



Wakefield Clinical Commissioning Group

Safeguarding Children and Adults Commissioning Policy

Version: Version 7.0

Committee Approved by: Integrated Governance Committee

Date Approved 21st November 2019

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Responsible Directorate: Quality and Patient Safety

Date issued: 21st November 2019

Review date: 21st November 2022

Version Control Sheet

Document Title: Safeguarding Children and Adults at risks Commissioning Policy

Version: V7.0

Version	Date	Author	Status	Comment
1.0	14 th November 2011	Mandy Sheffield Head of Safeguarding	Draft	Draft for Audit and Governance Committee approval 14 th November 2011.
2.0	22 nd November 2011	Mandy Sheffield Head of Safeguarding	Approved	
3.0	15 th June 2012	Mandy Sheffield Head of Safeguarding	Approved	CCG Policy Group
3.0	23 rd October 2012	Mandy Sheffield Head of Safeguarding	Approved	CCE Board
4.0	4 th February 2014	Mandy Sheffield Head of Safeguarding	Approved	Policy amended to include the Prevent requirements approved Integrated Governance Committee
5.0	19 th November 2015	Mandy Sheffield Head of Safeguarding	Approved	Policy amended to include The Care Act 2014 and Statutory duties in relation to Female Genital Mutilation
6.0	16 th November 2017	Mandy Sheffield Head of Safeguarding	Approved	Style guidelines updated, approved at Integrated Governance Committee
7.0	21 st November 2019	Mandy Sheffield Head of Safeguarding & Karen Charlton Deputy Designated Professional	Approved	Revision of Policy to bring in current terminology and additions

Performance Indicators

Compliance with Section 11, Children Act 2004

Compliance with the Care Act 2014

Compliance with the Counter-terrorism and Securities Act 2015

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1 Introduction

Policy Statement

NHS Wakefield CCG fully recognises its responsibility for protecting and safeguarding the welfare of children (including those identified as ‘Children in Care’) and adults at risk. We acknowledge our responsibility to take all reasonable steps to promote safe practice and to protect people from harm, abuse or exploitation.

To comply with national safeguarding children, Children in Care and safeguarding adult requirements, NHS Wakefield CCG commissioners have a duty to ensure that safeguarding is reflected within all partnership agreements. NHS Standard Contracts require providers to comply with the local Commissioner’s Safeguarding Policies and for a copy of the local policy to be included in the contract. In addition, Section 32 of the 2019/20 NHS standard Contract includes significant safeguarding requirements (see appendix 1)

NHS Wakefield CCG has a statutory duty of care towards children (Section 11 Children Act 2004) and adults at risk (section 42- 47 Care Act 2014) who are resident in Wakefield.

Abuse can be experienced or perpetrated by anyone and in any circumstances. It can be wilful or unintentional and can take many different forms including physical, sexual, emotional (including verbal), financial or material, neglect, discriminatory, organisational and self-neglect (adults). People can however become at particular risk of abuse due to their personal circumstances including: children, those with a disability, illness or social isolation.

Effective safeguarding depends on a culture of zero tolerance of abuse, where concerns can be raised with confidence that action will be timely, effective, proportionate and sensitive to the needs of those involved.

Public awareness continues to improve and there is an increasing expectation that service providers have systems in place to identify early indicators of abuse, prevent abuse and that they act quickly and effectively in partnership with other relevant agencies to safeguard children and adults when it is discovered that they are experiencing abuse.

2. Associated Policies, Procedures and Guidance

NHS Wakefield CCG Incident Reporting policy
NHS Wakefield CCG Serious Incident Procedure
NHS Wakefield CCG Policy/Guidance for Implementation of the Mental Capacity Act (MCA) – and subsequent amendments pending at the point of issue

West Yorkshire, North Yorkshire and York safeguarding adults policy and procedures 2018

<http://www.wakefield.gov.uk/Documents/health-care-advice/adult-services/safeguarding/safeguarding-adults-from-abuse/safeguarding-adults-board-policy-procedure.pdf>

3 Aim

To ensure that the commissioners have appropriate assurance processes in place that ensure any commissioned or contracted provider is able to meet the statutory requirements and associated guidance to safeguard children and adults.

