



**North East London
Commissioning Alliance**

Safeguarding through Commissioning Policy

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Document control

Author	Organisation
Designated Drs, Nurses and Professionals for Adults, Children and Looked After Children	Barking, Havering and Redbridge CCG; City & Hackney CCG; Waltham Forest CCG; Newham CCG; and Tower Hamlet CCG.

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1.0 Purpose

The policy sets out the responsibilities of xxxxxxxxxx CCG (as commissioners of services for promoting the wellbeing and safeguarding of children, young people and adults at risk in accordance with current legislation and guidance including:

Primary Legalisation

- [Children Act 1989](#)
- [Children Act 2004](#)
- [Children and Social Work Act 2017](#)
- [Care Act 2014](#)
- [Mental Capacity Act 2005](#)

Statutory Guidance

- [Working Together to Safeguard Children 2018](#)
- [Promoting the Health and Well-being of Looked After Children 2015](#)
- [London Child Protection Procedures](#)
- [London multi-agency adult safeguarding policy and procedures](#)
- [The Intercollegiate document, Safeguarding Children and Young people: roles and competencies for healthcare staff \(2019\).](#)
- [Looked After Children knowledge, skills and competence of health care staff - Intercollegiate Role Framework \(2015\)](#)
- [Care and Support Statutory Guidance issued under the Care Act 2014 - chapter 14 Safeguarding \(Department of Health 2014\)](#)
- [Health and Social Care Act 2008 \(Regulated Activity\) Regulations 2014](#)
- [Mental Capacity Act: A guide for CCGs \(NHS England 2014\)](#)
- [Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework 2015](#)
- [Adult Safeguarding: Roles and Competencies for Health Care Staff 2018](#)

The policy also sets out the safeguarding responsibilities of health care providers and includes schedules of safeguarding children and adults service standards to be incorporated into all contracts (sections 3 – 5 below).

In addition to these specific service standards all providers should develop a culture of listening to children, adults, their families and carers, and taking account of their views, wishes and feelings, both in individual decisions and the development of services. Both at strategic and at all operational levels they should promote inter-agency working to achieve better outcomes for children and adults with care needs.

The 'Monitoring, audit and evaluation' table (Appendix A) shows how CCGs gain assurance that providers are fulfilling their safeguarding responsibilities.

2.0 Scope

This policy applies to all health services whether provided for children, young people or adults.

The policy applies to the following:

- Any member of CCG staff (permanent staff, agency workers, locums and other temporary staff, students, trainees and/or volunteers) who is commissioning and or decommissioning services.
- All contracts and service specifications developed for and used by the CCG.

A summary of staff responsibilities is provided in Appendix B

The policy does not describe the corporate safeguarding responsibilities of the CCG and its staff. These wider responsibilities are set out in the *CCG Safeguarding Policy and Procedures*.

3.0 Contracts

3.1 The CCG as a commissioner of local health services is responsible for quality assurance of safeguarding standards through contractual arrangements with all its commissioned services. This includes but is not exclusive to:

- Primary Care
- Mental Health Services
- Acute Hospital Services
- Community Health Services
- Care homes and Domiciliary Care Services
- Continuing Health Care
- Learning Disability Services
- Small-scale and specialist service providers, and providers in the independent sector, third sector and social enterprises

Before entering into negotiations with providers for new, redesigned and or decommissioned services, the children and adult designated safeguarding professionals, as applicable, should be consulted by commissioners to obtain advice and support in relation to the safeguarding standards.

When drafting a new or revising an existing NHS contract the following wording and standards (section 3.2 below) should be inserted in Schedule 2

3.2 NHS Standard Contract Safety and Safeguarding

SC32 Safeguarding, Mental Capacity and Prevent

The service condition 32 set out in the NHS Contract includes:

Service Condition	Standard
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 Act and associated Guidance;
32.3.2	the 2014 Regulations;
32.3.3	the Children Act 1989 and the Children Act 2004 and associated Guidance;
32.3.4	the 2005 Act and associated Guidance;
32.3.5	Safeguarding Guidance; and
32.3.6	Child Sexual Abuse and Exploitation Guidance.

4.0 Section 11 of the Children Act 2004

This Act places duties on a range of organisations, agencies including the NHS to ensure that any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Safeguarding Children Standards	
1	Clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.
2	A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership for the organisation's safeguarding arrangement.
3	A culture of listening to children and taking account of their wishes and feelings of children, both in individual decisions and the development/ coproduction of services.
4	Creating a culture of safety, equality and protection within all services.

5	Clear whistleblowing procedures which reflect the principles in Sir Robert Francis's Freedom to Speak Up Review.
6	A suite of safeguarding policies and procedures including chaperoning.
7	Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies.
8	Arrangements which set out clearly the processes for sharing information with other practitioners and with safeguarding partners.
9	Provision of Designated and Named practitioners for child safeguarding. These roles need to be clearly defined in job descriptions and should be given sufficient time, funding and supervision.
10	Processes for safe recruitment and managing allegations against staff that may pose a risk of harm to children.
11	Effective training of all staff consistent with national guidance and local initiatives
12	Effective supervision arrangements.

4.1 Guidance on the assurance required for Safeguarding Children Standards

Standard 1: Clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.

