

## **Appendix 1**

### **Airedale, Wharfedale and Craven, Bradford City and Bradford Districts Clinical Commissioning Groups. SAFEGUARDING ADULTS STANDARDS: SELF-ASSESSMENT TOOL. Version 2.**

The NHS standard contract for delivery of health care services (including the care home contract) requires that organisations are able to protect adults at risk of abuse or neglect and work in partnership when abuse or neglect is suspected.

This self-assessment tool is to provide assurance to the lead commissioner and maybe shared with other associated commissioners for their governance requirements.

This self-assessment tool has been developed from previous versions by the Designated Professionals/Nurses/Leads from CCG's in West Yorkshire and North Yorkshire. The tool has been developed in line with national legislation, enquiries, guidance and codes of conduct.

The tool has been aligned to the six principles of safeguarding as set out in the Care Act 2014 Care and Support statutory guidance (section 14.13)

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability




The tool also acknowledges the 6 C's as set out by the by the Chief Nursing Officer in Compassion in Practice, the strategy for nursing and midwifery (NHS England 2012).

- Compassion
- Competent
- Communication
- Courage
- Commitment

All providers of NHS care must ensure that they meet all relevant safeguarding adults standards set out in this document. Where requested, providers will submit this completed self- assessment as part of their annual safeguarding report to the CCG.

- Please RAG rate your organisation in each of the areas.
- For those areas that are rated as amber or red, you are asked to provide the CCG with a plan that details actions you are undertaking to deliver compliance.
- If you believe the standard does not apply to your organisation, please give the reasons in the evidence column
- You may be requested to give further information to demonstrate compliance/RAG rating.

#### **RAG rating Key:**

|       |   |   |
|-------|---|---|
| Green |  | Fully compliant (remains subject to continuous quality improvement)   |
| Amber |  | The organisation is not fully compliant, but an improvement plan in place to ensure full compliance with the components identified for the standard and progress is being made within agreed timescales |
| Red   |  | The organisation has very limited compliance against standards and have a detailed action plan is in place/being developed completed within agreed timescales   |

#### **Version Control**

| <b>Version</b> | <b>Date</b>                     | <b>Author</b> | <b>Comment</b>  |
|----------------|---------------------------------|---------------|---|
| 1              | April 2013                      | Matt O'Connor | Safeguarding commissioning standards adopted by the CCG.  |
| 2              | From 1 <sup>st</sup> April 2017 | Matt O'Connor | Implementation of new format and revised standards for use as part of annual safeguarding adults reports and updates. |
| 3              |                                 |               |   |
| 4              |                                 |               |   |

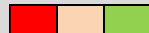
Acknowledgements: this tool is based on the West Cheshire Annual Self- assessment audit Tool Children's and Adults.

### Safeguarding principle 1: Empowerment:

People being supported and encouraged to make their own decisions and informed consent.

### The 6 C's: Care: –

Making safeguarding personal and making sure the person's voice is heard

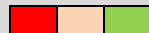

|     | Standard   | Components of standard  | Evidence: Please utilise this column as internal evidence of compliance  | RAG rating<br> |
|-----|--|---|--|---|
| 1.1 | There is a named lead for Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS).        | <p>All providers of NHS Care delivering services for people aged 16 and over have in place a named lead for MCA &amp; Deprivation of Liberty Safeguards (DoLS).</p> <p>MCA Leads have in-depth, applied knowledge of MCA/DoLS, including awareness of relevant case law, and have protected study time to ensure they keep their knowledge up to date.</p> <p>MCA leads escalate issues and seek advice appropriately and access regular supervision from the Designated Professional or other suitably experienced and knowledgeable practitioner.</p> | <p>Responsibility for MCA /DoLS sits within the Safeguarding Adults team. Named Nurse acts as lead. Supervision is obtained from Head of Safeguarding from CCG.</p>  |   |
| 1.2 | Staff at all levels, have easy access to policy, guidance and support with MCA and DoLS -related practice. | <p>MCA /DoLS policies and procedures are regularly reviewed and updated in line with legislation, national guidance and codes of conduct.</p> <p>The organisation is able to demonstrate how it assures itself that MCA / DoLS policy and procedures are effectively embedded in practise.</p> <p>MCA/DoLS Policies and procedures include:</p> <ul style="list-style-type: none"> <li>• Templates for recording assessments of capacity and best-interests decisions.</li> </ul>   | <p>Policy is available on the intranet and referenced in training. Policy reviewed to reflect Winterbourne judgement.</p> <p>Information relevant to making an application is now available electronically. The safeguarding adults' team ensure the applications are made to the local authority and provide relevant feedback to ward staff and / or entries in the electronic</p> |   |

