



Sussex CCG's Safeguarding Standards Guidance

Version:	2
Ratified by:	Brighton & Hove CCG Performance & Governance, Coastal West Sussex CCG Quality Committee, Crawley, Horsham & Mid Sussex CCG's Quality and Clinical Governance Committee, High Weald, Lewes & Havens CCG, Hasting & Rother CCG and Eastbourne, Hailsham & Seaford CCG
Date ratified:	26 th May 2015
Name of originator/author:	Sussex Designated Adult and Child Nurses
Name of responsible committee/individual:	Brighton & Hove CCG Performance & Governance, Coastal West Sussex CCG Quality Committee, Crawley, Horsham & Mid Sussex CCG's Quality and Clinical Governance Committee, High Weald, Lewes & Havens CCG, Hasting & Rother CCG and Eastbourne, Hailsham & Seaford CCG
Date issued:	May 2015
Review date:	May 2017
Target audience:	All Clinical Commissioning Groups across Sussex
Document status:	Final

Document location:	
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Document history:

Version	Created by	Date	Main Changes/Comments
1.0	Naomi Cornford	14.1.14	
1.1	Sarah Smith	10.1.14	Comments by A Hempstead
2.0	Debbie Barnes Sarah Smith June Hopkins	25.1.14	Comments by S Jerram, Ian Wilson

This document applies to commissioners and all services commissioned by the Clinical Commissioning Groups across Sussex, and provides them with safeguarding standards for:

- Strategic leadership
- Leading effectively to reduce the potential of abuse
- Responding effectively to allegations of abuse
- Safeguarding practice and procedures
- Staff competence
- Safer recruitment
- Learning from incidents
- Commissioning
- Safeguarding data requested by Department of Health

The Clinical Commissioning Groups across Sussex actively challenge discrimination and promote quality. We will not restrict assessment, treatment, therapy or care on the basis of race, age, disability, gender, transgender, religion or belief, or sexual orientation. We are committed to providing services that are excellent, equitable and acceptable to the local community which we serve and strive continuously to improve the patient experience, wellbeing and health outcomes for our local population.

1. Introduction

1.1 Clinical Commissioning Groups (CCGs) across Sussex are committed to commissioning services that are excellent, equitable and acceptable to the local community. We strive continuously to improve the patient experience, wellbeing and health outcomes for our local population.

1.2 We are setting in place rigorous quality and safety systems and processes in order to achieve continuous improvement and this **Safeguarding Standards Guidance** forms part of that system. Anyone working in, or coming into contact with, health services for which CCGs are responsible should expect to be treated in accordance with national safeguarding recommendations, and children and adults should be particularly considered and protected in all clinical activity.

1.3 This guidance enables commissioning staff, providers and independent contractors to identify the key benchmarks to ensure an effective, systematic, auditable approach to ensuring the safeguarding of all patients/clients, whatever their age. The document will enable organisations, services and practices to audit themselves against the benchmarks and, where necessary, put in place effective systems to ensure effective safeguarding of children and adults.

1.4 The document supports the national guidance and statutory regulations related to child and adult safeguarding and the requirements identified within the multi-agency Sussex Safeguarding Children Boards, and Sussex Safeguarding Adults Boards.

1.5 CCGs will require assurance that providers, services, organisations and independent contractors whose services we commission meet these benchmarks.

2. Safeguarding Children and Adults

2.1 All children and adults have the right to be protected from harm.

2.2 Child protection has a long history within both health and social care, and there have been many notable incidents where it has been evident that organisations have not worked effectively to protect and minimise risk. The Inquiry into the death of Victoria Climbié, the Soham murders and, more recently, the death of Peter Connelly (Baby P) have been tragic events that have led to new legislation and

national recommendations. The Children Act 2004¹ (Section 11) and the revised “Working Together to Safeguarding Children (2013)”² both clearly identify requirements of all agencies and go beyond the historical management of child protection to ensure holistic consideration of the safety of children and young people in the broadest sense. This also places responsibility on all practitioners to take account of the safety of children and of the CCGs, as commissioners, to ensure safe practices of all its commissioned services.

