


<b>MEETING DATE:</b>	13 August 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.9	
<b>AUTHOR:</b>	Deborah Pollard	
<b>JOB TITLE:</b> <b>DEPARTMENT:</b>	Designated Nurse Safeguarding Adults NLCCG	

## SAFEGUARDING ADULTS ANNUAL REPORT 2014/15

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	The Draft Safeguarding Adults Annual Report has been presented to the North Lincolnshire CCG Quality Committee.
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

### 1. PURPOSE OF THE REPORT:

The Care and Support Bill (July 2013) received Royal Assent on the 14<sup>th</sup> May 2014 to become the Care Support Act (2014). The Act, which commences on 1<sup>st</sup> April 2015, sets out how health, in partnership with the care and support system, will work within a clear framework to protect Vulnerable Adults from abuse or neglect. This financial year of 2014 to 2015 was one of transition moving from non statutory status for Safeguarding Adults to preparing for statutory status as from 1<sup>st</sup> April 2015. The NHS Constitution through the Health and Social Care Act (2012) provides a statutory duty to continually seek to improve the quality of care to patients and to treat individuals with dignity and respect in accordance with their Human Rights. The Draft Safeguarding Adult Annual Report details how NLCCG has met its duties through the NHS Constitution and is preparing for the Care and Support Act (2014) statutory status as from 1<sup>st</sup> April 2015.

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

<b>Continue to improve the quality of services</b>	<b>X</b>
<b>Reduce unwarranted variations in services</b>	<b>X</b>
<b>Deliver the best outcomes for every patient</b>	<b>X</b>
<b>Improve patient experience</b>	<b>X</b>
<b>Reduce the inequalities gap in North Lincolnshire</b>	<b>X</b>

**3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP**

Safeguarding Adults forms part of the NHS Contract and as such is monitored via the Contracting process.  
NLCCG is represented at the multi agency Safeguarding Adults Board by the Director of Quality and Assurance

**4. IMPACT ON RISK ASSURANCE FRAMEWORK:**

Yes		No	X
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**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	X
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**6. LEGAL IMPLICATIONS:**

Yes	X	No	
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Safeguarding Vulnerable Adults becomes a statutory responsibilities as from 1<sup>st</sup> April 2015 under the Care and Support Act (2014).

**7. RESOURCE IMPLICATIONS:**

Yes		No	X
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**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	X
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The attached document is an Annual Report.

**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes	X	No	
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The Annual Report will be a published document.

**10. RECOMMENDATIONS:**

The CCG Governing Body note and receive the report contents.

**Safeguarding Vulnerable Adults**  
**NHS North Lincolnshire CCG Annual Report**  
**2014-2015**

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## **1**     **Introduction**

- 1.1     All Vulnerable Adults have a right to live lives free from abuse and neglect. CCGs have a duty to take measures to safeguard patients who are unable to protect themselves from abuse and neglect in their commissioned services. This includes working within a multi-agency framework to take measures to reduce the risk of neglect and abuse and responding where abuse has occurred or is suspected of occurring.
- 1.2     Local Safeguarding Adults Boards are the multi -agency partnerships, led by the Local Authority, that lead local safeguarding arrangements. CCGs should be active members of this partnership.
- 1.3     CCGs have duties to take additional measures in establishing effective structures for safeguarding within their organisation. This includes the development of a clear strategy, robust governance arrangements and Leadership across the local health economy.

## **2**     **Current Context**

- 2.1     The Care and Support Bill (July 2013) received Royal Assent on the 14<sup>th</sup> May 2014 to become the Care Support Act (2014). The Act, which commences on 1<sup>st</sup> April 2015, sets out how health, in partnership with the care and support system, will work within a clear framework to protect Vulnerable Adults from abuse or neglect. This financial year of 2014 to 2015 has become one of transition moving from the current non statutory status of Safeguarding Adults to preparing for statutory status as from 1<sup>st</sup> April 2015. Key Legislation and guidance supporting Safeguarding Adults during transition are the Care Act 2014: Statutory Guidance for Implementation, Mental Capacity Act (2005), No Secrets (2000), Health and Social Care Act (2012), Human Rights Act (1998) and Deprivation of Liberty Safeguards (2009). The NHS Constitution through the Health and Social Care Act (2012) provides a statutory duty to continually seek to improve the quality of care to patients and to treat individuals with dignity and respect in accordance with their Human Rights.

