

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.

Safeguarding should play an integral role in all parts of the commissioning cycle, from procurement to quality assurance ensuring that commissioned services effectively safeguard children and adults against abuse and neglect.

In relation to safeguarding children's the CCG has additional duties as an equal statutory safeguarding partner, 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:

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015) Updated: August 2019
- 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)
- The Children Act 1989 Guidance and Regulations: Volume 2, Care Planning, placement and Case Review (HM Government 2010)
- Care Act (2004)
- Domestic Violence, Crime and Victims Act (2004)

- Modern Slavery Act (2015)
- Domestic Abuse Act (2021)
- Counter-Terrorism and Security Act (2015)
- 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)
- Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document. Fourth edition (January 2019)
- Adult Safeguarding: roles and competences for health care staff intercollegiate document. First edition (August 2018).

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 regard to safeguarding children, adults at risk, children looked after and Prevent
- safe working practices including recruitment and vetting procedures
- effective interagency working, including effective information sharing

- restorative practice
<https://www.leeds.gov.uk/docs/Restorative%20Practice%20One%20Minute%20Guide.pdf>

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 mental and physical health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

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 introduction of the Care Act (2014) 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.

The currently used definition within Safeguarding Adults work remains that abuse is 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.

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) and the Safer and Stronger Communities Team

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.

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)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

Prevent Duty Guidance (revised 2021):

<https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>

Counter Terrorism Strategy (HM Government 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CCS0218929798-1_CONTEST_3.0_WEB.pdf

See Appendix B for referral process

6. CCG Roles and Responsibilities for Safeguarding

CCGs are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, CCGs need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place. 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 clear lines of accountability for safeguarding, which are reflected in the CCG governance arrangements with a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.
- 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.
- Participate in equal system leadership between LA children's services and the police to agree on ways to co-ordinate 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.
- Participate in effective inter-agency working with LAs, the Police and third sector organisations, including appropriate arrangements to co-operate with LAs in the operation of safeguarding children's partnerships, Corporate Parenting Boards, SABs and Health and Wellbeing Boards.
- Support adult and children's services to work together to commission and provide health services that ensure a smooth transfer for young people and children in care.
- Co-operate with the local authority in the operation of the local safeguarding adult board, supporting a positive learning culture that aims to reduce social and physical isolation for adults.
- 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 for children looked after (CLA); a Designated Paediatrician for child deaths (SUDIC); a Designated Doctor for child deaths; a Designated Nurse for safeguarding adults and a Mental Capacity Act Lead
<https://www.leedsccg.nhs.uk/publications/mental-capacity-act-policy/>
- 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).
- Gain assurance within each of the organisations and services commissioned that plans are in place to train all staff in recognising and reporting safeguarding issues, appropriate supervision, and ensuring that their staff are competent to carry out their responsibilities for safeguarding to the appropriate level.
- 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.

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
- Via individual provider annual reports
- On an annual basis the three main providers (LCH, LYPFT and LTHT) are asked to assure themselves that they are meeting their safeguarding responsibilities via the provider safeguarding standards for adult and children self-declaration (appendix G)
- On a quarterly basis the three main providers (LCH, LYPFT and LTHT) are asked to assure themselves that they are meeting their safeguarding responsibilities related to a given topic (appendix H)
- In working towards a more collaborative quality assurance framework as described in The NHS Long term Plan, safeguarding assurance is also currently sought from the three main providers, (LCH, LYPFT, LTHT) through attendance at internal safeguarding committees, and via meeting with the individual heads of safeguarding. This process allows for a supportive and structured conversation to improve practice
- In addition, the CCG safeguarding team also seeks annual assurance from Private Hospital providers
- Provider assurance governance is currently via the CCG Safeguarding committee

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

- Via the LSAB Organisational Self-Assessment Process
- Via individual provider annual reports
- On an annual basis the three main providers (LCH, LYPFT and LTHT) are asked to assure themselves that they are meeting their safeguarding responsibilities via the provider safeguarding standards for adult and children self-declaration (appendix G)
- On a quarterly basis the three main providers (LCH, LYPFT and LTHT) are asked to assure themselves that they are meeting their safeguarding responsibilities related to a given topic

(appendix H)

- In working towards a more collaborative quality assurance framework as described in The NHS Long term Plan, safeguarding assurance is also currently sought from the three main providers, (LCH, LYPFT, LTHT) through attendance at internal safeguarding committees, and via meeting with the individual heads of safeguarding. This process allows for a supportive and structured conversation to improve practice
- On an annual basis locally commissioned Nursing Homes are asked to assure themselves that they are meeting their safeguarding responsibilities via the Care Homes Safeguarding Standard self-declaration (appendix H)
- In addition, the CCG safeguarding team also seeks annual assurance from Private Hospital providers
- Provider assurance governance is currently via the CCG Safeguarding committee

6.1 Accountability

Accountability for safeguarding sits with the Chief Officer of the CCG, with delegated responsibility to the Executive Director of Nursing and Quality. 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
- Recognise the importance of children/families' involvement in the feedback processes using existing mechanisms which are already in place in the LSAB, LSCP 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;

- Head of Safeguarding who is supported by the following skill mix team;
- Designated Nurses for Children and Adults
- Named Nurse for Children and Adults
- Specialist Safeguarding practitioners for Children and Adults
- Mental Capacity Act lead
- Named GP for Children
- Named GP for Adults
- Designated Doctor for Children
- Designated Doctor for child deaths, who provides expert advice and support to staff in 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, Safer Leeds Executive and relevant sub-groups as required and 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 and the Leeds Local Authority area
- 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, Safer Leeds Executive, 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, and the Integrated Care System (ICS) 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://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/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.
- This includes the opportunity to use a template Adult and Child Safeguarding Policy which has been developed by the CCG safeguarding team, and can be adopted fully as the GP practice Adult and Child Safeguarding policy, or in parts and added to the practices existing policy https://extranet.leedsccg.nhs.uk/content/uploads/2021/04/Template_Primary_Care_Safeguarding_Policy.pdf
- Work with and to the West Yorkshire Consortium Safeguarding Children Procedures <https://westyorkscb.proceduresonline.com/index.htm#> 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.leedsccg.nhs.uk/corporate-information/safeguarding/>

Primary Care Extranet: <https://primarycare.leedsccg.nhs.uk/medicines-optimisation/safeguarding/>

Leeds Safeguarding Children Partnership web page

<https://www.leedsscp.org.uk/Practitioners>

Leeds Safeguarding Adult Board web page

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

Leeds Health Pathway(s)

GP member practices will take account of the safeguarding standards as detailed in Appendix F. 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 NHS – Accountability and Assurance Framework (NHS England 2015) Updated: August 2019

sets out the clear responsibilities of each of the key players in safeguarding within the NHS.