2.3 Adult safeguarding has been a more recent development and now has statutory requirements and guidance following the implementation of The Care Act 2014³ in April 2015. The CCGs in Sussex are committed to ensuring a framework for protecting both children and adults, following best practice, and this guidance will reflect that commitment. The Mental Capacity Act 2007 (MCA)⁴ and the Deprivation of Liberty Safeguards (DoLS)⁵ implemented in April 2009 have placed an increased emphasis on, and a statutory framework for, protecting adults.

2.4 CCGs are committed to supporting multi-agency policies, training, education and recommendations from The Care Act 2014³. Adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support. All agencies will respond to concerns with prompt, timely and appropriate action in line with agreed policies.

2.5 There are clearly identified processes for initiating a child protection referral or an adult safeguarding concern, and organisations must ensure that staff understands how to protect children, young people and adults at all levels across the organisation. There needs to be general awareness and understanding at all levels and a tiered level of knowledge and skills to support this.

2.6 Safeguarding is wider than the traditional ‘protection’ that clinical staff has familiarity with. This involves considering the interests and safety of all children, young people and adults in the broadest sense as well as protecting the vulnerable. This includes being aware of any circumstance which may cause harm, reflecting safeguarding within guidance such as safer recruitment guidance and learning from incidents.

2.7 Responsibility for protecting children, young people and adults does not lie with one individual or group, but with all staff at every level of the organisation. CCGs, service providers and independent contractors should ensure that staff have knowledge and skills to deal sensitively with the various circumstances in which the safeguarding of children, young people and adults is required.

¹ [Children Act 2004](#)

² [Working Together to Safeguard Children 2013](#)

³ [DOLS](#)

3. Terminology

3.1 Children

A child is anyone who has not yet reached their 18th birthday, regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004.

3.2 Safeguarding and promoting the welfare of children

The process is defined as protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

3.3 Child in Need of Protection

The process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect (Working Together, 2015)⁴.

3.4 Children in Need

Children who are defined as being 'in need' are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services, plus those who are disabled.

3.5 Adult safeguarding

The Care Act 2014 outlines the scope of adult safeguarding to an individual of 18 years or over who;

(a) has needs for care and support (whether or not the local authority is meeting any of those needs) and;

(b) is experiencing, or at risk of, abuse or neglect and;

(c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.6 Safeguarding adults within health care settings

Many patients receiving healthcare may fall into the scope of adult safeguarding within the definition in 3.5, whether or not they are already in receipt of social care services. Levels of independence and wellbeing may be affected by health related conditions. A patient's health need may reduce the choice and control they have, their ability to make decisions and to protect themselves from harm. They may be

⁴ [Working Together to Safeguard Children 2015](#)

highly dependent upon the health care service for the care they receive. Their personal circumstances and the nature of their treatment may reduce their ability to protect themselves from harm.

3.7 Significant Harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. *Working together to Safeguard Children (2015)* provides guidance and areas of consideration which may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Significant harm may occur through a single event or a collection of events.

3.8 Abuse and Neglect

These are forms of maltreatment and may be due to inflicting harm or failing to act to prevent harm. Abuse may occur in a family, institution or community setting by those known to individuals or by a stranger. Types of abuse can include physical, sexual, emotional, financial/material and discriminatory. If there are repeated occurrences in a health care setting, this could be considered as institutional or organisational abuse.

3.9 Mental Capacity Act (MCA)

The Mental Capacity Act is the statutory framework to protect people who do not have the ability to make decisions for themselves, and for those who have capacity and wish to make plans for the future.

3.10 Deprivation of Liberty Safeguards (DoLS)

The safeguards are designed to protect the interests of an extremely vulnerable group of service users and to:

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide safeguards for vulnerable people
- Provide them with rights of challenge against unlawful detention
- Avoid unnecessary bureaucracy

3.11 PREVENT

Section 21 of the Counter-Terrorism and Security Act 2015 (Before Parliament) places a duty on certain bodies, listed in Schedule 3 to the Act, to have “*due regard to the need to prevent people from being drawn into terrorism*”. PREVENT focuses on all forms of terrorism and operates in a pre-criminal space, providing support and re-direction to vulnerable individuals at risk of being groomed in to terrorist activity before crimes are committed. Radicalisation is comparable to other forms of exploitation; it is therefore a safeguarding issue that staff working in the health sector must be aware of.

