Appendix 2

NHS Bolton Clinical Commissioning Group Safeguarding Children, Young People and Adults at Risk

Contractual Standards 2017-2018

A Collaborative Greater Manchester (GM) Document

DOCUMENT CONTROL PAGE	
Title	Safeguarding Children, Young People and Adults at Risk – Contractual Standards 2017-2018 A Collaborative Greater Manchester (GM) Document
Supersedes	Safeguarding Children, Young People and Adults at Risk – Contractual Standards 2016-2017, A Collaborative Greater Manchester (GM) Document
Minor Amendments	• The content of the document has been refreshed and updated to better reflect the changing safeguarding landscape and structural changes within the health economy. • The content of the audit tools have been updated to include reference to Looked After Children and make the requirements of the standards clearer.
Author	Safeguarding Collaborative of The Greater Manchester Health and Social Care Partnership
Ratification	Each CCG Lead Designated Nurse will be responsible for ensuring this Policy is ratified via their CCG appropriate governance process. Chief Nurse – Mary Moore Associate Director of Safeguarding (Designated Nurse), Pam Jones
Application	
Circulation	The Prevent elements of this policy have been reviewed by Paul Elms 'Prevent' Coordinator for the North West (NHS England – North) This Policy has been shared with the GM Directors of Commissioning and is to be added to **all** contracts.
Review	This Policy will be reviewed in November 2017

Contents

1. Introduction

1.1. NHS Bolton Clinical Commissioning Group (CCG) 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
- Mental Health Act 1983 Code of Practice 2015
- Care Act guidance 2014
- 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 making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)
- 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
- Any other legislation, guidance and Code of Practice relevant to safeguarding children, Looked After Children and adults at risk
- Channel Duty Guidance. Protecting vulnerable people from being drawn into terrorism (2015)

1.3. All 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 (Appendices 1-5) against which healthcare providers will be monitored to ensure that all service users are protected from abuse or the risk of abuse.

2.4. This document applies to all CCGs within GM and their activities as clinical commissioning organisations and to all of its employees, whether directly employed in-house, or through a commissioning support service and how this accountability is discharged through their NHS providers.

2.5. This document aims to ensure that no act of commission or omission on behalf of the CCG as a commissioning group or by the services it commissions puts a service user at risk. It sets out the safety standards required of our service providers, monitoring requirements, and escalation processes.

2.6. 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; they 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:

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

Children

3.3. 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.

Safeguarding Children

3.4. 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)

Looked After Children

3.5. 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.

Adult at Risk

3.7. 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. The principles of adult safeguarding are as follows (DH 2011)

- **Prevention** - it is better to take action before harm occurs
- **Protection** - support and representation for those in greatest need
- **Empowerment** – the presumption of person led decisions and informed consent
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented
- **Accountability** – we will work to key lines of responsibility and ensure transparency in delivering safeguarding
- **Partnership** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Mental Capacity Act (MCA)

3.10. 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, and is held with the need for effective joint working between agencies and professionals with 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. The CCGs will need assurance from health provider organisations regarding the implementation of this government strategy. This is a statutory duty and will be included as part of the annual safeguarding toolkit self-assessment (Appendix 4).

5.6. The CCG's will be supported by the NHS England Regional Prevent Coordinator to ensure each local health economy are delivering on the statutory prevent duty.

6. Lampard

6.1. In October 2012, the Secretary of State for Health commissioned an independent report on 'lessons learnt' drawing on findings from all published investigations and to draw out implications for healthcare organisations. The report 'Themes and Lessons from NHS investigations into matters relating to Jimmy Saville' report was published in February 2015 with 14 recommendations for all NHS provider organisations to consider.

6.2. Common themes and issues emerging from the findings relevant to the wider NHS currently are grouped under the following headings:

- Security and access arrangements, including celebrity and VIP access;
- The role and management of volunteers;
- Safeguarding;
- Raising complaints and concerns (by staff and patients);
- Fundraising and charity governance;
- Observance of due process and good governance.

6.3. Provider organisations should complete the Lampard Self-Assessment (Appendix 5) in order to demonstrate compliance. An action plan should be developed for any gaps identified which set out how the provider will achieve compliance.

7. Dissemination & Implementation

7.1. 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.

7.2. 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.

7.3. The Designated Professionals are required to share the outcomes of the audit annually with NHS England and the GM Health and Social Care Partnership in the form of a dashboard linked to the standards.

Breaches of the GM Standards and Recommendations

7.4. This GM 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 Nurse of the CCG must be notified within 5 working days so that the level of risk can be assessed and an action plan can be formulated.

7.5. 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.

7.6. The 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.

7.7. Contacts

The CCG Safeguarding Team	
Designated Nurse for Safeguarding Children	*01204 463389*
Designated Nurse for Looked After Children	*01204 462005*
Specialist Safeguarding Practitioner Adult	*01204 462204*
Specialist Safeguarding Practitioner Children	*01204 462203*
Safeguarding Administrator	*01204 463390*

8. Monitoring and Escalation Process

8.1. The 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.

8.2. The CCG will monitor all commissioned services against the standards identified within the safeguarding document (Appendices 1-5). 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.