4 Scope of the Policy

All CCG employees including those on temporary or honorary contracts, bank staff and students who are developing policy, procedural and guidance documents must follow the process set out in this document.

Independent Contractors are responsible for the development and management of their own documents and for ensuring compliance with relevant legislation and best practice guidelines. The CCG will provide such advice and support as required.

The policy applies to all staff within NHS Wakefield CCG and any services commissioned by NHS Wakefield CCG including;

- Mid Yorkshire NHS Trust
- Yorkshire Ambulance Service NHS Trust
- South West Yorkshire Partnership Foundation Trust
- All other statutory health providers eg. Primary Care, NHS Trusts and NHS Foundation Trusts
- Community Interest Companies
- Third sector organisations.

In the past, adults at risk of abuse have received significantly less attention than children. There was no single piece of legislation that covered adults at risk. However in April 2015, the Care Act 2014 entered the statute and the CCG has responsibilities under this legislation.

The emerging legal and political landscape following a number of high profile child deaths, Child Sexual Exploitation 'exposés', celebrity abusers, both at a local and national level in recent years has highlighted again the growing complexity of child and adult protection. A fundamental shift has occurred in the way we conceptualise safeguarding and a wider and more complex understanding that is broader than just protection has become a priority for all those providing and commissioning children's, young people's and adult services. The Children Acts (1989 and 2004), Working Together to Safeguard Children 2018, Safeguarding Vulnerable People in the NHS (2019), The Care Act (2014) and the Intercollegiate Documents (Prevent 2015, Adults 2018 and Children 2019) provide clear direction for those responsible for commissioning and providing services.

Where private or voluntary organisations are commissioned to provide services to children or adults, they should follow this policy and although it is

not a statutory requirement, they will need to justify non compliance. As a minimum they should:

- Have safe recruitment and vetting systems in place
- Be aware of and access to Local Safeguarding Children Partnership / Local Safeguarding Adult Board Procedures and know who to contact if they have concerns
- Ensure staff have access to appropriate training and supervision.

5 Accountability

As a commissioning organisation, NHS Wakefield CCG will work with partner agencies to develop quality systems, promote safeguarding practice across the district and effectively monitor performance of providers in relation to safeguarding children and adults. The commissioning organisation has a responsibility to ensure those providers who are required to comply with statutory responsibilities in relation to safeguarding do so, and that those who fall outside this category take account of this guidance as far as possible.

6 Equality Impact Assessment

This policy has been assessed against the current tool. It does not adversely affect any individuals or groups of individuals with protected characteristics. The screening tool is included as appendix 2.

7 Policy Standards

7.1 Policy Standards

Minimum standards

- The provider will ensure that it has up to date organisational safeguarding children and adult's policies and procedures which reflect and adhere to the Local Safeguarding Children Partnership and Local Safeguarding Adults Board policies.
- The provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer child / adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.
- The provider will ensure that all policies and procedures are consistent with and referenced to safeguarding legislation, national policy / guidance and local multiagency safeguarding procedures.
- The provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to mental capacity and consent, and that staff practice in accordance with these policies.

- The providers of care homes and hospitals will maintain an up to date policy and procedure covering the Deprivation of Liberty Safeguards, including updating the policy/procedures following the implementation of the Liberty Protection Safeguards and will ensure that staff practice in accordance with the legislation.
- The providers will comply with the requirements of the *Prevent* agenda.
- The Providers will comply with the statutory Female Genital Mutilation Reporting requirements

Additional standards for NHS Trusts

- The provider will identify a named professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and Deprivation of Liberty safeguards / Liberty Protection Safeguards within the organisation;
- The provider will have a named lead for safeguarding adults
- The provider will identify a named lead for the *Prevent* agenda;
- The provider will identify and Named Nurse and Named Doctor for safeguarding children (and a named midwife where the organisation provides maternity services);
- The Provider will identify a Named Nurse for Children in Care.

