SCHEDULE 6A – Reporting Requirements

2.12 Safeguarding Compliance

This document outlines the Safeguarding Standards for both adults and children.

- The Key Performance Indicators are provided in **2.1a Quality Score Card.**
- Annual reporting templates and annual audit forms can be found in **2.12 Appendix 1 (adults)** and **2.12 Appendix 2 (children).**

Safeguarding Adults Standards, Key Performance Indicators & Reporting Schedule 2020- 2021

1. Purpose of the Standards

1.1 These standards will apply to all specifications where a provider delivers a service where they may have contact with adults at risk *or* are the carers of adults at risk (this can include relatives, partners, paid and un-paid carers).

1.2 The Standards act as a benchmark for good practice and indicate the practice that is expected to be undertaken to safeguard adults at risk from harm, neglect and abuse, thereby supporting organisations to demonstrate their compliance and governance arrangements in relation to Safeguarding Adults.

1.3 Compliance with the standards will be monitored via:

- Provider Annual Safeguarding Adults report (appendix 11)
- Annual Safeguarding Adult audit (appendix 1) – to be received in the last week of June each year
- Quarterly reporting as per the Key Performance Indicators
- Annual report to include the experience and outcome for the service user (to include service user experience as well as involvement in safeguarding and DoLS / LPS arrangements)
- Exception reports on a monthly basis
- Bespoke reports or audits as determined by the agreed audit programme

1.4 The CCG must be informed of any non-compliance with these standards at the earliest opportunity and a detailed action plan negotiated to address these issues. If a provider reports non-compliance in relation to their safeguarding practice with any other regulatory bodies this must also be notified to the CCG.

2. Care Act 2014

2.1 The Safeguarding Adults standards are informed by legislation and guidance, most significant of which is the Care Act, 2014. It should be noted that providers will be expected to adhere to all new legislation and statutory guidance.

2.2 According to the Care Act, 2014 safeguarding duties apply to:

- any person who is aged 18 or over
- has needs for care and support (whether or not the local authority is meeting any of those needs)
- and is experiencing, or at risk of, abuse or neglect;
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

2.3 The following six principles from the Care Act apply to all sectors and settings, including healthcare services and should inform the ways in which professionals and other staff work with adults:

1. **Empowerment** – Adults at risk are supported to make their own decisions
2. **Prevention** – It is better to take action before harm occurs
3. **Proportionality** – The least intrusive response appropriate to the risk presented.
4. **Protection** – Support and representation for those in greatest need.
5. **Partnership** – Local solutions through services working with their communities.
6. **Accountability** – Accountability and transparency in delivering safeguarding.

2.4 According to the Care Act, 2014 the following categories constitute abuse, although this list is not exhaustive:

- Physical abuse
- Domestic violence – this includes ‘honour’ based violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery (and human trafficking)
- Discriminatory abuse

- Organisational abuse
- Neglect and acts of omission
- Self-neglect

3. Criminal Justice and Courts Act 2015

3.1 Sections 20-25 created two new criminal offences of ill treatment or wilful neglect which apply both to individual care workers and care provider organisations. Previously, prosecutions for ill treatment or wilful neglect could only be undertaken where the victim lacked capacity or was receiving treatment for a mental disorder.

3.2 A new offence arises if a care worker ill-treats or wilfully neglects any individual of whom he has the care by virtue of being paid to provide health or social care for that person (whether a child or adult). Any neglect should be 'wilful' and 'ill treatment' requires a deliberate act or action that is reckless. The offence carries a maximum penalty of imprisonment of up to five years and/or an unlimited fine, but it should be noted that genuine errors or accidents are not within the scope of the offence.

3.3 Organisations need to ensure that their policies, procedures and training incorporate this new act and that cases that may fall within this new offence are referred to the police and Safeguarding.

4. Mental Capacity Act 2005

4.1 The provider must be able to demonstrate compliance with the Mental Capacity Act 2005 (MCA). The statutory principles of the Act will be embedded in all care delivery and people using services who lack capacity to make a specific decision are supported and decisions are made in their best interest in accordance with section 4 of the MCA.

4.2 The provider will ensure their MCA Policy aligns with the Safeguarding Adults Policy and all other relevant policies including research. Copies of policies will be made available to the commissioner on request.

4.3 The provider will ensure that their staff are aware of the role of an Independent Mental Capacity Advocate (IMCA), Care Act Advocate, Independent Mental Health Advocate, and when the relevant advocate must be involved in decision making.