NHS England are 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 LSCPs 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, LSAB and Safer Leeds. The Safeguarding committee will action learning from Ofsted/CQC inspections and Serious Adult Reviews, Child Safeguarding Practice 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. Safeguarding Standards for Commissioned Services

The main providers of services commissioned by the CCG are required to meet the minimum standards contained in Appendix G. This assurance tool has been developed and agreed across the Integrated Care System (ICS). 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. 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.leedscg.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 People in Positions of Trust Practice Guidance: [https://leedssafeguardingadults.org.uk/Documents/Safeguarding/LSAB%20Practice%20Guidance_People%20in%20positions%20of%20trust%20guidance%20\(July%202021\).pdf](https://leedssafeguardingadults.org.uk/Documents/Safeguarding/LSAB%20Practice%20Guidance_People%20in%20positions%20of%20trust%20guidance%20(July%202021).pdf) 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;
- behaved or may have behaved in a way that indicates they may not be suitable to work with

children.

- 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; Designated Nurse Safeguarding Children and Adults 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 Head of Safeguarding or the Deputy Director of Nursing and Quality 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 policies including the acceptable standards of behaviour policy, managing work performance and recruitment policies can be found:

<https://www.leedsccg.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
- Consider the “voice of the child” and ["think family work family"](#) principles
- 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 E) ensuring a copy is kept in the child’s records where 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 <https://leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-policy-and-procedures>. Consideration should also be given to the "[think family work family](#)" principles.

11. Raising concerns about the risk of Domestic Abuse

The cross-government definition of domestic abuse is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.”

The CCG acknowledges that domestic abuse is a significant problem, which has a devastating impact upon victims and families. As employers, the CCG will inevitably employ individuals who are affected by domestic abuse. As a result, the CCG must ensure that we make reasonable efforts to provide staff with the support they require. The [Domestic Violence and abuse policy for CCG staff](#) outlines the definition of what constitutes domestic abuse ensuring both victims and perpetrators of domestic abuse are aware of the support that is available within the organisation. It also provides guidance to line managers when supporting staff who are affected by domestic abuse.

12. Raising concerns about the risk of Modern Slavery

The Modern slavery Act (2015) defines modern slavery offences as;

- Slavery, servitude and forced or compulsory labour, and
- Human Trafficking.

The Modern Slavery Act (2015) introduced changes to UK law which included increasing transparency in supply chains. The CCG is committed to ensuring that there is no modern slavery or human trafficking in any part of our business activity and in so far as is possible to holding our suppliers to account to do likewise.

As a local leader in commissioning health services for the population of Leeds and as an employer, NHS Leeds CCG takes the following steps in respect of its commitment to, and efforts in, preventing slavery and human trafficking practices in the supply chain and employment practices;

- The publication of an annual Modern Slavery statement which outlines the steps the organisation is taking to tackle modern slavery.
- The CCG Safeguarding team provides mandatory safeguarding training as appropriate to roles and responsibilities, for all CCG staff which includes modern slavery.
- The CCG Safeguarding team provides expert support and advice into the commissioning process which includes modern slavery.
- The CCG Safeguarding team seeks assurance regarding how organisations meet the requirements of the Modern Slavery Act 2015 as part of the safeguarding assurance process.

In addition, the CCG provides the following policies which supports the principles of safe recruitment, and provides guidance for employees on how to raise concerns about poor working practices;

- Recruitment and Selection Policy
- Equality and Diversity Policy
- Grievance Policy
- Freedom to Speak Up Policy
- Acceptable Standards of Behaviour
- Whistleblowing Policy

13. Raising Concerns about the risk of Radicalisation

All CCG staff 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/ or a member of the CCG safeguarding team.

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 in an emergency call the Police on 999.

14. Management of Safeguarding Related Incidents

All serious safeguarding children and adult's incidents must be reported in accordance with the CCG Incident Management Policy and Guidance

<https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/08/CCG-Incident-Management-Policy-and-Guidance-AMENDED-JUNE-2020-FINAL.pdf>

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, Bribery and Corruption Policy

<https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/08/Leeds-CCG-Anti-fraud-and-Corruption-PolicyJuly-2020.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.

15. Contact Details

All members of the Safeguarding Team can be contacted via 0113 8431713 or leeds.safeguarding@nhs.net

16. Equality Impact Assessment (EIA)

This document has been assessed, using the EIA toolkit, to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups, appropriate action has been taken to mitigate or eliminate the negative impacts and maximise the positive impacts and that the and that the implementation plans are appropriate and proportionate. The full EIA is attached as Appendix J.

17. Dissemination

The Head of Safeguarding is responsible for the effective dissemination of the policy (appendix K)

The Head of Safeguarding will:

- ensure the policy is added to the CCG website
- ensure an electronic copy is stored centrally

18. Implementation

Implem of the Safeguarding Children and Adults at Risk Policy

Policy implementation is supported by the NHS Leeds CCG Safeguarding Children, Young People & Adults at Risk Training Strategy [https://5314656878509eac29d4-](https://5314656878509eac29d4-0bb3b1bc14cc125a14827ee952dcd593.ssl.cf3.rackcdn.com/content/uploads/2020/11/CCG_Training_Statagy_V5.pdf)

[0bb3b1bc14cc125a14827ee952dcd593.ssl.cf3.rackcdn.com/content/uploads/2020/11/CCG_Training_Statagy_V5.pdf](https://5314656878509eac29d4-0bb3b1bc14cc125a14827ee952dcd593.ssl.cf3.rackcdn.com/content/uploads/2020/11/CCG_Training_Statagy_V5.pdf)

19. 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.

