Safeguarding Children and Adults at Risk Policy

To be read in conjunction with the West Yorkshire Consortium Safeguarding Boards Procedures and local protocols and The Leeds Adult Safeguarding Board Multi-Agency Policy and Procedures

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Policy Statement

NHS Leeds Clinical Commissioning Group (referred to as the CCG), as with all other NHS bodies, have a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse or the risk of abuse.

CCGs have a statutory responsibility for ensuring that organisations they commission provide safe systems that safeguard children and adults at risk, ensuring that comprehensive single and multi-agency policies and procedures are in place to safeguard and promote the welfare of children and to protect adults at risk from abuse or the risk of abuse.

All NHS funded services and employees have a responsibility to ensure children and adults in vulnerable circumstances are kept safe, by early detection and responding quickly when problems are identified. The CCG should also ensure that health providers are linked into the local safeguarding children partnership and safeguarding adult board and that all health workers contribute to multi-agency working.
1. Introduction

NHS Leeds Clinical Commissioning Group as with all other NHS bodies have a statutory duty to ensure that they make arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with; and to protect adults at risk of abuse.

In relation to safeguarding children’s the CCG has additional duties as one of the statutory safeguarding partners, alongside the Local Authority and the Police. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents

In discharging these statutory duties/responsibilities account must be taken of:

- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)
- Working Together to Safeguard Children (HM Government 2018)
  Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2009)
  Care Act 2014
- Mental Capacity Act 2005 (amended Bill 2019) and related Code of Practice (Department for Constitutional Affairs 2007)
- Safeguarding Adults: The Role of Health Services (DH 2011)
- The policies and procedures of the Local Safeguarding Children Partnership (LSCP) and the Local Safeguarding Adults Board (LSAB).
2. Scope of the Policy

This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services they commission, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

Where the CCG is identified as the coordinating commissioner, the CCG will notify associate commissioners of a provider’s non-compliance with the standards contained in this policy or of any serious safeguarding incident that have compromised the safety and welfare of a child/adult at risk resident within their population.

Safeguarding children, young people and adults at risk is everyone’s responsibility and is defined as:

- Prevention of harm and abuse through high quality care
- Effective response to allegations of harm and abuse that are in line with multi-agency procedures
- Using learning to improve service to patients.

3. Principles of the Policy

In developing this policy, the CCG recognises that safeguarding children and adults at risk of abuse is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- a commitment of senior managers and Governing Body members to seek continuous improvement with regards to safeguarding both within the work of the CCG and within those services commissioned
- clear lines of accountability within the CCG for safeguarding;
- service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users
- staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, children looked after and the Mental Capacity Act and Prevent
- safe working practices including recruitment and vetting procedures
- effective interagency working, including effective information sharing
- restorative practice:
  
4. Definitions

4.1 Children

In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their eighteenth birthday. ‘Children’ therefore means children and young people throughout.

4.2 Safeguarding Children

Working together to Safeguarding Children (HM Government 2018) defines safeguarding and promoting the welfare of children and young people as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Undertaking that role so as to enable those children (those under the age of 18) to have optimum life chances and to enter adulthood successfully.

4.3 Adults at Risk

An adult at risk is defined as a person aged 18 or over who is at risk of abuse or neglect. This is usually an adult who has care and support needs, and who is unable to protect themselves from abuse or neglect because of their care and support needs. In a small number of cases, it may include an adult with support needs, such as an unpaid carer of someone with care and support needs.

An adult at risk may therefore be a person who, for example:

- is an older person who is frail due to ill health physical disability or cognitive impairment
- has a learning disability, has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks the mental capacity to make particular decisions and is in need of care and support

This list is not exhaustive.

4.4 Adult Safeguarding

The Care Act (2014) came into force in April 2015. This supersedes the guidance document ‘No Secrets’ (2000). The introduction of the Care Act means that safeguarding duties now have a legal effect in relation to organisations other than the Local Authority.
The Act has placed requirements upon statutory organisations which prior to its introduction were best practice.

4.4.1 The currently used definition within Safeguarding Adults work remains that abuse if a violation of an individual’s human and civil rights by any other person or persons:

- Abuse may consist of a single act or repeated acts.
- It may be physical, verbal or psychological.
- It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

4.4.2 Safeguarding adults is underpinned by multi-agency working, with the Local Authorities taking the lead. The CCG works in partnership with partner agencies on the Leeds Safeguarding Adults Board (LSAB)

4.4.3 The CCG’s policy is to actively promote the health and wellbeing of vulnerable adults and to prevent harm wherever possible through the promotion of a good understanding of safeguarding adults procedures amongst all staff, effective risk assessment and risk managements, routine incident report and review, staff training and supervision processes.

4.4.4 This policy applies to all individuals, including those who have been assessed as lacking Capacity. Actions taken on behalf of these people should be done so in their best interest, in accordance with the Mental Capacity Action (2005).

5. The Prevent Strategy

The Government’s counter terrorism strategy is known as CONTEST. Prevent is part of CONTEST and its aim is to stop people becoming terrorists or supporting terrorism.

CONTEST has four key principles:

- Pursue – stop terrorist attacks
- Prevent – to stop people becoming terrorists or supporting terrorism
- Prepare – where we cannot stop an attack, mitigate its impact
- Protect – strengthen overall protection against terrorism attack.

The Health Service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

Three national objectives have been identified for the Prevent strategy:

- **Objective 1**: Respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- **Objective 2**: Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
Objective 3: Work with sectors and institutions where there are risks of radicalisation which we need to address.

Prevent focusses on working with children and adults at risk who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. Consequently the strategy is managed as part of the safeguarding agenda.

CCGs are required to have and ensure any services which they commission have in place a Prevent implementation strategy to include leadership (including a named Prevent lead), policies and procedures and training across the workforce so that all staff are able to identify and make referral.

Further information can be obtained via the:
Prevent strategy (HM Government, 2011)

Prevent Duty Guidance

Counter Terrorism Strategy (HM Government 2018)

See Appendix B for referral process

6. CCG Roles and Responsibilities for Safeguarding

The ultimate accountability for safeguarding sits with the Chief Officer of the CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that the CCG commissions, would result in failure to meet statutory and non-statutory constitutional and governance requirements. The CCG must:

- Demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities. NHS England will monitor compliance with safeguarding as required.
- Establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect
- Establish clear lines of accountability for safeguarding, reflected in governance arrangements
- Work with the other statutory safeguarding partners (LA and Police) to agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents
- Co-operate with the local authority in the operation of the local safeguarding adult board
- Participate in Domestic Homicide Reviews, Safeguarding Adult Reviews and Child Safeguarding Practice Reviews.
- Secure the expertise of a Designated Doctor and Nurse for safeguarding children; a Designated Doctor and Nurse and for children looked after (CLA); a
Designated Paediatrician for child deaths (SUDIC); a Designated Safeguarding Adult Nurse and a Mental Capacity Act Lead.