- Providers will need to be able to demonstrate a clear line of accountability for safeguarding children which is reflected in their governance arrangements.
- A clear declaration of the provider's responsibility towards safeguarding children and young people is visible to all staff and public ([A Review of arrangements in the NHS for Safeguarding Children 2009](#)).

Standard 2: A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership for the organisation's safeguarding arrangement.

- The Chief Executive Officer of any provider organisation takes ultimate responsibility for safeguarding within the organisation.
- Providers will need to ensure there is a senior board level lead to take leadership responsibility for organisation's safeguarding arrangements. This person can demonstrate a sound working knowledge of safeguarding legislation and policy and their role is defined within organisation's governance structure including job description.
- The senior board level lead ensures appropriate representation from their organisation within the safeguarding children partnership.

Standard 3: A culture of listening to children and taking account of their wishes and feelings of children, both in individual decisions and the development/co-production of services.

- Providers should be able to demonstrate that they have arrangements in place for seeking the views and experiences of children and their families or are working towards developing these processes consistent with Article 12 UN Convention of the Rights of the Child.

Standard 4: Creating a culture of safety, equality and protection within all services.

- Providers should ensure that safety and protection are duly considered in all services by staff at all levels throughout the organisation.
- Providers should ensure clear internal escalation and management process, including timescales, following a serious untoward incident SCR notification.
- All commissioned services are required to demonstrate that they have acted on recommendations from internal management reviews, serious case reviews, domestic homicide reviews and national inquiries.
- When incidents occur, this should be seen as an opportunity to enable and share learning to prevent harm and improve service delivery.
- Providers should make clear the organisation's responsibility to protect from harm and abuse without exception, all children and young people regardless of gender, sexuality, disability, ethnicity, faith or cultural background.

Standard 5: Clear whistleblowing procedures which reflect the principles in Sir Robert Francis's Freedom to Speak Up Review.

- Providers should have clear whistleblowing procedures which are suitably referenced in staff training and codes of conduct.
- Providers should ensure that all staff are aware of the organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues.
- Providers should create a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

Standard 6: A suite of safeguarding policies and procedures including chaperoning.

- Providers should ensure that all strategies, policies and procedures should be consistent with national and local guidance.
- NSPCC Consultancy provide a service for reviewing, editing and advising on developing safeguarding policies and procedures that smaller organisations may wish to use.

Scope and content of policies

Each provider should have documents that describe the following processes for:

- Identifying and making referrals to children's social care.
- Following up referrals to children's social care.
- Dealing with children or young people who are at risk from domestic abuse, substance misuse and parental mental illness.
- Ensuring that all patients – including those in adults only services - are routinely asked about dependents such as children, or about any caring responsibilities.
- Following up children "was not brought" to health appointments.

- Ensuring that families with children in the resident population who are not registered with a GP are offered registration.
- Ensuring that if there have been concerns about the safety and welfare of children or young people, they are not discharged until the consultant paediatrician, under whose care they are, is assured that there is an agreed plan in place that will safeguard the children's welfare.
- Handling suspected fabricated or induced illness.
- Resolving cases where health professionals have a difference of opinion
- Outlining when Urgent Centre and A&E staff should check whether a child is the subject of a child protection plan
- Providing 24-hour advice to staff on safeguarding issues.
- Process for transferring records when a child changes their address.
- linking with the local Child Death Review Panel.

All staff should be made aware of the above policies and procedures and know how to access them.

Standard 7: Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies.

- Providers should ensure that their safeguarding children policy covers how to resolve professional disagreements between workers/ agencies when working with children and families.
- Providers should ensure that all their staff know how to contact Named and Designated Professionals for advice in relation to safeguarding children.
- Provider's escalation policies should be consistent with that of the safeguarding children partners.

Standard 8: Arrangements which set out clearly the processes for sharing information with other practitioners and with safeguarding partners.

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

- Providers should ensure that all their employees are confident and knowledgeable in relation to processes for sharing information. Such policies and processes should be in line [General Data Protection Regulation 2018](#) and [Information Sharing, HM Government 2018](#).
- All providers should ensure effective arrangements are in place to share information across the health economy to promote the wellbeing and safety of children.
- All referrals to children's social care about safeguarding concerns should include an analysis of the information and how this impacts on the child's safety.
- All providers must share information about their safeguarding children arrangements with safeguarding children partnership.

Standard 9: Provision of Designated and Named practitioners for child safeguarding. These roles need to be clearly defined in job descriptions and should be given sufficient time, funding and supervision.

- All commissioned services providing services for children should have proportionate coverage of named professionals: a named doctor and a named nurse – and a named midwife if the organisation provides maternity services.
- The roles, functions, competencies and pay scales of named professionals are described in detail in : [The Intercollegiate document, Safeguarding Children and Young people: roles and competencies for healthcare staff \(2019\)](#).
- Providers should enable their named staff to access CCG designated professionals for regular safeguarding children supervision, as well as for advice on complex issues or where concerns may have to be escalated and involve children's social care.
- Providers should ensure that named professionals participate and support the activities of Safeguarding Children Partnerships.

Standard 10: Processes for safe recruitment and managing allegations against staff that may pose a risk of harm to children.