8.3. 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

8.4. The CCG will assure them through the contract review process that the provider is meeting the relevant safeguarding standards and will take appropriate action where they do not. Where the 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

8.5. To monitor the standards the providers will be asked to complete a self-assessed BRAG rated audit tool based on the standards (Appendices 2 & 3). 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

8.6. The provider organisation will need to provide evidence to demonstrate compliance with the green rated standards.

8.7. 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

8.8. The Lead Designated Nurse for the CCG will report provider compliance in the relevant internal Committee or Board and will highlight in an exception report those providers whose action plans which are not progressing. The 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

8.9. 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)

8.10. 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.

8.11. 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 NHS England, Director of Nursing. This is to fulfill the CCGS's obligations to communicate with the CQC regarding quality of services and to NHS England, in their role to assure systems are in place for commissioning safe quality services.

Escalation Process - Level 2 (applies to other providers of health care for example other CQC registered providers, Voluntary, Community and Faith services)

8.12. These will be discussed with the relevant commissioner in conjunction with the Designated Nurse and the Clinical Director. 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 Quality and Provider Committee.

9. Training Recommendations

9.1. This Framework for Training is designed to provide the most appropriate approach for safeguarding training for providers of health care for the GM population. 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 Health Trust/Organisation will be required to produce a training strategy that outlines how safeguarding training will be delivered.

9.2. This document has been informed by statutory and national guidance and the training strategies of GM Safeguarding Children and Adult Boards.

9.3. 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.

9.4. The training recommendations will be reviewed annually and in response to changes to national and local guidance or local policy initiatives.

9.5. 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.

9.6. Interagency training should complement single agency training, all training should emphasise the importance of working together.

9.7. Single-agency training, and training provided in professional settings, should always equip staff for working collaboratively with others and communicating and sharing information.

9.8. 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.

9.9. 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

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

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

9.12. A child is anyone who has not yet reached their 18th birthday.

Training: Roles and Responsibilities

9.13. Commissioners - Clinical Commissioning Groups and other commissioners of health care services have a responsibility to ensure that the services they commission have robust safeguarding training strategies that are fit for purpose and comply with national guidance.

9.14. 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.

9.15. 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.

9.16. 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.

9.17. **Level of training requirements:**

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.

Training: Monitoring and Assurance

9.18. Working collaboratively with NHS Commissioners and Local Safeguarding Boards, training will 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 and with the training strategies of Local Safeguarding Children and Adult Boards.

9.19. Assurance will be required by the commissioner that all staff have been trained to an appropriate level in safeguarding children and young people, and adults at risk.

9.20. 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 contracted practitioners/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.

10. Equality, Diversity & Human Rights Impact Assessment

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

11. Consultation & Approval Process

11.1. The production of this document has been undertaken taking in to account all CCG rules and processes.

11.2. The GM Contractual Standards for Safeguarding Children, Young People and Adults at Risk 2017-2018 is a collaborative GM document and has been written by members of the GM Health and Social Care Partnership - Safeguarding Collaborative.

11.3. The content of the document has been refreshed and updated to better reflect the changing safeguarding landscape and structural changes within the health economy.

11.4. The content of the audit tools have been updated to include reference to Looked After Children and make the requirements of the standards clearer.

11.5. Each CCG Lead Designated Nurse within GM will be responsible for ensuring this policy is ratified via their CCG appropriate governance process. They should also ensure that this policy is included in **every** CCG contract.

11.6. This Policy has been shared with the GM Directors of Commissioning.

12. Standards & Key Performance Indicators

Appendix 1: Safeguarding Standards for Provider Organisations

Policies required by all provider organisations (the policy can be provided via a link to local LSCB and LSAB policies). These must reflect current statutory, national and local guidance

POLICY	SEEN	EXPIRY DATE
Safeguarding Adults Policy Including guidance on :		
• Human Trafficking		
• Domestic Abuse		
• Forced Marriage		
• Honour Based Violence		
• Female Genital Mutilation		
• Self-Neglect		
• Human Slavery		
Safeguarding Children Policy Including guidance on :		
• Domestic Abuse		
• Forced marriage		
• Honour Based Violence		
• Female Genital Mutilation		
• Fabricated Illness		
• Sexually Exploited Children		
• Disabled Children		
• Working with sexually active young people under the age of 18		

• Child Trafficking		
Looked After Children Policy		
Whistle blowing		
Managing allegations of abuse against a person who works with children or adults at risk		
Information sharing		
Safe Recruitment, including DBS checks where required and taking up of references		
Appropriate Behaviour by staff towards adults at risk and children		
Mental Capacity Act/ Deprivation of Liberty Including reference to children 16-17		
Prevent		
Restraint		
Managing violence and aggression		
Chaperone		
Safeguarding/Clinical Supervision Policy		

Appendix 2: Audit Tool to monitor NHS Provider compliance with the NHS Assurance and Accountability Framework for Safeguarding (Safeguarding Vulnerable People in the NHS 2015) and Section 11 Children Act 2004 for 2017-18

Audit Tool to measure Provider compliance with the NHS Assurance and Accountability Framework for Safeguarding (Safeguarding Vulnerable People in the NHS 2015) and Section 11 Children Act 2004.	
Provider:	
Person completing the audit tool (include designation, contact details including email)	
Dated audit tool completed	
Useful links :	
Local Safeguarding Children Board policies/procedures	
Local Safeguarding Adult Board policies/ procedures	
BRAG rating Key:	