- Gain assurance that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard children and adults at risk in line with those of the Leeds Safeguarding Children Partnership and Leeds Safeguarding Adult Board (LSCP / LSAB (Appendix E)
- Gain assurance within each of the organisations and services commissioned that plans are in place to train all staff to the appropriate level for their role and responsibilities to safeguard children and adults at risk.
- Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership and the ability to demonstrate that the CCG meets the best practice in respect of safeguarding children and adults at risk and children looked after.
- Ensure that safeguarding is at the forefront of service planning and a regular agenda item of governing body business.
- Ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.

Currently the effectiveness of the children and young people’s safeguarding system is assured and regulated in a number of ways. For children and young people, these include:

- Via the LSCP through Section 11 audits
- Via external joint inspections with CQC led by Ofsted
- Providing assurance to the CCG’s Quality and Performance Committee

For adults at risk, the effectiveness of the safeguarding system is assured and regulated by the following:

- Via the LSAB with appropriate arrangements to work closely with local authorities in all matters related to safeguarding adults at risk
- Clear lines of accountability for safeguarding are properly reflected in the governance arrangements across organisations.
- Having in place clinical leads for safeguarding adults and the Mental Capacity Act.
- Providing assurance to CCG’s Quality and Performance Committee.

6.1 Accountability

Accountability for safeguarding sits with the Chief Officer of the CCG, with delegated responsibility to the Executive Director of Quality and Safety/ Governing Body Nurse. The Head of Safeguarding is responsible for the delivery of the CCG’s safeguarding duties for children and adults at risk.

The safeguarding arrangements in place for the CCG will:

- Ensure that the health contribution to safeguarding and promoting the welfare of children and adults at risk of abuse is discharged effectively across the whole local health economy through the organisation’s commissioning arrangements
- Ensure that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all services users are
safeguarded from abuse or the risk of abuse

- Ensure that safeguarding is identified as a key priority area in all strategic planning processes.
- Ensure that safeguarding is integral to clinical governance and audit arrangements.
- Ensure that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the local safeguarding children and adult board procedures, and are easily accessible for staff at all levels.
- Ensure that all contracts for the delivery of health care include clear standards for safeguarding; these standards are monitored thereby providing assurance that service users are effectively safeguarded.
- Ensure that their staff and those in services contracted by the CCG are trained and competent to be alert to potential indicators of abuse or neglect in children and adults at risk and know how to act on their concerns and fulfil their responsibilities in line with LSCP and LSAB policies and procedures.
- Ensure the CCG co-operates with the key partners in the operation of the LSCP and LSAB.
- Ensure that all health organisations that the CCG has commissioning arrangements with have links with their LSCP and LSAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- Ensure that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005 and amended Bill 2019: this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- Recognise the importance of children/families involvement in the feedback processes using existing mechanisms which are already in place in Safeguarding Adults and Children’s Boards and other health care providers.

6.2 Designated and Named Professionals

The Leeds CCG’s Safeguarding Children and Adult Team provide support and expert advice to the CCG and its staff. In meeting its statutory arrangements, The Safeguarding team includes a Head of Safeguarding/ Designated Nurse for Children and Adults, a Deputy Designated Nurse for Safeguarding Children and Adults/ Lead for Mental Capacity Act/Deprivation of Liberty safeguards, 2 Named Nurses and a Named GP for Children, and a Designated Doctor for children, who provide expert advice and support to staff within the CCG and across the health economy.

The CCG has commissioning arrangements through Leeds Community Healthcare Trust for the services of a Designated Doctor for Sudden Unexpected Deaths in Childhood (SUDIC) and the Designated Doctor and Nurse for Children Looked After (CLA).

The Designated Professionals (Designated Doctors for safeguarding children have specific responsibilities for children and not adults.) are required to:

- Provide strategic guidance on all aspects of the health service contribution to protecting children and safeguarding adults within the CCG and Leeds LSCP and
LSAB area
- Provide professional advice on safeguarding issues to the multi-agency network
- Be an advisor to the LSCP, LSAB and relevant sub-groups as required, delegating to other health professionals as appropriate
- Be involved in the appointment of Named Professionals, providing support as appropriate.
- Provide professional safeguarding supervision and leadership to Named Professionals within provider organisations. Support the strategic overview of safeguarding arrangements in the CCG, the Leeds Local Authority area and assist in the development of systems, monitoring, evaluating and reviewing the health service contribution to the protection of children and safeguarding adults.
- Collaborate with the LSCP, LSAB, the Executive Director of Quality and Safety/Governing Body Nurse, The Deputy Director of Quality and Safety, the CCG’s Head of Quality & Safety, and Named Professionals in Provider Trusts in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews
- Advise on appropriate training for health personnel and participate where appropriate in its provision
- Advise on practice policy and guidance ensuring health components are updated
- Ensure expert advice is available in relation to safeguarding policies, procedures and the day to day management of safeguarding children and adults at risk
- Liaise with other designated and lead professionals for safeguarding children, looked after children and safeguarding adults across the Yorkshire and Humber region and beyond as required to do so
- Attend relevant local, regional and national forums
- Participate in their own individual annual appraisal process.

6.3 Individual staff members.

All staff must;
- Be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- Listen to children and adults and ensure the concerns expressed are recorded and take appropriate action in line with safeguarding policies and guidance to address concerns.
- Report concerns to a senior manager or via the Whistleblowing Policy https://www.leedscgg.nhs.uk/content/uploads/2018/03//LWHR07-Whistleblowing-Policy-final-11-5-16-updated-13-07-16.pdf where they feel unable to report to their line manager or remain concerned that the adult(s) is/are still at risk.
- Report concerns directly to the CQC or Leeds Adult Social Care (and the police if they believe a crime has been committed) when they feel unable to raise concerns within the organisation or believe that their concern has not been acted upon.
- Undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of the Safeguarding Children and Young People: Roles and Competencies for Healthcare (2019), Adult Safeguarding: Roles and Competencies for Health Care Staff (2018), Working Together to Safeguard Children
(2018), the LSCP and LSAB and the CCG Training Strategy for Safeguarding, so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk

- Understand the principles of confidentiality and information sharing in line with local and government guidance
- Contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.

6.4 Member General Practices

The CCG will support all member practices to:

- Meet their duties and responsibilities to safeguard children and adults at risk
- Implement Practice level policies and procedures
- Work with and to the West Yorkshire Consortium Safeguarding Children Procedures and local protocols and the Leeds Safeguarding Adults Multi-Agency Policy and Procedures.

