or not the local authority is meeting any of those needs), and as a result of those needs the person is unable to protect him/herself against abuse, neglect or the risk of it."*

- 3.8.** The term "adult at risk" is increasingly being used to replace that of "vulnerable adult" as it focuses on the situation causing the risk rather than the characteristics of the adult concerned.

- 3.9.** Six key principles underpin all adult safeguarding work (DH 2017)

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent;
- **Prevention** - It is better to take action before harm occurs;
- **Proportionality** - The least intrusive response appropriate to the risk presented;
- **Protection** - Support and representation for those in greatest need;
- **Partnership** - Local solutions through services working with their communities.
- **Accountability** - Accountability and transparency in delivering safeguarding.

3.10. Mental Capacity Act

The Mental Capacity Act (MCA) (2005) sets out who can, and how to, make decisions relating to care and treatment for those who lack capacity to make such decisions. The MCA covers decisions relating to finance, social care, medical care and treatments, research and everyday living decisions, as well as planning for the future. Within the MCA, the term capacity relates to the person's ability to consent to or refuse care or treatment.

- 3.11.** The Act provides a two stage test for assessing a person's capacity and this must be used for each individual decision to be made. The MCA applies to all over the age of 16 years, with a presumption that all young people (16 and 17 years of age) and adults have the ability to give valid consent to or refuse treatment.

4. ROLES & RESPONSIBILITIES

- 4.1. The safeguarding of children, young people, and adults at risk is a **shared responsibility**, recognised by all GM CCGs, with the need for effective joint working between agencies and professionals that have different roles and expertise.
- 4.2. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:
- The **commitment of senior managers** and board members to safeguarding children, young people, and adults at risk;
 - **Clear lines of accountability** within the organisation for work on safeguarding;
 - A commitment to **consider safeguarding in decision making**;
 - The principle of **involving service users** in service developments;
 - Clear commitment to **staff training** and continuing professional development so that staff have an understanding of their roles and responsibilities and those of other professionals and organisations;
 - **Safe working practices** including recruitment and vetting procedures in line with NHS Employment Check Standards;
 - **Effective interagency working**, including effective information sharing;
 - Ensuring that **learning from reviews** is **embedded in practice**.

5. PREVENT

- 5.1. The Prevent Duty is set out in the Counter-Terrorism and Security Act 2015 which is part of the Government's Counter Terrorism Strategy (CONTEST). This places a duty on public bodies to work to prevent radicalisation in the healthcare sector and for the NHS to support initiatives to reduce the risk of terrorism.
- 5.2. The Counter-Terrorism and Security Act 2015 puts the Prevent programme on a statutory footing. Prevent is part of the Safeguarding agenda within the health sector. Healthcare professions must be trained to recognise the signs that someone at risk of radicalisation and they have a duty to find appropriate support through established arrangements.
- 5.3. Arrangements may include Channel – a multi-agency programme which provides tailored support to people who have been identified as at risk of being drawn into terrorism, for example by referring them to a health or social care provider.
- 5.4. Prevent is central to the Safeguarding agenda and therefore needs to be a priority within Safeguarding policies, procedures and training. The Health economy is a key partner in delivering the HM Governments Prevent strategy and promotes a non-enforcement approach to support the health sector in preventing people becoming radicalised.
- Radicalisation refers to the process by which people come to support and in some cases, to participate in terrorism;
 - Violent extremism is defined by the Crown Prosecution Service as:
“*The demonstration of unacceptable behaviour by using any means or medium to express views which:*
 - *Foment, justify or glorify terrorist violence in furtherance of particular beliefs*
 - *Seek to provoke others to terrorist acts;*
 - *Foment other serious criminal activity or seek to provoke others to serious criminal acts;*
 - *Foster hatred which might lead to inter-community violence in the UK”.*
- 5.5. NHS Bolton CCG will need assurance from provider organisations that all staff have an awareness of the Prevent agenda.

- 5.6.** NHS Bolton CCG is supported by the NHS England Regional Prevent Coordinator to ensure the local health economy is delivering on the statutory Prevent duty.