19.1 Statutory Guidance

- Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO
- Department of Health et al (2009) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham, DCSF publications
- HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, DCSF publications

- HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications
- HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, Forced Marriage Unit: London
- HM Government (2010) *Statutory Guidance on promoting the Health and well-being of Looked After Children* (DH 2009)
- HM Government (2018) *Working Together to Safeguard Children*, Nottingham, DCSF publications updated (2020).
- Care Act 2014
- Children's Act 1989
- Health and Social Care (Amendment) Bill 2019
- Counter-Terrorism and Security Act 2015
- Modern Slavery Act 2015
- Domestic Abuse Act 2021
- Domestic Violence, Crime and Victims Act (2004)

19.2 Non-statutory Guidance

- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- Children's Workforce Development Council (March 2010) Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A practitioner's guide, CWCD
- 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
- DH (May, 2011) Statement of Government Policy on Adult Safeguarding
- HM Government (2006) What to do if you're worried a child is being abused, DSCF publications
- Law Commission (May, 2011) Adult Social Care Report
- Safeguarding Children and Young people: Roles and Competences for Health Care Staff. Intercollegiate Document (2019)
- Safeguarding Adults: Roles and Competences for Health Care Staff. Intercollegiate Document (2018).
- Perplexing Presentations (PP) / Fabricated or Induced Illness (FII) in Children: RCPCH guidance (2021)

19.3 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*

- HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*, Forced Marriage Unit: London
- National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*, Nice clinical guideline 89

19.4 Leeds Safeguarding Children Partnership (LSCP)

The Safeguarding partnership is made up of three key strategic bodies, the CCG 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. All three safeguarding partners have equal and joint responsibility for local safeguarding arrangements.

19.5 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.

19.6 Community Safety Partnership - Safer Leeds Executive

Community Safety Partnerships (CSP) have a statutory duty to set up a strategic partnership board made up of representatives from the “responsible authorities”. In Leeds, NHS Leeds Clinical Commissioning Group represents health. The CSPs duties and responsibilities include; safeguarding communities and vulnerable victims, reducing criminal exploitation, and reducing domestic violence/ abuse and sexual abuse. CSPs statutory duties also include establishing, and commissioning Domestic Homicide Reviews (DHRs) and as per the Domestic Violence, Crime and Victims Act (2004) definition.

19.7 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: Guidance about compliance Essential standards of quality and safety March 2010* https://services.cqc.org.uk/sites/default/files/gac_-_dec_2011_update.pdf

19.8 Disclosure and Barring Service

The Disclosure and Barring Service helps employers make safer recruitment decisions. The aim is to prevent unsuitable people from working with vulnerable groups, including children. The Disclosure and Barring Service processes and issues DBS checks for England, Wales, the Channel Islands and the Isle of Man. DBS also maintains the adults’ and children’s Barred Lists and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity.

Further guidance is available at: <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

20. Glossary

CCGs - Clinical Commissioning Groups

LSCP: Leeds Safeguarding Children Partnership

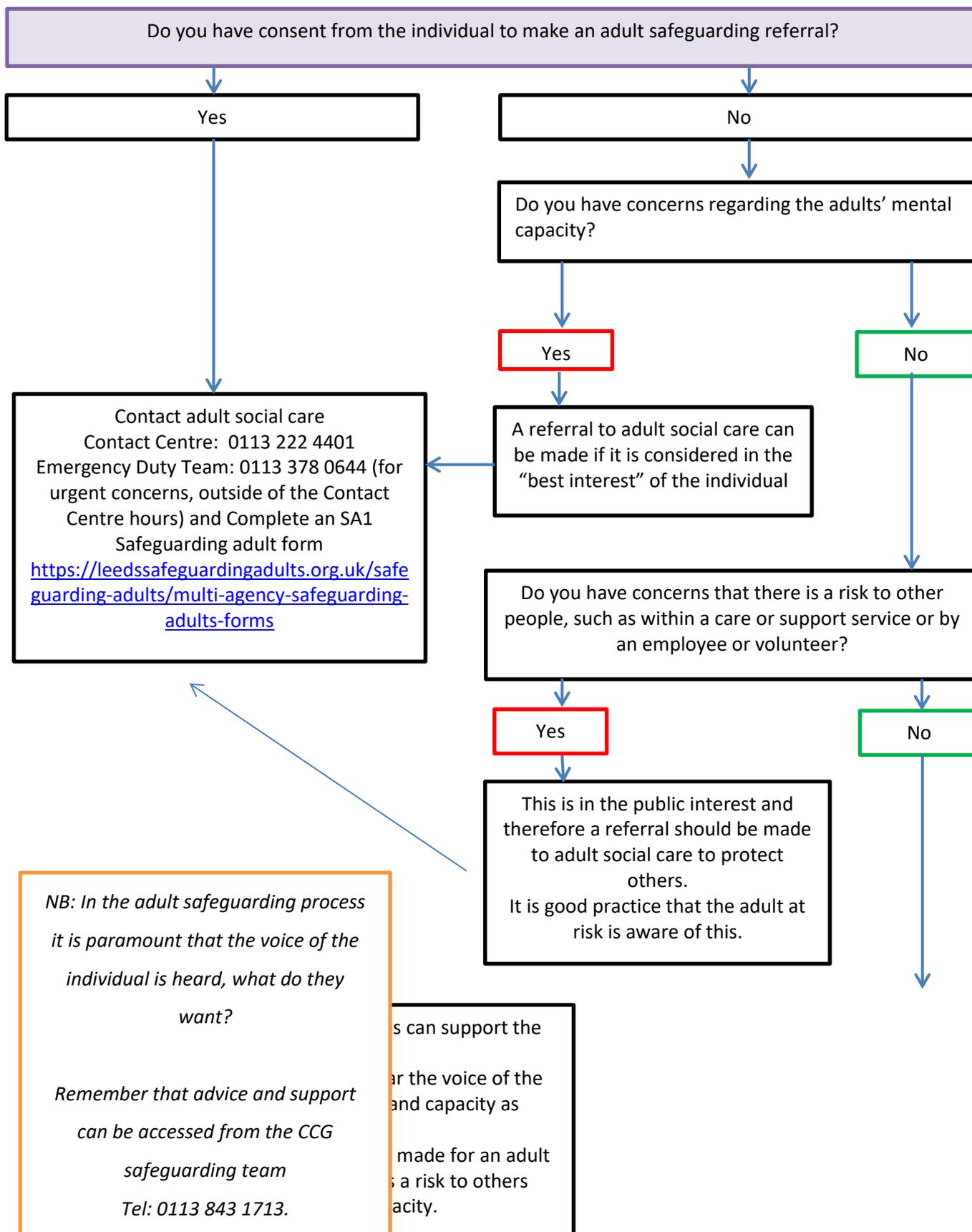
LSAB: Leeds Safeguarding Adult Board

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.

