Safeguarding Policy

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Domestic abuse is defined as follows:[15] 33
Behaviour of a person ("A") towards another person ("B") is domestic abuse if both A and B are each aged 16 or over and are personally connected to each other and the behaviour is abusive. 33

Private and Confidential

It should be noted that it does not matter whether the behaviour consists of a single incident or a course of conduct. **33**

12.2 Recognising domestic abuse **33**

There are a range of abusive behaviours including, but not limited to: **34**

- **Physical abuse, violent or threatening behaviour** **34**
- **Sexual abuse** **34**
- **Controlling or coercive behaviour** **34**
- **Harassment or stalking** **34**
- **Economic abuse** **34**
- **Emotional or psychological abuse** **34**
- **Verbal abuse** **34**
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- **Abuse relating to faith** **34**
- **Honour-based abuse** **34**

To ensure victims of domestic abuse are well supported, all staff should be aware of the different types of domestic abuse. To help individuals to understand what constitutes as domestic abuse, Chapter 3 of the Domestic Abuse Act 2021 Statutory Guidance gives examples of the types of abusive behaviour. **34**

12.3 Understanding the impact of domestic abuse **34**

12.4 Multi-agency response to domestic abuse **34**

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ANNEX B – SAFEGUARDING AUDIT TOOL ERROR! BOOKMARK NOT DEFINED.

1 Introduction

1.1 Policy statement

The purpose of this document is outline the requirements for Cotswold Surgical Partners to take the appropriate actions for safeguarding children, young people and adults at risk of harm or abuse, in line with extant legislation. This document will be updated as and when changes to legislation occur. Staff should refer to the legislative documents to always ensure relevance.

This document has been purposefully compiled as a joint safeguarding policy for adults and children. Though Cotswold Surgical Partners is an adult only service 18+ years, there may be occasions where patients, or their NOK, present with children in attendance. Feedback from the CQC, CCG, safeguarding leads and organisations has been varied and some have stated that they require a separate policy whilst others prefer a joint policy.

For ease, throughout the document, in the heading for the section it states whether this refers to a child or an adult and where there is no such indication, this means it is generic and refers to both.

Therefore, this will ensure that it will be easier to segregate as required.

1.2 Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

Specific named mandatory training is provided on Bluestream as part of induction, and subject to review every 3 years. Considering section 1.1 Cotswold Surgical Partners has assessed the mandatory training matrix, and assigned Safeguarding Adults and Safeguarding Children level 2 to all roles. Named Safeguarding Leads have been assigned Level 3 training at the recommendation of the Designated Wiltshire Safeguarding Lead. All colleagues have a Standard or Enhanced DBS completed prior to unconditional offer of employment relevant to their role.

2 Scope

2.1 Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such those granted Practicing Privileges.

2.2 Why and how it applies to them

This document will ensure that all personnel are fully aware of their individual responsibilities relating to the safeguarding of children and adults at Cotswold Surgical Partners.

3 Definition of terms

3.1 Adults with care and support needs (adults)

The Care Act 2014 defines adults with care and support needs as those aged 18 and over who:

- Have needs for care and support (whether the local authority is meeting any of those needs) and;
- Are experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, are unable to protect themselves from either the risk of or the experience of abuse or neglect.

3.2 Advocacy

Advocates help to ensure that a person's rights are upheld and that their views, wishes, and needs are heard, respected, and acted on[1].

3.3 Child

A person under the age of eighteen[2]

3.4 Child criminal exploitation (children)

Child criminal exploitation (CCE) occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears to be consensual.

CCE does not always involve physical contact; it can also occur through the use of technology[3].

3.5 Child in need (children)

Under Section 17 of the Children Act 1989, a child will be considered in need if:

- They are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without the provision of services from the Local Authority
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority

[1] Dorset Advocacy
[2] Children Act 1989
[3] Protecting children from criminal exploitation, human trafficking and modern slavery

- They have a disability. Disability includes blindness, deafness or dumbness, mental disorders and permanent illnesses, injuries or congenital deformities.

3.6 Child Protection (children)

Child protection sets out the clear actions needed to keep a child safe and well.

Where a child is at risk of harm, a conference with key agencies will share information, identify and risks to the child and outline the actions required to protect the child.

3.7 County lines

County lines is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or 'deal lines'. It involves exploiting children and vulnerable adults to move drugs and money to and from the urban area and to store the drugs in local markets. It involves intimidation, violence and the use of weapons including knives, corrosives and firearms.

3.8 Discriminatory abuse

Discriminatory abuse occurs when values, beliefs, or culture result in a misuse of power, causing denied opportunities. Motivating factors include age, gender, sexuality, disability, religion, class, culture, language, race, or ethnic origin.

3.9 Emotional abuse

For a child, emotional abuse is the constant emotional mistreatment, the intention of which is to cause significant adverse effects on the emotional development of the child. Emotional abuse also includes overprotection and the restriction of a child learning or partaking in normal social interaction.

For all, emotional abuse is behaviour that has a detrimental effect on the individual's emotional wellbeing and may result in distress, e.g., bullying, verbal abuse, intimidation, isolation, over-protection or a restriction or withdrawal of an individual's human and/or civil rights.

3.10 Female genital mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.[4]

Further reading can be sought in the Clinical guidance document – FGM.

[4] WHO

3.11 Financial abuse

Financial abuse is the use of an individual's funds, property, assets, income or other resources without their informed consent or authorisation. This is a crime. Financial abuse includes theft, fraud, exploitation, misuse of benefits or the misappropriation of property, inheritance, or financial transactions.

3.12 Forced marriage

A forced marriage became illegal in June 2014 under the Anti-social Behaviour Crime and Policing Act 2014 and it is a form of domestic abuse. It is primarily against women, although not exclusively, and most cases involve females aged between 13 and 30.

Forced marriage is a marriage conducted without the consent of one or both parties or where consent is obtained under duress and is markedly different from an arranged marriage in which the individuals retain free will and have the choice to accept the arrangement.

In forced marriage, perpetrators use physical, sexual, psychological, or financial abuse to pressurise people to marry against their will.

3.13 Honour-based violence

This term is used to describe violent or threatening behaviour which is committed to protect or defend perceived cultural beliefs or the honour of the family.

Honour-based violence is not acceptable behaviour and is illegal. Some of those that commit this crime mistakenly believe someone has brought shame on their family or community that compromises their traditional beliefs or culture.

3.14 Human rights

The rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion or any other status[5].

3.15 Institutional abuse

Institutional abuse refers to a lack of respect in a health or care setting which involves routines that meet the needs of staff as opposed to the needs of the individual at risk and violate the individual's dignity and human rights.

3.16 Looked after children (LAC) (children)

[5] United Nations

A child placed in the care of their local authority for more than 24 hours[6]. A looked after child may also be referred to as a "child in care." Looked after children may be living with foster parents, living in residential children's homes or other residential settings e.g., secure unit.

NICE Guidance 205 guidance in relation to safeguarding recommends that organisations, practitioners, and carers work together to deliver high-quality care, stable placements, and nurturing relationships for looked-after children.