6. DISSEMINATION & IMPLEMENTATION

- 6.1.** The standards expected of all healthcare providers are detailed in the appendices. Compliance will be measured by annual audit; an audit tool will be made available to all providers to facilitate the recording of information. The audit tool should be completed using the BRAG/RAG definitions outlined in the Procedure for Monitoring Safeguarding Children and Adults at Risk via Provider Contracts and an action plan produced for any elements that are not fully compliant.
- 6.2.** The action plan will be reviewed at agreed intervals throughout the year. This procedure was developed in order to standardise the monitoring and escalation approach across the North West.
- 6.3.** The Designated Professionals are required to share the outcomes of the audit annually with the GM Health and Social Care Partnership and NHS England in the form of a dashboard linked to the standards.
- 6.4.** Designated Professionals may also share the outcomes of the audit with the LSAB and LSCB as part of safeguarding assurance processes and in lieu of a Section 11 audit.

Breaches of the GM Standards and Recommendations

- 6.5.** This document is intended to be mandatory. Where it is not possible to comply with the standards and recommendations or a decision is taken to depart from these, the Designated Safeguarding Professionals for NHS Bolton CCG must be notified within 5 working days so that the level of risk can be assessed and an action plan can be formulated.
- 6.6.** All allegations of abuse made against a worker and any Serious Incident involving a child, young person, or an adult at risk should be reported in accordance with the organisations local reporting arrangements and as per LSCB and LSAB policies.
- 6.7.** NHS Bolton CCG, as lead commissioner, will notify associate commissioners of a Provider's non-compliance with the standards and recommendations contained in this document, including action(s) taken where there has been a significant breach.

7. MONITORING AND ESCALATION PROCESS

- 7.1.** NHS Bolton CCG and NHSE have a statutory responsibility to ensure that the organisations from which it commissions services from provide a safe system that safeguards children, young people, and adults at risk of abuse and neglect.
- 7.2.** NHS Bolton CCG will monitor all commissioned services against the standards identified within this document (see appendices). To support the monitoring of the standards an audit tool, based on the standards, will be completed by all providers annually. For new contracts compliance with standards will be assessed prior to the contract commencing except in exceptional circumstances, emergency placements, when it will be requested as soon as possible.
- 7.3.** The Guidance for NHS Contracts requires the provider to comply with the contractual standards document for children, young people, and adults at risk. From time to time, revisions may be required to the document part way through the contracting period to reflect changes to local, national and statutory guidance. Such revisions will be attached or referenced when they become available from

the commissioner. A record of the new edition of the document will be recorded as part of the routine review process.

Monitoring Process

- 7.4.** NHS Bolton CCG will gain assurance through the contract review process that the Provider is meeting the relevant safeguarding standards and will take appropriate action where they do not. Where NHS Bolton CCG is the lead commissioner they *will*:
- Establish a baseline for each provider against the relevant standards;
 - Monitor against the set of standards on an annual basis;
 - If an action plan is required this will be monitored quarterly until compliance is achieved;
 - Associate commissioners will be informed of the outcome of the audit and of any gaps identified/actions being taken.

Audit Tool

- 7.5.** To monitor the standards, Providers will be asked to complete a self-assessed BRAG rated audit tool based on the standards (see Appendices). The criteria for rating are as follows:
- Green – fully compliant (even when fully compliant the provider should evidence continuous quality improvements);
 - Amber – there is an action plan in place to ensure full compliance within the agreed time scales;
 - Red – non-compliance against standards and/or failure to progress agreed action plan within agreed time scales;
 - Blue – Not applicable.
- 7.6.** The provider organisation will need to provide evidence to demonstrate compliance with the green rated standards.
- 7.7.** The Designated Professionals for Safeguarding will review the evidence and assess if it is adequate. If an action plan is in place this will be reviewed to ensure it is robust and contains appropriate time scales.

Governance Arrangements

- 7.8.** The Designated Professionals for Safeguarding will report Provider compliance to the CCG Safeguarding Assurance Group and to the Quality and Safety Committee and will highlight in an exception report those providers whose action plans are not progressing. The Quality and Safety Committee will then decide if this will be initially managed through the contractual process alone or whether the escalation process is triggered.