Guidance as to what action needs to be taken where there are concerns that a child or an adult at risk is being abused; is available via the: CCG Intranet:

https://extranet.leedssccg.nhs.uk/corporate-information/safeguarding/

Leeds Safeguarding Children Partnership web page

https://www.leedssscp.org.uk/Practitioners

Leeds Safeguarding Adult Board web page

https://leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-policy-and-procedures

Leeds Health Pathway

GP member practices will take account of the safeguarding standards as detailed in Appendix E. Compliance with the standards will be subject to audit and scrutiny by the CCG Safeguarding Team on an annual basis.

6.5 Governance

NHS England’s Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (2015) sets out the clear responsibilities of each of the key players in safeguarding within the NHS.

NHS England regional and local area teams each have a Director of Nursing who is responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect.

NHS England, through the leadership of the Chief Nursing Officer (CNO):

- Ensures that the Board meets its specific safeguarding duties in relation to the services that it directly commissions (e.g. primary care, specialised services)
- Acts as the policy lead for NHS safeguarding, including leading and defining
improvement in safeguarding practice and outcomes

- Leads, in conjunction with regional Directors of Nursing, assurance and peer review processes for both CCGs and directly commissioned services
- Provides specialist safeguarding advice to the NHS
- Leads a system where there is a culture that supports staff in raising concerns regarding safeguarding issues
- Leads joint work with CQC and Monitor on a joint information sharing protocol and Memorandum of Understanding (MoU) for areas of concern.

The CCG will work closely with NHS England, and, in turn, will work closely with the Local Authority, LSCP and LSAB, to ensure there are effective NHS Safeguarding arrangements across each local authority health community.

Statutory membership and leadership of LSCBs is set out in Working Together to Safeguard Children (2018).

All NHS and NHS funded organisations are expected to participate fully with their LSCP(s) and LSAB, including providing practical support and resources or resources in kind where appropriate. NHS commissioners should use contractual mechanisms to reinforce and monitor these requirements.

The CCG and NHS England are working together to ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. This will include contributing fully to any Serious Case Reviews which are commissioned by the LSCP/LSAB/ Safer Leeds and also, where appropriate, conducting individual management reviews.

In addition to the distinct responsibilities that NHS England have as a co-commissioner of primary care and specialist health services, it is also responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and adults at risk and their families, and thus promotes their welfare. It provides oversight and assurance of the CCG’s safeguarding arrangements and supports the CCG in meeting its responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.

Safeguarding incidents, performance and delivery of statutory duties are monitored through the CCG Safeguarding Committee. The Safeguarding Committee will formally consider incidents, actions and learning from the LSCP and LSAB, action and learning from Ofsted/CQC inspections and Child Safeguarding Practice Review, Serious Adult Reviews and Domestic Homicide reviews, plus commissioned services compliance with safeguarding quality indicators. The CCG will receive the minutes from the Safeguarding Committee via the Quality and Performance Committee.

7.0 Safeguarding Standards for Commissioned Services

Providers of services commissioned by the CCG are required to meet the minimum standards contained in Appendix F. These standards are not comprehensive and may be in addition to those standards required by legislation, national guidance or other stakeholders, including regulators and professional bodies. The standards are based on the Section 11
Audit Template Guidance document produced by the LSCP and regionally agreed commissioning standards for safeguarding adults. Providers will complete the audit tool in Appendix F on an annual basis to provide the CCG with assurance that they are compliant or working toward compliance with the standards.

8.0 Managing Allegations of Abuse Against Staff

Within the recruitment process all CCG employees will be vetted with regard to the suitability of their employment and have a Disclosure and Barring Service (DBS) check as per HR policies https://www.leedsccg.nhs.uk/about/policies/organisational-policies/. All allegations of abuse against staff must be managed according to WY Consortium Policy and Procedures (Children) and Leeds Safeguarding adults Procedures.

All allegations concerning abuse of children and adults at risk by those who work with them must be taken seriously. Allegations against people who work with children and/or adults at risk, whether in a paid or unpaid capacity, can cover a wide range of circumstances. The West Yorkshire Consortium Safeguarding Procedure: Allegations Against Persons who Work with Children (https://www.leedsscp.org.uk/Practitioners/Managing-allegations) and/or the Leeds Safeguarding Adult Boards procedures and practice Framework: People in the positions of trust (https://leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-policy-and-procedures) should be applied in all situations where it is alleged that a person who works with children and/or adults at risk has:

- behaved in a way that has harmed a child, or may have harmed a child or adult at risk;
- possibly committed a criminal offence against or related to a child or adult at risk: or
- behaved towards a child/children or adult at risk in a way that indicates they may pose a risk of harm to children or adults with care and support needs.

Where a complaint is received against an employee and that complaint has a child safeguarding or adult at risk safeguarding component, the designated senior manager; the Head of Safeguarding / Designated Nurse must be notified and involved in reviewing the case. In the absence of the designated senior manager or where that person is the subject of the allegation or concern, the Deputy Designated Nurse must be notified.

For case which do or could involve a risk to children, the designated senior manager will manage the procedure of notifying the Local Authority Designated Officer (LADO).

Complaints arising from legal proceedings will only be processed if raised by a judge or magistrate.

These safeguarding actions do not replace any HR processes which are relevant to managing the allegations. CCG HR polices including the acceptable standards of behavior policy, managing work performance and recruitment polices can be found: https://www.leedsc cg.nhs.uk/about/policies/organisational-policies/
9. What to do If You Suspect a Child is At Risk of Harm

All staff should know what to do if they suspect a child is at risk of harm or is being abused (Appendix D) The following steps must be followed:

- Discuss with your line manager, your child protection supervisor if appropriate, or a member of the safeguarding team as soon as possible
- Record your observations and discussions in detail according to record keeping policy and practice guidance, retain all original notes as these may be disclosed in future at court proceedings
- You may decide or are asked to make a referral to children’s social work services. You must initially telephone the Duty and Advice Team on 0113 3760336 during office hours or 0113 5350600 out of ours and then follow this up in writing within 24 hours using the Record of Contact Form if requested to do so (Appendix D) ensuring a copy is kept in the child’s records were appropriate. The form can be accessed here: https://www.leedsscp.org.uk/Concerned-about-a-child
- You may be asked by children social work services to participate in further discussions in order to assess the risks and to protect the child. It is important that you participate and contribute to the child protection process in order to protect the child.

10. What to do if you are concerned an adult is at risk of harm

If you are worried about the welfare or safety of an adult at risk please follow the Leeds CCGs Procedure for Raising an Adult Safeguarding Concern (Appendix A) This procedure should be read in conjunction with the Leeds Multi agency policy and procedures and local protocols

11. Raising Concerns about Adults and Children who may be at risk of Radicalisation

All CCG should complete a DATIX incident report and refer to the flowchart in Appendix B. Concerns that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so the concern is a safeguarding concern.