3.17 Making safeguarding personal (MSP)

A Local Government Association initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

3.18 Modern slavery

This includes slavery, human trafficking, servitude and forced labour. Individuals are coerced, deceived, and forced into a life of abusive and inhumane treatment.

Further information and guidance can be found in the Modern Slavery and Human Trafficking Guidance document.

3.19 Neglect

For a child, neglect is the continued failure to ensure that a child's physical and psychological needs are met, resulting in significant impairment of the development of the child.

Examples of neglect include failing to provide adequate supervision, failing to respond to emotional needs, a lack of protection (from emotional or physical harm), failing to provide clothing, accommodation, and food. Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases.

For all, neglect has two forms; it can be intentional or unintentional and it results in the needs of the individual not being met. Examples of intentional neglect include failure to provide the required level of care, preventing care from being administered, failure to provide access to services such as health and social care, education, and other support services. Unintentional neglect may include a failure to provide the at-risk individual with the necessary level of care as the responsible person (e.g., the carer) fails to understand the needs of the individual.

3.20 Physical abuse

For adults and children, physical abuse can involve burning or scalding, drowning, suffocating, hitting, shaking, throwing, pushing, pinching, exposure to extreme temperatures (hot and cold), female genital mutilation, inappropriate use of medication, poisoning or other means of causing physical harm

[6] NSPCC

For adults, additionally, it could also involve inappropriate restraint and deprivation of liberty.

3.21 Private fostering (children)

A private arrangement (without the involvement of a local authority) to care for a child under 16, or under 18, if disabled by a person other than the parent or close relative for an expected period of more than 28 days[7].

3.22 Safeguarding

Safeguarding means protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. It is fundamental to high-quality health and social care.[8]

3.23 Self-neglect

Self-neglect includes a lack of self-care, a lack of care of one's environment and the refusal of services that would reduce the risk of harm. Self-neglect may occur because the individual is unable to care for or manage themselves, they are unwilling to manage themselves, or both.

3.24 Sexual abuse

For a child, sexual abuse is the enticement or forcing of a child/young person to participate in sexual activities. This involves penetration or non-penetrative acts, physical contact, or non-contact activities such as the encouraging of a child or young person to watch sexually inappropriate content.

For all, sexual abuse includes sexual exploitation, including the involvement of an adult in a sexual activity they have not consented to, the encouragement to watch any form of sexual activity, coercion into any form of sexual activity or the involvement of the adult in such scenarios when they lack the capacity to consent.

3.25 Sexual exploitation (children)

Child sexual exploitation (CSE) occurs when an individual takes sexual advantage of a child or young person (anyone under the age of 18) for his or her own benefit.

Power is developed over the child or young person through threats, bribes, violence, and humiliation or by telling the child or young person that he or she is loved by the exploiter. This power is then used to induce the child or young person to take part in sexual activity.

[7] Children Act 1989
[8] CQC

3.26 Significant harm (children)

Section 31 (3c) (9) of the Children Act 1989 defines 'harm' as the ill-treatment or impairment of the child. Whilst 'significant' harm is not defined under the Act, this will be decided by the local authorities working with family members to assess the child.

3.27 Young carers (children)

A person who regularly provides emotional and/or practical support and assistance for a family member who is disabled, physically or mentally unwell or misuses substances[9].

4 Legislation and governance

4.1 Legislation

The following legislation supports this document:

- Children Act 1989
- The Human Rights Act 1998
- Children ACT 2004
- Childcare Act 2006
- Children (private arrangements for fostering) regulations 2005
- Carers (Recognition and Services) Act 1995
- The Care Act 2014
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act 2019
- Serious Crime Act 2015
- Domestic Abuse Act 2021

4.2 Governance

The clinical safeguarding lead and deputy are responsible for all aspects of the safeguarding procedures at Cotswold Surgical Partners. Furthermore, any changes to this policy will be signed off by the safeguarding leadership team.

Reference will also be made to latest guidance including:

- CQC – Inspector's Handbook – Safeguarding (2018).
- RCGP – Safeguarding
- NICE – guidance and quality standards

[9] Child law advice

- Gov.uk – Working together to safeguard children – Statutory framework

The following table details the safeguarding leads within this organisation.

Lead	Name and role
Safeguarding lead	Tom Millard – Director Tom.millard@nhs.net
Deputy safeguarding lead	Nick Reynolds – Director Nick.reynolds5@nhs.net
PREVENT lead	Umraz Khan – Director Umraz.khan@nhs.net
Safeguarding administration lead	Mr Nicholas Reynolds – General Manager nick.reynolds5@nhs.net

5 Policy

5.1 Overview

The safeguarding of children, young people and adults at risk is paramount for healthcare professionals and all team members working at Cotswold Surgical Partners. Though Cotswold Surgical Partners is an adult only service 18+ years, there may be occasions where patients, or their NOK, present with children in attendance.

It is essential that all staff are fully aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues and ensure a high-quality service, including the appropriate sharing of information.

5.2 Organisation statement

Cotswold Surgical Partners recognises that all children, young people and adults at risk have a right to protection from abuse and neglect and the organisation accepts its responsibility to safeguard the welfare of such persons with whom staff may come into contact.

We will respond quickly and appropriately where information requests are made, abuse is suspected, or allegations are made in relation to children, young people or adults at risk. Furthermore, we will give children, young people, their parents and adults at risk the chance to raise concerns over their own care or the care of others and have in place a system for managing, escalating, and reviewing concerns.

The organisation will ensure that all staff are given the appropriate safeguarding training, proportionate to their role, and that they attend annual refresher training.

New members of staff will receive safeguarding training as part of their induction programme.

Safeguarding responsibilities will be clearly defined in job descriptions and there are nominated leads.

5.3 Principles of safeguarding

During the course of a patient visit, any member of staff may identify signs of abuse.

It is therefore essential that all staff act appropriately and in a timely manner to reduce the risk of long-term abuse, in accordance with the six principles of safeguarding:

The six principles of safeguarding		
1	Empowerment	People being supported and encouraged to make their own decisions and informed consent
2	Prevention	It is better to take action before harm occurs
3	Proportionality	The least intrusive response appropriate to the risk presented
4	Protection	Support and representation for those in greatest need
5	Partnership	Local solutions through services working collaboratively
6	Accountability	Accountability and transparency in safeguarding practice

The organisation supports the safeguarding principles by ensuring that:

- There is a safe recruitment procedure in place, including the effective use of the Disclosure Barring Service (DBS). All employees undergo DBS relevant to their role prior to unconditional offer of employment.
- Clear lines of accountability exist within the organisation for safeguarding and is noted in role specifications and posters in administration areas.
- All staff are aware of the safe whistleblowing process – policy CSPP039.
- All staff understand the requirement to work in an open and transparent way.
- All patients are treated with dignity and respect regardless of culture, disability, gender, age, language, racial origin, religion or sexuality and this is guaranteed under our organisation core values.
- All staff adhere to the guidance in this policy and that given in the referenced texts and it forms part of mandatory induction training.

- All staff effectively interact with the relevant agencies, sharing information appropriately.