Escalation Process - Level 1

- 7.9.** The CCGs and provider organisation will include **amber** and **red** standards on the appropriate organisational risk register and Associate Commissioners will be informed of the gaps identified. The relevant Safeguarding Board will also be informed of any red standards. These actions will ensure that the action plans are linked to organisational and, in the case of red standards, multi-agency governance arrangements.

Escalation Process - Level 2 (*applies to NHS Acute, Community, Mental Health and Ambulance Providers*)

- 7.10.** When a standard rated amber moves to red, this will be considered a breach of contract. This line of action will be taken as the provider organisation will have had time to meet the standard during the amber period. This breach is serious, hence the level of response, due to the vulnerable population the provider is meant to be protecting and the fact that the standards are based in statute and key national policies as well as being in the CQC Essential Standards for registration.
- 7.11.** A performance notice will be issued in this instance and appropriate contractual levers utilised, as well as a letter sent to the Care Quality Commission (CQC) and copied to GM Health and Social Care Partnership, Director of Nursing. This is to fulfill the CCG's obligations to communicate with the CQC regarding quality of services and to GM Health and Social Care Partnership, in their role to assure systems are in place for commissioning safe quality services.

Escalation Process – Non-NHS Providers

- 7.12.** These will be discussed with the relevant commissioner in conjunction with the Designated Professionals and CCG Executive for Safeguarding. If the non-compliance cannot be managed at a contract meeting and an organisational decision in respect to the way forward is required, then this will be escalated to the relevant internal Committee or Board.

8. TRAINING RECOMMENDATIONS

- 8.1.** This Framework for Training is designed to provide the most appropriate approach for safeguarding training for Providers of health care. Its aim is to ensure that all staff working with children and/or adults are alert to the need to safeguard and promote the welfare of children, young people and adults at risk and are appropriately skilled and competent in carrying out their responsibilities for safeguarding appropriate to their role. Each Provider will be required to produce a training strategy that outlines how safeguarding training will be delivered.
- 8.2.** This document has been informed by statutory and national guidance and the training strategies of GM Safeguarding Children and Adult Boards.
- 8.3.** The recommendations for safeguarding training are relevant to all staff working in the health economy. It also provides recommendations for independent contractors in ensuring that their staff are trained in accordance with individual roles and responsibilities in relation to safeguarding children and adults at risk.
- 8.4.** The training recommendations will be reviewed annually and in response to changes to national and local guidance or local policy initiatives.
- 8.5.** All staff are trained and competent to be alert to potential indicators of abuse and neglect, know how to act on those concerns and to fulfil their roles and responsibilities for safeguarding children and adults at risk in line with Local Safeguarding Children Board (LSCB) and Safeguarding Adult Board (LSAB) procedures.
- 8.6.** Interagency training should complement single agency training, all training should emphasise the importance of working together.
- 8.7.** Single-agency training, and training provided in professional settings, should always equip staff for working collaboratively with others and communicating and sharing information.
- 8.8.** All training provided should respect diversity (including culture, race, religion and disability), promote equality and encourage the participation of children, families and adults in the safeguarding process.

8.9. The purpose of training for interagency work at both strategic and operational levels is to achieve better outcomes for children, young people, and adults at risk by promoting:

- A shared understanding of the tasks, processes, principles and roles and responsibilities outlined in national guidance and local arrangements for safeguarding children, young people, and adults at risk and promoting their welfare;
- More effective and integrated services at both the strategic and individual case level;
- Improved communications between professionals including a common understanding of key terms, definitions, and thresholds for action;
- Effective working relationships, including an ability to work in multi-disciplinary groups or teams;
- Sound decision making based on information sharing, thorough assessment, critical analysis, and professional judgement;
- Learning lessons from statutory reviews, including Serious Case Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews and Mental Health Homicide Reviews and from local learning, including Serious Untoward Incidents, and implementing changes to practice based on recommendations from local and national cases.

Definitions in Relation to Training

8.10. Single agency training is training which is carried out by a particular agency for its own staff.

8.11. Multi-agency training is training for employees of different agencies who either work together formally or come together for training or development.

Training: Roles and Responsibilities

8.12. NHS Bolton CCG as a commissioner of health care services has a responsibility to ensure that the services commissioned have robust safeguarding training strategies that are fit for purpose and comply with national guidance.