4.4 The provider will ensure that relevant staff will know when it may be appropriate to consider the need for a referral to the Court of Protection (e.g. when decisions regarding accommodation, care or contact are contested).

4.5 Records will demonstrate that consideration of capacity and use of best interest decision making have been applied where appropriate.

4.6 The provider will ensure they have robust arrangements in place for checking and holding copies of advance decisions and powers of attorney and that these are clearly recorded in the person's records.

4.7 Do Not Attempt Resuscitation (DNAR) decisions will be compliant with the MCA and demonstrate that decisions have been made in partnership with the individual, family, health and welfare attorneys as appropriate.

4.8 All records demonstrate consideration of least restrictive treatment option in the person's best interest during the delivery of care and support.

4.9 Staff will have easy access to the MCA Code of Practice for reference.

4.10 If restraint is used, this will be appropriate, reasonable and proportionate to the level of risk, justifiable, respects dignity and protects human rights. Consideration of the Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (LPS) should be evident.

4.11 Where care and support delivery require restriction /restraint this is supported by a risk assessment and care plan which are regularly reviewed and includes consideration of DoLS / LPS.

4.12 Staff have opportunities to talk about how they prevent and manage behaviour which challenges so that learning is shared, and the risk of further incidents is reduced.

4.13 The Provider where relevant must ensure that they have sufficiently trained and approved staff to undertake required DoLS/ LPS assessments and ensure DoLS / LPS timescales are achieved.

4.14 That there are a sufficient number of Best Interest Assessors (BIA's)and MHAs available to meet local need

5. Corporate Standards

5.1 There is clear leadership and accountability at Board level for Adult Safeguarding. The provider will identify a named person with lead responsibility for safeguarding adults. The Board's Strategic Objectives will address safeguarding adults as core business and central to the practice of all staff.

5.2 The organisation will, be responsible for leading on developing/maintaining organisational procedures and guidance. The CCG must be informed of the lead in the organisation for taking responsibility for the following areas: female genital mutilation, sexual exploitation, domestic violence and abuse, MARAC, MAPPA and modern slavery and human trafficking.

5.3 The provider will also nominate professionals with lead responsibilities for Prevent and the Mental Capacity Act and Deprivation of Liberty Safeguards / Liberty Protection Safeguards.

5.4 The Provider will provide the CCG the Quality Scorecard in line with the Reporting Schedule.

5.5 The provider will ensure that there is an effective system for identifying and recording all safeguarding concerns and enquiries. A separate record of concerns and enquiries relating to the Continuing Health Care and Children's specification will need to be maintained.

5.6 The provider must ensure that there is an effective system for monitoring complaints, PALS contacts, adverse incidents, service user feedback and human resource functions in order to identify any concerns indicating neglect, abuse or harm, whether this is intentional or unintentional. These will be duly referred in line with the

SAB multi-agency safeguarding procedures. This information will also be included in quarterly safeguarding reports provided to both the CCG and the provider's board.

5.7 The provider will ensure that, when an adult safeguarding alert or enquiry relates to their own organisation that the incident is immediately reported in accordance with the Safeguarding Adults Procedures. A report should also be made onto STEIS in accordance with the national Serious Incident reporting framework (Note: new National Guidance due to be published) and that learning is identified and addressed and monitored through an approved Root Cause Analysis methodology with an improvement plan that is SMART.

5.8 The provider will ensure that there are effective processes for the assessment, application, recording and monitoring of Deprivation of Liberty / LPS applications.

5.9 The providers will contribute to the SAB annual safeguarding board report (appendix 1) via the CCG.

5.10 The providers report must include as a minimum:

- Assurance that all local and national standards, including this policy, are being met
- Assurance that all legislative requirements are being met.
- Identification, analysis and management of risk relating to Adult Safeguarding
- Audit of safeguarding activity and learning from SAR's and DHR's.
- Compatible with NICE guidance.
- Evidence of involvement in Adult Safeguarding meetings and communicating Dorset wide to all Providers and CCG of outcomes of meetings and any requirements from health
- Annual review of the organisations safeguarding arrangements
- Information on staff training in the MCA, Prevent, WRAP, Domestic Abuse, Safeguarding (level 2 and 3) and FGM

5.11 The provider will ensure that all its services/departments are closely monitored for issues which may compromise the safety of adults at risk such as the level of needs of the individuals being supported, staffing and skill mix, team cultures and leadership capability.