- All staff who may encounter children, young people and adults at risk are responsible for their own actions and behaviour and should avoid conduct that may lead another responsible person to question their motivation and/or intentions.

5.4 Mental capacity

The Mental Capacity Act (MCA) 2005 offers a framework that details the rights of individuals should their capacity be questioned. The principles of the MCA must be adhered to and are applicable to safeguarding

Should an individual at risk opt to remain in an abusive situation, it is essential that they choose to do so without duress or undue influence and are fully aware of the risks they may encounter. Should it transpire that the individual has been threatened or coerced, safeguarding interventions must override their decision to ensure that the safety of the individual is protected.

NICE have published guidance to assess mental capacity together with practical resources to enable organisations to put the guidelines into practice. The pathway covers a wide breadth of scenarios for practitioners to utilise including executive decisions in cases such as traumatic brain injury when capacity is more difficult to establish.

5.5 Liberty Protection Standards

In addition to the MCA 2005 and later Mental Capacity (Amendment) Act 2019, the organisation will determine if a person is deemed to have been deprived of their liberty as detailed in the Liberty Protection Standards.

Where it is suspected that the deprivation is unlawful, the organisation will report this to the local authority within 48 hours. Additionally, the local authority has the legal power to sanction and issue a deprivation of liberty order should it be deemed necessary to restrict the freedom of an individual if it is found to be in their best interest.

Further reading can be sought from the Mental Capacity Act Policy.

5.6 CONTEST and PREVENT

In 2011, the government introduced the PREVENT strategy as part of the counter-terrorism strategy, CONTEST. The purpose of PREVENT is to stop individuals becoming involved in terrorism. This includes violent and non-violent extremism which can create an atmosphere conducive to terrorism.

CHANNEL is a support programme that helps those individuals who are at risk of being drawn into terrorism. Further guidance can be found at the Gov.uk webpage titled Channel and Prevent Multi-Agency Panel (PMAP) guidance.

It is possible that staff will meet and treat people who are at risk of being drawn into terrorism, including supporting violent or non-violent extremism or being susceptible to radicalisation. If a member of staff suspects that an individual is at risk, they should speak to the organisation's clinical safeguarding lead or, in his/her absence, to the deputy clinical safeguarding lead.
It may be necessary to contact the regional PREVENT coordinator (RPC) for further guidance.
All staff complete mandatory Bluestream training module 'Preventing Radicalisation'.

6 Adults – indicators of abuse

The following are indicators of abuse in adults at risk:

6.1 Physical abuse

Possible indicators for physical abuse may include:

- Unexplained injuries or injuries inconsistent with the person's lifestyle
- Inconsistent history or a changing history
- Bruising, burns, marks, regular injuries
- Unexplained falls
- Changes in behaviour or low self-esteem
- A delay or failure in seeking medical support
- Signs of malnutrition

6.2 Emotional abuse

Possible indicators of emotional abuse:

- Low self-esteem
- Uncooperative and/or aggressive behaviour
- Resentment, anger, distress
- Insomnia
- False claims to attract unnecessary treatment (claims may also be from controlling family member)
- Behavioural changes when in the presence of a particular person

6.3 Sexual abuse

Possible indicators of sexual abuse include:

- Bruising to thighs, buttocks, upper arms and marks on the neck
- Torn, soiled or bloodied undergarments
- Genital pain, itching or bleeding
- Difficulty in walking or sitting
- Presence of foreign bodies
- Sexually transmitted diseases
- Pregnancy in women who are unable to consent to sexual intercourse
- Fear of help with personal care

- Reluctance to be alone with a particular person

6.4 Neglect

Possible indicators of neglect:

- Dirty, unhygienic living space
- Poor personal hygiene
- Pressure sores, ulcers
- Insufficient or inadequate clothing
- Untreated injuries
- Malnutrition
- Failure to engage with social groups
- Failure to bring to booked appointments

6.5 Self-neglect

Possible indicators of self-neglect:

- Unkempt appearance
- Unable or unwilling to take medication
- Extremely poor personal hygiene
- Lack of essentials (food and/or clothing)
- Hoarding
- Living in unacceptable conditions
- Malnutrition and dehydration

6.6 Discriminatory abuse

Possible indicators of discriminatory abuse:

- Withdrawn appearance
- Expressions of anger, frustration, anxiety or fear
- Poor support that does not meet the needs of the individual

6.7 Institutional abuse

Possible indicators of institutional abuse:

- Poor record-keeping and standards of care
- Lack of flexibility, procedures, management and support
- Inadequate staffing levels, recreational and educational activities
- Lack of choice
- Dehydration, hunger, lack of personal clothing and possessions
- Unnecessary exposure during bathing or when using the lavatory
- Lack of confidentiality
- Lack of visitors

6.8 Financial abuse

Possible indicators of financial abuse:

- Unexplained withdrawals from accounts
- Lack of available funds
- Missing personal possessions
- Rent arrears and/or eviction notice
- Unnecessary maintenance
- Lack of receipts for financial transactions
- Persons showing an unusual interest in an individual's assets
- Lack of food etc.

6.9 Modern slavery

Possible indicators of modern slavery:

- Isolation
- Malnutrition
- Unkempt appearance
- Always wearing the same clothes
- Lack of personal possessions
- Unable to prove identity, i.e., lack of documentation
- Signs of physical or emotional abuse

6.10 Forced marriage (adults or children)

This crime remains largely under-reported as many victims are too frightened to come forward for fear of the repercussions on their families. There are many indicators of forced marriage.

A dedicated Governmental Forced Marriage Unit (FMU) is available and can be emailed at fmu@fcdo.gov.uk.

The unit can be contacted via:

- 020 7008 0151 (Monday to Friday between 0900 – 1700 only).
- 020 7008 5000 (out of hours)
- +44 (0)20 7008 0151 (from overseas)

Form FL401A: Application for a Forced Marriage Protection Order.

6.11 Honour based violence

Possible indicators of honour-based violence may include:

- Lengthy or repeated absence from school, a decline in their academic performance
- Depression, anxiety, self-harm, substance misuse, suicidal thoughts
- Poor attendance at work or a drop in performance
- Non-attendance at events outside of the normal working environment

- Restrictions on friends
- Disapproval of adopting a different style (or 'western') type of clothing and/or the wearing of make-up

Honour-based violence encompasses a range of offences including murder, rape, assault, abduction, and domestic abuse. Both men and women are at risk

6.12 County lines

Possible indicators of county lines involvement include:

- Becoming more secretive, aggressive or violent
- Meeting with unfamiliar people
- Persistently going missing from their home or local area
- Leaving home without an explanation or staying out unusually late
- Loss of interest in work and a decline in performance
- Suspicion of physical assault or unexplained injuries
- Using language relating to drug dealing, violence, or gangs
- Carrying a weapon
- Association with a gang
- Becoming isolated from peers and social networks
- Having a friendship or relationship with someone who appears controlling
- Using drugs, especially if their drug use has increased
- Unexplained acquisition of money, drugs or mobile phones