8.13. Employers - Employers are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting the welfare of children and adults at risk.

8.14. It is the responsibility of employers to recognise that in order for staff to carry out their roles and responsibilities for safeguarding they will have different training needs which are dependent on their degree of contact with and responsibilities for children and adults.

8.15. Employers also have a responsibility to identify adequate resources and support for inter-agency training by:

- Providing staff that have the relevant expertise to support the multi-agency training delivered under the auspices of the LSCB and or LSAB;
- Committing resources for inter-agency training, for example through funding, providing venues, providing staff who contribute to the planning, delivery and/ or evaluation of inter-agency training;
- Releasing staff to attend the appropriate inter-agency training courses and ensuring the time for them to complete inter-agency training tasks and apply their learning in practice;
- Ensuring that staff receive relevant single-agency training that enables them to maximise the learning derived from inter-agency training;

- Ensuring they keep accurate data of staff trained within the organisation including a breakdown of eligible staff trained at each level;
- Supporting staff to identify required learning opportunities through annual appraisal.

Level of training requirements

8.16. All organisations should develop a training strategy in accordance with the following:

- Safeguarding children and young people: roles and competences for health care staff: Intercollegiate document (2014);
- Looked After Children: Knowledge, skills and competences of health care staff: Intercollegiate Framework (2015);
- The anticipated intercollegiate document for Adults at Risk;
- Mental Capacity Act Competency Framework.

Training: Monitoring and Assurance

8.17. Training should be subject to audit, evaluation, quality assurance, scrutiny and reporting. All training identified within this document is compliant with the standards required within statutory and national guidance

8.18. Assurance will be required by NHS Bolton CCG, as a commissioner of services, that staff within Provider organisations have been trained to an appropriate level in safeguarding children and young people, and adults at risk.

8.19. This assurance should be obtained through relevant organisational quality and performance monitoring processes, internal and external audit, outcomes from inspections (e.g. CQC, Ofsted) as well as providers participating and cooperating with quality assurance processes such as Section 11 audit and Self-Assessment Framework for Adults. In order to provide assurance to the CCG, all commissioned services will record and provide information including:

- Numbers of staff requiring each level of training as set out in the recommendations;
- Attendance figures for all levels of training;
- Evidence that outcomes for at risk groups have improved as a result of training attended.

9. EQUALITY, DIVERSITY & HUMAN RIGHTS IMPACT ASSESSMENT

9.1. Equality, Diversity & Human Rights Impact Assessment has been completed. See reference number at front of document.

10. CONSULTATION & APPROVAL PROCESS

10.1. This document is a localised version of the GM Contractual Standards for Safeguarding Children, Young People and Adults at Risk 2017-2018 and has been written by members of the GM Designated Professional Clinical Networks for:

- Safeguarding Adults;
- Safeguarding Children;
- Looked After Children.

10.2. The content of the document has been refreshed and updated to better reflect the structural changes within the GM health economy.

- 10.3.** The content of the audit tools have been updated and reformatted into thematic areas to make the requirements of the standards clearer.
- 10.4.** This document will be included in **every** CCG contract.
- 10.5.** This Policy has been shared with the GM Directors of Commissioning.

11. REFERENCES & BIBLIOGRAPHY (as detailed in section 1.2 plus the following)

- Carpenter et al (2009) The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children. London: DCSF Child and Maternal Health Observatory (2012) Safeguarding Children Training Directory. London: CHIMAT
- Department of Health (2010) Clinical Governance and Adult Safeguarding: an integrated approach.
- HM Government (2015) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.
- Royal College of Paediatrics and Child Health (2014) Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document Third edition.