If a member of staff feels that they have a concern that someone is being radicalised, then where appropriate they should discuss their concerns with their manager and the safeguarding team professional.

If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the National Counter-Terrorism Hotline on 0800 789 321, or the police on 999.
12. Management of Safeguarding Related Incidents


They must be managed in accordance with Leeds Safeguarding policies and procedures, including seeking advice from the CCG safeguarding team.

All suspicions of fraud in safeguarding cases will be reported to the CCG Local Counter Fraud Specialist, Chief Financial Officer, or the National Fraud and Corruption Line. This is in accordance with the Leeds CCG Anti-Fraud and Corruption Policy [https://www.leedsccg.nhs.uk/content/uploads/2019/04/Leeds-CGG-Anti-fraud-and-Corruption-Policy-July-2018-FINAL--2.pdf](https://www.leedsccg.nhs.uk/content/uploads/2019/04/Leeds-CGG-Anti-fraud-and-Corruption-Policy-July-2018-FINAL--2.pdf).

Any CCG managers dealing with any claims, complaints, disciplinary or performance issues will be responsible for seeking advice regarding any safeguarding risks and making referrals to the multi-agency procedures according to this policy.

13. Contact Details

All members of the Safeguarding Team can be contacted via 0113 843 1713.

14. Reference Documents

In developing this policy, account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the LSCP and LSAB.

14.1 Statutory Guidance

- Mental Capacity Act 2005 and amendment Bill (2019) and associated Code of Practice
- HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications
- HM Government (2008) *Safeguarding Children in whom illness is fabricated or...*
induced, DCSF publications

- Care Act 2014
- Children’s Act 1989
- Health and Social Care) (Amendment) Bill 2019
- Counter-Terrorism and Security Act 2015

14.2 Non-statutory Guidance

- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- DH (June 2012) The Functions of Clinical Commissioning Groups (updated to reflect the final Health and Social Care Act (2012)
- DH (March, 2011) Adult Safeguarding: The Role of Health Services
- HM Government (2006) What to do if you’re worried a child is being abused, DSCF publications
- Safeguarding Children and Young people: Roles and Competences for Health Care Staff. Intercollegiate Document (2019)

14.3 Best Practice Guidance

- Department of Health (2004) Core Standard 5 of the National Service Framework for Children Young People and Maternity Services plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
- Department of Health (2009) Responding to domestic abuse: a handbook for health professionals
- Department of Health (2010) Clinical Governance and adult safeguarding: an integrated approach, Department of Health
- HM Government (2011) Multi-agency Practice Guidelines: Female Genital Mutilation
• National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*, Nice clinical guideline 89

14.4 Leeds Safeguarding Children Partnership (LSCP)

The safeguarding partnership is made up of the three key strategic bodies, CCG, Local Authority and police. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. All three safeguarding partners have equal and joint responsibility for local safeguarding arrangements.

14.5 Leeds Safeguarding Adult Board (LSAB)

Safeguarding Adults Boards were strengthened by the Care Act 2014 (implemented in 2015), which made them legal requirements in each area, with specific duties and responsibilities as set out in Schedule 2 of the Act. The Board must include senior representatives from the Local Authority, Police and NHS Clinical Commissioning Groups.

14.6 Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care. The CQC registers all providers of health and adult social care and requires them to meet essential standards of quality and safety. This includes a standard on safeguarding (Care Quality Commission (2009) guidance about compliance: *Essential Standards of Quality and Safety*).

In addition to monitoring the compliance of registered providers against the essential standards, CQC also has powers to inspect children’s services under the Children Act and participates in joint inspection work looking at services for children.

14.7 Disclosure and Barring Service

The government review of the vetting and barring scheme has now ended. The vetting and barring scheme is being scaled back to ‘common-sense levels’. The proposed changes became law in October 2012. Further guidance is available at: [http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/](http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/)
15. Glossary

CCGs: Clinical Commissioning Groups
LSCP: Leeds Safeguarding Children Partnership
LSAB: Leeds Safeguarding Adult Board
CLA: Children Looked After
SI: Serious Incident – an incident involving a patient or their carers, staff or contractor where death; permanent harm or injury resulted. This could include a pattern of reduced standard of care / non-compliance with standards, adverse publicity or suspension of a member of staff/student. This is not an exhaustive definition.
Appendix A

Raising an Adult Safeguarding Concern

---

Do you have consent from the individual to make an adult safeguarding referral?

- Yes
- No

- Yes
  - Do you have concerns regarding the adults’ mental capacity?
    - Yes
      - A referral to adult social care can be made if it is considered in the “best interest” of the individual
    - No
  - No

- Yes
  - Do you have concerns that there is a risk to other people, such as within a care or support service or by an employee or volunteer?
    - Yes
      - This is in the public interest and therefore a referral should be made to adult social care to protect others. It is good practice that the adult at risk is aware of this.
    - No
  - No

---

**NB: In the adult safeguarding process it is paramount that the voice of the individual is heard, what do they want?**

**Remember that advice and support can be accessed from the CCG safeguarding team**

Tel: 0113 843 1713.
Appendix B

Raising a PREVENT Concern

It is important to follow the Leeds Channel Referral Process

Stage 1 (Notice)
Cause for Concern

- Initial concerns identified, discuss with line manager and seek advice

Stage 2 (Check)
Seek Advice

- Discuss with Safeguarding team as part of usual safeguarding process

Stage 3 (Share)
Formal Referral

- Referral sent to police (NECTU) via the safeguarding team
  nectu.fimu@westyorkshire.pnn.police.uk

Stage 4
De-confliction & information gathering

- Information gathering and cross checks completed by NECTU. Services will be contacted as part of the information gathering stage, including primary care.

Stage 5
Channel Panel Discussion

- Following checks, referral will be discussed at Channel meeting if deemed meets the criteria. If does not meet Channel criteria referral will be signposted to other services

Stage 6
Channel Panel Outcome

- Discussed at Channel panel and agreement made if to accept into Channel process. Panel will agree appropriate interventions on a case by case basis and reviewed at each Channel panel meeting. Consent will be obtained at this stage if not already gained.

Stage 7
Review & Discharge

- All cases accept on to Channel are reviewed on a monthly basis. Once appropriate progress is made cases will be discharged from the Channel process but reviewed again at 6 and then 12 months.
Appendix C

How we respond to the needs of children and families in Leeds

It is everybody’s responsibility to assess those children and young people they come into contact with, and where a need is identified to respond early by holding conversations within and between;

- Universal;
- Targeted; and
- Specialist Services

to identify how those needs are met collectively.

As children’s needs are met and concerns are reduced, we continue these conversations in order to provide appropriate support for the child and their family until that support is no longer required.