7 Children – indicators of abuse

The following are common presentations in which abuse may be suspected in a child or young person:

7.1 Physical abuse

Possible indicators of physical abuse:

- Bruises, burns, scalds, bite marks, fractures and other injuries
- Admission by the child or young person
- Unwillingness to change into PE kit at school
- Physical signs and symptoms that could be attributed to any category of abuse and/or are inconsistent with the history given
- An inconsistent history or one that changes over a period of time
- A delay in seeking medical support
- Extreme or worrying behaviour
- Self-harm
- An accumulation of minor incidents, including repeated attendance at A&E
- Repeated attendance of a baby under 12 months of age
- Bruising or injury to a child under 24 months of age

7.2 Emotional abuse

Possible indicators of emotional abuse:

- Overly affectionate towards strangers
- Anxious or showing a lack of confidence or appears clingy
- Inappropriate language or subjects for their age
- Extreme outbursts or very strong emotions
- Showing isolation from parents or carers
- Lack of social skills or have very few friends
- Bed-wetting
- Poor attendance at school
- Insomnia

7.3 Sexual abuse

Possible indicators of sexual abuse:

- Avoidance of spending time alone with certain individuals
- Fear or unwillingness to socialise with certain persons
- Use of sexual language or knowing information that would not usually be expected
- Vaginal or anal soreness and/or discharge
- Sexually transmitted infections
- Young girls or girls with learning difficulties or a disability requesting contraception, especially emergency contraception
- Girls under 16 presenting with pregnancy and/or sexually transmitted infections, especially those with learning difficulties, long-term illness or complex needs or disability
- Promiscuity
- Having unexplained physical injuries
- Association with groups of older people or antisocial groups

7.4 Neglect

Possible indicators of neglect:

- Poor appearance and hygiene
- Inadequate clothing
- Hunger or lack of money for school meals
- Untreated nappy rash in infants
- Untreated injuries, conditions and dental cases
- Recurring illness or infection
- Tiredness
- Evidence of skin sores, rashes, flea bites, scabies or ringworm
- Left alone at home for prolonged periods
- Living in unsuitable environments, e.g., no heating or hot water
- Caring for others in the home, e.g., siblings
- Failure to bring to appointments (WNB)

7.5 County lines

Possible indicators of county lines involvement include:

- Persistently going missing from school or home and/or being found out of area
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts/phone calls
- Relationships with controlling/older individuals or groups
- Leaving home/care without explanation
- Suspicion of physical assault/unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results/performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional wellbeing

7.6 Unborn child

Pregnancy can create circumstances and influences for both parents which need to be understood by all professionals who come into contact with these families.

These include where:

- Previous children in the family have been removed because they have suffered harm
- Concerns exist regarding the mother's ability to protect
- There are concerns regarding domestic violence and abuse
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children
- A child in the household is the subject of a Child Protection Plan
- A sibling has previously been removed from the household either temporarily or by court order
- Either parent is a Looked After Child or are known to children's social care
- Any other concerns exist that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child
- A child aged under 16 and found to be pregnant
- Either or both parents have mental health problems
- Either or both parents have a learning disability
- Either or both parents are under 18 years
- Either or both parents abuse substances, alcohol or drugs
- If the pregnancy is denied or concealed

Greater Manchester Safeguarding Board has developed a toolkit for assessing the safety of the unborn child and this can be found within their procedures manual.

7.7 Female genital mutilation (FGM)

FGM has been illegal in the UK since 1985. The Serious Crime Act 2015 strengthened legislation by adding extra requirements for health care professionals to report FGM.

The Act details that:

- It grants lifelong anonymity to alleged FGM victims
- It is an offence for parents to fail to protect their child from FGM
- FGM Protection Orders can be introduced to prevent potential victims from travelling abroad
- It is a mandatory reporting duty for nurses, midwives, doctors, social workers and teachers to report to the police whenever they observe physical signs of FGM on a person under the age of 18 or where a girl tells them it has been carried out on her
- It is an offence for FGM to be committed abroad against UK residents.

In addition to the requirements of the Serious Crime Act, it is now mandatory for all GP practices and Acute and Mental Health Trusts to submit data to NHS Digital. Under 18s who may be at risk of FGM should be referred using standard existing safeguarding procedures, usually to children's services.

The following SNOMED CT[10] codes should be used for FGM:

Heading	Code
Female genital cutting	429744008
Discussion about female genital mutilation	713255007
Family history of female genital mutilation	902961000000107
Discussion about female genital mutilation with carer	932301000000101

Further detailed information can be sought in the Clinical guidance document – FGM and GP Mythbuster 80: Female genital mutilation (FGM).

8 Raising a concern – action to be taken by staff

8.1 General

Should any member of staff have cause for concern, or where a person has disclosed abuse, they are to report these to the following and in this order:

1. Tom Millard (safeguarding lead) via email tom.millard@nhs.net and verify reply within 3 hours.

[10] SNOMED CT Codes

2. In their absence, Nick Reynolds (deputy safeguarding lead) should be appraised. We recommend copying both leads in to a single email. Nick.reynolds5@nhs.net.

3. In the absence of one or both leads, and where safeguarding leads are uncertain as to action required, the senior clinician present must raise the matter with the local safeguarding team. In emergency cases, a decision will be made about contacting the police or social services

4. In all instances of safeguarding concerns, the General Manager must be copied in to any report and kept updated by all parties involved.

8.2 Adult at risk – action to be taken

When it is suspected that an adult at risk is suffering from abuse, staff are to:

- Remain focused
- Act in a non-judgemental manner
- Offer support, empathy and remain engaged with the individual
- Reassure the individual throughout the consultation
- Ensure that all information is recorded accurately
- Secure any evidence where possible
- Ensure that they do not give the adult at risk any promises or press them for further information

8.3 Child at risk – action to be taken

The Children Act 2004, as an expansion of the earlier 1989 Children Act, reinforces that all people and organisations working with children have a duty to help safeguard children.

When it is suspected that a child or young person is suffering from abuse, staff should:

- Remain focused, take time, slow down
- Reassure the child, explaining to them that they have done the right thing and they are not to blame
- Offer support, empathy and remain engaged with the child/young person
- Explain what needs to be done next
- Ensure that all information is recorded accurately, paying particular attention to dates and times of events
- Do not ask leading questions or promise confidentiality

Further guidance and resources for recognising and responding to abuse in children can be found here .

8.4 Other matters to be considered

Staff must ensure that they stay calm and liaise with the clinical safeguarding lead or nominated deputy to make certain the child, young person or adult at risk is offered the most appropriate level of care. Concerns must be discussed immediately and an action plan devised.

Staff must understand that there are circumstances where a safeguarding alert may be made without consent, e.g., circumstances involving other at-risk groups or where a crime may have been committed. Disclosing this information is referred to as a public interest disclosure to share information.