- Providers should have in place a safer recruitment policy consistent with guidance from the Disclosure and Barring Service and is regularly reviewed at a minimum of three yearly.
- Providers should ensure that appropriate safer recruitment training is provided to all staff involved in recruiting staff including temporary staff/agency.
- Providers must ensure that their safe recruitment policy takes into account the work of any volunteer, charity fund raisers or celebrities.
- Providers should comply with London Child Protection Procedures, Part A, section 7 for responding when allegations are made against people who work with children and young people. Providers must have procedures on how to manage allegations against staff. This will include having a named senior allegation officer and a deputy who has overall responsibility for:
 - Informing the Local Authority Designated Officer (LADO) and the CCG Designated Nurse and or Doctor for safeguarding with the details of any referrals of allegations against staff within one working day of the allegation being made.
 - Ensuring the procedure is implemented.
 - Resolving any inter-agency issues.
 - Liaising with the LSCB.
- All staff need to be informed during their induction period of this procedure and how to access it and report any concerns.

Standard 11: Effective training of all staff consistent with national guidance and local initiatives

- All healthcare staff should attend safeguarding training in line with their role, degree of contact with children and their families, nature of their work and level of responsibility.
- Provider organisations should carry out an assessment of their staff's competences and needs consistent with [The Intercollegiate document, Safeguarding Children and Young people: roles and competencies for healthcare staff \(2019\)](#).
- The provider should have a training strategy for safeguarding children which is regularly updated in response to changes in national/local guidance.
- All safeguarding children training should be delivered by suitably qualified and experienced trainers and formally evaluated.
- All training programmes should be compliant with the standards required within statutory and national guidance and safeguarding children partnership arrangements.
- Providers should have in place systems and processes that:
 - Ensure a training needs analysis for all staff is completed which assigns job role to the level of training required;
 - Staff should be given a mandatory induction which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has concerns about a child's safety or welfare.
 - Hold a database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned;
 - Have in place a training programme that is appropriate to the role of staff and ensure that staff are released to attend the relevant training including multi-agency training
 - Ensure that 85% of relevant staff are up to date with the level of training they need at any one time;
 - Ensure staff are kept aware of any new guidance or legislation and any recommendations from local and national serious case reviews and internal management reviews and
 - Ensure the skills and competence of the work force is assessed through regular appraisal processes.
- Providers should support inter-agency training by 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.

Standard 12: Effective supervision arrangements.

"The NHS must provide both management and child protection supervision for clinical staff. Line managers in health settings have a responsibility to support clinical staff into one of the forms of

clinical supervision which best meets their clinical needs and allow protected time to attend. Clinicians must highlight with their manager if supervision is not meeting their needs so a different model can be considered”, (London Child Protection Procedures).

- Commissioned organisations should have a document that describes arrangements to provide staff with safeguarding children supervision and support to:
 - enable them to manage stresses within their work
 - promote and disseminate research-based good practice
 - promote quality assurance for the services they provide
 - ensure that staff use effective systems to record their work
 - follow local multi-agency policy and procedures
- Safeguarding children supervision is not the same as clinical supervision. Safeguarding children supervision is strongly focused on the needs of the child and what must be done to make the child safe. Clinical staff working with children and families should receive both clinical and safeguarding children supervision.
- The provider should be able identify the safeguarding children supervision needs for their whole workforce.
- The level of safeguarding children supervision provided should be commensurate with the degree and nature of contact that staff have with children and young people.
- All safeguarding children supervision should be delivered by suitably qualified and experienced trainers and formally evaluated.
- A confidential service should be made available for staff for emotional support.
- Staff should be aware how to contact their named professional(s) and the CCG designated professionals for complex issues or where concerns may have to be escalated and involve Children’s Social Care.
- The provider should be able to produce evidence of all staffs access to safeguarding children’s supervision.

5.0 Standards – Safeguarding Adults

5.1 The ‘Commissioner safeguarding and MCA requirements’ in service condition 32.4.2 above include the following standards for safeguarding adults:

Safeguarding Adults Standards	
1	Processes for safe recruitment and managing allegations against staff who work with adults with care and support needs
2	Safeguarding strategies, policies and procedures including a chaperoning policy
3	Effective training of all staff in safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, and Prevent commensurate with their role and consistent with national guidance

4	Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005
5	Effective supervision arrangements for staff working with adults at risk of abuse or neglect
6	Effective arrangements for information sharing and working in partnership with other agencies including the Safeguarding Adults Board
7	Active engagement with local multi agency adult safeguarding procedures
8	Provision of a named lead for adult safeguarding, a Mental Capacity Act and Deprivation of Liberty lead, a Prevent lead and a lead for adult safeguarding at each hospital where applicable
9	Provider organisation annual safeguarding adults report
10	Effective arrangements for identifying, preventing and reducing domestic abuse
11	Effective arrangements for implementing the Prevent and Channel duties ('to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions') (Applies to NHS Trusts and NHS Foundation Trusts)

Where provider organisations commission other providers to carry out services, they should require these providers to comply with these standards, and ensure a copy of this policy is appended to the contract. This includes contracts where estates staff are employed in healthcare settings – grounds maintenance, cleaning, transport etc.