Always consider the need for consent

Working together to Safeguard Children (2013)

Government guidance states:

“If at anytime it is considered that the child maybe a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children’s social care. This referral can be made by any professional.”

If you are concerned that this is the case for any child you are working with, you MUST call the Duty and Advice Team (see below).

<table>
<thead>
<tr>
<th>Examples of Services provided</th>
<th>Conversation Opportunities</th>
<th>Who will help me start the conversation?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal Services</strong></td>
<td>Line manager · Own agency practitioners · Own agency Safeguarding Lead · Other universal agencies</td>
<td></td>
</tr>
<tr>
<td>- Midwifery</td>
<td></td>
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<tr>
<td>- GP</td>
<td></td>
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<tr>
<td>- Health Visiting</td>
<td></td>
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<tr>
<td>- School Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Schools (primary, secondary and higher education)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Early Years provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Youth Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Children's Centres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Careers Advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cluster Based Targeted Services</strong></td>
<td>Would include those above and: · Cluster Managers · Targeted Service Leaders · Cluster based groups · Integrated Processes Officers · Scope</td>
<td></td>
</tr>
<tr>
<td>- Family Intervention and Support Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Attending Advisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Targeted Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Youth Offending Service</td>
<td></td>
<td></td>
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<tr>
<td>- Speech and Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Area Inclusion Partnerships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Behaviour Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Short Breaks and activities for children and young people with disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialist Services</strong></td>
<td>Would include those above and: · Duty and Advice Team · Multi-agency practitioner meetings (e.g. Core Group meetings) · Allocated Social Worker · Specialist health workers · Complex Needs Service</td>
<td></td>
</tr>
<tr>
<td>- Children’s Social Work Service (Child in Need, Child Protection and Looked after Children and Care Leavers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Specialist Health Services including Continuing Care and Child &amp; Adolescent Mental Health Service Tier 3 and 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Complex Needs Service</td>
<td></td>
<td></td>
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<tr>
<td>- Multi-Systemic Therapy Service</td>
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</tr>
</tbody>
</table>

Family Information Service
Freephone: 0800 7310640
Will be able to advise you of how to contact professionals within Universal Services

Integrated Processes Team
Tel: 0113 2476850
Will advise you of who to contact in clusters and Targeted Services

Duty and Advice Team
Tel: 0113 3760336
(out of hours 0113 24095:36)
Will discuss your concerns and advise the most appropriate course of action. This may include accepting a referral, signposting to specialist services or recommending an Early Help Assessment and support to be met in clusters.
Appendix D

Making a safeguarding child referral.

Before contacting Duty and Advice Team please answer the following questions and follow the advice provided:

Can you evidence that the child is experiencing or likely to suffer significant harm?

- Yes
  - Do you have the consent of the parents to make contact with Duty and Advice or have you informed them of your intention to do so?
    - No
      - Inform the parents and / or gain their consent for you to make this contact unless doing so would put the child at risk
    - Yes
      - Gather the information requested on the contact form and then contact Duty and Advice.

- No
  - Have you discussed the child’s needs with your agency safeguarding lead or your line manager?
    - No
      - Inform the parents and / or gain their consent for you to make this contact unless doing so would put the child at risk
    - Yes
      - Discuss the child with your agency safeguarding lead or line manager if available and follow their advice when providing support to the family

This is not a referral form. It should provide the information needed for Duty and Advice to determine the right course of action to make the child safe. Following discussion with Duty and Advice, you must send in the form immediately.

To not do so may cause delay in the child’s needs being considered.

You must send this form securely. There are instructions at the end of the form about how to do this.

Have you carried out an Early Help Plan and / or Early Help Assessment with the child and their family?

- Yes
  - Speak to the parents and the child about carrying out an Early Help Assessment and / or Early Help Plan. Follow the Early Help guidance on the LSCB website about how to do this

- No
  - Have the form ready to send

Where you have carried out an Early Help Assessment and Plan which has been reviewed and amended as required – and the child’s needs are not being met or in fact have increased, gather the information requested in this form and then contact Duty and Advice. Have the form ready to send.
### 1. Child information

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>Any other names used:</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>DOB or EDD (DD/MM/YY):</th>
<th>Gender:</th>
<th>Ethnicity:</th>
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</table>

**Does the child have a disability?**
- Yes
- No
  
  If yes, please provide details

**Is English their first language?**
- Child: Yes  No
- Parent: Yes  No

  If no, please specify preferred language:

Refer to equality monitoring guidance available [here](#)

<table>
<thead>
<tr>
<th>Present School:</th>
<th>Preschool:</th>
<th>Children’s Centre:</th>
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<table>
<thead>
<tr>
<th>Unique Pupil Number (UPN):</th>
<th>NHS Number:</th>
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</table>

**Present Address:**

**Previous address (if from outside Leeds or at present address less than one year):**

**Home telephone:**

**Mobile telephone:**

**Is the child being looked after by someone other than their birth parents?**
- Yes
- No

  If yes, give details of who they are being looked after by, the relationship to the child, when this arrangement commenced and how long it is intended to go on for

### 2. What are you worried about?

**What are the key risks and concerns – be specific about these – what, when, how, to what extent etc.**

**What evidence do you have to support this?** Being specific about your concerns will save time later. Include information about:
- The child’s developmental needs
- The capacity of their parents to meet these needs
- Details of the child’s environment relevant to this contact
- Details of any injury or disclosure that you have become aware of or details of chronically neglectful circumstances and what actions if any have already been taken

**Do you suspect that the child may be in need of support?**
- Yes
- No

  Give details:

**What is going well despite these risks and concerns?**
What are the strengths or the protective factors in the family

What needs to change for the child so that the risk to them is reduced?

What have you or someone else done already to reduce the risks?  
(Give details of Early Help Assessments and Plans in Section 3 below)

### 3. Have you sought advice from your agency safeguarding lead or line manager?

<table>
<thead>
<tr>
<th>Yes:</th>
<th>No:</th>
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<tr>
<td>If yes, what advice did they give you?</td>
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</table>

Give details of the name, role and contact details of who gave this advice (safeguarding lead or line manager)

Give details of what happened when you followed this advice

### 4. Have you initiated or completed an Early Help Assessment and / or Plan

<table>
<thead>
<tr>
<th>Yes:</th>
<th>No:</th>
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<tr>
<td>If yes, attach the relevant documents with this form</td>
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</table>

Ref. number:  
If no, state reasons why not undertaken:

Name of Lead Practitioner:

Contact details:

Have you discussed this contact with the Lead Practitioner?  
Yes  No  Details

### 5. Consent or Informing the parent and others

Have you informed the parent or carer and child or young person that you are making this contact?  
Parent or Carer - Yes  No  
Child or young person - Yes  No

Has consent been given for this contact?  
Yes  No

Verbal consent?  Yes  No
Written consent?  Yes  No

If no, please tell us why not.