4. Aims of the Guidance

4.1 The guidance draws on national requirements, statutory guidance and standards to ensure patients/clients of all ages are safeguarded effectively. The standards in this guidance apply to all services commissioned by CCGs, to directly provided services and to independent contractors. It is recognised that there will be different degrees of application dependent on the service provided and the environment in use.

4.2 Statutory/legislative requirements and links

Safeguarding adults at risk: Sussex Safeguarding Adult Boards; Sussex Safeguarding Adults multi-agency policies and procedures:
<http://pansussexadultsafeguarding.proceduresonline.com/>

Safeguarding children: Sussex Safeguarding Children Boards; Pan Sussex multi-agency policies and procedures:
<http://pansussexscb.proceduresonline.com/index.htm>

Care Quality Commission: *Essential Standards of Quality and Safety*:
[CQC Essential Standards](#)

ADASS Safeguarding Adults: *A National Framework of Standards for good practice and outcomes in adult protection work*:
[adass](#)

Working Together to Safeguarding Children: A guide to inter-agency working to safeguard and promote the welfare of children (2013):
[Working Together](#) – with particular reference to Chapter 2.

Pan Sussex Multi-agency Procedures to Support People who Self-neglect:
[Self neglect](#)

Mental Capacity Act and Deprivation of Liberty Safeguards:
[MCA and DoLS](#)

The Care Act
[Care Act 2014](#)

Disclosure and Barring / Safer Recruitment
[vetting and barring](#)

Safeguarding Children and Young People: roles and competencies for health care staff (2014):
[Safeguarding Children and Young People: Roles and Competencies for Health Care Staff](#)

Department of Health guidance: *Safeguarding Adults: The role of health services*
[DH Safeguarding Adults : the role of health services](#)

NHS England PREVENT Training and Competencies Framework (2015)

4.3 This benchmarking guidance should be read in conjunction with CCG policies and procedures related to:

- Quality and patient safety
- Information governance
- Serious incident management
- Patient experience

4.4 Each of the standards in Appendix 1 will be identified as statutory, essential or developmental as denoted by S, E or D in the right hand column. These can be described as:

Statutory: Based on legislation and statutory guidance. Examples might include Mental Capacity Act, Human Rights Act, or *Working Together to Safeguard Children* statutory guidance. Providers **cannot** operate unless these standards can be met.

Essential: Guidelines and best practice (not statutory) and agreed policies and procedures (e.g. multi-agency). Examples might include NICE guidelines, agreed clinical pathways, training policies etc. Providers **should** not operate unless these objectives can be met, and if these cannot be met then there should be clear action plans with agreed timeframes on how and when they will be met.

Developmental: Locally agreed best practice, research/evidence based. Providers should be working towards these objectives with the support of commissioners and/other agencies.

5. Benchmarks and expected best practice

Standard 1: Strategic leadership

Standard 2: Lead effectively to reduce the potential of abuse

Standard 3: Responding effectively to allegations of abuse

Standard 4: Safeguarding practice and procedures

Standard 5: Staff competence

Standard 6: Safer recruitment

Standard 7: Learning from incidents

Standard 8: Commissioning

Standard 9: Safeguarding data requested by Department of Health

Standard 1: Strategic Leadership

Benchmark of expected best practice: The strategic lead for safeguarding must ensure that responsibilities to safeguard children and adults are understood and implemented throughout the organisation.

To demonstrate standards of best practice for Standard 1, the CCGs, organisations, service providers and independent contractors should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
1.1	Accountability for, and ownership of, safeguarding is recognised and evidenced by each organisation's executive body	S	Assurance Tool	Annually
1.2	Clear safeguarding policy is adopted at senior level with the organisation and disseminated to staff at all levels	S	Assurance Tool	Annually
1.3	The organisation has an identified strategic lead with clearly defined responsibilities to ensure that their organisations' functions are discharged with regard to the need to safeguard and promote the welfare of children and adults	S	Assurance Tool	Annually
1.4	The Organisation has an identified PREVENT lead who acts as a single point of contact for the health regional <i>Prevent</i> co-ordinators, and is responsible for implementing <i>Prevent</i> within their organisation.	S	Assurance Tool	Annually
1.5	The organisation works collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has safeguarding policies that link with multi-agency policies	S	Assurance Tool	Annually
1.6	Organisations ensure that safeguarding is included in training strategies and/or training plans	S	Assurance Tool	Annually
1.7	Organisations ensure that there are an adequate number of sufficiently	S	KPI contract	Bi-monthly