5.2 Guidance on the assurance required for Safeguarding Adults Standards

Standard 1: Processes for safe recruitment and managing allegations against staff who work with adults with care and support needs

Provider organisations should:

- have a safe recruitment policy and process consistent with guidance from NHS Employers and the Disclosure and Barring Service, which are regularly reviewed - as a minimum every three years
- ensure that safe recruitment training is provided to all staff involved in recruiting staff and volunteers
- have a policy and process for managing allegations against staff
- inform staff during their induction period of this policy and process and how to access it and report any concerns
- ensure that all of the above policies and processes must take into account the work of volunteers, charity fund raisers and external visitors
- have audit arrangements in place that check the policies or processes are being implemented

Standard 2: Safeguarding strategies, policies and procedures including a Mental Capacity Act policy and a chaperoning policy

The Care and Support Statutory Guidance (para. 14.41) states that all organisations should have adult safeguarding policies and procedures to assist those working with adults to develop swift and personalised safeguarding responses and to involve adults in decision making. The statutory guidance includes a decision making tree diagram that should be reflected in the policies and procedures, and suggests that the following guidance may also be included:

- a statement of purpose relating to promoting wellbeing, preventing harm and responding effectively if concerns are raised
- a statement of roles and responsibility, authority and accountability
- a statement of the procedures for dealing with allegations of abuse, including dealing with emergencies, the processes for initially assessing abuse and neglect and deciding when intervention is appropriate, and the arrangements for reporting to the police
- a list of points of referral indicating how to access support and advice
- an indication of how to record allegations, enquiries and subsequent action
- a list of sources of expert advice
- channels of inter-agency communication and procedures for information sharing and decision making
- a list of services offering access to support or redress
- how professional disagreements are resolved

The Care and Support Statutory Guidance also states (para.s 14.205 – 14.206) that commissioned organisations should provide internal guidelines (which relate clearly to local multi-agency procedures) and which set out staff responsibilities. These should include guidance on:

- identifying adults who are particularly at risk
- recognising risk from different sources and in different situations and recognising abusive or neglectful behaviour from other service users, colleagues, and family members
- routes for making a referral and channels of communication within and beyond the agency
- organisational and individual responsibilities for whistleblowing
- assurances of protection for whistle blowers
- working within best practice as specified in contracts
- working within and co-operating with regulatory mechanisms
- working within agreed operational guidelines to maintain best practice

These guidelines should also explain the rights of staff and how their employers will respond where abuse is alleged against them within either a criminal or disciplinary context.

Providers should have a Mental Capacity Act (MCA) policy. The *Mental Capacity Act: A guide for CCGs* (NHS England 2014) provides guidance on what assurance CCGs should seek from providers in relation to MCA policy.

Providers should have a chaperoning policy and this should be made available to patients. There should be an identified managerial lead. Chaperones should receive training. Family members or friends should not undertake the chaperoning role. The presence of a chaperone must be the clear expressed choice of the patient; patients also have the right to decline a chaperone.

Providers should also have Prevent policies and procedures that set out their Prevent and Channel duties and advise staff about identifying Prevent concerns and making Channel referrals.

Standard 3: Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005

Consent to care and treatment is the principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician.

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

If a person lacks capacity to consent to being deprived of their liberty to receive care and treatment and this is believed to be in their best interests or will protect them from harm, then the Deprivation of Liberty Safeguards must be used.

Provider policies should address how people who cannot consent will be identified, the role of the decision maker, who is responsible for carrying out assessments of capacity and who is trained and expected to carry out best interests decisions. They should make it clear what staff should do if uncertain about a patient's ability to make a specific decision and include a best interests decision making checklist.

The *Department of Health Reference guide to consent for examination or treatment* (2nd edition 2009) provides comprehensive advice and guidance in this area. However, case law and best practice is constantly evolving and the service provider's Mental Capacity Act lead should ensure all advice and guidance is up to date.

Standard 4: Effective training of all staff in safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, and Prevent commensurate with their role and consistent with national guidance

Safeguarding adults training for staff should be commensurate with their role and consistent with local and national guidance.

Providers should have in place systems and processes that monitor and record training compliance including the following:

- Ensure a training needs analysis for all staff is completed which assigns job role to the level of training required
- Hold a database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned
- Have in place a training programme that is appropriate to the role of staff and ensure that staff are released to attend the relevant training including multi-agency training
- Ensure that 85% of relevant staff are up to date with the level of training they need at any one time
- Ensure staff are kept aware of any new guidance or legislation and any recommendations from internal management reviews, local and national domestic homicide reviews and safeguarding adult reviews
- Ensure the skills and competence of the work force is assessed through appraisal process

Standard 5: Effective supervision arrangements for staff working with adults with care and support needs

- Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported. Supervision should be skilled and knowledgeable and focused on outcomes for adults.
- Commissioned organisations should have a document that describes arrangements to provide staff with safeguarding adults supervision and support to:
 - Enable the individual to reduce the negative impact of human factors on their performance through reflective practice
 - Facilitate recognition of gaps in knowledge and skills needed for effective safeguarding practice; challenge discrepancies in thinking processes e.g. biases and assumptions
 - Enhance the ability of practitioners to work effectively with colleagues and within their own organisation and support changes in behaviour that have led to ineffective relationships
 - Contribute to organisational responsibility for competent accountable performance
- All safeguarding adult supervision should be delivered by suitably qualified and experienced trainers and formally evaluated.
- Staff should be aware of how to contact their named professional(s) and the CCG Designated Adult Safeguarding Professional for complex issues or where concerns may have to be escalated.