Green		Fully compliant (remains subject to continuous quality improvement)
Amber		Action plans in place to ensure full compliance and progress is being made within agreed timescales
Red		Non-compliance against standards and actions have not been completed within agreed timescales
Blue		Not Applicable

	Standard	Examples of Components of the standard	Evidence	BRAG
1	There is a board lead for safeguarding children, adults at	– Their job description clearly identifies their safeguarding responsibilities	– Job Description which includes safeguarding roles and	

	risk and Looked After Children (LAC)		– responsibilities – Evidence of relevant safeguarding training (i.e. certificates) within the last 3 years – Safeguarding Governance structure – Annual Report for Safeguarding and LAC	
2	The organisation is linked into the Local Safeguarding Children Board (LSCB), Local Safeguarding Adult Board (LSAB) and Local Corporate Parenting Board.	– There is representation at a senior level – The organisation contributes to the work of the Safeguarding Boards, including that of its sub groups – Organisation contributes to the work of the Corporate Parenting Board	– Annual Report – Detail of Board and Subgroups representation – Evidence of attendance at meetings	
3a	Identification of a named doctor and named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children. In the case of out of hours services, ambulance trusts and independent providers, this could be a named professional from any relevant health or social care background. There should also be a named lead for Child Sexual Exploitation.	– In line with Working Together 2015 – Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. – The leads should be 'one step away' from the Board so as to ensure sufficient strategic influence in line with the Intercollegiate Document. – The named lead(s) will work closely with their organisation's safeguarding lead for adults, LSCB and CCG Designated Professionals	– Job Description which includes safeguarding roles and responsibilities – Evidence of relevant safeguarding training (i.e. certificates) within the last 3 years	
3b	Named professional provision for safeguarding children should		– Job descriptions which includes reference to whole time	

	meet the requirements contained within the Intercollegiate Document		– equivalent (WTE) or Programmed Activities (PAs)	
4a	Identification of named lead for adults at risk and a named lead for MCA/DoLS – this must include the statutory role for managing adult safeguarding allegations against staff.	– In line with Guidance to Health in respect of adults at risk by Department of Health (Feb 2011) – Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. – The leads should be 'one step away' from the Board so as to ensure sufficient strategic influence. – The named lead(s) will work closely with their organisation's safeguarding lead for children, LSAB and CCG adult safeguarding lead	– Job Description which includes safeguarding roles and responsibilities – Evidence of relevant safeguarding training (i.e. certificates) within the last 3 years	
4b	Named Professional provision for safeguarding adults at risk should meet the requirements contained within the Intercollegiate Document		– Job descriptions which includes reference to whole time equivalent (WTE) or Programmed Activities (PAs)	
5a	Identification of a named nurse and named doctor for Looked After Children.	– Named professionals have a key role in promoting good professional practice within their organisation, supporting the local Looked After Children system and processes, providing advice and expertise for fellow professionals, and ensuring Looked After Children training is in place. – The leads should be 'one step away' from the Board so as to ensure sufficient strategic influence in line with Department of Health	– Job Description which includes safeguarding roles and responsibilities –	

		Statutory Guidance for LAC 2015 – The named lead(s) will work closely with their organisation's named professionals for Safeguarding Children, Corporate Parenting Board and CCG Designated Professionals		
5b	Named Professional provision for Looked After Children should meet the requirements contained within the Intercollegiate Document		– Job descriptions which includes reference to whole time equivalent (WTE) or Programmed Activities (PAs) – Evidence of relevant LAC training (i.e. certificates) within the last 3 years	
6	The Provider Board regularly reviews safeguarding and arrangements for Looked After Children across the organisation.	– The board should receive regular reports on their arrangements for safeguarding and Looked After Children. At a minimum an annual report regarding safeguarding children, adults at risk and Looked After Children should be presented at board level with the expectation that this will be made public. The provider should be able to provide a document that clearly describes their safeguarding governance arrangements.	– Annual Report which includes governance arrangements – Examples of papers for internal safeguarding meetings	
7	In respect of Looked After Children there are systems in place: • For completing Initial Health assessments (IHAs) and Review Health Assessments (RHAs)for Looked After Children; • To enable the	– The organisation should be able to demonstrate how they are alerted to a new child in care (from within or from out of area) – What the process is for arranging the IHA - who does this and are they appropriately qualified? (i.e. medical practitioner) – What are the processes for arranging RHAs? – How does the organisation know the health assessments are of good quality?	– Detail of pathway to IHA and RHA – Numbers and % of IHAs and RHA completed in time – Evidence of audit of IHAs and RHAs	7

	organisation to demonstrate levels of compliance for the completion of IHAs and RHAs within statutory timescales - Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DH 2015).			
8	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	– Commissioners provided with a quarterly report of key themes/learning from SUIs 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 LSAB 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. – Quarterly reports – Reports on any SARs undertaken	

9	A programme of safeguarding and Looked After Children related audit and review is in place that enables the organisation to evidence the learning from review, incidents and inspections	– Audits of safeguarding and Looked After Children arrangements to include progress on action to implement recommendations from:
		  • Serious Case Reviews / Local Case Reviews/Serious Adult Reviews
		  • Internal Management reviews as a consequence of SI's compromising the safety and welfare or service users
			– Safeguarding audit schedule
			– Looked After Children audit schedule
			– Action plans implemented in the previous 12 months e.g. SCR
			– Audit reports
			– Recent CQC reports/Ofsted	