	trained, experienced people in the organisation to work safely and effectively to protect children and adults, and improve outcomes		monitoring	
1.8	The organisation has a lead operational role for child safeguarding, and lead operational role for adult safeguarding with clearly defined responsibilities	E	Assurance Tool	Annually
1.9	The organisation through the operational lead will establish links with the local and regional safeguarding networks and committees	E	Assurance Tool	Annually
1.10	Organisations will have a clear structure and dissemination process to ensure that all personnel understand their place in the organisation and how they receive supervision and guidance in their work with children and/or adults	E	Assurance Tool	Annually
1.11	Organisations must ensure that they have effective systems in place to highlight and respond to shortfalls in capacity which have an impact on their ability to meet their safeguarding responsibilities	E	Assurance Tool	Annually
1.12	Organisations must notify commissioners of any Care Quality Commission inspection related to safeguarding and the outcome	E	Assurance Tool	Annually
1.13	Each organisation cross-references its safeguarding plans with its core business plans and includes standards and targets relating to safeguarding in them	D	Bi-monthly report Site Visit	Bi-monthly Annually
1.14	Each organisation produces an annual safeguarding report which is signed off at Board level	E	Assurance Tool	Annually
1.15	Each organisation is required to have a safeguarding audit plan that included information on the audit process, involvement of managers and staff and how the findings from audit will be disseminated	E	Assurance Tool	Annually

S = Statutory, E = Essential, D = Developmental

Standard 2: Lead effectively to reduce the potential of abuse

Benchmark of expected best practice: Organisations must ensure that people who use services are protected from abuse, or the risk of abuse, by taking reasonable steps to identify the possibility of abuse and prevent it before it occurs.

To demonstrate standards of best practice for Standard 2, the CCG, organisations, service providers and independent contractors should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
2.1	Organisations have processes and procedures in place to enable staff to confidentially report any concerns they have about another individual's practice or behaviour, and/or organisational practice in relation to children and adults, which may place them at risk of harm ("whistleblowing" policy)	S	Assurance Tool	Annually
2.2	There are policies in place to ensure that organisations meet their obligations under the Equality Act 2010, and staff understand the implications of the policies in contributing to improved outcomes for children and adults	S	Assurance Tool Site Visit	Annually
2.3	Each organisation has a clear, well-publicised policy of zero tolerance of abuse within the organisation	E	Assurance Tool	Annually
2.4	Safeguarding information, updates, newsletters and learning from Serious Case Reviews, Learning Reviews and Domestic Homicide Reviews are disseminated through a clear process within the organisation	E	Assurance Tool Site Visit Audit programme	Annually 6 monthly
2.5	Staff understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns	E	Assurance Tool Site Visit Audit Programme	Annually 6 monthly
2.6	Each partner organisation has clear, accessible and well-publicised complaints procedures. This includes information about how to complain	E	Assurance Tool	Annually

	to external bodies such as regulators and service commissioners, and is cross-referenced with the safeguarding procedures. Relevant advocacy and advisory services are well publicised.		Site Visit	
2.7	People who use services understand the aspects of the safeguarding processes that are relevant to them	D	Site Visit Audit Programme	6 monthly

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Standard 3: Responding effectively to allegations of abuse

Benchmark of expected best practice: The organisation must make suitable arrangements to ensure that service users are safeguarded by responding appropriately to any allegation of abuse.