Standard 6: Effective arrangements for information sharing and working in partnership with other agencies including the Safeguarding Adults Board

- Providers must have arrangements in place which set out clearly the processes and the principles for sharing information where there are concerns about adults with care and support needs and persons at risk of radicalisation. This could be via an Information Sharing Agreement to formalise the arrangements.
- Providers must share information about their safeguarding adults arrangements with the local Safeguarding Adult Board when requested.
- **Providers will promote inter-agency working and work in partnership with:**
 - Local Safeguarding Adult Board and if requested, provide suitable senior-level representation
 - The Multi-Agency Public Protection Arrangements (MAPPA) framework. MAPPA is the framework for the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.
 - Local Multi-Agency Risk Assessment Conference (MARAC) panels. The following link provides practical guidance regarding information sharing in respect of MARAC: [Practical Guidance Information Sharing for MARAC](#)
 - Domestic abuse local initiatives and provide representation at forums when requested
 - Channel Panel and provide representation when requested

Standard 7: Active engagement with local multi agency adult safeguarding procedures

The 'local multi agency adult safeguarding procedures' are the 'Pan-London Procedures': Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse

Standard 8: Provision of a named lead for adult safeguarding, a Mental Capacity Act and Deprivation of Liberty lead, a Prevent lead and a clinical lead for adult safeguarding at each hospital where applicable

These roles should be clearly defined in job descriptions and be given sufficient time, funding and supervision.

The roles, functions, competencies and pay scales of named professionals should be as described in the Intercollegiate Document, Safeguarding Adults: roles and competences for health care staff

Standard 9: Provider organisation annual safeguarding adults report

Commissioners should review providers' annual safeguarding adults reports from both an activity and quality perspective and to ensure that any recommendations inform commissioning activity.

Providers should also contribute to the Safeguarding Adult Board annual report stating what they have done to carry out and deliver its objectives and other content of its strategic plan.

Standard 10: Effective arrangements for identifying, preventing and reducing domestic violence and abuse

The cross-government definition of domestic violence and abuse is: 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional'

The definition includes so called 'honour' based violence, Female Genital Mutilation and forced marriage.

Standard 11: Effective arrangements for implementing the Prevent and Channel duties ('to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions')

Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity.

The NHS Standards Contract requires all NHS funded providers to demonstrate they comply with the requirements of the Prevent Duty. This includes ensuring that there is a named Prevent Lead and that there is access to quality training for staff in their organisation.

6.0 Responding to abuse and neglect

Where abuse or neglect has happened, is about to happen, or is happening, appropriate action should be undertaken to safeguard people consistent with local safeguarding procedures.

7.0 Managing Safeguarding, Serious Incidents and Complaints

Where a Serious Incident (SI) is identified the provider should give immediate consideration as to whether or not the incident should also be escalated as a safeguarding concern. If advice is required, this should be sought from the organisation's named professionals.

Provider organisations must have policies and procedures that describe how incidents and complaints that relate to any aspect of safeguarding children and/or adults are managed.

These policies and procedures should include:

- a requirement to inform the relevant senior management lead for safeguarding within the organisation
- A requirement to inform the relevant safeguarding lead.
- Responsibilities for informing the relevant designated professionals.
- Reference to the organisation's and their staff's duty of candour responsibilities including a requirement to inform people who use services when they are affected by a 'notifiable safety incident' as set out in the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 (NHS Trusts only).
- As and where required, notification to CQC and other regulatory bodies.

A review of any incident must include a suitably experienced senior person with safeguarding expertise.

If advice is required, this should be sought from the organisation's safeguarding lead and/or local CCG's Designated professionals for safeguarding.

8.0 Statutory Reviews

A number of statutory reviews are required to be undertaken by providers when particular circumstances arise. The different types of review including:

- Child Safeguarding Practice Reviews
- Child Death Reviews
- Safeguarding Adult Reviews
- Domestic Homicide Reviews
- LeDER

Mental health homicide reviews are carried out under separate arrangements but may, depending on the circumstances be linked to a safeguarding statutory review.

8.1 Child Safeguarding Practice Reviews

Child Safeguarding Practice Reviews (CSPR) are conducted in accordance with Chapter 4 of *Working Together to Safeguard Children* (2018) and the learning and improvement framework of the *London Child Protection Procedures*.

The purpose of these reviews is to identify improvements to be made to safeguard and promote the welfare of children. Reviews should seek to prevent or reduce the risk of reoccurrence of similar incidents.

Child Safeguarding Practice Reviews are those in which:

- Abuse or neglect of a child is known or suspected **and**
- Child has died or been seriously harmed.

Named professionals within the main providers are usually responsible for conducting the organisation's reviews, except when they have had personal involvement in the case when it will be the responsibility of the provider to identify a suitably qualified professional to carry it out on the organisations behalf. The executive lead supported by the named professionals should ensure that the resulting action plan is implemented.

Provider organisations should ensure that staff involved in cases subject to a review are supported and have sufficient time to write reports and attend interviews.

Completion of reviews, recommendations against timescales forms part of CCG commissioners' performance monitoring arrangements.