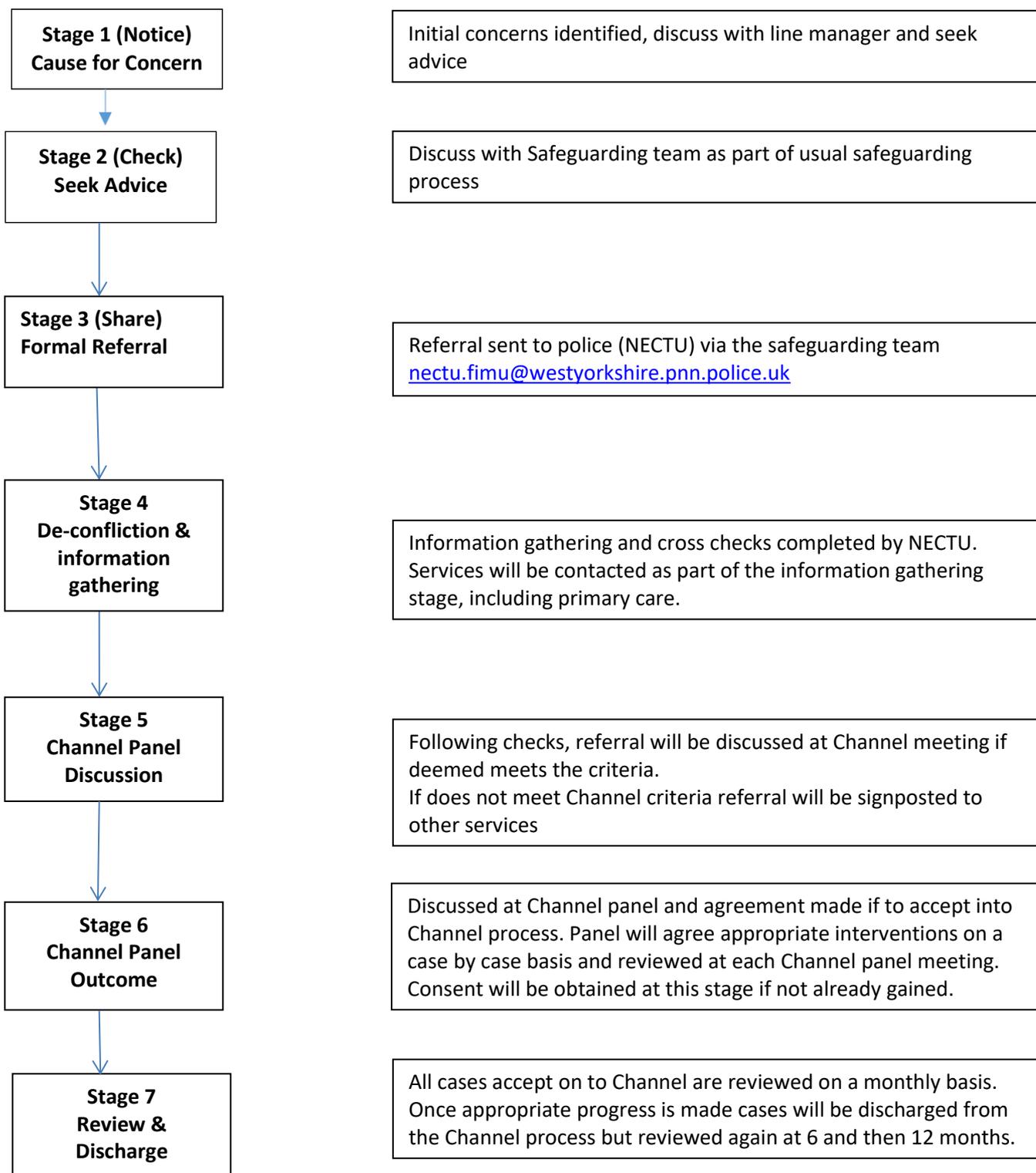
Raising an Adult Safeguarding Concern



Appendix B.

Raising a PREVENT Concern

It is important to follow the Leeds Channel Referral Process





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).

	Examples of Services provided	Conversation Opportunities	Who will help me start the conversation?
Universal Services	<ul style="list-style-type: none"> - Midwifery - GP - Health Visiting - School Nursing - Schools (primary, secondary and higher education) - Early Years provision - Youth Services - Children's Centres - Careers Advice 	<ul style="list-style-type: none"> - Line manager - Own agency practitioners - Own agency Safeguarding Lead - Other universal agencies 	<p>Family Information Service Freephone: 0800 7310640</p> <p>Will be able to advise you of how to contact professionals within Universal Services</p>
Cluster Based Targeted Services	<ul style="list-style-type: none"> - Family Intervention and Support Services - Attendance Advisors - Targeted Mental Health Services - Youth Offending Service - Speech and Language - Area Inclusion Partnerships - Behaviour Support - Short Breaks and activities for children and young people with disabilities. 	<p>Would include those above and:</p> <ul style="list-style-type: none"> - Cluster Managers - Targeted Service Leaders - Cluster based groups - Integrated Processes Officers - Scope 	<p>Integrated Processes Team Tel: 0113 2476830</p> <p>Will advise you of who to contact in clusters and Targeted Services</p>
Specialist Services	<ul style="list-style-type: none"> - Children's Social Work Service (Child In Need, Child Protection and Looked after Children and Care Leavers) - Specialist Health Services including Continuing Care and Child & Adolescent Mental Health Service Tier 3 and 4 - Complex Needs Service. - Multi-Systemic Therapy Service 	<p>Would include those above and:</p> <ul style="list-style-type: none"> - Duty and Advice Team - Multi-agency practitioner meetings (s.g. Core Group meetings) - Allocated Social Worker - Specialist health workers - Complex Needs Service 	<p>Duty and Advice Team Tel: 0113 3760336 (out of hours 0113 2409536)</p> <p>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</p>

Appendix D.

What you should do if you are worried a child is being abused?

Do not assume someone else will be doing something about it – it is your responsibility to act and share information appropriately. All staff should know what to do if they suspect a child is at risk of harm or is being abused - All staff is reminded that they have a duty to raise concerns where a child may be at risk of abuse.

Please note that the CCG Safeguarding Team is available for advice and support (Tel: 0113 8431713)

DOING NOTHING IS NOT AN OPTION

The following steps must be followed:

A member of staff becomes aware of suspected or actual abuse of a child



If you feel that the child is in imminent danger call 999.



As soon as possible discuss with your line manager and/or a member of the CCG safeguarding team on 0113 8431713



Record your observations and discussions in detail according to the appropriate record keeping policy and practice guidance, retain all original notes as these may be disclosed in future at court proceedings



You may decide or be asked to make a referral to children's social work services.

Telephone Duty **and Advice Team on 0113 3760336 or 0113 5350600 if out of hours.**



Follow this up (within 24 hours) with a written referral using the Request for Service form which the Duty and Advice team will send you. Ensure a copy is kept in either your records or the child's records if you hold them.

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.