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|     |   | <ul style="list-style-type: none"> <li>• Clear guidelines for ensuring that any best interest decisions involving restraint or restrictions on choice or liberty are only made in line with the MCA</li> <li>• The process for accessing expert advice on MCA/DoLS related practice.</li> <li>• Clear guidelines for accessing formal legal advice when necessary.</li> <li>• A process of how to access and monitor usage of IMCA and other Advocacy Services.</li> </ul> <p>MCA/DoLS Policy and procedure include clear and effective arrangements for:</p> <ul style="list-style-type: none"> <li>• Identifying patients who may be deprived of their liberty.</li> <li>• Issuing an Urgent Deprivation of Liberty Safeguard Authorisation.</li> <li>• Applying for a Standard Deprivation of Liberty Safeguard Authorisation.</li> <li>• Informing the Care Quality Commission (CQC) of the application and outcome.</li> <li>• Informing the coroner of a death of a patient who is subject to a DoL.</li> <li>• Recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection.</li> </ul> | <p>patient record offering advice.</p> <p>Information available on the intranet and within the packs regarding the 'acid test' for eligibility and involvement of IMCA's</p> <p>The Safeguarding team monitor IMCA referral rates.</p> <p>Paperwork in packs now reflects the changes to the coroner notifications</p> <p>The Safeguarding team monitor all applications and address concerns when identified. The team monitor expiration dates of authorisations and liaise with the Local authority as necessary.</p> |  |
| 1.3 | All policies and procedures are consistent with and appropriately referenced to the Mental Capacity Act (2005) and associated guidance. | <p>The organisation can demonstrate links between the MCA (including DoLS) and other organisational policies and procedures, including but not limited to:-</p> <ul style="list-style-type: none"> <li>• Consent to treatment</li> <li>• Complaints</li> <li>• Admission and discharge procedures</li> <li>• Use of restraint</li> </ul>   | The MCA is referenced in the relevant policies.  |  |

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|     |   | <ul style="list-style-type: none"> <li>• DNACPR</li> <li>• Safeguarding</li> </ul>  |   |  |
| 1.4 | The organisation can assure itself, and others, that practices are in accordance with the Mental Capacity Act (2005) and associated guidance. | The Trust uses a range of measures, including e.g. audit, service evaluations and service user feedback, to ensure policies and procedures are embedded and that practices are consistent with the Mental Capacity Act (2005), including the Deprivations of Liberties Safeguards.  | A recent clinical audit offered assurance regarding process. Further audit is planned as part of audit cycle.   |  |
| 1.5 | There is an up to date training plan in place which identifies the training needs of staff in relation to MCA / DoLS and related practises.   | <p>A Training Needs Analysis (TNA) has been undertaken in relation to MCA and DoLS to identify the training and development needs of staff working at different levels and with different client groups.</p> <p>The organization's MCA/DoLS training plan includes a range of programmes, including updates and refreshers, with sufficient capacity to meet the training requirements of staff.</p> <p>The training needs analysis and plan includes staff on fixed term contracts, temporary staff agency staff, locums, students and trainees and volunteers.</p> <p>The organisation has accurate and effective arrangements for capturing, monitoring and reporting MCA and DoLS related training and development.</p> <p>As a minimum, all staff who provide care or treatment will have received training covering the principles the Mental Capacity Act (2005) and consent within 3 months of starting work.</p> <p>The organisation undertakes evaluation to understand the effectiveness of its MCA related training programmes.</p> | <p>TNA completed and re-levelling of all staff undertaken.</p> <p>MCA and DoLS training in Induction for staff.</p> <p>The Safeguarding team monitor training compliance as does the training department via electronic staff records.</p> <p>Specific training for Matrons is provided at Matrons supervision meetings and for Junior Doctors at their clinical training sessions.</p> <p>All training is evaluated at the end of the session and feedback evaluated to ensure the training is relevant to the participants.</p> |  |