To demonstrate standards of best practice for Standard 3, the CCGs, organisations, service providers and independent contractors must ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
3.1	Staff respond immediately to ensure that children and adults are protected from further harm where abuse is suspected or identified	S	Assurance Tool Site Visit Audit programme	Annually 6 monthly
3.2	Immediate consideration is given as to whether a criminal offence has taken place and this is reported to the police. Staff seek advice from the police where there is any uncertainty.	S	Assurance Tool Site Visit Audit Programme	Annually 6 monthly
3.3	The organisation has a process for identifying any safeguarding incidents for children or adults and reviewing their practice in line with pan-Sussex multi-agency policies and procedures	S	Assurance Tool Exception report of incidents raised	Annually Bi-monthly

3.4	There is a written procedure in place for managing allegations and complaints made against staff who work with children or adults which is compliant with the pan-Sussex multi-agency safeguarding procedures	S	Assurance Tool	Annually
3.5	All serious incidents/grievances involving staff, where there are child protection or adult safeguarding concerns, are discussed with and, where appropriate, formally reported to the local authority	S	Exception report Site Visit Audit Programme	Bi-monthly 6 monthly
3.6	The organisation must have systems in place to respond to adult and child safeguarding investigations, serious incident investigations, serious case reviews, safeguarding adult reviews and domestic homicide reviews as required. Staff co-operate and work collaboratively, and in a timely fashion, with all relevant services, teams and agencies during any investigative process	S	Assurance Tool Exception report	Annually Bi-monthly
3.7	There is a nominated person in the organisation trained to handle complaints and allegations against staff	E	Assurance Tool	Annually
3.8	Staff should have access to specialist advice and support when part of a safeguarding investigation or enquiry and, where appropriate, staff and staff groups should be provided with debriefing/supervision	E	Assurance Tool KPI contract monitoring Audit programme	Annually Bi-monthly Annually
3.9	People who use services that have been abused (or are suspected of being abused) are supported by the service to take part in the safeguarding process to the extent to which they want or are able to, or to which the process allows. They are kept informed of progress.	E	Audit programme	Annually

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Standard 4: Safeguarding practice and procedures

Benchmark of expected best practice: National and regional safeguarding procedures are followed at all times.

To demonstrate standards of best practice for Standard 4, the CCGs, organisations, service providers and independent contractors should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
4.1	There are clear safeguarding procedures that are followed in practice, monitored and reviewed	S	Assurance Tool Site visit Audit Programme	Annually Annually
4.2	The Organisation must have policies that include the principles of the <i>Prevent</i> NHS guidance and toolkit, which are set out in <i>Building Partnerships, Staying Safe: guidance for healthcare organisations</i>	S	Assurance Tool	Annually
4.3	Health organisations are required to submit the number of PREVENT referrals made by their organisation to the CCG	E	KPI Contract Monitoring	Bi - Monthly
4.4	Agencies must demonstrate in their assessments that the young persons or adults wishes and feelings are effectively heard in accordance with guidance	S	Audit Programme Site Visit	6 monthly
4.5	There is written policy readily available to staff on record keeping, information sharing and information governance compatible with multi-agency guidance and procedure and statutory guidance	S	Assurance Tool	Annually
4.6	Where any form of control or restraint is used the organisation must have suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful or otherwise excessive	S	Assurance Tool	Annually
4.7	All organisations are required to understand their legal responsibilities under the Mental Capacity Act. Policies on consent to examination or treatment must include compliance with the Act and CQC standards	S	Assurance Tool KPI Contract Monitoring	Annually 6 monthly

4.8	All organisations must ensure that people that they care for in care homes and hospitals who lack capacity are not unlawfully deprived of their liberty (see Deprivation of Liberty Safeguards link on page 5 for criteria)	S	Assurance Tool KPI Contract Monitoring Audit Programme Site Visit	Annually 6 monthly Annually
4.9	Up-to-date Pan-Sussex Safeguarding Multi-agency procedures are available and easily accessible to all staff working with patients (or patient records) at all levels within the organisation	E	Assurance Tool Site Visit	Annually
4.10	Each organisation has a set of internal guidelines, consistent with the local multi-agency safeguarding policy and procedures for children and adults, which set out the responsibilities of all workers to operate within it. This includes clear up-to-date local information on who/how to contact for advice and support	E	Assurance Tool	Annually
4.11	A dissemination process for all policy and procedure is in place across the organisation, including updates and reviews, and there is clear evidence of staff being accountable for receiving and understanding the procedures	E	Assurance Tool Site Visit	Annually
4.12	Action plans are developed to address any areas of risk or non-compliance with safeguarding requirements	E	Assurance Tool Exception reporting of risks	Annually Bi-monthly
4.13	Organisations will have a process in place to ensure that risks to children and adults are appropriately documented, as well as any actions taken or advice given to mitigate against that risk	E	Audit Programme Site Visit	6 monthly

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Standard 5: Staff competence

Benchmark of expected best practice: Patients/clients are proactively treated with due regard to ensuring their safety and protection.