		• Reports from national bodies e.g. Ofsted / CQC	reports and action plans to meet any recommendations	
10	Staff at all levels, have easy access to safeguarding and Looked After Children policies and procedures. These policies and procedures must be consistent with statutory, national and local guidance. (policies as per Appendix 1)	– Policies and procedures are updated regularly to reflect any structural, departmental and legal changes – Policies take account of the Mental Capacity Act. – LSCB and LSAB policies can be accessed at (add own link)	– Copies of Safeguarding Policies in accordance with Appendix 1 – Copies of Looked After Children Policies – Reviewed within the last 3 years	
11	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 LSCB and LSAB.	– Policies or guidance needs to include the requirement to notify Disclosure and Baring Service (DBS) – Policy or guidance needs to include the requirement to notify the relevant professional body	– Managing allegations policies – Evidence of notifications to DBS and relevant professional body	
12	There is a process for ensuring that patients are routinely asked about dependents such as children, or about any caring responsibilities	– Assessment documentation, care plans, risk assessments	– Evidence of the system/ process in place – Reports from audits undertaken to monitor effectiveness of the process	
13	There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance	– 7 Golden Rules of Information Sharing	– Information sharing policies and protocols in place – Other safeguarding policies include relevant information sharing guidance	
14	The organisation shares information with partners to protect children, adults at risk and Looked After Children; and participates in reviews as set out	– Staff to provide, when requested, information on their involvement with a child and or family to inform the case discussion in relation to Serious Case Reviews; strategy discussion; Looked After Child Statutory Reviews; Child in	– Evidence of participation in these processes – Evidence of processes in place to provide information for safeguarding meetings	

	in statutory, national and local guidance	Need meetings; case conferences; Child Death Overview Processes; MARAC; MAPPA and Child Sexual Exploitation meetings – Staff participate in Safeguarding Adult Reviews (SARs) and multi-agency case adult protection planning as requested	– Evidence of processes in place to provide information for Looked After Children meetings –
15	Safeguarding responsibilities are reflected in all job descriptions relevant to role and responsibilities		– Standardised job description template – Current jobs advertised on NHS jobs – Evidence of HR process to ensure standard is met
16	Staff working directly with children, adults at risk and Looked After Children have access to advice support and supervision. This includes clinical and safeguarding supervision as per the organisation's safeguarding supervision policy Named professionals seek advice and *access regular formal supervision from designated professionals* for complex issues or where concerns may have to be escalated.		– Supervision policies – Data to provide assurance that key staff receive supervision in accordance with policies – Audit reports
17	There is a training strategy for safeguarding and Looked After Children	– The training strategy should include training on safeguarding children; safeguarding adults at risk; Looked After Children; Prevent, MCA, DoLS; FGM; and the interagency process that	– Training Strategy – Training packages – Audit reports – Evaluation reports

		- support safeguarding practices
		- A training needs analysis should be undertaken and training programmes should be tailored to address the identified needs of staff at different levels in the organisation and stages of professional development. Training must reflect statutory and local guidance such as:
		  • Working Together to Safeguard Children;
		  • Safeguarding children and young people: roles and competences for health care staff - Intercollegiate Document Third edition (March 2014)
		  • Looked after children: Knowledge, skills and competences of health care staff - Intercollegiate Role Framework (March 2015)
		  • LSCB /LSAB training strategies
		- Training must be audited to ensure its effectiveness and quality assured
		- Training takes account of emerging messages from national and local reviews of safeguarding		

18	Staff are trained to the appropriate levels in accordance with the current safeguarding children and Looked After Children Intercollegiate Documents and the anticipated Safeguarding Adults at Risk Intercollegiate Document	- 95% of staff trained to Level 1 safeguarding children, Looked After Children and adults at risk - 85% of relevant staff trained to Level 2 and Level 3 safeguarding children and Looked After Children - Staff receive Prevent training in line with the Prevent self-assessment tool	- Training compliance data	

19	The Provider has a safer recruitment policy and ensures that any services commissioned provide assurance that staff are recruited according to safe recruitment practices and staff are appropriately trained in safeguarding in line with the intercollegiate document, e.g., interpreting services, security staff	– In line with NHS Employers Guidance	– Safer Recruitment Policy – Commissioning/sub-contracting Policy/Guideline – Evidence of contractual documentation – Training records	
20	There is a process for following up children who do not attend appointments.	– This will ensure the clinician and referrer are aware that the child has not attended and can take any follow up action considered appropriate to ensure the child's needs are being met. – The Safeguarding Team could consider completing an annual audit as part of their safeguarding audit programme to ensure that this process is working	– Policies in place – Reports from audits undertaken to monitor effectiveness of the process	
21a	There is a system for flagging children for whom there are safeguarding concerns and Looked After Children.	– Engaged with Child Protection Information Sharing (CP-IS) Project – The Safeguarding Team could consider completing an annual audit as part of their safeguarding audit programme to ensure that this process is working – The Looked After Children Team could consider completing an annual audit as part of their audit programme to ensure that this process is working	– Evidence of system in place – Reports from audits undertaken to monitor effectiveness of the system – Evidence of engagement with CP-IS Project	
21b	There is a system for flagging adults in inpatient care who have learning disabilities or dementia	– Flagging will activate additional support for patients' decision-making including use of any relevant aids to communication (hearing	– Evidence of implementation through routine audit	