5.12 The provider will ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding concerns and use this to inform continuous service improvement.

5.13 The provider will ensure that standard Dorset wide written information is available to the public and people using their services. This information describes adult safeguarding and how safeguarding referrals can be made and will be available at all times in all areas.

6. Policies and Procedures

6.1 The provider will adhere to the Dorset Wide Health Adult Safeguarding Policy and Guidance which reflects both The Care Act (2014) and Safeguarding Adults Board policies.

6.2 The provider should have their own health wide Adult Safeguarding standard operating procedures

6.3 All standard operating procedures and guidance will be reviewed at least every 3 years and will be aligned to safeguarding legislation, national policy/guidance, local multi-agency safeguarding procedures and any CCG safeguarding requirements.

6.4 The provider will ensure they have a restriction and restraint policy consistent with Positive and Proactive Care: Reducing the need for restrictive interventions with Children and Young People (Department of Health, 2019) and with Positive and Proactive Care: Reducing the need for restrictive interventions (Department of Health, 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

6.5 Organisational safeguarding procedures will provide staff with clear guidance on how to recognise and refer adult safeguarding concerns and all staff will have access to the guidance and know how to use it.

6.6 The provider will have an up to date 'whistle-blowing' procedure compliant with the Public Interest Disclosure Act 2013. This will be referenced to local multi-agency procedures and covers arrangements for staff to express concerns both within the organisation and to external agencies. https://www.gov.uk/government/publications/the-public-interest-disclosure-act/the-public-interest-disclosure-act

6.7 The provider will comply with the agreed Dorset wide standardised annual audit programme as well as any Provider determined audits to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with Safeguarding Adults guidance and the Mental Capacity Act (2005).

6.8 In line with the Deprivation of Liberty Safeguards (DoLS) (LPS) the Provider will:

- Maintain an up to date DoLS policy and procedure which incorporates the Supreme Court Ruling (2014) and any new guidance/legislation.
- Ensure that staff practice in accordance with policy and legislation.
- Develop and maintain systems and processes to undertake, monitor and report on all Deprivation of Liberty related work
- Report all DoLS concerns to the CCG and ensure that no person is unlawfully deprived of their liberty and that any such breaches are assessed against Safeguarding Adults criteria
- Release staff to attend MCA and DoLS training as required
- Where relevant the provider should support BIA's and MHA's to complete re-approval requirements to remain on the relevant rota and to keep updated on emerging case law and guidance

6.9 Data as requested in the Quarterly Report template and KPI's will be provided to the CCG as will any reports and audits of a safeguarding nature

7 Recruitment and Employment

7.1 Providers can demonstrate that:

- Recruitment procedures protect and safeguard vulnerable adults
- Safe and appropriate staffing levels are maintained
- The recruitment policy is reviewed at least once every 3 years
- All staff with responsibility for recruiting and interviewing staff are appropriately trained.
- Recruitment policies and practices meet the NHS and the Council's employment check standards for all eligible staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees. This will include relevant staff having an up to date DBS check and having received two written references before a person commences work with an adult with care and support needs
- All staff employed in professional roles must be registered with the appropriate registration body and aware of the expectation of their relevant body regarding safeguarding.
- Employment practices meet the requirements of the Disclosure and Barring Service (DBS) and referrals are made to the DBS when necessary. Recruitment to be carried out in line with the six NHS Employment Check Standards.
- All job descriptions and employment contracts ((including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding adults. The Commissioner may request a sample of Job Descriptions to view.
- 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 into safeguarding adults procedures and that this is reported to the CCG.
- To undertake safeguarding enquiries where asked to do so including those into allegations/complaints/concerns/incidents where a member of staff/ team/department may have neglected, harmed or abused a service user and report outcomes back to CCG.
- Disciplinary processes are concluded irrespective of a person's resignation. Such incidents will be assessed against Adult Safeguarding and Serious Incident criteria and reported/investigated accordingly
- An appropriate number of staff, commensurate with the size of the organisation are trained to level 3 in line with the intercollegiate document.

8 Training and Development

8.1 The provider will use a Dorset wide standardised agreed safeguarding adults training matrix and ensure that *all* staff attend safeguarding adults training commensurate with their roles as indicated by Safeguarding Adults Intercollegiate document.

8.2 The provider can identify the safeguarding adults training needs for their entire workforce (including volunteers, contractors and temporary staff) and can provide evidence of all staff adult safeguarding training. This will be reported to the CCG as per the Quarterly Report and Quality Scorecard. An improvement plan will be sent to the CCG to address any areas of non-compliance against the targets.