Providers must keep the Designated Nurse updated on the progress of any action plans resulting from reviews.

8.2 Child Death Reviews

The Children and Social Work Act 2017 requires significant changes to the Child Death Review (CDR) currently delivered by local Child Death Overview Panels (CDOP). A key feature of the new Child Death Review system is the development of the relationship between existing mortality and morbidity reviews and the Child Death Overview Panel into an integrated system.

The purpose of a child death review is to identify any matters relating to the death, or deaths that are relevant to the welfare of children in the area or to public health and safety, and to consider what action should be taken in relation to the learning identified.

Provider organisations must ensure that they have appropriate arrangements in place to respond to the death of a child and for undertaking Child Death Reviews consistent with Chapter 5 of Working Together 2018 and Child Death Review: Statutory and Operation Guidance HM Government 2018.

8.3 Safeguarding Adult Reviews

A Safeguarding Adult Review (SAR) is a multi-agency review instigated by the local Safeguarding Adult Board (SAB) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. The SAB must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The purpose of a SAR is to find out if there are lessons to be learnt about the way in which agencies worked together, to review the effectiveness of procedures and to reflect on, inform and improve local inter-agency practice. Additionally, a SAR provides adults or their advocate with a voice about how professionals and services can safeguard people from abuse and neglect.

SARs are conducted in accordance with chapter 14 of the Care Act 2014 Statutory Guidance. The purpose of a SAR is not to investigate how a death or serious incident happened or to apportion blame.

Providers should ensure their staff are fully supported and have sufficient time to be fully involved in reviews and are invited to contribute their perspectives without fear of being blamed for actions they took in good faith.

Providers must keep the Adult Safeguarding Lead updated on the progress of any action plans resulting from the SAR process.

8.4 Domestic Homicide Reviews

Domestic Homicide Reviews (DHRs) are reviews of the circumstances in which the death of a person aged 16 or over has, or appears to have resulted from violence, abuse or neglect by:

- a person to whom they were related or had an intimate personal relationship with, or
- a member of the same household

When victims of domestic homicide are aged 16 -18 or when the victim of the homicide has children, a child SCR will normally take precedence over a DHR. The chairs of the Community Safety Partnership (the commissioning, co-ordinating body for DHRs) and the LSCB will agree the investigation process e.g. single or separate investigations. Where such reviews are relevant to a SAR (e.g. because they concern the same perpetrator), consideration should be given to how SARs, DHRs and SCRs can be managed for example, considering whether some aspects of the reviews can be commissioned jointly to reduce duplication of work for the organisations involved.

In any event, SCR findings should be shared with the Community Safety Partnership to ensure lessons are learned.

All providers have legal obligation to support and take active part if necessary to complete a DHR and implement any learnings and action plans.

For further information on DHRs see the *Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016)*.

9.0 Consent for children and young people

CQC Regulation 11 requires that Providers must make sure that they obtain the consent lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and/or treatment that they are asking consent for.

Any policy relating to consent should specifically address issues of consent for children and young people and detail how consent decisions are made for children lacking capacity.

10.0 Children and young people and adults in hospital

If a child or young person is admitted to hospital for any health treatment, arrangements should be in place to ensure that the environment is suited to their age and development.

When a child has been, or will be accommodated in hospital for three months or more, the organisation must notify the local authority for the area where the child is ordinarily resident, or where the child is accommodated if this is unclear – so that the local authority can assess the child's needs and decide whether services are required under Section 85 of the Children Act 1989.

11.0 Adult mental health services

All inpatient mental health services must have policies and procedures relating to children visiting inpatients, as set out in the *Guidance on the Visiting of Psychiatric Patients by Children* (Department of Health, Health Service Circular / Local Authority Circular 1999).

Mental health practitioners must consider the needs of children whose parent or relative is an inpatient – whether formal or informal – in a mental health unit, and make appropriate arrangements for them to visit if this is in the child's best interests.

Mental health service providers should assess the impact on dependent children of the treatment provided for adults.

Mental health services must comply with good practice guidelines in relation to young people being managed within an inpatient setting.

12.0 Transition arrangements

The NHS mandate asks NHS England to ensure the smooth transition of care from children to adult services. NHS England is legally required to pursue the objectives of the mandate and CCGs have a statutory duty to act consistently with the mandate.

The Children and Families Act, 2014, introduced joint arrangements for assessing, planning and commissioning service. Under this Act is a requirement for Education, Health and Care Plans (EHCP) set out support services for Children and Young People aged 0-25 with a new focus on improvement outcomes, including future employment and independent living.

The local authority has established a 0 -25 service for all children and young people with special educational needs and disabilities. This brings together the young people transition team, children's social work team and SEN casework teams under one service. All young people with EHCP are required to have a transition plan if they continue in education, employment or training up to 25 years old. The plan should cover all transfer of their care and education arrangements to adult services as appropriate.

Clinicians/ practitioners must notify the Local Authority and the CCG of any young person with an EHCP who requires continuation of their health care arrangements into adulthood, and ensure an individual health transition plan is in place in accordance with their organisation's transition protocol.

Our community and acute health providers have established Transition Protocols between their children and adult departments and also working arrangements with primary care (GPs) and other adult service providers.

The CCG should work with other commissioners and provider organisations to follow the national practice guidance issued on the new provisions set out in Children and Families Act 2014.