		aids/glasses/Makaton etc.) and access to advocacy services.		
22	When it is known that a child is not accessing education a referral will be made to the Local Authority in which the child lives.	– Where it is discovered a child is not receiving any form of education the Children Missing Education Officer is to be notified. Information on missing education is available at: (add own link)	– Evidence of referral process	
23a	There is clear guidance as to the discharge of children for whom there are child protection concerns.	– Where there are child protection concerns there is evidence of discharge planning. This must include follow up arrangements and involve partner agencies as required. – The need to safeguard a child should always inform the timing of their discharge, so that the likelihood of harm can be assessed while he or she is in hospital.	– Safeguarding Children Policy – Discharge Policy – Discharge Documentation – Guidance – Reports from related audit activity	
23b	There is clear guidance as to the discharge of adults who lack capacity including best interests to keep themselves safe.	– Where there are safeguarding concerns there is evidence of discharge planning following best interests processes. This must include follow up arrangements and involve partner agencies as required. – The need to safeguard an adult at risk should always inform the timing of their discharge, so that the likelihood of harm can be assessed while he or she is in hospital.	– Safeguarding Adult policy – Discharge Policy – Discharge Documentation – Guidance – Reports from related audit activity	
24	The Child's GP and health visitor/school nurse (depending on the age of the child) are notified of admissions/discharges for children under 18 years to A&E, ambulatory care units, walk in centres and minor injury units and wards/units.	– Where a child is not registered with a GP the parent/carer should be advised to register the child with a local GP practice. – Where the child has no parents in attendance and the child is not registered with a GP, it is the provider's responsibility to contact the CCG to inform them so that a GP can be allocated.	– Evidence of information sharing processes in place – Information Sharing Agreements – Job description if the organisation has an A&E liaison post – Evidence of processes in place – Guidance on process to be	

			followed where a child is not registered with a GP	
Applies only to community providers offering services to children / families and adults				
25	Community health practitioners should have a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan or Looked After Children		– Evidence of the system/ process in place – Reports from audits undertaken to monitor effectiveness of the process	
26a	There is good communication between GPs, community nursing services (i.e. health visiting, school nursing and community midwifery services) in respect of children for whom there are concerns and Looked After Children.	– Each GP practice should be informed of who their 'named' health visitor / school nurse / community midwife is and how they can be contacted.	– Evidence of the process in place to inform GPs – Evidence of established communication processes	
26b	There is good communication between GPs and community nursing services/allied health professionals in respect of adults for whom there are concerns.			
Mental Capacity Act & Deprivation of Liberty Safeguards				
27	All staff have access to clear policy, and documentation to support implementation of the Mental Capacity Act (2005) for adults including young people from the age of 16.	– Mental Capacity Act (2005) policy is accessible to support staff to implement the Act. – Documentation will be available to support staff to demonstrate capacity assessment and best interest decision making. – Policies, arrangements and records to ensure	– MCA/ Consent Policy – Evidence of personalised care plans with consent – Evidence of capacity assessments undertaken for young people aged 16+	

		consent to care and treatment is obtained in line with legislation and guidance.		
28	The organisation has a restraint policy that includes MCA in line with CQC guidance and MCA/Mental Health Code of Practice. Where appropriate, staff required to use restrictive physical interventions have received specialist training	– The policy should include reference to: – The use of restraint within the best interest decision process – Where restraint is used, it is documented and followed by an assessment of the person restrained for signs of injury and any emotional or psychological impact – restraint should only be used as a last resort where it is necessary and proportionate, and that restraint used should be the least restrictive and for the minimum amount of time to ensure that harm is prevented and that the person, and others around them are safe – the levels of training required	– Restraint Policy – Capacity assessment – Risk assessments – Care plans – Advocacy – Clear evidence of consideration of MHA for informal patients when restraint/seclusion is used in psychiatric inpatient care – Training- training package and training data	
29	Paid staff and volunteers are trained to support implementation of the Mental Capacity Act 2005. There is a clear training strategy to identify level of awareness required by staff.	– The level of training an individual requires is dependent on their roles and responsibilities. – Records are kept of those accessing training – Refresher training is undertaken at regular intervals (at a minimum 3 yearly)	– Training strategy – Training presentation – Training data	
30	Where appropriate paid staff and volunteers are trained around the process of Deprivation of Liberty Safeguards 2009. There is a clear training strategy to identify level of awareness required by staff.	– The level of training an individual requires is dependent on their roles and responsibilities. – Records are kept of those accessing training – Refresher training is undertaken at regular intervals (at a minimum 3 yearly)	– Training strategy – Training presentation – Training data	