**Safeguarding principle 2: Protection:-**  
Support and representation for those in greatest need

**The 6 C's: Courage: –**  
It takes courage to stand up against poor care and staff must be supported and know how to report their concerns

|     | Standard  | Components of standard   | Evidence: Please utilise this column as internal evidence of compliance   | RAG rating<br> |
|-----|---|--|---|---|
| 2.1 | Staff have access to policies and procedures that are consistent with legislation, national guidance and local safeguarding adult's multiagency procedures. | <p>Policies and procedures are regularly reviewed to ensure they reflect any local, organisational and legal changes.</p> <p>The organisations safeguarding adults' policy and procedures are consistent with the principles and ethos of 'making safeguarding personal'.</p> <p>The policy clearly identifies staff roles and responsibilities in relation to safeguarding adults. Safeguarding policy and procedures make reference to:-</p> <ul style="list-style-type: none"> <li>• FGM</li> <li>• MCA/DoLS</li> <li>• Domestic Violence/abuse</li> <li>• Human Trafficking / modern slavery</li> <li>• Forced Marriage</li> <li>• PREVENT</li> <li>• Children's safeguarding</li> </ul> <p>The organisation can demonstrate links between safeguarding adults and other relevant organisational policies and procedures, including but not limited to:-</p> <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Clinical Governance / Serious Incidents</li> </ul> | <p>Policies are available.</p> <p>Included in the policy</p> <p>Policy identifies roles/responsibilities</p> <p>Referred to in the policy</p> |               |

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|     |   | <ul style="list-style-type: none"> <li>• Whistleblowing</li> <li>• Disciplinary &amp; performance/capability</li> <li>• Recruitment</li> </ul> <p>The organisation can demonstrate that it has appropriate reporting mechanisms in place for concerns raised about staff and volunteers.</p> <p>The organisation can demonstrate that any disciplinary processes are concluded irrespective of a member of staff's resignation, and compromise agreements are not permitted in safeguarding investigations.</p>   | The reporting mechanisms for concerns regarding staff are included in the policy and are in line with the local procedures.  |  |
| 2.2 | The organisation can assure itself and others that staff practice in accordance with safeguarding adults' policies and procedures.  | The Trust uses a range of measures, including e.g. audit, service evaluations and service user feedback, to ensure safeguarding adults policies and procedures are embedded and that practices are consistent with locally agreed multiagency procedures.   | A programme of planned audit is in place. Process in place to review evidence of safeguarding in complaints  |  |
| 2.3 | There is an up to date training plan in place which identifies the training needs of staff in relation to Safeguarding Adults, including abuse and neglect of adults who may not be considered 'at risk' according to the Care Act. | <p>A Training Needs Analysis (TNA) has been undertaken in relation to safeguarding adults, to identify the training and development needs of staff working at different levels and with different patient / service user groups.</p> <p>The organisations Training Needs Analysis and training programmes address staff learning needs in relation to wider issues of abuse and neglect, including;</p> <ul style="list-style-type: none"> <li>• Female Genital Mutilation</li> <li>• Domestic Violence/abuse</li> <li>• Hate Crime</li> <li>• Human Trafficking / modern slavery</li> <li>• Forced Marriage</li> <li>• PREVENT / violent extremism</li> </ul> <p>The Training Needs Analysis and training plan includes staff on fixed term contracts, temporary staff agency staff, locums, students and trainees and volunteers.</p> <p>The organisation has accurate and effective arrangements for capturing, monitoring and reporting Safeguarding Adults and</p> | <p>Training plan in place.<br/>TNA completed and re-levelling of all staff undertaken.</p> <p>All training levels will be three yearly renewal.</p> <p>All named elements included in the training</p> <p>Included</p> <p>All training recorded on Trust's training management system.</p> |  |