13.0 Risks to particularly vulnerable children and young people

Staff in all commissioned services should be alert to particular safeguarding issues affecting some children and young people and the increased likelihood of harm being suffered by children and young people who are particularly vulnerable. Staff should seek advice from the named or designated professionals on becoming aware of risks to children and young people in these circumstances as required.

Examples of particular safeguarding issues affecting some children and young people include:

- Child criminal exploitation
- Female genital mutilation
- Forced marriage and honour-based violence

Examples of children and young people who are particularly vulnerable include:

- Children living away from home including looked after children
- Migrant children
- Unaccompanied asylum-seeking children
- Children in households where domestic abuse takes place
- Parents with significant mental illness, learning disability or who misuse substances
- Disabled children. Expertise in both safeguarding and disability should be brought together to ensure that disabled children receive the same levels of protection from harm as other children

Further examples and guidance can be found in the *London Child Protection Procedures*

http://www.londoncp.co.uk/chapters/B_contents.html

14.0 Record keeping

Provider organisations should keep comprehensive and up to date data of safeguarding activity including:

- staff trained in safer recruitment practices
- staff trained in safeguarding children at different levels
- staff trained in safeguarding adults at different levels
- staff trained in Prevent at different levels
- numbers of staff, caseload and vacancy rates in key clinical groups
- safeguarding related presentations and admissions
- audit schedules
- safeguarding issues raised on the corporate risk register

15.0 Quality assurance

Provider organisations are required to:

- Have arrangements in place to regularly monitor safeguarding performance and activity as well as an annual report on safeguarding children and an annual report on safeguarding adults.
- Submit complete safeguarding dashboards or other performance management data to the CCG commissioners on a quarterly basis and in a timely manner;

- Submit data to the Safeguarding Children Partnership and NSAB for inclusion in multi-agency performance reports as required.
- Where applicable, provide assurance that they are registered with the Care Quality Commission (CQC) under the *Health and Social Care Act 2008* and that they continue to meet the criteria for registration
- Inform the designated professionals at the CCG about any requirements imposed on them by the CQC
- Develop an annual audit schedule for safeguarding in agreement with designated professionals.

Appendix A

Monitoring, audit and evaluation

What standards / key performance indicators will you use to confirm this document is working / being implemented	Method of monitoring	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
Safeguarding children and adults service standards are included within all contracts, service level agreements and service specifications	Audit	CCG contractual team	Contracts team to advise	Contracts team to advise
Metrics showing if key safeguarding children and adults statutory requirements and best practice are being followed by: <ul style="list-style-type: none"> • acute, community health and mental health service providers • independent contractors (to be developed) 	Safeguarding dashboard	Named and designated professionals	Quarterly	CCG tbc

Appendix B

Summary Staff Group and Responsibilities

Staff/group	Key responsibilities
NHS England	<ul style="list-style-type: none"> NHS policy on safeguarding, providing oversight and assurance of CCG and independent contractors safeguarding arrangements. This includes working with the Care Quality Commission and other national partners to ensure organisational as well as individual compliance.
Safeguarding Children Partnerships	<ul style="list-style-type: none"> Co-ordinating how local agencies work together to safeguard and promote the wellbeing of children and to ensure the effectiveness of these safeguarding arrangements.
Safeguarding Adult Board	<ul style="list-style-type: none"> Assuring itself that local safeguarding arrangements and partners act to help and protect adults with care and support needs experiencing, or at risk of abuse or neglect and who are unable to protect themselves from the risk or experience of abuse or neglect
Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> Training staff in recognising and reporting safeguarding issues, providing appropriate supervision and ensuring that staff are competent to carry out their responsibilities for safeguarding Ensuring effective arrangements for information sharing The CCG as a NHS organisation has a statutory responsibility under section 11 of the Children Act 2004 to ensure its functions are exercised with a view to safeguarding and promoting the welfare of children and young people. The CCG Boards have ultimate strategic responsibility for ensuring this statutory responsibility is carried out, and for ensuring that in discharging their functions, commissioned services have regard to the need to safeguard and promote the welfare of children The CCG should employ or have in place a contractual agreement to secure the services of a designated nurse for safeguarding children, designated doctor for safeguarding children, designated nurse for looked after children, designated doctor for looked after children, and a designated doctor for child deaths The CCGs have an obligation to agree a financial contribution to the new safeguarding children arrangements in line with Working Together (2018). Having a designated adult safeguarding professional to include the adult safeguarding lead role and a lead for the Mental Capacity Act, supported by relevant policies and training Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse Working with the Local Authority to enable access to community resources that can reduce social and physical isolation for adults
CCG Chair	<ul style="list-style-type: none"> Accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCG's commissioning arrangements. This includes the effective operation of the board with regards to safeguarding children and young people.
Chief Accountable Officer	<ul style="list-style-type: none"> Providing strategic leadership, promoting a culture for supporting good practice with regards to safeguarding within the CCG and ensuring collaborative working with other agencies.
Executive Lead for Safeguarding	<ul style="list-style-type: none"> Taking responsibility for safeguarding issues. Providing leadership in the long term strategic planning for safeguarding services, supported by the designated professionals. Reporting on the performance and giving assurance in relation to safeguarding arrangements. Being an active member within the local safeguarding partner arrangements