31	Decision Makers under the MCA have a clear referral process to Independent Mental Capacity Advocacy (IMCA) including referrals for Serious Medical Treatment (SMT).	– Evidence of referral process contained within organisational policy. – Organisational policy includes reference to who the local IMCAs are and how to contact them. – Sample of referrals made in relation to Serious Medical Treatment during previous 12 month period.	Referral process	
32	There is a local policy and procedure in relation to Deprivation of Liberty Safeguards (2009).	– Policy and procedure accessible to support staff to instigate the DoLS process. – The procedure should include information regarding how to refer to the DoLS team supervisory body (Local Authority)	– Evidence of capacity assessments completed – DoLS policy and procedures – Evidence of completed authorisations – Notification to coroners where appropriate	
33	Inpatient organisations adhere to DoLS statute and can evidence appropriate urgent authorisations and standard applications.	– Policy and procedure accessible to support staff to instigate the DoLS process. – The procedure should include information regarding how to refer to the DoLS team supervisory body (Local Authority)	– Total number of standard applications and urgent authorisations within previous 6 month period – Total number of approved standard applications within previous 6 month period – Evidence of organisations process to inform CQC of DoLS authorisation	
PREVENT				
34	The Provider is meeting the contracted Prevent agenda requirements	- This includes all requirements stipulated in the Prevent Self-assessment Tool (Appendix 4)		
LAMPARD REVIEW				

| 35 | The Provider is meeting the Lampard Review recommendations (Saville). | - This includes all the recommendations stipulated in the Lampard Self-Assessment Tool (Appendix 5) | | |

Appendix 3: Audit Tool to Monitor Safeguarding & Mental Capacity Act Standards for Non NHS Providers 2017-18

RAG rating Key:		
Green		Fully compliant (remains subject to continuous quality improvement)
Amber		Action plans in place to ensure full compliance and progress is being made within agreed timescales
Red		Non-compliance against standards and actions have not been completed within agreed timescales

Provider Name		Completed by		Submission Date	

	Standard	Guidance and links to relevant LSCB/LSAB policies	Evidence	RAG
1. Clear Lines of Accountability for Safeguarding Children and Adults at Risk				
1.1	A safeguarding children and adults policy is in place which demonstrates commitment to safeguarding.	– The policy makes it clear who has overall responsibility for the contribution to safeguarding including lines of accountability through to the person with ultimate accountability – The policy sets out key out clear priorities for safeguarding in line with those of the relevant LSCB and LASB – The policy is consistent with the policies and procedures set out in Local Authority Multi Agency Procedures. – The policy clearly states with whom staff should discuss and to whom staff should report any safeguarding concerns	- Copy of Safeguarding Policy for Adults/ Children - Reviewed within the last 2 years	

		- The policy should include reference to the Prevent Duty - The policy should set out Mental Capacity Act and Deprivation of Liberty Safeguards - See section 3		
1.2	There is a named lead for safeguarding children and adults. Arrangements for cover are in place when this person is not available	Named lead must have had sufficient training and time to undertake this task, role to be covered in job description, and a clear understanding of the Safeguarding Adult & Children's Board policy & procedures	- Job Description which includes safeguarding roles and responsibilities including MCA and DoLS where applicable - Evidence of relevant safeguarding training (i.e. certificates) within the last 3 years - Evidence of attendance at local provider forums (minutes of meetings)	

2. Governance Arrangements / Quality Assurance				
2.1	The provider is registered with the CQC	The provider is fully compliant with Regulation 13: Safeguarding service users from abuse and improper treatment. Guidance for providers on meeting the regulations, March 2015. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	CQC Website	
2.2	An incident reporting system is in place which identifies circumstances/ incidents which have compromised the safety and welfare of patients /residents.	- All serious incidents (SI) compromising the safety and welfare of a patient should be notified to the relevant CCG - All complaints that refer to the safety of patients are referred and investigated	- Incident reporting policy - Anonymised incident reported which demonstrates appropriate actions taken. - Evidence of notification to the regulator.	

		thoroughly		
2.3	A programme of internal audit and review is in place that enables the provider to continuously improve the protection of all service users from abuse or the risk of abuse.	Audits of safeguarding arrangements, for example, to include progress, for example action to implement recommendations from: - Serious Case Reviews/Safeguarding Adult Reviews; - Internal Management Reviews as a consequence of SI's compromising the safety/welfare of service users; - Reports from national bodies e.g. Care Quality Commission.	- Recent CQC Inspection Report complete with completed action plans - Internally completed audits including, medication audits/ infection control. Record keeping **Action plans submitted should demonstrate changes made**	
2.4	There is a system in place for people who use your services to report concerns	The system is publicised in appropriate ways	- Residents handbook/ welcome packs - Posters / notice boards - Minutes of residents meetings where safeguarding/ complaints discussed - Evidence of self surveys	
3. Safeguarding Policies, Procedures and Systems				
3.1	– All staff (paid and volunteers) have access to safeguarding policies and procedures. Policies must be easily accessible by staff at all levels and be consistent with those of the relevant LSCB and LASB f	– Policies and procedures are updated regularly to reflect any structural and legal changes. – Policies and procedures undergo an equalities impact assessment. – Policies and procedures must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working in practice.	- As per 1.1	