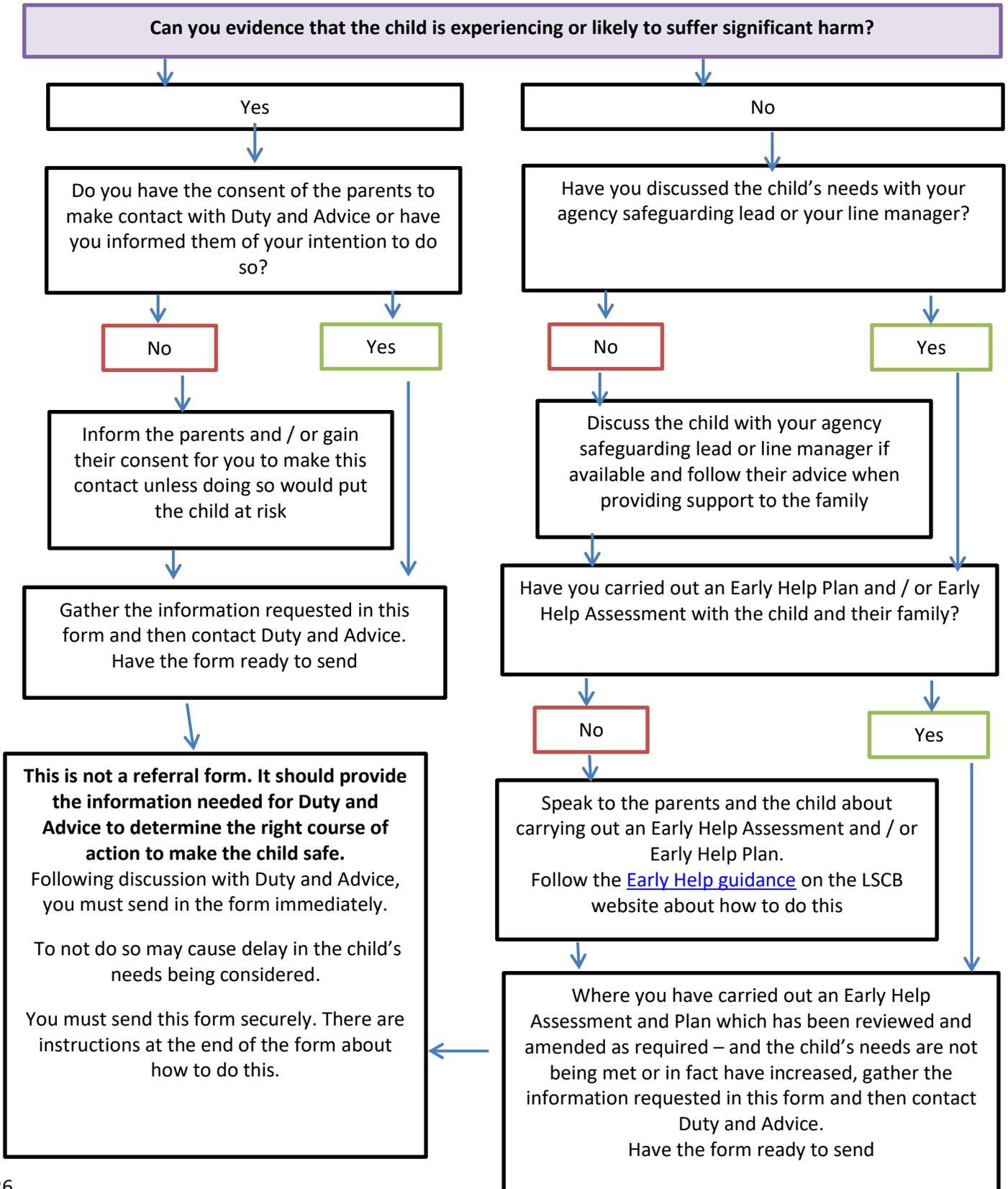


Front Door Safeguarding Hub - Contact Form – 2019

Duty and Advice Team

(This form replaces the previous Record of Contact Form)

Before contacting Duty and Advice Team and completing this form, please answer the following questions and follow the advice provided:





Last name:			First name:			Any other names used:		
DOB or EDD (DD/MM/YY):			Gender:			Ethnicity:		
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								
Present School:			Preschool:			Children's Centre:		
Unique Pupil Number (UPN):			NHS Number:					

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: <ul style="list-style-type: none">• 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?	
Yes:	No:
If yes, what advice did they give you?	
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		
Yes:	No:	
If yes, attach the relevant documents with this form		
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

Household members	Relationship to child	DOB DD/MM/ YY	School/ preschool	Does this person hold parental responsibility?
Other significant adults	Relationship to child	DOB DD/MM/ YY	Address	Does this person hold parental responsibility?

Are you aware of any previous social work involvement? Yes No

If yes, provide details:

Was this in Leeds? Yes No 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:

Practitioner name	Job Title / Role	Agency	Phone no/ contact details
	GP		
	Health visitor if child under 5		

--	--	--	--

For example: school or early years setting, Police, particular Health 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.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 9.00am to 5.00pm.

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 5350600.

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

Appendix F.

Safeguarding Standards for General Practice

Practice Name:
Contact details:
Submission completed by:
Submission date:

RAG rating Key

Green	Fully compliant (remains subject to continuous quality improvement)
Amber	Actions in place and a plan to meet the standard.
Red	Non-compliance against standards and action plan being developed.

	Standard	RAG	Comments
1.0	Clear lines of accountability for safeguarding children and vulnerable adults		
1.1	The Practice has a Lead and a deputy for Safeguarding (including Children, Adults at risk, MCA , Domestic Violence and abuse, Prevent)		
1.2	The lead for safeguarding and deputy know how to access expert safeguarding and MCA support and advice		
1.3	The lead for safeguarding and/or deputy attends a minimum of 50% of GP Safeguarding Leads Peer Support Meetings in a one year period.		
2.0	Governance arrangements, policies, procedures and systems		