- 2.2 It will become a legal requirement, on 1<sup>st</sup> April 2015, of each Local Authority to set up a Safeguarding Adults Board (SAB) formalising the arrangements already existing in North Lincolnshire. In addition:
- The Boards must include the Local Authority, NHS and Police who will discuss and act upon any local safeguarding issues
  - They must work with the local people to develop plans to protect the most vulnerable adults
  - They must publish plans and review them annually and report on progress, allowing different organisations to ensure they are working together in the best way possible.
  - The objective of the SAB is to help and protect adults in North Lincolnshire and the way in which a SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.
  - A SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.
- 2.3 A SAB should arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if it meets the criteria within the Care Act (2014).
- 2.4 Each member of the SAB should co-operate in and contribute to the carrying out of these reviews with a view to:
- Identifying the lessons to be learnt and
  - Applying those lessons to future cases.
- 2.5 Safeguarding Adults: The Role of NHS Commissioners (DH 2011) sets out the core responsibilities in making safeguarding adults part of commissioning. Previous lessons learnt from inquiries at Winterbourne View and the government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, Hard Truths highlighted the need to make safeguarding integral to care. Lessons too can be learnt from the findings of the Morecombe Bay Report (March 2015). Prevention and effective responses need to be addressed within all aspects of commissioning including:

- Make Safeguarding a strategic objective
- Put patients first in how services are commissioned and assured
- Lead a culture that safeguarding patients
- Use systems and processes that support safeguarding and connect aligned areas
- Develop partnerships with patients, public and multi-agency partners.
- Use robust assurance to understand and improve safeguarding adults arrangements.

2.6 Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (2013) is currently being revised in line with the Care Act 2014. The Framework was open for consultation in November 2014 with an expected publication date of May 2015. Safeguarding Adults: An Aide Memoire for Clinical Commissioning Groups (2013) continues to provide guidance in relation to commissioner duties to safeguard adults in all aspect of their commissioning. This includes establishing effective structures for safeguarding within their service with a clear strategy, robust governance and a competent workforce that can lead and develop safeguarding across the local health community. In order to ensure that safeguarding is integral across their commissioning cycle, CCGs must ensure all their commissioned services:

- Support patients to reduce risks of neglect and abuse – according to the patients informed choices
- Reduce risks of abuse and neglect occurring within their service through the provision of high quality, person centred care
- Identify and respond to neglect and abuse in line with local multi-agency safeguarding procedures

### **3**     **Key Professionals**

- 3.1     The Director of Quality is the Executive Lead for Safeguarding Vulnerable Adults, the Mental Capacity Act lead and the Executive Lead representing NHS North Lincolnshire CCG on the North Lincolnshire Safeguarding Adults Board.
  
- 3.2     The Designated Nurse for Safeguarding Adults is employed working 0.5 WTE in NHS North Lincolnshire CCG and sits on an advisory capacity on the Safeguarding Adults Board.
  
- 3.3     The Medical Director of NHS North Lincolnshire CCG is the named GP for Safeguarding Adults and a member of the Safeguarding Adults Board.

### **4**     **Accountability and Structure**

- 4.1     NHS North Lincolnshire CCG’s Chief Officer has the overall accountability for Safeguarding Vulnerable Adults with the responsibility for ensuring the contribution by health services to safeguarding and promoting the safety of adults at risk and vulnerable people.
  
- 4.2     The Director of Quality, reporting to the CCG Chief Officer, is the Executive Lead for Safeguarding Adults across North Lincolnshire. As a member of the SAB and CCG Board they take the responsibility for ensuring that Safeguarding is embedded across the health community, operationally delivered through local commissioning arrangements. As part of the Quality Group they are responsible for the monitoring of Safeguarding Adults Governance processes, reporting any risks or achievements to the CCG Board and Chief Officer.
  