7.2 Governance standards

Minimum standards

- The provider will identify a senior Lead with responsibility for safeguarding children and adults.
- The provider will cooperate with any request from the Safeguarding Statutory Partnerships to contribute to multi-agency audits, evaluations, investigations, Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews.
- The Provider must ensure that there is a system for identifying, analysing and referring any complaints which raise safeguarding concerns.
- Providers of hospitals, domiciliary care and care homes will ensure that there are effective systems for recording and monitoring Deprivation of Liberty / Liberty Protection authorisations.

Additional standards for NHS Trusts

- The provider will identify a Board level Executive Director with lead responsibility for safeguarding adults and children.

- The provider will review the effectiveness of its organisational safeguarding arrangements at least annually and provide assurance through an annual safeguarding report covering adults and children to the Trust Board / Governing Body, this report will be provided to the CCG.
- The provider must have in place robust audit programmes to assure itself that safeguarding systems and processes are working effectively.
- The provider will consider the organisational implications of any Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews, and will devise action plans to ensure that any learning is implemented and embedded across the organisation.
- The provider will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including: risk management systems; patient safety systems; complaints; PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.
- The Provider should identify and analyse the number of complaints and PALS contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report to their board.

7.3 Multi-agency working and responding to concerns standards

Minimum standards

- The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multiagency safeguarding procedures.
- The provider will ensure that all pressure ulcers of category 3 or 4 will be referred to specialist tissue viability practitioners for assessment in accordance with the Guidelines for the Prevention and Management of Pressure Ulcers. Where the assessment concludes abuse or neglect may be a contributory cause, a multi-agency safeguarding referral must be made.
- The provider will ensure that all allegations against members of staff (Including staff on fixed-term or honorary contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multiagency safeguarding procedures to the Local Authority Designated Officer in the case of children and young people, and the Local Authority Safeguarding Team Manager in the case of adults.
- The provider will ensure effective contribution to child protection conferences, Child in Care Reviews, safeguarding adult

safeguarding response meetings and outcomes and closure meetings through attendance by appropriate and informed representatives / practitioners.

Additional standards for NHS Trusts

- The provider will ensure senior representation at the Multi-agency Safeguarding Arrangements and Local Safeguarding Adults Board and contribution to their sub groups.

7.4 Recruitment and employment practice standards

Minimum standards

- The Provider must ensure safe recruitment policies and practices which meet the NHS Employment check standards, including enhanced Disclosure and Barring Service (DBS) checks for all eligible Staff. This includes staff on fixed-term and honorary contracts, temporary staff, locums, agency staff, volunteers, students and trainees.
- The provider will ensure that Disclosure and Barring Service checks are repeated for eligible staff in line with national guidance / requirements.
- The Provider must ensure that their employment practices meet the requirements of the Independent Safeguarding Authority (ISA) scheme and that referrals are made to the ISA, where indicated, for their consideration in relation to inclusion on the adults barred list.
- The Provider should ensure the all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding children and adults.
- The provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.

7.5 Training Standards

Minimum standards

- The provider will ensure that all staff and volunteers undertake safeguarding and Prevent training in accordance with statutory guidance, appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.

- The Provider will ensure that all staff, contractors and volunteers undertake safeguarding and Prevent awareness training on induction, including information about how to report concerns within the service or directly into the multiagency procedures.
- The provider will ensure that all staff who provide care or treatment undertake safeguarding training, at least every 3 years, in how to recognise and respond to abuse.
- The Provider will ensure that all staff, contractors and volunteers who provide care or treatment understand the principles of the Mental Capacity Act legislation at the point of induction.
- The provider will ensure that all staff and volunteers undertake Mental Capacity Act training, including Deprivation of Liberty Safeguards (or Liberty Protection Safeguards) appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.
- The provider will ensure that it has in place a programme to deliver the statutory Prevent training required in statutory guidance.