Staff/group	Key responsibilities
	<ul style="list-style-type: none"> Executive Lead for safeguarding adults Ensures strategic ownership of safeguarding adults at Board level Responsible for leading and promoting the development of initiatives to improve the prevention, identification and response to abuse and neglect Signs off the CCG's contributions to the SAB Strategic Plan and Annual Report
Board Members	<ul style="list-style-type: none"> Accountable for ensuring that adults, children and young people receive high quality, evidence based care and are seen in appropriate environments by a skilled and competence workforce.
Board Lead for Children and Adult Safeguarding	<ul style="list-style-type: none"> Providing expert, clinical advice to the CCG, Safeguarding Children Arrangements and SAB
Director/Heads of Quality	<ul style="list-style-type: none"> Championing safeguarding throughout the organisation Ensuring robust arrangements for safeguarding through governance, systems, organisational focus and monitoring. Ensuring safeguarding children is an integral aspect of the CCG governance arrangements including organisational compliance with standards and requirements for safeguarding. Ensuring these issues are always considered when commissioning and decommissioning services Ensuring commissioning intentions, integrated delivery and other strategic health plans are considered from a safeguarding perspective Ensuring appropriate training is available for all staff including the Board, and that compliance is monitored Ensuring the CCG Board is fully informed of all issues in relation to safeguarding Ensuring the appointment of designated professionals Ensuring that there is a programme of training and mentoring to support those with responsibility for safeguarding. Managing the designated professionals CCG representative for SABs CCG Prevent Lead
Caldicott Guardian	<ul style="list-style-type: none"> Facilitating and enabling information sharing, and advice on options for lawful and ethical processing of information.
Designated Professionals for Safeguarding Children	<ul style="list-style-type: none"> Taking a strategic, professional lead on all aspects of the health service contribution to safeguarding children within CCG. This includes working across the local health system to support other professionals in their agencies on all aspects of safeguarding and child protection.
Designated Professionals for Looked After Children	<ul style="list-style-type: none"> Assisting CCG as commissioners to improve the health of looked after children and to provide strategic and clinical leadership and advice to the CCG and the wider partnership.
Designated Doctor for Child Deaths	<ul style="list-style-type: none"> Ensuring relevant professionals (i.e. coroner, police and local authority children's social care) are informed of all child deaths, co-ordinate the team of professionals involved before and/or after the death to support the child death review process in-line with CDR guidance (2018)
Named GP for safeguarding children	<ul style="list-style-type: none"> Providing support and advice to CCGs about safeguarding/child protection in general practice and to work closely with the Board executive lead for safeguarding and designated professionals.
Named doctor and equivalent UK medical role (Safeguarding Adults)	<ul style="list-style-type: none"> Providing teaching and training to primary care staff, supporting practice safeguarding leads, working alongside other adult safeguarding professionals. Supporting local authority and GP practices in safeguarding enquires; Safeguarding Adults Review; Domestic Homicide Reviews

Staff/group	Key responsibilities
Designated Professional for Adult Safeguarding	<ul style="list-style-type: none"> • Providing strategic and professional leadership across the health community on all aspects of adult safeguarding • Leading /oversee adult safeguarding quality assurance and improvement across the health community • Leading implementation of national guidelines, assurance networks and auditing the effectiveness and quality of services across the health community against quality standards • Providing support and advice about the appropriate content of contracts, service specifications and service level agreements, and securing assurance from providers • Providing an advisory role to SAB, supporting the CCG SAB representative • Taking a lead for health in working with partners with respect to Safeguarding Adult Reviews and Domestic Homicide Reviews and for taking forward learning for the health economy
Mental Capacity Act (MCA) Lead	<ul style="list-style-type: none"> • Primary responsibility for ensuring that the CCG commissions appropriate health care, in compliance with the MCA, for those adults normally resident within the area who may not have the capacity to consent to treatment even if that treatment is received in another area
Commissioners	<ul style="list-style-type: none"> • Assuring themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that hold the providers to account through the performance and monitoring contract process and escalating concerns as necessary.
CCG Safeguarding Subgroup/Committee/assurance meeting	<ul style="list-style-type: none"> • Providing strategic direction for the health contribution to safeguarding and promoting the welfare of children and vulnerable adults consistent with Safeguarding Children Partnership and Safeguarding Adults Board strategy / business plans • Supporting the implementation of both safeguarding strategy and business plans • Monitoring current and planned changes to legislation, guidance and best practice, considering the impact of these and making recommendations for how these are implemented • Providing assurance to the CCG Board, Safeguarding Children Partnerships and SAB, that the CCG and all health care providers are effectively discharging their statutory and non-statutory duties to safeguard children and vulnerable adults. Where gaps and risks are identified, to put in place remedial action plans and ensure these are effectively implemented and escalated as necessary.
Human Resources NELCSU	<ul style="list-style-type: none"> • Applying safer recruitment best practice in relation to safeguarding children and adults • Providing advice and support concerning allegations against staff • Co-ordinating any investigations into allegations against staff as necessary • Following Disclosure and Barring Service procedures for reporting staff who have harmed individual service users • Where there are allegations against staff in relation to safeguarding children, ensuring that the designated professionals are aware and the Local Authority Designated Officer (LADO) notified where appropriate