Audit Tool to monitor Safeguarding Arrangements for Non NHS Providers 2018/19

Date audit tool completed:		Instructions for completing this audit tool: - Complete ALL yellow shaded sections of this toolkit by selecting a cell and adding text or by using in-cell drop down menus where there is an option to 'please select' (a menu icon appears once these cells are selected) - RAG rating options are explained below to the left of these instructions - If attaching evidence documents, please pdf embedded files first to ensure the filesize remains low - Please use the provider comments section to explain any reasons behind non-compliant standards - Useful links are provided below for further information on local adult and child safeguarding policies and procedures
Organisation Name:		
Organisation Code:		
Organisation Type:		
Name of person completing this toolkit:		
Designation:		
Email address:		Local Safeguarding Children Board policies/procedures http://boltonchildcare.proceduresonline.com
Contact Number:		Local Safeguarding Adult Board policies/ procedures http://boltonsafeguardingadultsboard.org.uk

KEY TO RAG

GREEN - FULL COMPLIANCE - However remains subject to continuous quality improvement
AMBER - PARTIAL COMPLIANCE - Action plans in place to ensure full compliance and progress is being made within agreed timescales
RED - NON-COMPLIANT - Against standards and/or failure to progress agreed action plan within agreed time scales
BLUE - NOT APPLICABLE - Standard does not apply to the Provider

Complete all sections below shaded yellow (use the in-cell drop downs for 'please select' cells)
Embed documents using the following instructions:
 Insert > Object > Create from file > (browse for file) > Insert > Display as icon (not link to file) > OK

Standard	Type of Evidence Required	RAG Rating Self-Assessment	Provider Comments	Embed evidence files here <small>N.B. Embedded files in PDF format ONLY</small>
A - ORGANISATIONAL GOVERNANCE AND ACCOUNTABILITY				
1 There is an organisational lead for safeguarding children; safeguarding adults at risk; Prevent and Mental Capacity. (These responsibilities can be held by one person).	Evidence to demonstrate compliance can include: - Job Description(s) which clearly identifies safeguarding roles and responsibilities - Evidence of relevant safeguarding/MCA/Prevent training (i.e. certificates) within the last 3 years - Safeguarding Governance structure	Please Select:		
2 The Provider regularly reviews safeguarding across the agency/organisation	Evidence to demonstrate compliance can include: - Annual Board report referencing safeguarding arrangements - Examples of papers for internal meetings where safeguarding is discussed	Please Select:		
3 Safeguarding responsibilities are reflected in all job descriptions relevant to role and responsibilities	Evidence to demonstrate compliance can include: - Standardised job description template	Please Select:		
B - SAFEGUARDING PROCESSES				
4 An adverse incident reporting system is in place which identifies circumstances/incidents which have compromised the safety and welfare of children and/or adults at risk	Evidence to demonstrate compliance can include: - Commissioners provided with a quarterly report of key themes/learning from Serious Incidents that involve safeguarding children and adults at risk. - All complaints that refer to the safety of children and adults at risk are referred and investigated thoroughly in accordance with the Duty of Candour (Care Act, 2014) - All incidents occurring within healthcare that reach Local Safeguarding Adult Board thresholds are reported into multi-agency procedures - For adults the incident reporting policy must clarify when and how safety incidents must be reported to the police and to multi-agency procedures - Incident reporting policy - Anonymised incident reported which demonstrates appropriate actions taken. Clinical safeguarding incidents need to be reported to NHS Bolton CCG BOLCCG.Incidents@nhs.net	Please Select:		

GREEN - FULL COMPLIANCE - However remains subject to continuous quality improvement
AMBER - PARTIAL COMPLIANCE - Action plans in place to ensure full compliance and progress is being made within agreed timescales
RED - NON-COMPLIANT - Against standards and/or failure to progress agreed action plan within agreed time scales
BLUE - NOT APPLICABLE - Standard does not apply to the Provider

Complete all sections below shaded yellow (use the in-cell drop downs for 'please select' cells)

Embed documents using the following instructions:

Insert > Object > Create from file > (browse for file) > Insert > Display as icon (not link to file) > OK