8.5 Raising an alert

When it is necessary to raise an alert, a risk assessment should be undertaken to prevent further risk of immediate harm to the child, young person or adult at risk. The initial assessment should consider:

- Whether the individual is still at risk if they return to the place where the abuse is alleged or suspected to have taken place
- The extent of harm that is likely to occur if the child, young person or adult at risk encounters the person who is alleged to have caused harm
- Whether the alleged person still has access to the child, young person or adult at risk

Advice can be sought from Wiltshire Safeguarding:

Emergency
If you or someone you know is in immediate danger dial 999 to speak with the emergency services.

Non-emergency
For all other concerns including safeguarding please call Advice and Contact:
0300 456 0111
Monday to Thursday between 8:30am and 5:20pm (Friday 4:20pm)

Out of hours
At all other times call the Emergency Duty Service:
0300 456 0100

A report can also be made online at:
https://adults.wiltshire.gov.uk/Information/safeguarding

8.6 Record-keeping

It is essential that all concerns, discussions and decisions are recorded in the individual's healthcare record and that the appropriate SNOMED codes for abuse are used.

Any documentation relating to safeguarding should be factual, contemporaneous and should be immediately obvious on a patient's record to any health professional involved in the patient's direct care. There should be no more than 48 hours delay in entering safeguarding information to records.

All correspondence relating to any safeguarding matters for a child, young person or adult at risk is to be scanned into the individual's electronic healthcare record. Staff are to ensure that, prior to sharing information, any sensitive third-party information is redacted if necessary and the entry marked as "safeguarding relevant" to ensure information is restricted to a "need-to-know" basis.

Child protection reports are also to be scanned into the healthcare record and the appropriate coding used. In such circumstances, the SNOMED code used to illustrate that the child is on a child protection plan should be entered into the notes of all individuals living at the same address.

The administration safeguarding lead will be able to advise staff accordingly if they have any queries or concerns.

8.7 Sharing of information

The sharing of information is essential to establish early intervention and the protection of children, young people and adults at risk. Clinicians must understand the need to share information, when it appropriate to share and how they share the information.

Where possible, consent to share should be obtained. However, the safety of the individual is paramount and, where concern exists or individuals are deemed to be at risk from significant harm, then this is to be considered as the determining factor and information should be shared. Where doubt exists, the organisation's safeguarding lead or nominated deputy should be approached for advice.

There are eight principles to sharing information. With these principles in mind, staff are advised to follow these:

1. The Data Protection Act 2018, Chapter 2, the UK General Data Protection Regulation (UK GDPR) and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners or the information governance lead if there is any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Whenever possible, share information with consent and, if possible, respect the wishes of those who do not consent to share confidential information. Under the Data Protection Act 2018, you may share information without

consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further information in relation to sharing information can be sought from the following:

- UK General Data Protection Regulation (UK GDPR) Policy
- Consent Policy

8.8 External support for victims

There are several organisations that provide specific support. Some of the main national charities include:

- Action for Children
- Citizens Advice
- Crimestoppers
- Justice and Care
- Karma Nirvana
- Mind
- NSPCC
- Rape Crisis
- Refuge
- The Salvation Army
- The Survivors Trust
- Women's Aid

9 Training

9.1 Training overview

This organisation is committed to having arrangements in place to ensure that all staff are trained effectively and to the level required commensurate with their role.

This is in conjunction with the guidance given by the CQC in the following:

- GP Mythbuster 25: Safeguarding adults at risk
- GP Mythbuster 33: Safeguarding children
- GP Mythbuster 80: Female genital mutilation (FGM)

The organisation will ensure that staff are specifically trained according to intercollegiate guidance as follows (links to training can be found at Section 9.3).

Level of training	Staff requirements
1	Core training All staff including non-clinical managers and staff working in healthcare services e.g., general administrative and reception staff and volunteers
2	Minimum level required for non-clinical and clinical staff who, within their role, have contact with children and young people, parents/carers or adults who may pose a risk to children e.g., safeguarding administrators, reception team leads and practice managers. This is the level that all staff employed at Cotswold Surgical Partners are currently assessed to be trained too.
3	All clinical staff working with children, young people, their parents or carers and any adult who could pose a risk to children who could potentially contribute to the assessing of, planning, intervening in and evaluating the needs of a child or young person and parenting capacity Note: This includes practice nurses Cotswold Surgical Partners have risk assessed that this level of training is only required for named Safeguarding Leads.
4	Named professionals for safeguarding, working with commissioners
5	Designated professionals, working with the government.

9.2 Minimum training requirements

As well as the mandatory training above, additional minimum training times have been provided by RCGP and can be found in the document titled RCGP supplementary guide to safeguarding training requirements for all primary care staff.

This details all levels and all practice staff.

9.3 Further training

Further reading from intercollegiate guidance includes:

- Adult Safeguarding: Roles and Competencies for Health Care Staff
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

Further NHS training is available and includes:

- Domestic violence
- Child sexual abuse
- Child abuse
- Child protection
- Adult safeguarding

10 Other safeguarding matters

10.1 Safer recruitment

Cotswold Surgical Partners will ensure that the appropriate pre-employment checks are carried out prior to any individual commencing work at the organisation. This organisation will mirror the six NHS Employment Check Standards which are:

1. Identity Checks
2. Employment history and reference checks
3. Work health assessments
4. Professional registration and qualification checks
5. Right to work checks
6. Criminal record checks

All checks will be conducted by the General Manager, before staff are recruited into positions at Cotswold Surgical Partners. Applicants will be required to undergo either an enhanced or standard DBS check depending on the position applied for.

It is acknowledged that the management team at Cotswold Surgical Partners has a legal duty to refer information to the DBS if any employee has harmed, or is deemed to be a risk of harm, to children, young people or adults at risk.

Additional information is contained in the Recruitment Policy and Procedure CSPP032.

10.2 Whistleblowing

All staff can raise any concerns they have about the conduct of others within the organisation or how the organisation is run in confidence.

Refer to the Whistleblowing Policy and Procedure CSPP039.

10.3 Allegations against a member of staff

All alleged allegations will be investigated thoroughly. The organisation safeguarding lead is to be informed and They/them will consult with the local authority's safeguarding team (child or adult) and, if necessary, the local police.

The safeguarding lead will advise the individual concerned that an allegation has been made against them but will not disclose any information at this stage.

Such is the seriousness of any alleged allegation, the individual concerned must be managed appropriately in accordance with the organisation's HR procedures. Allegations do not necessarily merit immediate suspension. This will depend on the person's role within the organisation and the nature of the allegation.

Allegations are distressing for all concerned, the individual, the organisation's staff and the alleged person. It is imperative that appropriate advice is sought from the outset. The local authority's designated officer (LADO) for managing allegations will be able to provide guidance to ensure that the correct process is followed.

It may be appropriate to offer a chaperone for a variety of reasons. Clinicians should consider the use of chaperones for some consultations and not solely for the purpose of intimate examinations or procedures.

A chaperone can be defined as "an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship".[11]

Further guidance can be found in the Chaperone Policy CSPP041.

10.4 Professional challenge

Professional challenge is an encouraging action taken in the best interests of the child, young person or adult at risk. It enables the challenging of decisions or actions by a member of staff if they consider the stated decisions or actions not to be effective enough for those deemed to be at risk.