To demonstrate standards of best practice for Standard 5, the CCGs, organisations, service providers and independent contractors should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
5.1	Staff understand and recognise the signs of abuse and raise this with the relevant person when those signs are noticed	S	KPI via contract monitoring Audit Programme Site Visit	6 monthly
5.2	Staff have a clear understanding and awareness on how to consult within their organisations and with social services, where appropriate, and refer any child or adult where there are concerns for their safety	S	Audit Programme Site Visit	6 monthly
5.3	Staff follow the referral process and timescales as described in relevant local and national multi-agency procedures when responding to suspected abuse of children or adults	S	Audit Programme Site Visit	6 monthly
5.4	Staff access a comprehensive training programme which is monitored across all levels of the organisation. Awareness training is mandatory for all staff with a tiered approach to meet more complex needs. Staff will be trained to the required level to respond and act upon their concerns in line with their role and responsibilities, using nationally validated training competencies where available.	S	Assurance Tool KPI contract monitoring	Annually Bi-monthly
5.5	Staff receive <i>Prevent</i> awareness training appropriate to their role using the NHS England Prevent Training and Competencies Framework	S	KPI contract monitoring	Bi-monthly
5.6	Staff understand their duty to share information, even without consent, where there are child or adult protection concerns, in line with multi-agency information sharing policies	S	Audit Programme Site Visit	6 monthly

5.7	Staff understand the roles of other organisations who may be involved in responding to suspected abuse to the extent that is appropriate to their role.	E	Audit Programme Site Visit	6 monthly
5.8	Clear processes for supervision should be in place across the organisation which cover safeguarding issues and inform practice improvements	E	Assurance Tool	Annually
5.9	All staff have statements within their job descriptions and person specifications that recognise responsibilities for safeguarding and these are reviewed through the appraisal and/or PDP process	D	Assurance Tool Audit programme KPI contract monitoring PDP	Annually Bi-monthly
5.10	Staff surveys should seek staff views on sharing of information, lessons learnt, recommendations and staff needs in relation to fulfilling their safeguarding responsibilities	D	Assurance Tool	Annually
5.11	Named Professionals / lead for safeguarding require regular supervision from a Designated Nurse / Doctor	E	Assurance Tool	Annually

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Standard 6: Safer Recruitment

Benchmark of expected best practice: The organisation ensures that all staff with access to children and adults at risk are properly selected and vetted to ensure inappropriate employees do not gain access to children or adults at risk in their work.

To demonstrate standards of best practice for Standard 6, the CCGs, organisations, service providers and independent contracts should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
6.1	All organisations adhere to the statutory requirements of the Disclosure and Barring Service	S	Assurance Tool KPI contract monitoring	Annually
6.2	DBS checks are mandatory for all staff who work in regulated and controlled activities and who have contact with children and/or adults. A risk assessment should be undertaken to assess the roles and duties individuals are expected to fulfil and criminal record checks should be made accordingly through the Criminal Records Bureau (NHS Employer Standards)*	S	Assurance Tool	Annually
6.3	In addition to 6.2 above, organisations should carry out criminal record checks when recruiting staff from abroad. A DBS disclosure should still be obtained in addition to the individual's overseas criminal records, even if the applicant claims they have never lived in the UK before.	S	Assurance Tool	Annually
6.4	Organisations must have in place a policy for referral of any staff member responsible for suspected actual abuse to: <ul style="list-style-type: none"> Local Authority in line with pan-Sussex multi-agency policy and procedures Disclosure and Barring Service Professional regulating body, if appropriate 	S	Assurance Tool	Annually

6.5	All appointing staff adhere to the safer recruitment guidance and staff access training in safer recruitment as needed	E	Assurance Tool	Annually
6.6	As part of their induction, new employees will be made aware of policies and procedures in relation to safeguarding and any training needs they have in relation to these needs will be identified and planned	E	Assurance Tool Site Visit	Annually
6.7	All organisations should demonstrate commitment to safeguarding children and adults within the recruitment process, for example by making this explicit in recruitment advertising or in documentation sent to prospective candidates	D	Assurance Tool	Annually

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* NHS Employer Standards: Criminal Records Checks additionally states:

*“The NHS Employment Check standards are mandatory for all applicants for NHS positions (prospective employees) and staff in ongoing NHS employment. This includes permanent staff, staff on fixed-term contracts, volunteers, students, trainees, contractors, highly mobile staff and staff supplied by an agency. **Trusts using agency, contractor or other external bodies to provide NHS services must ensure, through regular audit and monitoring, that their providers comply with these standards**”*

Standard 7: Learning from incidents

Benchmark of expected best practice: There is clear evidence of improved practice and implementation of safeguarding recommendations.