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|     |  | <p>related training and development.</p> <p>As a minimum, all staff receive basic safeguarding adults' awareness during induction, including information about how to report concerns within the service or directly into the multi-agency procedures.</p> <p>All staff who provide care or treatment undertake training in how to recognise and respond to abuse at least every 3 years.</p> <p>The organisation undertakes evaluation to understand the effectiveness of its safeguarding adults related training programmes.</p> <p>The organisations safeguarding children's training programme(s) include appropriate reference to identifying and responding to abuse of adults.</p>   | <p>Induction training in place.</p> <p>Included in training plan</p> <p>Evaluation of effectiveness to be undertaken once revised arrangements embedded.</p> <p>Safeguarding Children's policy recently reviewed and Safeguarding Adults contributed. Policy linked.</p>   |  |
| 2.4 | Commitment to the principles in PREVENT are demonstrated by the organisations and those with a specific Prevent duty meet their statutory obligations. | <p>The organisation has in place a Policy for PREVENT that identifies an executive and operational lead and the roles and responsibilities of all staff.</p> <p>The policy contains a procedure for seeking advice internally and for making referrals into the 'Channel' process.</p> <p>The organisation engages proportionately with local Prevent work including the local Prevent network(s) and Channel panel.</p> <p>As a minimum, all staff receive a basic awareness of risks to children and adults relating to grooming for violent extremism.</p> <p>The organisation has identified staff who need to undertake specific Prevent training (WRAP) and has sufficient trainers / resource to achieve compliance.</p> <p>Compliance with basic Prevent awareness and WRAP is monitored/reported via internal governance processes.</p> | <p>The guidance was previously contained within the Safeguarding policy, this has now been removed and a separate policy written.</p> <p>Named Nurse Prevent lead, linked into the district Channel and Contest meetings.</p> <p>All staff receive an awareness of Prevent through their Safeguarding training.</p> <p>Staff requiring WRAP have been identified through TNA for Adults. Currently compliant with NHS England requirement.</p> <p>Face to face WRAP sessions are</p> |  |



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|     |  | <p>Safeguarding children's training programmes make appropriate reference to the risks of children being groomed for violent extremism.</p> <p>Risks of being influenced/groomed for violent extremism is routinely considered in safeguarding risk assessment processes.</p> <p>The organisations policies, procedures and approved documentation (clinical and non-clinical) have been updated to reflect the Prevent Duty and risks in relation to violent extremism.</p>   | <p>delivered as well as the approved e learning for Mental Health and acute staff, to ensure compliance with the requirement.</p>   |  |
| 2.5 | <p>The organisation takes account of national and local guidance to safeguard those experiencing domestic abuse.</p> | <p>A Training Needs Analysis (TNA) has been undertaken and training programs identified to address the specific needs of staff working at different levels and with different client groups to recognize and respond to Domestic Abuse</p> <p>The organisation is able to demonstrate that there are effective MARAC referral systems in place and the organisation is appropriately represented in the process.</p> <p>The Organisation has effective systems for signposting people to specialist domestic violence services</p> <p>There is clear guidance for staff and managers for employees experiencing domestic violence</p> <p>The organisation has a policy covering allegations against staff that includes those who are perpetrators of domestic violence.</p> | <p>TNA completed and relevelling of all staff undertaken. All training levels will be three yearly renewal. Domestic abuse referenced in all training.</p> <p>BTHFT attends the Domestic and Sexual Violence Strategy Board and sub groups.</p> <p>MARAC information is received by both the Safeguarding Adults team, the Safeguarding Children's Team and the Safeguarding midwife. There are 4 Designated officers. Information shared is stored on a shared drive accessible by all the Designated officers.</p> <p>Staff experiencing Domestic abuse are included in the domestic abuse policy. Routine questioning of staff during the sickness absence process is undertaken</p> |  |

### The 6 C's: Commitment –

To take appropriate action as an organisation to protect adults at risk and respond appropriately when concerns are identified

|     | Standard   | Components of standard  | Evidence: Please utilise this column as internal evidence of compliance   | RAG rating<br> |
|-----|--|---|---|---|
| 3.1 | The organisation has in place a process for monitoring a range of systems and taking action to address any themes and trends of potential abuse or neglect | <p>The organisation is able to demonstrate that it has in place a system for reporting safeguarding adults incidents appropriately, through the serious incident reporting system.</p> <p>The organisation can demonstrate that it reviews analyses and learns from safeguarding themes and trends reported from a variety of sources including:-</p> <ul style="list-style-type: none"> <li>• STEIS</li> <li>• Incident Reports</li> <li>• Complaints</li> <li>• PALS</li> <li>• Friends and Family tests</li> <li>• Regulatory and other Inspections</li> <li>• Human Resource functions</li> </ul> | <p>Safeguarding incident reports are monitored through the Safeguarding Adults team. Data is provided to the Safeguarding steering group.</p> <p>Safeguarding adults receive information on complaints risk incidents and provide support and advice as necessary.</p> <p>Themes identified and training updated as required.</p> |               |
| 3.2 | The organisation demonstrates commitment to continuously improving its safeguarding arrangements.  | <p>The organisation monitors and regularly reviews its safeguarding arrangements to ensure they are effective and support compliance with its policy and locally agreed multi-agency procedures.</p> <p>Safeguarding arrangements are reviewed against recommendations from:</p> <ul style="list-style-type: none"> <li>• Safeguarding Adults Reviews</li> <li>• Domestic Homicide Reviews</li> <li>• Safeguarding enquiries</li> </ul>   | <p>Named Nurse attends sub groups of SAB and Domestic and Sexual Violence strategy Board. Requests for information for Multi agency reviews are received by the team and discussed with Deputy Chief Nurse to ensure relevant people are involved in undertaking management reviews or investigations.</p>                        |              |