- 4.3     The Designated Nurse for Safeguarding Adults reports to the Director of Quality and attends the SAB to provide clinical advice. Reporting to the Quality Committee of the CCG they provide assurance on CCG and Multi-agency processes in safeguarding adults, ensuring that safeguarding is embedded within the commissioning processes. Across the health community they provide Support and Leadership, ensuring that any Lessons Learnt are disseminated.

- 4.4 The Medical Director, as the Named GP for Safeguarding Adults, is a member of the SAB and sits within the CCG to ensure appropriate arrangements are in place within Primary Care Services and provide Medical Leadership across the Primary Health community.

## **5 Governance and Statutory Arrangements**

- 5.1 The Executive Lead for Safeguarding Adults is the Vice Chair of the Local Safeguarding Adults Board in North Lincolnshire, Chair of the Quality Group of the CCG and a member of the CCG Board. The Executive Lead also attends the Regional Quality Surveillance Group.
- 5.2 The Medical Director and GP Lead for Safeguarding Adults is a member of the Safeguarding Adults Board in North Lincolnshire.
- 5.3 The Designated Nurse for Safeguarding Adults attends the SAB as the Clinical Adviser, is the Vice Chair of the Serious Case Review Sub Group, member of the Policy and Procedures Sub Group, Quality Assurance Sub Group and contributes to events organised by the Communications Sub Group as needed. The Designated Nurse has a dotted line of accountability to NHS England and as such can represent NHS England at the SAB.
- 5.4 The Designated Nurse for Safeguarding Adults attends the Safer Neighbourhoods Operational Group.
- 5.5 The Designated Nurse for Safeguarding Adults attends the Regional Safeguarding Forum led by the NHS England Area Team and the Regional Designated Nurses Network.
- 5.6 The Designated Nurse is the CCG Prevent Lead and attends the North Lincolnshire Silver Command Prevent multi-agency meeting.
- 5.7 The Designated Nurse is a member of the CCG Quality Committee and reports on a monthly basis to this Committee and reports to the Quality and Risk Governing Body on a quarterly basis.



## 6 Safeguarding Monitoring

- 6.1 “No Secrets” (DH 2000) gave the Local Authority lead responsibility for coordinating local multi agency systems, policies and procedures to protect vulnerable adults from abuse. “Clinical Governance and Adult Safeguarding; *An Integrated Process*” (DH 2010) (Appendix 1) sets out guidance to encourage organisations to develop local robust arrangements to ensure that safeguarding becomes fully integrated into NHS systems. The outcome of this would be to create greater openness and transparency about clinical incident, learn from safeguarding concerns that occur with the NHS, clarity on reporting and more positive partnership working. As from 1<sup>st</sup> April 2015 “No Secrets” (DH 2000) will be superseded by The Care Act (2014) and 2014/15 has been a transitional year ensuring current structures are fit for purpose to implement the Guidance on Sections 42-47 and 68 of the Care Act.
- 6.2 In North Lincolnshire all Safeguarding Alerts are directed through the Local Authority Adult Protection Team. Alerts are triaged at this point against the Association of Directors of Adult Social Services (ADASS) criteria. Where cases meet certain criteria a multi-agency Strategy Meeting is called of all involved agencies. A decision is made at this meeting to proceed to investigation and the roles and responsibilities of participating agencies within that investigation. Following investigation a multi-agency Case Conference is called to determine the outcome of the investigation. The outcome is either, unsubstantiated, partially substantiated or substantiated.
- 6.3 The Designated Nurse for Safeguarding Adults attends both the Strategy Meeting and Case Conferences as appropriate. Where cases of abuse are substantiated, the Designated Nurse for Safeguarding Adults takes responsibility to ensure any Health associated actions for improvement identified are monitored, completed and outcome measured.