Additional standards for NHS Trusts

- The provider will undertake regular training needs analysis to determine which groups of staff require further safeguarding children training in accordance with the statutory guidance Working Together to Safeguard Children, 2018.
- The provider will undertake regular training needs analysis to determine which groups of staff require further safeguarding adults training. This will be agreed with the commissioner's Safeguarding Adults Lead and as a minimum will include all professionally registered staff with team leadership roles undertaking multiagency training in how to recognise and respond to abuse.
- The provider will ensure that its contribution to the provision of multiagency training is proportionate to its multiagency training requirement.

8 Implementation and Dissemination

This policy will, following ratification by the CCG, be disseminated to staff via Skyline (the CCG intranet).

The policy will also be presented to the Heads of Commissioning and Contracting via electronic communication by the Head of Safeguarding.

9 Monitoring Compliance with and the Effectiveness of Procedural Documents

Provider performance in relation to safeguarding will be managed primarily through the usual contract monitoring arrangements using safeguarding standards (appendix 3). Where Contract Monitoring Boards are in place, these will be used to gain assurance against the standards.

In order to monitor compliance with this policy, NHS Wakefield CCG may require providers to produce additional information regarding their safeguarding work.

Providers will be required to undertake a safeguarding annual self-assessment as determined by the CCG. The self assessment will be against the standards in appendix 3. A remedial action plan for any non compliant areas will be submitted to the CCG.

NHS Trusts will be required to undertake self-assessment of Section 11 (Children Act 2004) compliance as required by Local Safeguarding Children Partnership Arrangements, this will be provided to NHS Wakefield CCG.

NHS Wakefield CCG may receive and use information from other agencies and organisations where this is relevant to the performance management of the provider in relation to safeguarding;

- Wakefield and District Safeguarding Children Strategic Partnership
- Wakefield and District Safeguarding Adults Board
- Care Quality Commission
- Quality Surveillance and Quality Intelligence groups
- Adult/Community Services Providers
- NHS Providers and Contractors
- Police

NHS Wakefield CCG will include provider safeguarding activity in the Annual Safeguarding Report to the Governing Body.

10 References

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Department of health (2014) - Care and Support Statutory Guidance issued under the Care Act 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

HM Government (2018) Working Together to Safeguard Children:
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

HM Gov (2004) Guidance on the Children Act 2004.

HM Gov (2007) Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under Section 11 of the Children Act 2004.

HM Govt (2007) Good Practice Guidance on Working with Parents with a Learning Disability London. TSO

NHS England (2015) Prevent Training and Competencies Framework
<http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>

Departments of Health and Education (2015) Promoting the Health and Wellbeing of Looked-after Children
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff

<https://www.rcn.org.uk/professional-development/publications/pub-007366>

Royal College of Nursing (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

11 Associated Documentation

West Yorkshire, North Yorkshire and York safeguarding adults policy and procedures 2018

<http://www.wakefield.gov.uk/Documents/health-care-advice/adult-services/safeguarding/safeguarding-adults-from-abuse/safeguarding-adults-board-policy-procedure.pdf>

Human Rights Act (1998)

Safeguarding Vulnerable Groups Act (2006)

West Yorkshire Consortium safeguarding Children procedures.
<http://www.proceduresonline.com/westyorksrb/>