Information on this can be found in the [Children’s Online Procedures](#)

Who gave consent?
### 6. Additional information about the child or young person

<table>
<thead>
<tr>
<th>Household members</th>
<th>Relationship to child</th>
<th>DOB DD/MM/YY</th>
<th>School/ preschool</th>
<th>Does this person hold parental responsibility?</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Other significant adults</th>
<th>Relationship to child</th>
<th>DOB DD/MM/YY</th>
<th>Address</th>
<th>Does this person hold parental responsibility?</th>
</tr>
</thead>
<tbody>
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</table>

Are you aware of any previous social work involvement? Yes [ ] No [X]
If yes, provide details:
Was this in Leeds? Yes [ ] No [X] If no, where was it?

### 7. Details of person making the contact – This section must be completed in full

Name: [ ]
Agency / Name of Organisation: [ ]
Role / position in agency / job title: [ ]
Address: [ ]
Email address: [ ] Contact no: [ ]
Signature: [ ] Date of contact made: [ ]

### 8. Other practitioners involved with the family

Please note details of any workers currently involved with the family:

<table>
<thead>
<tr>
<th>Practitioner name</th>
<th>Job Title / Role</th>
<th>Agency</th>
<th>Phone no/ contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health visitor if child under 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For example: school or early years setting, Police, particular Heath agency, third sector organisation, probation service, or youth service.
9. Are you concerned that the child/young person is at risk of Child Sexual Exploitation?

Yes:  No:

Have you completed the Child Sexual Exploitation Checklist Tool for Partner Agencies?

Yes  No

If yes, attach the completed tool with this form
If no, state reason why this has not been undertaken:

10. Additional information

If you have additional information to further support the contact, please provide this below or on an additional sheet.

11. What to do next

Following your verbal contact with Duty and Advice you need to send this completed form to them immediately and securely.

To do this you should email it to: ChildScreening@leeds.gcsx.gov.uk

Anyone contacting Duty and Advice who has a leeds.gov.uk email account does not need a secure email account to do so. Other agencies have secure email accounts and should use these when sending the form in. These include: health (nhs.net); Police (.pnn); and Probation (.gsi).

Practitioners from the third sector and schools may not have secure email accounts. In order to ensure that the information is sent securely, Duty and Advice Team will advise on how to do this.

Practitioners should send a copy of the completed form to their own agency Safeguarding lead (as available) and / or line manager and ensure a copy is saved in the relevant adult / child records in that agency.

Where practitioners have contacted the Duty and Advice Team for advice/information they should action the advice that has been offered.

12. What to expect next

Following the contact and the receipt of this form by email, Duty and Advice Team will decide on a course of action.

An automatic reply email will be sent to confirm that an email has been received by Duty and Advice at the Front Door.

Practitioners involved with a child or family can phone the Duty and Advice Team on: 0113 376 0336 between 8.00am to 6.00pm.

If your enquiry needs a response from Children’s Social Work Service outside normal office hours, please phone the out of hours Children’s Emergency Duty Team on 0113 3760469.

If you feel that a child is immediately at risk please contact the Police on 999.
# Appendix E

## Safeguarding Standards for General Practice

### RAG rating Key

<table>
<thead>
<tr>
<th>Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Fully compliant (remains subject to continuous quality improvement)</td>
</tr>
<tr>
<td>Amber</td>
<td>Actions in place and a plan to meet the standard.</td>
</tr>
<tr>
<td>Red</td>
<td>Non-compliance against standards and action plan being developed.</td>
</tr>
</tbody>
</table>

### Standard

<table>
<thead>
<tr>
<th>Standard</th>
<th>RAG</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0 Clear lines of accountability for safeguarding children and vulnerable adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 The Practice has a Lead for Safeguarding (including Children, Adults at risk, MCA, Domestic Violence and abuse, Prevent – how to escalate concerns about radicalisation)</td>
<td></td>
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</tr>
<tr>
<td>1.2 The Practice has a deputy lead for safeguarding (including Children, Adults at risk, MCA, Domestic Violence and abuse, Prevent – how to escalate concerns about radicalisation)</td>
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</tr>
<tr>
<td>1.3 The lead for safeguarding and deputy know how to access expert safeguarding support and advice</td>
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<tr>
<td>1.4 The lead for safeguarding and/or deputy attend a minimum of 50% of GP Safeguarding Leads Peer Support Meetings in a one year period.</td>
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</tr>
<tr>
<td><strong>2.0 Governance arrangements, policies, procedures and systems</strong></td>
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</tr>
<tr>
<td>2.1 All Practice staff have access to up to date safeguarding policies and procedures for both children and vulnerable adults which are consistent with statutory &amp; multi-agency guidance including allegations against staff and volunteers working with children and Adults at Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 The Practice Safeguarding Children and Adults at Risk Policies clearly states with whom staff should discuss and to whom staff should report any child, vulnerable adult or Prevent safeguarding concerns and are in line with the Leeds Safeguarding Children Partnership and Leeds Adults Boards guidance.</td>
<td></td>
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</tr>
<tr>
<td>2.3 The Practice Safeguarding policy includes evidenced based child safeguarding risk factors in particular domestic violence and abuse, substance or alcohol misuse, parental mental health problems or learning disability, and the need to record these clearly in records.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 GPs and clinical staff have an awareness of domestic violence and abuse and create opportunities for patients to disclose any</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.5 The Practice has a process in place to submit information to the Health and Social Care Information Centre when they have identified that a patient has FGM through the standard delivery of care, or if she has disclosed this.

2.6 GP’s and clinical staff are aware of the requirement for mandatory reporting of FGM from 1st October 2015 and know what process to follow to complete this.

2.7 The Practice has a process in place to manage children and young people who are not brought, or taken to appointments if no established reason is given.

2.8 The Practice has a process in place for managing the repeated non-attendance of adults at risk.

3.0 Looked After Children, Safeguarding Children and Adults at Risk

3.1 The Practice ensures that clinical records clearly indicate that a child is Looked After.(In care)

3.2 The Practice ensures that clinical records clearly indicate that a child has a Child Protection Plan or Child in Need Plan

3.3 The practice ensures that clinical records clearly indicate if an adult is at risk of harm and/or abuse (including domestic violence)

3.4 The practice has a process in place which enables staff to have an awareness of which patients may be at risk of harm and/or abuse

4.0 Information Sharing and Removal of Children and Adults at Risk from a GP list

4.1 The Practice should have a process in place to manage requests for information in a timely manner with regards to safeguarding children, adults at risk and domestic violence and abuse.