## **7 Safeguarding Adults Reviews**

- 7.1 During the period March 2014 to March 2015, North Lincolnshire has not commissioned any multi agency Safeguarding Adults Reviews, Domestic Violence Reviews or Mental Health Homicide Reviews.
- 7.2 Following a cluster of Suicides with North Lincolnshire Mental Health Services provided by RDaSH a referral was made for consideration by the Serious Case Review Sub Group. Whilst acknowledging that the referral did not meet the criteria within the Care and Support Bill (2013) (Appendix 2), further reports were requested to establish if any themes and trends identified would meet the criteria for an alternative review. This report remained outstanding at March 2014.

## **8 Commissioned Services**

- 8.1 All commissioned services are required to have current Safeguarding Vulnerable Adults Policies and Procedures in place adhering to DH and/or ADASS guidance and best practice.
- 8.2 Core Providers within North Lincolnshire have Named Nurses to lead on Safeguarding Adults. Monthly one to one meetings take place between the Named Nurses and the Designated Nurse for Safeguarding Adults.

## **9 Independent Providers (Nursing/Care Homes)**

- 9.1 Responsibility for the commissioning of Nursing/Care homes within North Lincolnshire rests with the Local Authority. NHS NL CCG have a shared responsibility for the quality within these homes.

- 9.2 Monthly meetings take place with the Local Authority Safeguarding Lead, Local Authority Quality and Performance Team, Designated Nurse for Safeguarding Adults and CQC to share local intelligence and actions on failing homes. Multi agency plans are put in place at this meeting to drive up the quality of any failing home. Where unsuccessful multi agency plans can be put in place to decommission places within those homes.
- 9.3 Within North Lincolnshire there have not been any closures or decommissioning of places within Nursing/Care Homes during the period October 2013 to March 2014.

## **10 Independent Providers Primary Care Services**

- 10.1 Responsibility for the commissioning and contracting of Primary Care Services moved from NHS NL PCT to NHS England as from 1<sup>st</sup> April 2013. NHS NL CCG have a shared responsibility for the quality of these services.
- 10.2 The Named GP for Safeguarding Adults ensures appropriate arrangements are in place within GP Practices and the distribution and monitoring of any lessons learnt.
- 10.3 The Designated Nurse for Safeguarding Adults liaises with NHS England to ensure any alert regarding Primary Care Services follows due process as per the North Lincolnshire Safeguarding Adults Board multi agency policy and procedures.