12 Appendix 1

NHS Standard Contract Requirements

SC32 Safeguarding, Mental Capacity and Prevent

- 32.1 The Provider must ensure that Service Users are protected from abuse, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of abuse in accordance with the Law.
- 32.2 The Provider must nominate:
- 32.2.1 a Safeguarding Lead and/or a named professional for safeguarding children, young people and adults, in accordance with Safeguarding Guidance;
 - 32.2.2 a Child Sexual Abuse and Exploitation Lead;
 - 32.2.3 a Mental Capacity and Deprivation of Liberty Lead; and
 - 32.2.4 a Prevent Lead, and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.
- 32.3 The Provider must comply with the requirements and principles in relation to the safeguarding of children, young people and adults, including in relation to deprivation of liberty safeguards, child sexual abuse and exploitation, domestic abuse and female genital mutilation (as relevant to the Services) set out or referred to in:
- 32.3.1 the 2014 Care Act and associated Guidance;
 - 32.3.2 the 2014 Care Act Regulations;
 - 32.3.3 the Children Act 1989 and the Children Act 2004 and associated Guidance;
 - 32.3.4 the 2005 Mental Capacity Act and associated Guidance;
 - 32.3.5 Safeguarding Guidance; and
 - 32.3.6 Child Sexual Abuse and Exploitation Guidance.
- 32.4 The Provider has adopted and must comply with the Safeguarding Policies and MCA Policies. The Provider has ensured and must at all times ensure that the Safeguarding Policies and MCA Policies reflect and comply with:
- 32.4.1 the Law and Guidance referred to in SC32.3; and
 - 32.4.2 the local multi-agency policies and any Commissioner safeguarding and MCA requirements.
- 32.5 The Provider must implement comprehensive programmes for safeguarding (including in relation to child sexual abuse and exploitation) and MCA training for all relevant Staff and must have regard to Safeguarding Training Guidance. The Provider must undertake an annual audit of its conduct and completion of those training programmes and of its compliance with the requirements of SC32.1 to 32.4.
- 32.6 At the reasonable written request of the Co-ordinating Commissioner, and by no later than 10 Operational Days following receipt of that request, the Provider must provide evidence to the Co-ordinating Commissioner that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems.

- 32.7 If requested by the Co-ordinating Commissioner, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan.
- 32.8 The Provider must co-operate fully and liaise appropriately with third party providers of social care services in relation to, and must itself take all reasonable steps towards, the implementation of the Child Protection Information Sharing Project.
- 32.9 The Provider must:
- 32.9.1 include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit; and
 - 32.9.2 include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; and
 - 32.9.3 include in relevant policies and procedures a WRAP delivery plan that is sufficient resourced with WRAP facilitators.



Wakefield District

Screening Process Template - *Equality Impact Assessment*.

1. Name of policy, strategy, project or service:	Safeguarding Children and Adults at Risk Commissioning Policy	
2. What are the main aims and objectives of the policy / strategy or project?	To ensure that all services commissioned by NHS Wakefield CCG prioritise the safeguarding of children and adults at risk	
3. Could any groups be negatively affected by this policy/ strategy?	Yes	No X
	Please explain: This policy aims to ensure equality of response for all groups	
4. Could there be a negative impact under current legislation?	Yes	No X
	Please explain: The policy will encourage appropriate action irrespective of the protected characteristics of the individual	
Based on the screening process please indicate if this policy should proceed to a full impact assessment or monitoring?	Full impact assessment	Monitoring X
	Please explain: Monitoring will take place in conjunction with the review of the policy every 3 years.	

1.4	The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to Mental Capacity Act 2005 and consent, and that staff practice in accordance with these policies.		
1.5	The Provider will have an up to date 'whistle-blowing'/ Raising Concerns procedure, which is referenced to local multiagency procedures and covers arrangements for staff to express concerns both within the organisation and to external agencies. The Provider must have systems in place to demonstrate that all staff are aware of their duties, rights and legal protection, in relation to whistle-blowing/Raising Concerns and that they will be supported to do so.		
1.6	The Providers of care homes and hospitals will have an up to date policy and procedure covering the Deprivation of Liberty Safeguards 2009, and will ensure that staff practice in accordance with the legislation.		
1.7	NHS Trusts and all Providers of hospitals and care homes will have an up to date policy(s) and procedure(s) covering the use of all forms of restraint. These policies and procedures must adhere to contemporary best practice and legal standards.		
1.8	The Provider will ensure that a clinical / professional supervision policy is in place and that safeguarding practice is included as a standard item.		
1.9	All Providers will ensure that they have relevant policies and procedures in place to ensure appropriate access to advocacy within the care setting, including use of statutory advocacy roles. These policies and procedures must adhere to contemporary best		

	practice and legislation.		
1.10	The Provider must have a procedure which is accessible to all staff, consistent with the Prevent Guidance and Toolkit 2011. The procedure must clearly set out how to escalate Prevent related concerns and how to make a referral		