Standard	Type of Evidence Required	RAG Rating Self-Assessment	Provider Comments	Embed evidence files here <small>N.B. Embedded files in PDF format ONLY</small>
5 A programme of safeguarding audit and review is in place that enables the organisation to evidence the learning from review, incidents and inspections	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - Audits of safeguarding to include progress on action to implement recommendations from: <ul style="list-style-type: none"> • Serious Case Reviews / Local Case Reviews/Serious Adult Reviews • Internal Management reviews as consequence of SI's compromising the safety and welfare or service users • Reports from national bodies e.g. Ofsted/CQC Safeguarding audit schedule - Action plans implemented in the previous 12 months e.g. SCR - Audit reports - Recent CQC reports/Ofsted reports and action plans to meet any recommendations 	Please Select:		
6 There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - The organisation participates in reviews as set out in statutory, national and local guidance - Systems in place to manage requests for information sharing relating to safeguarding e.g. safeguarding case conferences, Serious Case reviews, Safeguarding Adult Reviews, Domestic homicide Reviews - Information sharing policies and protocols in place - Other safeguarding policies include relevant information sharing guidance - Evidence of a system in place to transfer data securely via a generic NHS.net account 	Please Select:		
C - SAFEGUARDING POLICIES				
7 Safeguarding policies and procedures are in place which are easily accessible for all staff policy. These policies and procedures must be consistent with statutory, national and local guidance and are reviewed, at a minimum, every 3 years.	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - Detail how staff access local policies for safeguarding - Copies of safeguarding (children and adult) policies and procedures - these can be combined or separate. - Organisational policies reflect those of the Local Safeguarding Boards 	Please Select:		
8 The Provider has a safer recruitment policy	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - Safer Recruitment Policy 	Please Select:		
9 There is clear guidance on managing allegations against staff and volunteers working with children and/or adults at risk in line with those of the Local Safeguarding Children Board and Local Safeguarding Adult Board.	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - Copy of Managing Allegation policy or reference to Bolton Safeguarding Boards procedure for managing allegations within your safeguarding policy - policy to include the requirement to notify Disclosure and Baring Service (DBS) and the requirement to notify the relevant professional body as appropriate - Evidence of any notifications to DBS and relevant professional body 	Please Select:		
10 The organisation has a policy/guideline regarding appropriate behaviour by staff towards adults at risk and children.	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - Copy of policy/guidance or referenced within safeguarding policy 	Please Select:		
11 There are robust complaint and whistle blowing policies/procedures in place.	<p>Evidence to demonstrate compliance can include:</p> <ul style="list-style-type: none"> - Copy of policies/procedures/guidelines. - Assurance is provided to staff and service users that using the procedures appropriately will not prejudice their own position or prospects 	Please Select:		

KEY TO RAG

GREEN - FULL COMPLIANCE - However remains subject to continuous quality improvement
AMBER - PARTIAL COMPLIANCE - Action plans in place to ensure full compliance and progress is being made within agreed timescales
RED - NON-COMPLIANT - Against standards and/or failure to progress agreed action plan within agreed time scales
BLUE - NOT APPLICABLE - Standard does not apply to the Provider

Complete all sections below shaded yellow (use the in-cell drop downs for 'please select' cells)

Embed documents using the following instructions:

Insert > Object > Create from file > (browse for file) > Insert > Display as icon (not link to file) > OK

Standard	Type of Evidence Required	RAG Rating Self-Assessment	Provider Comments	Embed evidence files here <small>N.B. Embedded files in PDF format ONLY</small>
12 The organisation has a current Mental Capacity Act (2005) Policy for adults and young people from the age of 16; the Policy must reference to Deprivation of Liberty Safeguards (DoLS). The Policy is easily accessible for all staff.	Evidence to demonstrate compliance can include: - Copy of policy/guidance or referenced within safeguarding policy - Detail how staff access policy/guidance - Copy of Mental Capacity Assessment form and best interest form			
D - SUPERVISION, TRAINING AND DEVELOPMENT				
13 Staff working directly with children and adults at risk have access to advice support and supervision.	Evidence to demonstrate compliance can include: - Provide narrative as to how staff access or advice and support - Copy of supervision policy	Please Select:		
14 All staff are trained in safeguarding in accordance with their roles and responsibilities. - All staff are trained to Level 1 safeguarding children, and adults at risk (Compliance rate of 90% required) - Staff in contact with children are trained to Level 2 (Compliance rate of 90% required) - Staff working with children are trained to level 3 (Compliance rate of 85% required) Staff in contact with adults at risk are trained to Level 2 (Compliance rate of 90% required) - All staff receive Prevent awareness training (Compliance rate of 85%)	Evidence to demonstrate compliance can include: - Training Strategy - Training calendar - Training packages/links to eLearning - Evaluation reports - Training compliance data as detailed in standard 14	Please Select:		