8.3 All safeguarding adults training is standardised across health within Dorset and delivered by suitably qualified and experienced trainers and is formally evaluated.

8.4 Evidence of the outcomes of training and any changes in Practice should be include in the narrative within the quarterly report

8.5 All identified adult safeguarding Leads are appropriately supported and receive formal supervision. They have access to leadership courses and professional development specific to their role.

8.6 All staff are trained to appropriate levels according to their role and responsibility in line with the Adult Intercollegiate document and Safeguarding Adults Board's requirements.

8.7 All staff attend update training on safeguarding as per the intercollegiate document.

8.8 The Provider will ensure that all staff, appropriate to their role and responsibility, undertake Mental Capacity Act, Deprivation of Liberty (LPS) and consent training. This will be identified in an organisational training needs analysis and training plan. They will receive this on induction and every 1 or 3 years thereafter, depending on their role.

8.9 The provider will ensure that all staff are appropriately supported and supervised as required whilst undertaking any aspect of the safeguarding process.

9 Multi-Agency Working

9.1 Providers will:

- Ensure that all staff are aware of the need for inter-agency information sharing and adhere to all Information Sharing protocols
- All safeguarding concerns should be recorded and shared as appropriate across health
- Provide appropriate information about their safeguarding adult's arrangement to the SAB as requested.
- Ensure regular Director level representation on the SAB board and actively support/contribute to subgroups.
- Contribute as appropriate to the delivery of the SAB multi-agency training programme
- Actively support Adult Safeguarding enquiries/procedures e.g. attendance by appropriate representative at strategy or planning meetings.
- Will adhere to an agreed standardised policy on the management of Safeguarding Adults Reviews (SAR's) in accordance with SAB requirements.

- Contribute to multi-agency audits, enquiries, Safeguarding Adults Reviews and Domestic Homicide Reviews including producing individual management reports (IMR's) when required and providing data as requested by the LSAB to complete audits.
- Consider the organisational implications of any Safeguarding Adults Review and submit a plan to the SAB/CCG to ensure that lessons are learnt and appropriate improvements are implemented and evaluated across the organisation. An update on the Action Plan should be included in each Quarterly report.
- Contribute to the statutory Domestic Homicide Review (DHR) process when required and make improvement plans available to the CCG.
- Contribute to MARAC, MAPPA and MASH as and when relevant to do so

9.2 The provider will report on the number of adult safeguarding cases where the duty of candour has been applied.

10 Serious Incidents

10.1 The provider will maintain a policy and procedure for Serious Incidents and incidents will be reported and investigated in line with 'National Framework for Reporting and Learning from Serious Incidents Requiring Investigation' (NRLS 2010).

10.2 Where there is an unexpected death or serious harm to a service user and abuse or neglect may be a factor, this will be referred into Adult Safeguarding procedures in addition to being reported as a Serious Incident.

10.3 The provider must make the CCG aware of any case which it considers will be in the public interest or may generate media attention.

10.4 All falls and pressure ulcers causing significant harm e.g. fractures, category 3 or 4 pressure ulcers will be reported as a Serious Incident and a Root Cause Analysis investigation completed. These incidents must also be assessed against adult safeguarding criteria and referred into adult safeguarding procedures in accordance with these procedures.

11 Prevent

11.1 Both social care and healthcare organisations are required to deliver the Prevent agenda by the Counter Terrorism and Security Act (2015). This act requires the CCG to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at risk of radicalisation.

11.2 Prevent is also included within the NHS Standard Contract for 2017/19 within Service Conditions paragraph 32, SC32 Safeguarding. Providers will:

- Comply with the principles contained in 32.5.1 Prevent; and 32.5.2 The Prevent Guidance and Toolkit and include these in its policies and procedures.
- Appoint and maintain a Prevent Lead who will be appropriately authorised and resourced to ensure the Provider meets its obligations as above.
- Ensure that at least 85% of all relevant staff have undertaken Prevent training.
- Submit quarterly 'Prevent' returns to the CCG as well as to NHS England.
- Refer all Prevent concerns via: SRU@dorset.pnn.police.uk.
- Notify the CCG in writing of any change to the identity of the Prevent Lead within 10 working days of the change.