		– Policies and procedures specifically consider adults in special circumstances, e.g. those with a disability, those who do not speak English as their first language. – Safeguarding policies should take account of the Mental Capacity Act 2005.		
3.2	Safeguarding policy/procedures includes a process for recording and reporting concerns, suspicions and allegations of abuse or harm in line with relevant LSCB/LASB		- As per 1.1 - Copy of the Whistleblowing Policy - Anonymised safeguarding referral	
3.3	Safeguarding policy/procedures includes guidance on how to respond to a disclosure of abuse.		- As per 1.1	
3.4	Safeguarding policy/procedures incorporate clear guidance on managing allegations against staff and volunteers	All substantiated cases of abuse are to be reported to the relevant CCG in addition to regulatory bodies, including professional bodies.	- As per 1.1/ 3.2 - Evidence of reporting to DBS/ NMC - Managing allegation against staff policy	
3.5	There are robust complaints and whistle blowing policies/procedures in place	A guarantee is provided to staff and service users that using the procedures appropriately will not prejudice their own position or prospects.	- As per 1.1/ 3.2 - Minutes of staff meetings where whistleblowing policy is discussed.	
4. Information Sharing				
4.1	There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance	– Staff understand what to do and when to share information if they believe a child or adult is at risk of harm; – There is guidance for staff and training is made available as part of the induction programme and on-going training;	- Information Sharing Policy or evidence within the safeguarding policy - Evidence of sharing information appropriately with other agencies	

		– Managers are fully conversant with the legal framework.		

5. Inter-Agency Working

5.1	The provider works with partners to protect children and adults at risk of abuse and participate in safeguarding processes as set out in local guidance	Staff to provide, when requested, information on their involvement with a child or adult at risk of abuse to inform multi-agency meetings and attend when requested	- Evidence of providing information to, and attendance at safeguarding meetings	

6. Safer Recruitment Practices

6.1	There is a safe recruitment process in place to help prevent unsuitable people from working with adults and children.		- Recruitment Policy - Training in safer recruitment - Evidence of DBS checks being completed - Evidence (where required) of overseas worker checks being completed as per Home Office requirements.	
6.2	Safeguarding responsibilities are reflected in all job descriptions relevant to role and responsibilities		- Registered Managers Job description - RN/ RMN job description - Carer's job description - Domestic staff/ activities coordinator job description	
6.3	Staff involved in employing staff are trained in the processes of 'safer recruitment'		- Evidence that recruited staff have received training in safer recruitment - Recruitment Training	

7. Record Keeping

7.1	Staff working, record their work in accordance with statutory and best practice guidance.	– All staff maintain an accurate and clear record of their involvement. The record is clear, accessible, comprehensive and contemporaneous with both judgments made and decisions taken carefully recorded. The record is dated, signed and the person's name legibly written at the end of the record entry; – Where there are concerns about an individual's welfare, discussions, decisions and the reasons for decisions making must be recorded in the individuals record	- Evidence of record keeping audits and subsequent actions taken. - Evidence within recent CQC inspection report - Attendance at relevant record keeping training. - Evidence of record keeping discussions within staff meetings.	

8. Supervision and Support

8.1	Staff working directly with adults and children have access to advice, support and supervision		- Supervision policy - Supervision contracts - Supervision matrix	

9. Staff Training and Continuing Professional Development

9.1	Paid staff and volunteers in contact with children and adults at risk are trained and competent to be alert to the potential indicators of abuse and neglect, know how to act on those concerns in line with local guidance.	– The level of training an individual requires is dependent on their roles and responsibilities. – Records are kept of those accessing training. – Refresher training is undertaken at regular intervals (at a minimum 3 yearly).	- Training matrix in keeping with Intercollegiate documents - Evidence of additional safeguarding related training being completed i.e. LSAB/LSCB, care certificate.	

10. Proving Safer Activities and Trips			
10.1	There is a process in place to ensure that all people who use services are protected when taking part in activities and trips	The organisation ensures that: – Paid staff and volunteers undertaking specialist roles (e.g. off site on trips) are provided with appropriate training; – All activities are risk assessed to ensure that all reasonable steps are taken to prevent people using the service being harmed whilst participating in the organisations activities; – They take out employers' liability and public liability insurance to ensure that all activities and services and all people taking part are covered; – That all activities being provided are properly planned and organised; – They check that the driver holds the correct driving licence; the vehicle has the correct insurance, tax, MOT, seats, seatbelts and a first aid box.	- Copies of insurance certificates - Recently completed risk assessments completed	
11. Mental Capacity Act			
11.1	The provider has a Mental Capacity Act (2005) policy	– Mental Capacity Act (2005) policy is accessible to support staff to implement the Act. – Documentation will be available to support staff to demonstrate capacity assessment and best interest decision making.	- MCA/ Consent Policy - Evidence of personalised care plans with consent	
11.2	Paid staff and volunteers are trained to support implementation of the Mental Capacity Act 2005 and raise awareness of Deprivation of	Providers must ensure staff understand: – The 5 principles of the Mental Capacity Act and how to undertake capacity assessments; – How to instigate a DoLS process; – The level of training an individual requires is	- As per 11.1 - Training Matrix - DoLs procedures - Evidence of completed authorisations	

	Liberty Safeguards 2009.	dependent on their roles and responsibilities; – Records are kept of those accessing training; – Refresher training is undertaken annually.	- Notification to coroners	
11.3	Provider must ensure there is a restraint policy in place which is in line the Mental Capacity Act.	– The use of restraint should be evidenced within best interest decision making process. – Where restraint is used, it is documented and followed by an assessment of the person restrained for signs of injury and any emotional or psychological impact. – Staff understand when different types of restraint are or are not appropriate, prioritising de-escalation or positive behaviour support over restraint where possible. – Know whether and what type of restraint should be used in a way that respects dignity and protects human rights where possible. – Understand that restraint should only be used as a last resort where it is necessary and proportionate, and that restraint used should be the least restrictive and for the minimum amount of time to ensure that harm is prevented and that the person, and others around them are safe. – Where appropriate, staff required to use restrictive physical interventions have received specialist training.	- Evidence of Restraint training and de-escalation procedures - Evidence of best interests minutes - Capacity Assessment	