Should a member of staff disagree with any element of care offered to an at-risk individual, they are encouraged to discuss their concerns with the organisation's safeguarding lead, their nominated deputy or the local authority safeguarding lead who will provide independent guidance. It is envisaged that most professional challenges will be resolved informally and at a local level.

[11] MPS

11 Safeguarding and responsibilities

11.1 Information flow

Further information can be found at:
https://adults.wiltshire.gov.uk/Information/safeguarding

11.2 Regional and national support information

Contact information	
Local safeguarding board	Wiltshire Safeguarding Team County Hall, Bythesea Road, Trowbridge, BA14 8JQ 0300 456 0111 Online reporting form:
https://adultslas.wiltshire.gov.uk/web/portal/pages/referrals/safeguarding/safeguardingform#assess	

11.3 CQC safeguarding responsibilities

Information within this section has been adapted from the CQC Inspector Handbook on Safeguarding.

The primary safeguarding responsibilities of the CQC are:

- Ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect
- Working with other inspectorates to review how health, education, police and probation services work in partnership to help and protect children, young people and adults from harm
- Holding providers to account and securing improvements by taking enforcement action
- Using intelligent monitoring where information is collected and analysed about services and responding to identified risks to help keep children and adults safe
- Working with local partners to share information about safeguarding

The CQC is not responsible for conducting safeguarding investigations or enquiries as this is for the relevant local authority or the police.

Likewise, the CQC does not routinely attend Safeguarding Adult Boards (SABs) or Local Safeguarding Children's Boards (LSCBs), although they may share information and intelligence to help all safeguarding teams to conduct enquiries.

11.4 Organisations' safeguarding responsibilities

During any inspection, the CQC will expect that all the following fundamental processes are adopted and embedded at Cotswold Surgical Partners. Failure to meet any of these points may cause unacceptable harm to our patient population.

- Demonstrate the understanding of the definition of both adults and children at risk and the types of abuse they may be subject to
- Sufficient priority is given to safeguarding and staff take a proactive approach to prevention and early identification
- Take steps to protect vulnerable adults, children and young people where there are known risks and to respond appropriately to any signs or allegations of abuse
- Work effectively with other organisations to implement protection plans and comply with accepted national guidance on staff competencies in line with their role
- There is an active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations and incidences of abuse or potential abuse are referred to local authority safeguarding teams
- Systems, processes, policies, procedures and training to help to ensure children and adults who use services are safeguarded from the risk of or actual abuse and neglect are put in place and operate effectively
- Any shortcomings found in safeguarding practice in their service to help reduce the risks to people who use the service and to learn and apply learning from any safeguarding incident are remedied
- The CQC is notified of safeguarding incidents in accordance with regulations by completion of a statutory notification at the time the abuse is identified Further information regarding the requirements where informing CQC is needed, coupled with examples can be sought within both adult and child GP Mythbusters
- For FGM considerations, organisations are to consider how staff are supported to fulfil the legislative requirements and how to refer women and girls for the subsequent physical and psychological consequences

Further information can be found within the referenced CQC handbook.

11.5 Organisation safeguarding lead

The organisation safeguarding lead is responsible for:

- Ensuring that they are fully au fait with the internal, regional and national policies and procedures that underpin safeguarding
- Acting as the focal point within the organisation for staff who may have concerns, addressing the concerns and acting as necessary
- Reviewing any information regarding safeguarding concerns, investigating matters further if necessary and taking the appropriate action
- Acting as the liaison between the organisation and the local safeguarding teams, facilitating the sharing of information, attending multi-agency meetings and supporting any local safeguarding investigations where requested
- Processing and sharing information within the organisation in the most effective manner
- Continually reviewing the organisation's safeguarding processes and policy, making recommendations for change as necessary
- In conjunction with the deputy safeguarding lead and organisation manager, ensuring compliance with policy and process by means of audit
- Encouraging training for all staff groups
- Ensuring staff are supported appropriately when dealing with any safeguarding matter

Note:

The deputy organisation safeguarding lead will assume the above responsibilities in the absence of the organisation safeguarding lead.

11.6 Partners/directors

The directors are responsible for:

- Ensuring safeguarding children, young people and adults at risk is central to clinical governance
- Contractual compliance with clinical governance arrangements for effective safeguarding policies and procedures
- Ensuring that all staff are trained and know how to react to concerns raised and recognise potential indicators for abuse

11.7 General manager

The General Manager is responsible for:

- Ensuring that safeguarding responsibilities are clearly defined in the job descriptions of all staff
- Adhering to the pre-employment requirements and ensuring that an effective recruitment process is in place
- Reaffirming the significance of safeguarding to all staff within the organisation
- Amending and keeping the safeguarding children, young people and adults' leaflet (see Annex A) current and also freely available to all staff and patients

11.8 Clinical Lead

The organisation's senior nurse is responsible for ensuring compliance with the NMC Code of Conduct[12] and:

- Acting as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care
- Sharing necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality
- Sharing information to identify and reduce risk
- Raising concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection

11.9 All staff

All staff have a responsibility to:

- Know how to act should they recognise potential indicators of abuse or neglect
- Understand the organisation's and local safeguarding policies and procedures
- Partake in meetings and case conferences when requested regarding safeguarding matters
- Attend and/or complete regular training commensurate with their role in accordance with their individual terms of reference and practice policy

11.10 Audit

[12] The Code for Nurses and Midwives NMC

To ensure compliance with this policy and the processes contained within it, the organisation's safeguarding lead, deputy safeguarding lead and the General Manager will ensure that regular audits are undertaken.

A toolkit of audit can be found at Annex C.

12 Domestic abuse

12.1 Domestic Abuse Act 2021

The prevention of domestic abuse and the protection of all victims lies at the heart of the Domestic Abuse Act 2021 ('the 2021 Act') and its wider programme of work. The measures in the 2021 Act seek to:[13]

- Promote awareness
- Protect and support victims
- Hold perpetrators to account
- Transform the justice response
- Improve performance

Domestic abuse is a high harm, high volume crime that remains largely hidden and anyone can be affected by domestic abuse, regardless of age, disability, sex, sexual orientation, gender identity, gender reassignment, race, religion or belief.[13]

Domestic abuse is defined as follows:[13]

Behaviour of a person ("A") towards another person ("B") is domestic abuse if both A and B are each aged 16 or over and are personally connected to each other and the behaviour is abusive.

It should be noted that it does not matter whether the behaviour consists of a single incident or a course of conduct.

12.2 Recognising domestic abuse

[13] Domestic Abuse Act 2021 Statutory Guidance

There are a range of abusive behaviours including, but not limited to:

- Physical abuse, violent or threatening behaviour
- Sexual abuse
- Controlling or coercive behaviour
- Harassment or stalking
- Economic abuse
- Emotional or psychological abuse
- Verbal abuse
- Technology-facilitated abuse
- Abuse relating to faith
- Honour-based abuse

To ensure victims of domestic abuse are well supported, all staff should be aware of the different types of domestic abuse. To help individuals to understand what constitutes as domestic abuse, Chapter 3 of the Domestic Abuse Act 2021 Statutory Guidance gives examples of the types of abusive behaviour.