	Standard	RAG	Comments
2.1	All Practice staff have access to up to date safeguarding policies and procedures for both children and adults at risk which are consistent with statutory & multi-agency guidance, including allegations against staff and volunteers working with children and adults at risk		
2.2	Practice staff have access to the Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards Code of practice		
2.3	The Practice Safeguarding Children and Adults at Risk Policy is in line with the Leeds Safeguarding Children Partnership and Leeds Safeguarding Adult Board guidance.		
2.4	The practice has a chaperone policy in place which includes the safeguarding responsibilities of the role.		
2.5	The Practice Safeguarding Children and Adults at Risk Policy clearly states how staff should manage and escalate a safeguarding concerns, including how staff can access support and advice and how to make a safeguarding referral.		
2.6	All staff have an awareness of domestic violence and abuse and clinical staff create opportunities for patients to disclose any domestic abuse when attending appointments.		
2.7	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.		
2.8	All staff are familiar with the Government's Prevent strategy, including how to make a referral to Channel Panel and have undertaken training relevant to their role		
2.9	The Practice has a process in place to manage and escalate concerns for children and young people who are not brought, or taken to appointments and no appropriate reason is given.		
2.10	The Practice has a process in place for the management and escalation of cases when an adult at risks or with care and support needs does not attend, or is not brought to appointments and no reasonable reason is given.		
2.11	The practice has a process in place for disseminating changes in safeguarding practice and learning from safeguarding incidents, local safeguarding case reviews and safeguarding audits.		
2.12	The practice has a process for accessing interpreting services and do not use family/friends routinely as interpreters.		
2.13	The practice has a process for accessing Advocacy services as needed.		
2.14	The practice has a repeat prescribing policy in place which addresses none attendance for medication reviews		
3.0	Awareness of patients who are at risk		
3.1	The Practice ensures that clinical records clearly indicate that a child is looked after (In care) or is a care leaver		
3.2	The Practice ensures that clinical records clearly indicate that a child has a Child Protection Plan or Child in Need Plan		

	Standard	RAG	Comments
3.3	The practice ensures that clinical records clearly indicate if a patient is at risk of domestic violence and abuse		
3.4	The practice ensures that clinical records clearly indicate if a patient is at risk of harm/abuse, including honour based abuse, forced marriage, FGM, exploitation and radicalisation.		
3.5	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		
3.6	The practice has a system in place to capture and record if a person has any of the following in place to support autonomy and self-determination in cases of loss of capacity: <ul style="list-style-type: none"> • Advance Statement of Wishes • Advance Decisions to Refuse Treatment • Lasting Powers' of Attorney stating its type (property and affairs or health and welfare) • Court Appointed Deputy 		
4.0	Information Sharing and Removal of Children and Adults at Risk from a GP list		
4.1	The Practice has 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 has a process in place to manage requests for attendance at Child Protection Conferences and requests for Child Protection Conference Reports, to ensure a timely response.		
4.3	The practice has a process in place for managing, recording and responding to the information that they receive from child protection conferences and health assessments for children who are looked after.		
4.4	The Practice has a process in place for managing, recording and responding to information they receive from the MARAC meetings.		
4.5	The practice has a process in place for managing, recording and responding to information received in relation to MACE meetings		
4.6	The practice has a process in place for managing, recording and responding to information received in relation to strategy meetings held for children who are registered at the practice.		
4.7	The practice ensures that no child or adult at risk is removed from the practice list by the practice before careful consideration by a clinician, of their vulnerabilities and any risk factors present in their family and this is reflected in the practice safeguarding policy.		

Appendix G.

PROVIDER SAFEGUARDING STANDARDS FOR ADULTS AND CHILDRENS

Safeguarding is ‘everybody’s business’ and should be positively demonstrated within the culture of any organisation that provides or commissions health care, as a ‘golden thread’ throughout.

The NHSE Safeguarding Children, Young People and Adults at Risk in the NHS (2019) identifies:

“Health providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. Providers must demonstrate safeguarding is embedded at every level in their organisation”

The NHS standard contract for delivery of health care services requires that provider organisations must comply with Safeguarding national legislation. It is the role of health commissioners from whom it commissions services (both public and independent sector) to seek assurance that providers recognise and are actively seeking to:

1. Adhere to national safeguarding legislation and requirements (including contract requirements)
2. Are able to demonstrate how a culture of learning and improvement within the organisation is an integrated process that forms part of the safeguarding golden thread – and at every level within the organisation
3. That the organisation actively seeks to assure itself of the above

This document has been developed by Designated Nurses/Professionals across the West Yorkshire and Harrogate Partnership with the aim of identifying the overarching key safeguarding standards that each commissioned organisation would expect to see in services it commissions.

In completing the tool and sharing with its commissioners the organisation is providing assurance that Safeguarding is a critical element or golden thread within both the culture and the business of the organisation.

The expectation is that providers will only need to complete this self-assessment tool once, irrespective of providing commissioned services for more than one CCG across the West Yorkshire and Harrogate ICS.

Structure of the document

The document is set out as a self - assessment tool for each provider to complete and assure itself of safeguarding practice and governance within the organisation, to identify any gaps or areas of improvement and that internal action plans are in place to address these.

The tool identifies 5 key domains applicable to all organisations:-

- Governance and Accountability
- Learning and Practice Improvement
- Partnership Working
- Embedding Safeguarding
- Wider Safeguarding

Under each domain the document:

- Identifies overarching minimum key standards required
- The components of each standard provides a principle guide to what should be seen as a minimum for that standard
- Each component should be RAG rated and consideration given as to how the organisation might provide evidence to demonstrate achievement against the RAG rating
- For any standards where full compliance is not achieved an improvement plan or action plan should be in place.

Name of Organisation:	
Person completing the audit tool (include designation, contact details including email)	
Dated audit tool completed	
Date audit tool submitted to CCG for assurance	

RAG rating Key:

- | | | |
|-------|---|--|
| Green |  | Provider is assured that they are fully compliant (remains subject to continuous quality improvement) |
| Amber |  | Provider identified that there are some gaps in compliance and an improvement plan is in place |
| Red |  | Provider identified that there is limited compliance against standards and a detailed action plan is in place to ensure full compliance within an identified timeframe |

References for preparing tool:

Governance and Accountability:

Overarching Standard	Components of standard	Descriptor of evidence (Describe the evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
The organisation is able to define and describe clear and robust accountability and assurance arrangements for safeguarding at all levels	There are clear lines of accountability and governance for safeguarding within the organisation, including an executive lead.			
	Safeguarding is reflected in all relevant corporate and clinical policies and procedures, in line with local and national guidance			
	The organisation can demonstrate how it assures itself that it is meeting all its safeguarding statutory and partnership responsibilities. This includes as services subcontracted by the organization			
	There are clear and up to date safeguarding policies and procedures in place, which reflect local and national policies, legislation, learning and priorities and includes as a minimum: <ul style="list-style-type: none"> • Guidance for staff to recognise and respond to a safeguarding concern. • Sources of support and guidance • Recording of concerns • Flagging of systems 			
	Named safeguarding leads for children and adults are employed and organisation staff are aware of their role and how to contact them			
	Named safeguarding leads have the required			

	competencies for the role and are given sufficient time and support to carry out their duties and responsibilities			
	Any changes to the structure of safeguarding or named leads within the organisation are communicated in a timely way to the CCG and consideration given to the completion of an EQIA to assess the impact of the change			
	The organisation is able to assure itself that Safeguarding leadership is embedded at all levels within the organization			
	Regular reviews of effectiveness of the safeguarding arrangements within the organisation are undertaken and senior managers monitor and respond to this.			
	The strategic aims of the LSCP/LSAB/Community Safer Partnership are reflected within the providers' policies, processes and priorities.			
	There is a robust recruitment and vetting process in place which is in line with contemporary national guidance and legislation and all contacts of employment include explicit reference to safeguarding responsibilities.			
	Staff who are involved in recruitment have attended relevant safer recruitment training			
	There is a clear process in place for staff to raise any concerns related to colleagues, managers and volunteers, as part of the Freedom to Speak up and this is made clear to all staff as part of their induction.			
	All safeguarding concerns related to staff are effectively investigated and appropriate referrals			

	made in accordance with local and national procedures, including to LADO, professional bodies, adult social care and DBS.			
	The Duty of Candour is embedded within the activities of the organisation, including safeguarding			
Learning and practice improvement				
Overarching Standard	Components of standard	Descriptor of evidence (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
The organisation is committed to and is embedding a culture of sharing safeguarding learning and practice improvement through their services	There is an programme of exploring and implementing learning from safeguarding to continually improve and develop practice, such as patient stories, internal reviews and audits and staff feedback			
	There is a robust process in place whereby the organisation assures itself regarding the effectiveness of their current safeguarding arrangements.			
	An incident reporting system is in place which captures safeguarding incidents and includes consultation with the provider safeguarding team, as part of the process			
	All Serious Incidents which relate to safeguarding are reported to the CCG, including evidence that learning has taken place			
	Consideration to safeguarding is given in the management of complaints and PALS notifications.			
	There is a clear process for implementing and the auditing of learning from serious safeguarding			

	incidents, including DHRs, SARs, CSPR, LLRs.			
	There is a clear and robust process in place for learning from internal and partnership inspection and evidence how this improves practice.			
	There is a clear and robust learning and development framework in place for safeguarding which is in line with local and national guidance.			
	The organisation undertakes a regular training needs analysis that aligns roles to appropriate safeguarding training levels and competencies, in accordance with the Intercollegiate documents.			
	Staff have access to appropriate safeguarding children and adults training in line with their roles and responsibilities that meets the standards of local and national guidance.			
	Compliance with safeguarding training within the organisation is monitored and the impact of training on practice is evaluated.			
	There is a system in place to gather, monitor and respond to any themes or trends of abuse or neglect within the organisation from various sources and the organisation uses these to improve practice.			

Partnership working

Overarching Standard	Components of standard	Descriptor of evidence (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
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<p>The organisation is fully committed to partnership working to safeguard children, families and adults at risk</p>	<p>Staff at all levels within the organisation work together with partners to safeguard and promote the welfare of patients/service users</p>			
	<p>Senior leaders are engaged with the strategic direction of safeguarding and there is appropriate representation on the relevant boards and sub-groups with feedback into the organisation.</p>			
	<p>There is clear engagement with multi-agency safeguarding process, including but not limited to:</p> <ul style="list-style-type: none"> • attendance at safeguarding conferences, • engagement with and management of Early Help, • engagement with strategy/planning meetings, engagement with the MARAC process and • other safeguarding risk meetings that are being held. <p>Child focussed language is used by the organisation where appropriate</p>			
	<p>There is clear and proactive engagement with all multiagency safeguarding work, in line with local and national policies and procedures.</p>			
	<p>There are robust and agreed information sharing agreements and processes in place which are in line with local and national guidance.</p>			
	<p>The organisation demonstrates a commitment to seeking out multi-agency learning opportunities which improve safeguarding practice.</p>			
	Embedding Safeguarding			

Overarching Standard	Components of standard	Descriptor of evidence (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
Safeguarding is embedded within service provision across the organisation	Responsibilities towards children and adults at risk is clearly stated within safeguarding policies and procedures, which are easily accessible to staff and remain current.			
	The organisation is assured that all staff understand their safeguarding responsibilities and are clear how and when to report a safeguarding concern.			
	All staff understand their responsibilities related to information sharing and have relevant training to support this.			
	In all service provision consideration is given to how safeguarding work is undertaken and the welfare of children, adults at risk and families are promoted.			
	The views of children, adults and families are sought and acted upon within practice and service development			
	Job descriptions clearly include safeguarding responsibilities			
	Staff have access and participate in safeguarding supervision appropriate to their roles and responsibilities and the effectiveness of this can be demonstrated.			
	Think Family, Making Safeguarding Personal, the voice of the child and a patient centered approach to			

	safeguarding is embedded throughout the organisation			
	Trauma Informed practice is evident within the organisation			
	Changes to legislation and local and national safeguarding guidance is responded to and incorporated into safeguarding within the organisation			
Wider Safeguarding				
Overarching Standard	Components of standard	Descriptor of evidence (Describe the Evidence you would supply to demonstrate that your organisation has achieved the RAG rating you have identified)	Rag Rating	Comments/actions by the organisation to address any areas of amber/red
There are mechanisms in place to reflect and respond to the changes in the ever widening safeguarding agenda	There is a robust plan in place to ensure that the organisation can respond in a timely way to any changes and developments in the wider safeguarding agenda.			
	The impact of poverty and wider social determinates are considered within safeguarding practice			
	<p>Safeguarding from Domestic Violence and Abuse The organisation works with partners to adopt and promote a multiagency response to DVA, including meeting the strategic aims.</p> <p>Safeguarding from Domestic Violence and Abuse (DVA), Honor Based Abuse (HBA), Forced Marriage (FM) and Female Genital Mutilation (FGM) is included within safeguarding policies and procedures and training.</p> <p>There are systems in place to record and identify potential or actual victims of DVA, FM, HBA, FGM.</p>			