11.3 The Provider will complete annually and return to the CCG, the self-assessment tool from the Department of Health publication Building Partnerships, Staying safe: https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations

12. Schedules for reporting

Reporting Period		
Safeguarding Adult Annual Report	April - March	Last week of June
Safeguarding Adult Annual Audit	April - March	Last week of June

SAFEGUARDING CHILDREN: STANDARDS & PERFORMANCE INDICATORS FOR PROVIDERS OF HEALTH SERVICES 2020/21

Introduction

These safeguarding standards will apply to all NHS Dorset Clinical Commissioning Groups (CCG) commissioned services, regardless of whether the service works with children, young people, families or adults. The term 'child/ children' will be used in these standards to cover all children and young people up to their 18th birthday. These standards are informed by legislation and statutory guidance and evidence from research. All Providers of services will be expected to comply with all statutory / national guidance related to safeguarding children, this includes:

- Children Act 1989
- Children Act 2004
- Working Together to Safeguard Children 2018
- Children and Social Work Act, 2017
- Care Quality Commission Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment - Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13
- RCPCH Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014)

It is the Providers' responsibility to provide assurance that they meet the safeguarding children's standards and to submit reports/evidence as indicated in these standards to the NHS Dorset CCG Quality teams by the deadlines set out in this schedule and in schedule 4, part C, local quality indicators. The CCG Quality team is supported by the expertise of the Head of Safeguarding to ensure that the standards have been met to a satisfactory level.

There are ten core Safeguarding Children Standards:

1. Governance and Commitment to Safeguarding Children
2. Policy, Procedures and Guidelines
3. Appropriate Training, Skills and Competences
4. Effective Supervision and Reflective Practice
5. Effective Multi-Agency Working
6. Reporting Safeguarding Children Serious Incidents & Incidents
7. Engaging in Serious Practice Reviews
8. Safe Recruitment and Retention of Staff
9. Managing Safeguarding Children Allegations Against Members of Staff
10. Engaging Children and their Families

In addition to reporting annually on the safeguarding children standards, Providers are required to provide quarterly reports on performance indicators (Quality scorecard). Additional KPI's maybe agreed between the Provider and the CCG Head of Safeguarding on an individual basis. For small Providers guidance from the CCG Designated Nurse should be sought to ensure reporting is proportionate.

The Prime Provider is responsible for meeting these standards as the prime provider but also for ensuring compliance with any sub-contracted services through the DPS arrangement. This will be done in collaboration with the Head of Safeguarding.

The methods of demonstrating compliance are varied for each standard and are described throughout the document; they include but are not limited to:

1. Submission of an Annual Safeguarding Children Report to the CCG. (appendix 2)
2. Submission of the Annual Audit of Standards (appendix 2) to the CCG
3. Submission of any Section 11 audit undertaken for the Local Safeguarding Children Board.

4. Submission of safeguarding children audits agreed with the CCG
5. Providing evidence as requested at contract quality review meetings (CQRM) or other appropriate contract meetings.
6. Inviting CCG Head of Safeguarding / Designated Nurse Children to attend Provider internal safeguarding governance meetings.
7. Providing evidence to and responding to requests from the Safeguarding Partnership Board (SPB) meetings and sub-groups.
8. Share any information from meetings to safeguarding staff across Health via Monthly Meeting
9. Participating in CCG and SPB case file audits, case reviews and inspections.
10. If the Provider requires advice on how to evidence their compliance with these safeguarding children standards, they should contact the CCG Designated Professional for Safeguarding Children.
11. The Provider will support the work of the Multi Agency Safeguarding Hub by providing staff to work within the MASH, to request health information from all health providers, to collate and analyse that information so as to provide professional health expertise to any decision – making) and supporting its work by providing information when requested.
12. All Providers should support MASH, MARAC and MAPPA as required and when relevant to do so.

Following submission of evidence to the CCG quality team, assurance will be obtained from the CCG Designated Professionals Safeguarding Children that the standards have been met to an agreed level. If the standards are not met to an acceptable level the CCG Designated Professionals Safeguarding Children will advise on the action required to regain compliance and on the appropriate timescales needed.

If the provider identifies non-compliance in relation to their safeguarding practice and or any providers sub-contracted via the prime, they must notify the CCG nursing & quality team who will inform the CCG Designated Professionals Safeguarding Children and as appropriate of the level of non-compliance, include relevant regulatory bodies

Schedules for reporting

Reporting Period		
Safeguarding Children Annual Report	April - March	Last week of June
Safeguarding Children Annual Audit	April - March	Last week of June
Looked After Children Annual Report	April – March	Last week of March