12.3 Understanding the impact of domestic abuse

Domestic abuse can cause serious and devastating long and short-term physical, mental, emotional and psychological health impacts on both adults and children. A victim's day to day life can be affected by trying to manage the abuse, leading to increased anxiety and a focus on adapting their behaviour to appease the perpetrator. The psychological impact of domestic abuse can be so severe that it leads to suicide ideation and attempt.[13]

12.4 Multi-agency response to domestic abuse

Responding to domestic abuse often involves many agencies such as local authorities, community-based agencies, children's services, housing, drug and alcohol services, specialist domestic abuse agencies, the police and the criminal justice system.[13]

Working together is pivotal if domestic abuse is to be identified at the earliest opportunity and dealt with effectively, thereby minimising the risk of escalation.

Standing Together have produced In Search of Excellence, a guide for facilitating Coordinated Community Response (CCR) partnerships that reiterate the importance of coordination work between frontline service providers.

A Multi-Agency Safeguarding Hub (MASH) is one way of ensuring there is a coordinated approach and response to safeguarding referrals. For further detailed guidance, see Chapter 7 of the Domestic Abuse Act 2021 Statutory Guidance.

13 Summary

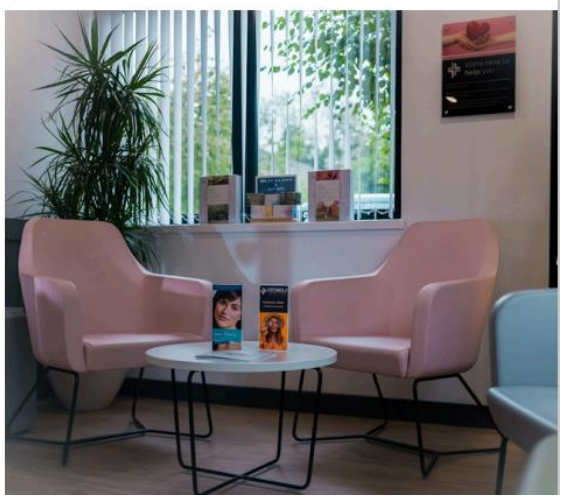
Safeguarding is the responsibility of all staff. It is a mechanism to identify and support those children, young people and adults who are at risk from harm and neglect.

Staff must be alert to the potential indicators and fully understand how to act if they suspect abuse or neglect. In doing so, the risk of prolonged harm and neglect will be reduced and the individuals affected will be offered the appropriate level of support and, where applicable, justice will be sought.



COTSWOLD SURGICAL PARTNERS
QUALITY CARE, LOCALLY DELIVERED

Safeguarding children, young people and adults



Organisation leads

Dr Tom Millard - Safeguarding Lead
Mr Nick Reynolds - Deputy Safeguarding Lead and Administrative Safeguarding Lead

The team will ensure that you receive the appropriate level of support.

Who to contact?

Emergency: 999 Emergency Services
Non-emergency: 0300 456 0111
Wiltshire Safeguarding Team
Monday to Thursday between 8:30am and 5:20pm (Friday 4:20pm)
Out of hours: 0300 456 0100 Emergency Duty Service
Care Quality Commission: 03000 616161



What to do

If you are being abused, know of someone who is being abused or think someone may be at risk, it is important that you inform the right people.

We want to reassure you that the people who you talk to will take your concerns seriously and can provide support, guidance and take action to ensure the safety of everyone.

Please speak to a member of staff who will help you get the help you need. All our staff are trained in confidentiality and safeguarding.

We will support you

COTSWOLD SURGICAL PARTNERS
QUALITY CARE, LOCALLY DELIVERED

What is **Safeguarding**

This is defined as protecting people's health, wellbeing and human rights, enabling them to live free from harm, abuse, and neglect. It is fundamental to high-quality health and social care.

Adult at risk

This is a person aged 18 or over in need of care and support, or someone already receiving care and support and, as a result, is unable to protect himself/herself from harm, abuse or neglect.

Child or young person

This is any person, male or female, under the age of 18 in need of care and support, or someone already receiving care and support and, as a result, is unable to protect himself/herself from harm, abuse or neglect.

Private and Confidential

Types of abuse

There are many types of abuse such as:

Physical
Hitting, biting, shaking, pushing
Sexual
Any sexual contact which is non-consensual
Emotional
Humiliation, intimidation, verbal abuse
Neglect
Ignoring or refusing basic care needs
Self-neglect
Inability to care for oneself
Discriminatory
Values, beliefs or culture results in a misuse of power
Institutional
Misuse of power and lack of respect by professionals, poor practice
Financial
Use of an individual's funds without consent or authorisation
Modern slavery
Includes human trafficking, servitude and forced labour

These are just some examples of how people can be abused or neglected through actions directed towards them that cause harm, endanger them or violate their rights.

Who can abuse?

Abuse can occur anywhere such as at home, in a care setting, hospital, college, school, in public places. It could be from:

- Family members or friends
- Other patients or those at risk
- Young people
- Care workers or volunteers
- Professionals
- Strangers

Do not delay.

If you suspect or know that someone is at risk of harm, abuse or neglect, report it immediately!

Safeguarding is the responsibility of everybody

Appendix B: Annual Safeguarding Assurance Audit

Safeguarding Adult, Children & Children Looked After Schedules BSW ICB 2026-2027

Annual Assurance Audit of Compliance with Safeguarding Children, Adults and CLA Standards

Purpose

The purpose of this document is to enable the safeguarding leads in the NHS funded service to assess how the organisation is meeting the safeguarding standards and to identify whether further work needs to be done to ensure the standards are met. A basic template for an improvement plan can be found at the end of the document. This is for internal assurance purposes only and does not need to be submitted to the ICB.

Standard		Audit Question	Narrative/Links
1	Governance and Commitment to Safeguarding	• Is there evidence that the organisation ensures appropriate and accessible information is provided for its population in relation to how it discharges its duties for safeguarding?	
		• Does the organisation have evidence that there is a Board level executive lead for safeguarding children and CLA?	
		• Does the organisation have evidence that there is a Board level executive lead for safeguarding adults and application of the Mental Capacity Act 2005?	
		• Does the organisation employ the relevant named professional(s) to provide safeguarding children, adults and Children Looked After advice, expertise, and guidance to the organisation? Do they have protected time in these roles?	