2	Governance	RAG rating	
		Adults	
2.1	The Provider will identify a person(s) with lead responsibility for safeguarding adults. For NHS Bodies / Trusts, this will be a Board-Level executive Director.		
2.2	NHS Bodies / Trusts will have in post a named health or social care professional (s) for adult safeguarding adults, with sufficient capacity to effectively carry out these roles.		
2.3	The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually and will identify any risks, service improvement requirements and learning points as well as areas of good practice.		
2.4	The Provider must ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding and issues and inform constant service improvement.		
2.5	The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect),		

	using multiagency safeguarding procedures.		
2.6	NHS Bodies / Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are shared appropriately according to multiagency safeguarding procedures.		
2.7	NHS Trusts should identify and analyse the number of complaints and PALS contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report, reviewed by their board.		
2.8	All Providers will have appropriate and effective systems in place to ensure that any care provided, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act and Mental Health Act.		
2.9	NHS bodies / Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005).		
2.10	NHS Trusts / Bodies will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.		
2.11	Providers of hospitals and care homes, will ensure that there are effective systems for recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection.		

2.12	NHS Provider Trusts will identify an Executive Lead with responsibility for Prevent		
2.13	Providers will identify an Operational Lead for Prevent and ensure that they are appropriately authorised and resourced to deliver the required National and Local standards		
2.14	NHS Trusts and larger Independent Providers will ensure that implementation of the Prevent agenda is monitored through the audit cycle		

3	Multiagency working	RAG rating	
		Adults	
3.1	The Provider will cooperate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and reviews, including where required, the production of an individual management report		
3.2	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any multiagency review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.		
3.3	The Provider will ensure that any complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.		

3.4	The Provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures.		
	The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of category 3 or 4, and that a multi-agency alert is made where abuse or neglect are believed to be a contributory factor, according to local procedures.		
3.5	The Provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings where required as part of multiagency procedures.		
3.6	The Provider will where required, ensure senior representation on the Local Safeguarding Adults Board and contribution to their sub-groups.		

4	Recruitment and employment	RAG rating	
		Adults	
4.1	The Provider must ensure safe recruitment policies and practice which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.		

4.2	The Provider will ensure that post recruitment employment checks are repeated in line with all contemporary national guidance and legislation.		
4.3	The Provider must ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring.		
4.4	The Provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) include an explicit reference to staffs responsibility for safeguarding adults.		
4.5	The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.		

5	Training	RAG rating	
		Adults	
5.1	The Provider will ensure that all staff and volunteers undertake safeguarding adults training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.		
5.2	The Provider will ensure that all staff, contractors and volunteer,		

	undertake safeguarding adults awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency procedures.		
5.3	The Provider will ensure that all staff who provide care and/or treatment, undertakes training in how to recognise and respond to abuse (How to make an alert) at least every 3 years. This includes staff who undertake assessments and reviews of patients or their care.		
5.4	The Provider will ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) who provide care or treatment, have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility, at the point of induction.		
5.5	The Provider will ensure that all staff and volunteers undertake Mental Capacity Act 2005 and consent training, including the Deprivation of Liberty Safeguards appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.		
5.8	NHS Providers will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include all professionally registered staff with team leadership roles undertaking multiagency training in how to recognise and respond to abuse where this is available.		
5.9	The Provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local		

	safeguarding boards.		
5.10	The Provider must have a training plan that identifies the <ul style="list-style-type: none">• Prevent related training needs for all staff• A programme to deliver HealthWRAP• Sufficient HealthWRAP facilitators		

Appendix 4

Safeguarding Commissioners Standards: Remedial Action Plan				
Standard No.	Action(s) required to achieve standard	Person Responsible	Date Due	Comments / Progress

Name (Lead Officer) _____ Date _____

Signed (Lead Officer) _____