4.2 The Practice should have a process in place to manage requests for attendance at Child Protection Conferences and requests for Child Protection Conference Reports.

4.3 The practice should have a process in place to manage, record and respond to the information that they receive from child protection conference and health assessments for children who are looked after.

4.4 The Practice should have a process in place to manage information they receive from the MARAC meetings.

4.5 The practice ensures that no child or adult at risk is removed from the practice list by the practice before careful consideration by a
<table>
<thead>
<tr>
<th>Standard</th>
<th>RAG</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>clinician of their vulnerability and any risk factors present in their family. The practice removal policy should reflect this.</td>
<td></td>
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</tr>
<tr>
<td>4.6 The Practice has a process in place to communicate and share information with health visitors, and appropriate multi-disciplinary health professionals as required, to discuss vulnerable children, families and adults and how this is recorded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.0 Staff Recruitment and training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 The Practice recruitment policy includes asking for evidence of a full employment history, explanation of any gaps, and the appropriate Disclosure and Baring Service check.</td>
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<tr>
<td>5.2 The Practice should ensure that all locums have been through a process of safe recruitment.</td>
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<tr>
<td>5.3 All Practice employees (permanent &amp; temporary) have undertaken the safeguarding children &amp; vulnerable adults training relevant to their role &amp; are competent to execute their duties in regard to safeguarding, in line with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018).</td>
<td></td>
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</tr>
<tr>
<td>5.3 Practice clinicians have an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and have undertaken training relevant to their role.</td>
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</tbody>
</table>

**Examples of good practices that you would like to share:**

**Additional comments** (please include any areas where you feel that additional support from the CCG safeguarding team would be beneficial)

**Name of General Practice including address and phone number:**
### Appendix F

#### Safeguarding Standards for Providers

<table>
<thead>
<tr>
<th>Safeguarding Standards for Providers</th>
<th>Providers are required to complete the audit tool on an annual basis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Person completing the audit tool (include designation, contact details including email):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dated audit tool completed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date audit tool submitted to CCG for assurance:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Useful links:**

- **Leeds Safeguarding Children Partnership policies/procedures**
  - [https://www.leedsscp.org.uk/Home](https://www.leedsscp.org.uk/Home)
  - [https://westyorkscb.proceduresonline.com/index.htm](https://westyorkscb.proceduresonline.com/index.htm)

- **Leeds Safeguarding Adult Board policies/procedures**

**Rag rating key:**

- **Green**
  - Fully compliant (remains subject to continuous quality improvement)

- **Amber**
  - Partially compliant - plans in place to ensure full compliance and progress is being made within agreed timescales

- **Red**
  - Non-compliant (standards not met / actions have not been completed within agreed timescales)
<table>
<thead>
<tr>
<th>Standard</th>
<th>Components of standard</th>
<th>Evidence (embed or attach evidence including audits)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Governance / Accountability</strong></td>
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</tbody>
</table>
| 1.1 It should be clear who has overall responsibility for the agency’s contribution to safeguarding and what the lines of accountability are from each staff member up through the organisation through to the person with ultimate responsibility | • Board lead demonstrating specific safeguarding competence in line with National & Local Guidance  
• job descriptions clearly identify safeguarding responsibilities  
• All staff know both how & who to report concerns about a child / adult at risk of harm | | |
| 1.2 The organisation is linked into the Leeds Safeguarding Children Partnership (LSCP) and Leeds Safeguarding Adult Board (LSAB) | • The organisation is able to evidence how it is implementing the strategic aims of the LSCP/LSAB safeguarding strategy. | | |
| 1.3 An adverse incident reporting system is in place which identifies circumstances and/or incidents which have compromised the safety and welfare of patients | • All STEIS reporting in relation to patient safety and welfare are to be reported to the Designated Lead for Safeguarding  
• Commissioners provided with a regular report (interval to be agreed between the provider and the commissioner but must be at least annually) of key themes/learning from STEIS that involve safeguarding  
• Complaints are considered in the context of safeguarding | | |
<table>
<thead>
<tr>
<th>Standard</th>
<th>Components of standard</th>
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| 1.4 An adverse incident reporting system is in place which identifies circumstances and/or incidents which have compromised the safety and welfare of patients | • All STEIS reporting in relation to patient safety and welfare are to be reported to the Designated Lead for Safeguarding  
• Commissioners provided with a regular report (interval to be agreed between the provider and the commissioner but must be at least annually) of key themes/learning from STEIS that involve safeguarding.  
• Complaints are considered in the context of safeguarding. | |
| 1.5 A programme of internal audit and review is in place that enables the organisation to continuously improve the protection of all service users from abuse or the risk of abuse | • Audits are to include: progress on action to implement recommendations from Serious Case Reviews (SCRs); Internal management reviews; recommendations from inspections;  
• Contribution to multi-agency safeguarding meetings as appropriate. | |
<table>
<thead>
<tr>
<th>Standard</th>
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<th>Evidence (embed or attach evidence including audits)</th>
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</thead>
<tbody>
<tr>
<td>2. Leadership</td>
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</tbody>
</table>
| 2.1 Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families | • Designated senior officers for safeguarding are in place and visible across the organisation  
• Senior managers can evidence effective monitoring of service delivery | |
| 2.2 There is a named lead for safeguarding children and a named lead for safeguarding adults. The focus for the named professionals is safeguarding within their own organisation. | • Safeguarding leads will have sufficient time, support and flexibility to carry out their responsibilities – this should be detailed in their job plans  
• The CCG Head of Safeguarding is kept informed at all times of the identity of the Safeguarding Lead | |
| 2.3 There is a named lead for MCA – the focus of the role being MCA implementation within the organisation. | • MCA Leads must have in-depth, applied knowledge of MCA/DoLS, including awareness of relevant case law.  
• The CCG Head of Safeguarding is kept informed at all times of the identity of the MCA Lead  
• The MCA Lead will regularly review the arrangements in place for MCA | |
<table>
<thead>
<tr>
<th>Standard</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Service Development Review</strong></td>
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<tr>
<td>3.1 In developing local services those responsible should consider how these services will take account of the need to safeguard and promote the welfare of children, families and adults at risk</td>
<td>• The views of children, families and vulnerable adults are sought and acted upon when developing services and feedback provided looked after and vulnerable adults (at case management and strategic level)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Safeguarding policies, procedures and guidance (see supporting sheet to identify those that are relevant to your organisation)</strong></td>
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</tbody>
</table>
| 4.1 The agencies responsibilities towards children and adults at risk is clearly stated in policies and procedures that are available for all staff | • A statement of responsibilities is visible in policies and procedures  
• Policies and guidance refer to the LSCB / LSAB multi-agency procedures  
• These procedures are accessible and understood by all staff  
• Policies and procedures are updated regularly to reflect any structural, departmental and legal changes  
• All policies and procedures must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working in practice | | |
| **5. Domestic violence including Forced Marriage and Honour Based Violence, Female Genital Mutilation** | | | |
| 5.1 The organisation takes account of national and local guidance to safeguard those children and adults experiencing domestic abuse | | | |
### Standard