Appendix 4: PREVENT Self-Assessment Tool for all Providers

	Self-Assessment Tool (for internal use): PREVENT					
	Name of Organisation					
	Date Completed					
	Completed by: **(Name and Designation)**					
	Organisational	**Care Quality Commission Registration Regulations (amended 2010)**	**Comment**	**Action required Y/N**	**Department lead/nominated lead**	**Date for completion**
1	Policies and procedures are in place within the provider organisation that address the Prevent Duty Guidance and ensure that Prevent is embedded into the existing safeguarding policy. (A separate policy on prevent is not required).	**Regulations 12, 24**				
2	The Organisation has a named Prevent lead					
3	Statutory and mandatory induction and updating programmes contain Prevent awareness training and policy updates – This is e-learning package and WRAP 3.	**Regulations 12, 13, 14**				
4	There are organisational and joint agency agreed protocols and procedures for Prevent referrals and when to make a	**Regulations 12, 21, 22, 23, 24**				

	referral to Channel Panel:					
	☐ obtaining advice					
	☐ raising concerns					
	☐ reporting concerns					
	☐ consent					
	☐ information sharing					
	☐ escalation sharing					
	☐ escalation process and procedures					
	☐ list of local and regional *Prevent* contacts					
5	Organisational risk assessments include risk issues in Prevent Objectives 2 and 3	**Regulations 12, 21, 22, 23, 24**				
6	Governance and risk reporting requirements including Prevent incident(s) reporting for both organisational and inter-agency issues	**Regulations 12, 21, 22, 23, 24**				
7	All staff and volunteers are aware where they can obtain information about Prevent and how and where they can raise any concerns	**Regulations 21, 22, 23, 24**				
8	Protocols, policies and procedures address issues of internet access	**Regulations 21, 22, 23, 24**				
9	Protocols, policies and procedures address the management of booking meeting rooms/public areas/seminar rooms, etc., and the safety of their use (This is particularly relevant if outside bodies rent NHS premises for events which may seek to support radicalisation)	**Regulations 16, 17**				
10	Protocols, policies and procedures address issues of inappropriate canvassing/leafleting					

	Staff and Volunteers					
11	Staff apprise themselves with and know where to access organisational protocols, policies and procedures	**Regulations 21, 22, 23, 24**				
12	Staff and volunteers attend WRAP awareness raising and associated updates in accordance with organisational requirements. Organisation has approved WRAP trainers	**Regulations 21, 22, 23, 24**				
13	Staff and are aware of issues that can lead to the exploitation of at risk individuals, resulting in them being drawn into terrorist-related activity, and know how to support patients at risk	**Regulations 21, 22, 23, 24**				
14	Staff and volunteers are aware of their responsibility to raise concerns and know how and where to do this	**Regulations 21, 22, 23, 24**				
	Partnership Working					
15	Locally agreed protocols, policies and procedures are in place for addressing *Prevent Referrals /* concerns that appropriately utilise the expertise of partner agencies when dealing with concerns linked to the local Channel Panel.	**Regulations 12, 24**				

16	There are locally agreed protocols and procedures for sharing information, including joint information sharing	**Regulations 12, 24**				
17	There is a nominated *Prevent* representative who regularly attend local or regional inter-agency Prevent meetings	**Regulations 12, 24**				
18	There are appropriate processes for co-operation and joint care planning with other providers/agencies where care is transferred or shared. The above should take account of appropriate information procedures	**Regulations 12, 24**				

Appendix 5: Lampard Self-Assessment Tool for all Providers

Lampard Self-Assessment Tool		
Name of Organisation:		
Date Completed:		
Completed by: **(Name and Designation)**		
Lampard Recommendations	**Evidence**	**RAG Rating**
1 All NHS hospital providers should a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.		
2 All NHS providers should review their voluntary services arrangements and ensure that: • They are fit for purpose; • Volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; • All voluntary services managers have development opportunities and are properly supported.		

3	All NHS provider staff and volunteers should be required to undergo formal refresher training in safeguarding at the appropriate level at least every three years.		
4	All NHS provider staff should undertake regular reviews of: • Their safeguarding resources, structures and processes (including their training programmes) • The behaviour and responsiveness of management and staff in relation to safeguarding issues to ensure that their arrangements are robust and operate as effectively as possible.		
5	The NHS provider has conducted a risk assessment to determine what 'checking at periodic intervals' means within their organisation in relation to DBS checks on their staff and volunteers (NHS Employment Check Standards).		
6	All NHS providers should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, social networks and other social media activities such as blogs and Twitter is managed and where necessary, restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary.		
7	All NHS providers should ensure that arrangements and processes for the recruitment, checking and general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.		

8	NHS Providers should review their recruitment, check training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.		
9	NHS providers and their associated charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a results of their associations with celebrities and major donors, and whether their risk registers adequately reflect this.		

13. References & Bibliography

- 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.