To demonstrate standards of best practice for Standard 7, the CCGs, organisations, service providers and independent contractors should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
7.1	All safeguarding incidents (including Serious Incidents) and complaints are reported appropriately, including an assessment of safeguarding risks as part of the organisations' incident management policies and process	E	Assurance Tool Audit Programme	Annually

			Exception Report	Bi-monthly
7.2	A clear process is in place to disseminate Serious Case Review, Safeguarding Adults Review, Serious Incident or Domestic Homicide Review recommendations within the organisation including implementation and monitoring plans, and training opportunities arising from lessons learned	E	Assurance Tool Audit Programme Site visit	Annually 6 monthly
7.3	Changes to service delivery and practice must be clearly recorded when resulting from lessons learned and recommendations and a clear process for disseminating and auditing service changes in place	E	Assurance Tool Audit Programme	Annually
7.4	Formal processes are in place to monitor compliance with recommendations and action plans	E	Assurance Tool Exception Report	Annually Bi-monthly
7.5	Themes and trends from incidents and complaints will be monitored with respect to safeguarding concerns and appropriate action plans developed and implemented	D	Audit Programme Exception Report	Annually Bi-monthly
7.6	Staff are actively encouraged to discuss and debrief from incidents and near misses	D	Assurance Tool Exception Report	Annually Bi-monthly
7.7	Staff have access to a range of training opportunities arising from lessons learnt	D	Assurance Tool KPI contract monitoring	Annually Bi-monthly

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Standard 8: Commissioning

Benchmark of expected best practice: Health commissioners are responsible for ensuring that services are commissioned in such a way that children, young people and adults are safeguarded.

To demonstrate standards of best practice for Standard 8, the CCGs, organisations, service providers and independent contractors should ensure that:

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
8.1	All contracts and service level agreements require that the organisations, service providers and independent contractors have robust safeguarding processes and practices in place as described in this benchmarking guidance	S	Assurance Tool	Annually
8.2	Commissioners utilise contract monitoring, service level agreements and report re incidents and complaints to ensure that the development and implementation of effective safeguarding practice is evident across all commissioned services	E	Assurance Tool Exception Report	Annually Bi-monthly
8.3	Commissioners scrutinise submitted reports and action plans to enable themes and trends to be identified across the health economy, with lessons learnt shared to inform all commissioned services and independent contractors	E	Exception Report	Bi- monthly
8.4	A communication strategy is in place to actively promote learning from reports, including serious case reviews, and cascade to all relevant provider organisations and independent contractors	E	Assurance Tool Exception Report	Annually Bi-monthly
8.5	Commissioners utilise information from external monitoring organisations, for example LSCB, SAB and Care Quality Commission declaration and action plans	E	Exception Report	Bi-monthly
8.6	Commissioners obtain the views of children and adults who receive services when monitoring those services or commissioning new services	E	Assurance Tool Audit Programme	Annually

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Standard 9 : Safeguarding data requested by Department of Health, LSCB

Number	Standard	S/E/D	Method of Gaining Evidence	Frequency
9.1	CCG requires providers to collect & report number of women under 18 years of age who have been subject to Female Genital Mutilation (FGM)	S	KPI/Contract monitoring	Monthly
9.2	During 2015 it will become mandatory for health professionals to report number of women under 18 years of age who have been subject to Female Genital Mutilation (FGM)	S	KPI/Contract monitoring	Monthly
9.3	Information leaflet on support available for women who have undergone FGM	E	Assurance Tool	Annually
9.4	Health Organisations are required to submit number of Prevent referrals made by their organisation to the CCG	E	KPI/Contract monitoring	3 monthly