<table>
<thead>
<tr>
<th>Components of standard</th>
<th>Evidence (embed or attach evidence including audits)</th>
<th>RAG</th>
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<tbody>
<tr>
<td><strong>6. Information sharing</strong></td>
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</tbody>
</table>
| 6.1 (S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of children and adults at risk of harm | • There are robust single / multi agency protocols and agreements for information sharing in line with national and local guidance.  
• Evidence that practitioners understand their responsibilities and know when to share information. | |
| **7. Prevent** | | |
| 7.1 The organisation must ensure that it complies with and implements the Prevent Agenda | • The organisation will identify an executive lead with responsibility for Prevent.  
• The organisation will identify an Operational Lead for Prevent and ensure that they are appropriately authorised and resourced to deliver the required national and local standards.  
• The organisation must have a procedure which is accessible to all staff, consistent with the Prevent Guidance and the Prevent Toolkit and clearly sets out how to escalate Prevent related concerns and make a referral.  
• The organisation must have a training plan that identifies the Prevent related training needs for all staff, include a programme to deliver ‘Health WRAP’ and sufficiently resource that programme with accredited Health WRAP facilitators.  
• The organisation will ensure that implementation of the Prevent agenda is monitored through the Trusts audit cycle | |
<table>
<thead>
<tr>
<th>Standard</th>
<th>Components of standard</th>
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</thead>
<tbody>
<tr>
<td><strong>8. Inter-agency working</strong></td>
<td></td>
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</tbody>
</table>
| **8.1 Agencies and staff work together to safeguard and promote the welfare of children and adults at risk.** | • Evidence of leadership to enable joint working  
• Evidence of practitioner’s working together effectively  
• Evidence that Early Help/Support is being used appropriately and effectively  
• Evidence of engagement in, and contribution to, safeguarding processes/enquiries e.g. attendance at child protection/adult safeguarding meetings, audit schedule to demonstrate commitment to multiagency work & that staff contribute to agreed assessment processes (CAF/GIR and single assessments) |
<table>
<thead>
<tr>
<th>Standard</th>
<th>Components of standard</th>
<th>Evidence (embed or attach evidence including audits)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Safer recruitment practices</td>
<td></td>
<td></td>
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</tbody>
</table>
| 9.1 Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children and vulnerable adults | • The organisation will have a safer recruitment policy in line with Leeds Safeguarding Children Board procedures.  
• All staff working with vulnerable people who meet the criteria will have DBS checks completed.  
• Staff within the organisation who are involved in the recruitment and selection of staff will have attended safer recruitment training provided by the LSCB or an equivalent course  
• The organisation will have procedures for workers to pass on concerns about staff and volunteers to managers, or an identified person in a position of responsibility who deals with, or responds to allegations made against staff.  
• There is a named senior officer/s or a person in a position of responsibility who ensure allegations are passed to the LADO (Local Authority Designated Officer).  
• The organisation will ensure staff or volunteers are aware of the procedures for dealing with allegations made against staff. | | |
<p>| 10. Supervision and support | | | |
| 10.2 (S11) Safeguarding supervision should be effective and available to all appropriate staff groups. | • safeguarding will be routinely discussed in supervision and included in staff appraisals were it is appropriate. | | |</p>
<table>
<thead>
<tr>
<th>Standard</th>
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<th>Evidence (embed or attach evidence including audits)</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Staff training and continuing professional development</td>
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<tr>
<td><strong>11.1. Staff should understand their role and responsibilities, and those of other professionals and organisations. This is essential in order to work effectively with other agencies. Organisations are encouraged, where appropriate, to ensure their staff attend multi-agency training provided by the LSCB as well as training that may be provided by your own organisation.</strong></td>
<td>There is a learning and development framework for safeguarding, Prevent and MCA implementation which is informed by national and local guidance and includes a training needs analysis for all groups of staff. All staff have received training in level 1 Safeguarding Children, Level 1 Safeguarding Adults and Basic Prevent Awareness at induction or within 6 weeks of taking up the post. All appropriate staff (staff who have contact with patients and their families and/or carers) should have received MCA awareness training should be included in staff induction programme &amp; mandatory training. Where the organisation provides its own introductory safeguarding training, it will meet the standards and requirements of the LSCB as outlined in The West Yorkshire LSCB Single Agency Introductory Safeguarding Training Self Audit Checklists. Contemporaneous records of the safeguarding training attended by each volunteer or staff member will be maintained. The impact of safeguarding training back in the workplace and on outcomes for children and young people and adults at risk will be assessed and reported to the CCG.</td>
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</table>

**NB: The shaded sections highlight standards that are included in the LSCP section 11 audit. Providers may submit their Section 11 Action Plans as evidence with regards to Safeguarding Children.**
## Appendix G

### Safeguarding Children and Adults At Risk Policy

<table>
<thead>
<tr>
<th>1.</th>
<th>Does the policy/guidance affect one group less or more favourably than another on the basis of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>N</td>
</tr>
<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>N</td>
</tr>
<tr>
<td>Nationality</td>
<td>N</td>
</tr>
<tr>
<td>Gender</td>
<td>N</td>
</tr>
<tr>
<td>Culture</td>
<td>N</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>N</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>N</td>
</tr>
<tr>
<td>Age</td>
<td>Y</td>
</tr>
<tr>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>Y</td>
</tr>
</tbody>
</table>

| 2. | Is there any evidence that some groups are affected differently? | N |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | N |
| 4. | Is the impact of the policy/guidance likely to be negative? | N |
| 5. | If so can the impact be avoided? | N/A |
| 6. | What alternatives are there to Achieving the policy/guidance without the impact? | None. NHS required to have a policy in place |
| 7. | Can we reduce the impact by taking different action? | N |

If you have identified a potential discriminatory impact of this procedural document, please refer it to, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Gill Marchant on 0113 8431713
Appendix H

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Title of Document:</th>
<th>Safeguarding Children and Adults at Risk Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Director:</td>
<td>Jo Harding</td>
</tr>
<tr>
<td>Date Approved:</td>
<td>24\textsuperscript{th} June 2019</td>
</tr>
<tr>
<td>Where approved:</td>
<td>NHS Leeds CCG’s Partnership Safeguarding Children and Adults at Risk Committee</td>
</tr>
<tr>
<td>Dissemination Lead:</td>
<td>Gill Marchant</td>
</tr>
<tr>
<td>Placed on Website:</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td>June 2021</td>
</tr>
</tbody>
</table>