## **12 Future Objectives/Challenges**

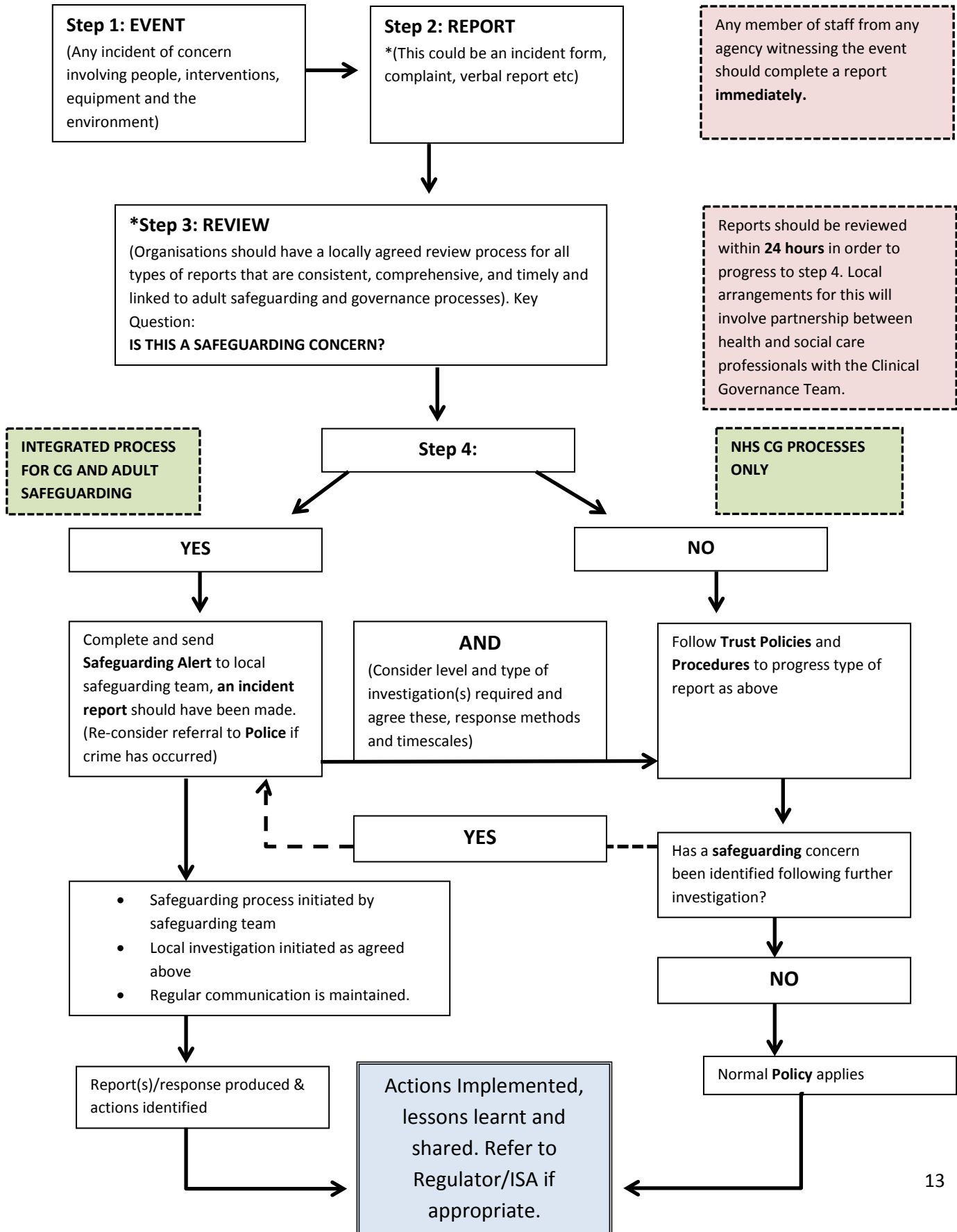
- 12.1 During 2014/15 work will continue to ensure that NHS NL and their Commissioned Services have robust and fit for purpose, policies, processes and procedures to implement the requirements of the Care Act 2014 and its subsequent Safeguarding Adults Guidance.
- 12.2 The Care Act 2014 sets out a statutory framework for adult safeguarding which stipulates the responsibilities of the Local Authority in establishing a Safeguarding Adults Board of which the CCG is a statutory member.

- 12.3 The Safeguarding Adults Board must publish a strategic plan after consultation with the Local Healthwatch organisation and the Community. The strategic plan must detail what each member must do to implement that strategy.
- 12.4 The Safeguarding Adults Board must publish an Annual Report detailing what it, and each of its individual members, has done to achieve its objective and implement the strategy. As part of the Annual Report the Safeguarding Adults Board must detail any Safeguarding Adults Reviews that have concluded in that year or are ongoing at the end of the year. It must detail what it, and its members, have done to implement any findings of Reviews and where a decision was taken not to implement those findings the reason for that decision.

Deborah Pollard  
Designated Nurse for Safeguarding Adults  
NHS North Lincolnshire CCG  
15<sup>th</sup> May 2015

**Clinical Governance and Adult Safeguarding – An Integrated Process**

**(DH 2010)**



**Care and Support Bill (2013)**

**44 Safeguarding adults reviews**

- (1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—
  - (a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
  - (b) condition 1 or 2 is met.
  
- (2) Condition 1 is met if—
  - (a) the adult has died, and
  - (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
  
- (3) Condition 2 is met if—
  - (a) the adult is still alive, and
  - (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.
  
- (4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).
  
- (5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to—
  - (a) identifying the lessons to be learnt from the adult's case, and
  - (b) applying those lessons to future cases.

**SELF DECLARATION : SAFEGUARDING ADULTS AND CHILDREN and PREVENT**

These standards are regularly reviewed by the Yorkshire and Humber Safeguarding Adults and Children Networks and take account of relevant contemporary reports and guidelines. This includes Winterbourne View, Francis enquiry recommendations and the Savile inquiry.