	<p>DVA triggered enquiry is embedded within the organisation</p> <p>DVA routine enquiry is part of clinical practice in areas of the organisation which are appropriate</p> <p>There are clear guidance for staff and managers when employees are experiencing DVA</p> <p>Mandatory reporting of FGM takes place in line with legislation and local and national policies.</p>			
	<p>Prevent</p> <p>There is a lead executive in place for Prevent and a named organisational lead, who have the appropriate knowledge, competencies and authority to ensure the Prevent duty is fulfilled.</p> <p>Prevent is clearly reflected in safeguarding policies, procedures and training, in line with the Prevent Training and Competencies Framework.</p> <p>Prevent is embedded within safeguarding practice at all levels of the organisation.</p> <p>Implementation of the Prevent agenda can clearly be demonstrated and is part of the quality assurance process.</p> <p>The organisation demonstrates partnership working across the Prevent agenda, including engagement with Channel.</p>			
	<p>Exploitation</p> <p>All types of exploitation are clearly reflected in safeguarding policies, procedures and training.</p> <p>The organisation works in partnership on the multi-agency exploitation strategic aims, to respond and reduce the prevalence.</p>			

	There are systems in place to record and identify potential or actual victims of exploitation			
	<p>Contextual safeguarding Contextual safeguarding is clearly reflected in safeguarding policies, procedures and training.</p> <p>The organisation works in partnership to understand and respond to contextual safeguarding.</p>			
	<p>Child death The organisation can demonstrate compliance with the National guidance for child death arrangements, including contributions to child death review processes and employment of key roles</p>			
	<p>Child protection medicals standards The organisation can demonstrate aspiration to meet the child protection medical standards.</p>			
	<p>CP-IS (Child Protection – Information Sharing) The organisation can demonstrate that CP-IS has been implemented and embedded into practice areas of the organisation which are appropriate</p>			

Appendix H.

Safeguarding Spotlight

How as an organisation how are we assurance that we have been able to meet our responsibilities related to all aspects of domestic violence and abuse during the Covid pandemic.

Domain	Evidence	Level of assurance

- i. **Full assurance** – there is assurance that performance/quality is in line with agreed targets/trajectories and there is evidence to support this
- ii. **Reasonable assurance** – performance/quality is not in line with agreed targets/trajectories but there is reasonable mitigation for this and an action plan to rectify any issues
- iii. **Limited assurance** – performance/quality is not line with agreed targets/trajectories but there is reasonable mitigation for this and an action plan needs to be developed to rectify issues
- iv. **No assurance** – performance/quality is not in line with agreed targets/trajectories and there is no reasonable mitigation for this and/or there is no identifiable action that can be taken to rectify issues

Appendix I.

Safeguarding Standards for Care Homes Providers are required to complete the audit tool on an annual basis	
Name of Organisation/ Care Home:	
Person completing the audit tool (include designation, contact details including email)	
Dated audit tool completed	
Date audit tool submitted to CCG for assurance	

Useful links:	
Leeds Safeguarding Adult Board policies/ procedures	https://leedssafeguardingadults.org.uk/ https://leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-policy-and-procedures
Leeds Safeguarding Children Partnership policies/procedures	https://www.leedsscp.org.uk/Home https://www.leedsscp.org.uk/Practitioners/Local-protocols

Rag rating key: For each standard RAG rate your compliance

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)

Governance / Accountability

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
<p>L.1.1 It should be clear who has overall responsibility for the care homes 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</p>	<ul style="list-style-type: none"> • The individual with overall safeguarding responsibility within the home/ organisation is clear. • Lines of accountability and responsibility are clear within the home/organisation. • job descriptions clearly identify safeguarding responsibilities • All staff know both how & who to report concerns 		
<p>L.1.2 Adverse incident reporting system is in place which identifies circumstances and /or incidents which have compromised the safety and welfare of residents</p>	<ul style="list-style-type: none"> • There is a clear recording and reporting processes. • Commissioners are provided with a regular report of key themes/learning from incidents which involve safeguarding • This is a clear process for the dissemination of learning from incidents • Complaints are considered in the context of safeguarding 		
<p>L.1.3 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</p>	<ul style="list-style-type: none"> • Audits are to include: progress on action to implement recommendations from internal management reviews; recommendations from inspections, learning from incidents and complaints. 		

Safeguarding policies, procedures and guidance

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
L1.4 The agencies responsibilities towards adults at risk is clearly stated on the policies and procedures that are available for all staff	<ul style="list-style-type: none"> • There is an up to date safeguarding policy in place. • A statement of responsibilities is visible in safeguarding policies and procedures. • All policies and procedures are easily accessible by staff • The process of reporting a safeguarding concern is clear and accessible to staff • All policies and procedures are updated regularly to reflect any structural, departmental and legal changes 		

Safer recruitment practices

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
L1.5 Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children and vulnerable adults	<ul style="list-style-type: none"> • The organisation will have a safer recruitment policy. • All staff working with vulnerable people who meet the criteria will have DBS checks completed. • 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. • The organisation will ensure staff or volunteers are aware of the procedures for dealing with allegations made against staff. 		

Staff training and continuing professional development

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
<p>L1.6</p> <p>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.</p>	<p>There is a learning and development framework for safeguarding.</p> <p>All staff have received training in level 1 Safeguarding Adults and Mental Capacity training as part of their induction or within 6 weeks of taking up the post (please report compliance)</p> <p>Safeguarding training forms part of the mandatory training requirement for all staff</p> <p>staff are clear regarding training requirements of their role and have appropriate opportunities to maintain compliance and competencies</p> <p>Contemporaneous records of the safeguarding training attended by each volunteer or staff member is maintained.</p>		

Appendix J.
Equality Impact Assessment

Title of policy	Safeguarding Children and Adults at Risk Policy	
Names and roles of people completing the assessment	Michelle Allsop – Named Nurse Safeguarding Children and Adults	
Date assessment started/completed	26/08/21	

1. Outline

Give a brief summary of the policy	NHS Leeds Clinical Commissioning Group has a statutory duty to ensure that arrangements are made to safeguard and promote the welfare of children, young people and adults at risk of abuse. 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.
What outcomes do you want to achieve	As above

2. Evidence, data or research

Give details of evidence, data or research used to inform the analysis of impact	.
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3. Consultation, engagement

Give details of all consultation and engagement activities	.
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used to inform the analysis of impact	
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4. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	No		
Carers	No		
Disability	No		
Sex	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		
Gender reassignment	No		
Pregnancy and maternity	No		
Marriage and civil partnership	No		

Other relevant group	N/A		
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.			

5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions			
Lead Officer		Review date:	

6. Sign off			
Lead Officer			
Director		Date approved:	

Appendix K.

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

Title of Document:	Safeguarding Children and Adults at Risk Policy
Lead Director:	Jo Harding
Date Approved:	
Where approved:	NHS Leeds CCG's Partnership Safeguarding Children and Adults at Risk Committee
Dissemination Lead:	Gill Marchant
Placed on Website:	
Review Date:	August 2024