		• Does the organisation have evidence that there is a nominated lead for the following areas?
		  • Female genital mutilation
		  • Sexual exploitation
		  • Domestic violence and abuse
		  • Modern slavery and human trafficking
		  • Prevent
		  • Mental Capacity Act and Deprivation of Liberty Safeguards
			(Please provide name and role)

		• Has an Annual Report been submitted to the ICB in November of this year, and which has been internally approved by the organisation prior?	
		• If the Safeguarding Partnership have requested a section 11 audit report or a safeguarding adult audit from your organisation, has this been shared with the	

Private and Confidential

Standard		Audit Question	Narrative/Links
		ICB? How are any recommendations for implementation being monitored?	
		• Has the organisation been required to engage in any planning and preparation for any inspection related to safeguarding?	
		• Does the organisation have a system that enables safeguarding data to be monitored?	
		• How does the organisation interface with the local safeguarding partnership?	
		• How does the organisation ensure all the following are assessed against safeguarding criteria? • Complaints procedures • Incidents • Performance management cases • Pressure ulcers • Managing allegations related to staff behaviour	
2	Policies, Procedures and Guidelines including Children Looked After	• Does the organisation have a Safeguarding Children, CLA and Adult Policy? • If separate policies, do they link with each other? • Who and how often are they reviewed?	
		Are there single policies or sections within the safeguarding policy on: -	
		• Child Sexual Exploitation	
		• Children/Adults at risk associated with gangs or at risk of exploitation	
		• Female Genital Mutilation including a link to the local Safeguarding Partnership FGM policy/guidance	
		• PREVENT (including the Channel process)	
		• Domestic Abuse (staff and service users)	
		• Internet and social media use which addresses safeguarding	

Private and Confidential

Standard		Audit Question	Narrative/Links
		• Details of the local safeguarding partnership and community safety partnership - policies, protocols, or guidance	
		• How does the organisation communicate the safeguarding policies, procedures, and guidelines to the whole workforce?	
		• Does the organisation have a policy for managing visits by celebrities, VIPs, and other official visitors?	
3	Appropriate Training, Skills, and Competences	• Does the organisation have a safeguarding training strategy in line with both Intercollegiate Documents and national guidance for Prevent? • Does it cover all staff, volunteers, Board members, Bank staff, and external contractors?	

		• Does the safeguarding training content include awareness raising about:
		  • Domestic Violence (staff and service users)
		  • Human trafficking & modern slavery
		  • Forced marriage
		  • Female Genital Mutilation
		  • Prevent
		  • Children Looked After	

		• How many staff are employed by the organisation?	
		• How is the safeguarding training provided in the organisation?	
		• What teaching and safeguarding skills and experience do trainers have?	
		• How is the training evaluated for its effectiveness?	
		• What evidence is there of the impact of training on practice and outcomes?	
4	Effective Supervision and Reflective	• Is the organisation aware of staff that require safeguarding supervision in line with both the Children's and Adult's	

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Standard		Audit Question	Narrative/Links
	Practice and Case Consultation	Intercollegiate documents and can demonstrate evidence of this?	
		• How does the organisation evidence that all staff have received or had access to safeguarding supervision or the opportunities for reflective practice appropriate to role?	
		• Who provides safeguarding supervision in the organisation?	
		• How does the organisation assure itself that supervisors are competent in providing supervision and safeguarding?	
5	Effective Multi-Agency Working	• How does the organisation assure itself that staff follow statutory guidance on information sharing?	
		• How does the organisation assure itself about the quality and effectiveness of referrals for safeguarding to the Local Authorities?	
		• How does the organisation ensure that all staff who undertake assessments of children or adults understand the importance of including the 'voice of the child', 'the voice of the adult user' and 'making safeguarding personal'?	
		• How does the organisation assure itself that a Think Family approach is being taken by staff?	
		• Has the organization implemented CP-IS for all areas working with children? Implementing Child Protection – Information Sharing (CP-IS) in health settings a step by step guide - NHS England Digital	
6	Reporting Safeguarding Incidents	• Are adults at risk referred to advocacy services when necessary? How do you monitor/record this?	
		• Are there opportunities for staff and volunteers to debrief and reflect following safeguarding concerns?	
		• Does the organisation have robust systems that accurately record, monitor, and report all safeguarding activity? • Does the organisation have a process for assessing and addressing safeguarding risks?	
		• How does the organisation assure itself that safeguarding records and referrals are	

Standard		Audit Question	Narrative/Links
		completed accurately, are proportionate, factual, and timely?	
		• Does the organisation have a process set out in their Safeguarding Policies to ensure that any internal concerns about the safeguarding of its own patients is shared with the ICB?	
8	Engaging in any Statutory Reviews and Multi-Agency Working	• Has the organisation been asked to complete any reports (e.g., individual management reviews - IMRs) for a statutory/non-statutory review?	
		• Have these reports been completed within the local safeguarding partnership timeframes?	
		• Has progress against subsequent single agency action plans been reported to the ICB and local safeguarding partnership?	
		• How can the organisation demonstrate that it has engaged with/implemented the multi-agency recommendations from the reviews they have participated in?	
		• How can the organisation demonstrate that practice has changed because of learning from reviews?	
9	Safer Recruitment & Retention of Staff	• Does the organisation meet safer recruitment standards. i.e., NHS Employers (DBS checks for all employed staff, volunteers etc.)	
		• Is the Safer Recruitment Policy reviewed annually?	
		• Are safeguarding responsibilities included in all staff job descriptions?	
		• Do all relevant staff have a DBS check before work commences with children or young people and families or adults (Target 100%)?	
		• Does the organisation have a process that ensures two written references are provided before work commences with children or young people and families or adults (Target 100%)?	
		• Can the organisation provide evidence that safer recruitment standards are monitored by the Executive Director and action taken where they fall short of expectations?	

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Standard		Audit Question	Narrative/Links
10	Managing safeguarding allegations against members of staff	• Can the organisation evidence that it is managing allegations against staff in line with Local Safeguarding Partnerships? (This must include reference to risk assessments and a clear process when protection thresholds in the local authority are not met. (Should include referrals the LADO/DOFA - for concerns around children's safeguarding and referrals relating to persons in a position of trust in relation to adults - PIPOT). It must include review of Prevent concerns around staff.)	
		• Does the organisation have both a designated and deputy designated officer to whom allegations should be reported and who will support any investigation?	
		• When the outcome of a DOFA/LADO and PiPoT strategy discussion is to proceed with an investigation: • Does the organisation report to the ICB? • How does the organisation assure itself that all staff know how to report a concern about a member of staff?	
11	Engaging Children and their Families and Adult Service Users	• How does the organisation ensure that service users and their carers/family are actively engaged in the safeguarding process?	
		• Has the organisation engaged in any multi-agency audit and learning which identifies how service users view health organisation's role in the safeguarding process? What was the result of this?	
		• How does the organisation ensure that the voice of children, adult service users or their carers are heard at individual team and Board level?	
12	Compliance with statutory and contractual 'Prevent' duties	• How does the organisation assure itself that staff are aware of their responsibilities to prevent exploitation to radicalisation, whether in service users, their families or in colleagues?	
13	Compliance with the Mental Capacity Act and	• How does the organisation assure itself that the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards are implemented effectively?	

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Standard		Audit Question	Narrative/Links
	Deprivation of Liberty Safeguards (DoLS) 2009		
14	The adult safeguarding decision guide is applied to prevent and reduce harm to individuals at risk of developing pressure ulcers	• How does the organisation assure itself that there is appropriate application of the Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern (June 2025)	

Improvement Plan following self-assessment					
No.	Improvement Required	Action Required	Person Responsible	Complete by	Rag Rating
1					
2					
3					
4					
5					

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