**Provider .....**    **Completed by.....**    **Date .....**

RED: Not Compliant. AMBER: Partially Compliant. GREEN: Fully Compliant

1	Policy and procedures	RAG rating	Summary of evidence if compliant
1.1	The Provider will ensure that it has up to date organisational safeguarding children and adults policies and procedures which reflect and adhere to the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adults Board (LSAB) policies		
1.2	The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer child / adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.		

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



1.8	The Provider will ensure that there is a safeguarding supervision policy in place and that staff have access to appropriate supervision, as required by the provider or professional bodies.		
1.9	All providers will ensure that they have relevant policies and procedures in place to ensure appropriate access to advocacy within the care setting, including use of statutory advocacy roles. These policies and procedures must adhere to contemporary best practice and legislation.		
1.10	The Provider must have a procedure which is accessible to all staff, consistent with the Prevent Guidance and Toolkit 2011. The procedure must clearly set out how to escalate Prevent related concerns and how to make a referral		
<b>2</b>	<b>Governance</b>		
2.1	The Provider will identify a person(s) with lead responsibility for safeguarding children and safeguarding adults. For NHS Bodies / Trusts, this will be a Board-Level executive Director with lead responsibility for safeguarding children and adults		
2.2	The NHS Bodies / Trusts will also have in post a named health or social care professional (s) for adult and children safeguarding with sufficient capacity to effectively carry out these roles		
2.3	The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually and will identify any risks, service improvement requirements and learning points as well as areas of good practice.		
2.4	NHS Trusts / Bodies will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.		

2.5	The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding procedures.		
2.6	NHS Bodies / Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through it's governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.		
2.7	NHS Trusts should identify and analyse the number of complaints and PALS contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board		
2.8	The Provider must ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding and issues and inform constant service improvement.		
2.9	Providers of hospitals and care homes, will ensure that there are effective systems for recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection		
2.10	The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually.		
2.11	NHS bodies / Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005).		

2.12	All providers will have appropriate and effective systems in place to ensure that any care provided, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act and Mental Health Act.		
2.13	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.		
2.14	NHS Provider Trusts will identify an Executive Lead with responsibility for Prevent		
2.15	Providers will identify an Operational Lead for Prevent and ensure that they are appropriately authorised and resourced to deliver the required National and Local standards		
2.16	NHS Trusts and larger Independent Providers will ensure that implementation of the Prevent agenda is monitored through the audit cycle		
<b>3</b>	<b>Multiagency working</b>		
3.1	The Provider will cooperate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the production of an individual management report		
3.2	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any multiagency review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.		

3.3	The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.		
3.4	The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of grade 3 or 4, and that a multi-agency referral is made where abuse or neglect are believed to be a contributory factor.		
3.5	The Provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures.		
3.6	The Provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings where required as part of multiagency procedures.		
3.7	The Provider will where required, ensure senior representation on the Local Safeguarding Children Board and Local Safeguarding Adults Board and contribution to their sub-groups.		
<b>4</b>	<b>Recruitment and employment</b>		
4.1	The Provider must ensure safe recruitment policies and practice which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.		
4.2	The Provider will ensure that Post recruitment employment checks are repeated in line with all contemporary national guidance and legislation.		

4.3	The Provider must ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring.		
4.4	The Provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) include an explicit reference to staffs responsibility for safeguarding children and adults.		
4.5	The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.		
<b>5</b>	<b>Training</b>		
5.1	The provider will ensure that all staff and volunteers undertake safeguarding children and adults training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.		
5.2	The Provider will ensure that all staff, contractors and volunteers undertake safeguarding children and adults awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency procedures.		

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

5.9	<p>The Provider must have a training plan that identifies the</p> <ul style="list-style-type: none"> <li>• Prevent related training needs for all staff</li> <li>• A programme to deliver HealthWRAP</li> <li>• Sufficient HealthWRAP facilitators</li> </ul>		
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<b>Safeguarding Commissioners Standards: Remedial Action Plan</b>				
Standard No.	Action(s) required to achieve standard	Person Responsible	Date Due	Comments / Progress