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|-----|--|--|--|--|
|     |  | <ul style="list-style-type: none"> <li>• Serious Incidents</li> <li>• Reports from the Care Quality Commission</li> </ul>  | <p>Lessons identified in reviews are discussed at the Safeguarding Adults subgroup to ensure practice is up to date.</p> <p>Information and recommendations are stored on electronic shared drive.</p> <p>Clear mechanisms in place for raising concerns about staff members via policy and action card.</p>   |  |
| 3.3 | Staff have access to advice support and safeguarding adults supervision. | <p>Access to safeguarding adults advice / support is easily available to all staff working with adults at risk.</p> <p>The organisation has a system in place to ensure that all staff have access to Safeguarding Supervision, when required, from a suitably qualified and experienced safeguarding professional.</p> <p>Staff working in safeguarding adults roles, including named professionals, regularly access safeguarding supervision from the Designated Professional or other suitably experienced and qualified safeguarding adults professional.</p> | <p>Monthly Matrons supervision meetings are held.</p> <p>Staff can receive supervision from the Safeguarding team if requested and are offered supervision post incident and during involvement with an investigation.</p> <p>Specialist Practitioners receives supervision from the Named Nurses and Named Nurse receives supervision from the Designated Professional.</p> |  |

#### **Safeguarding principle 4: Proportionality –**

Proportionality and least intrusive response appropriate to the risk presented whether this relates to individual patient care or whole service provision

#### **The 6 C's: Compassion**

Compassion is how care is given through relationships based on empathy respect and dignity


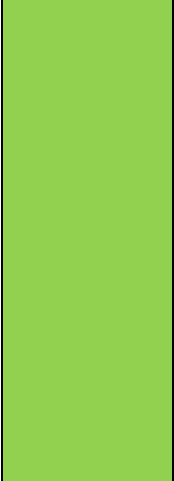
|     | Standard   | Components of standard  | Evidence: Please utilise this column as internal evidence of compliance  | RAG rating<br> |
|-----|--|---|--|---|
| 4.1 | A patient centred approach is embedded throughout the organisation, so that care provided is done with due regard to all contemporary legislation and is considered in all aspects of safeguarding adults at risk. | <p>The organisation can demonstrate individualised care planning that includes:-</p> <ul style="list-style-type: none"> <li>Establishing consent for all levels of care and treatment.</li> <li>The individual's wishes and preferences being incorporated into care plans.</li> <li>Support to maximise capacity and ability to make decisions.</li> <li>Best interest processes, for those without mental capacity, that consider expressed wishes and positive risk taking.</li> </ul> <p>Information is shared appropriately with others, including the patient's family and friends, in line with their wishes or balancing need/risk and consent in line with legal frameworks.</p> | <p>Information is shared with others, including families and friends, in line with the person's wishes or according to legal frameworks. IMCA involvement is monitored by the Safeguarding team.</p> <p>Information is considered and shared on an individual basis.</p> |   |
| 4.2 | The organisation effectively shares information in line with national and local processes for safeguarding adults' enquiries.  | <p>Staff understand the principles of information sharing and the most effective ways of sharing information.</p> <p>Staff understand what to do and when to share information if they believe an adult may be at risk of abuse.</p> <p>Managers are fully conversant with the legal framework and good practice guidance for sharing the of information in line with the Care Act (Safeguarding Sections).</p>   | <p>Information relating to changes to national and local processes are shared with Matrons and Heads of Nursing for dissemination.</p> <p>Information guides provided for all clinical areas.</p>  |   |

### Safeguarding principle 5: Partnership working

Integrated and cohesive partnerships at all levels of the organisation focused at improving outcomes for adults at risk

#### The 6 C's: Communication:-

Better Listening and shared decision making, making every contact count and sharing lessons to ensure improvement





|     | Standard  | Components of standard   | Evidence: Please utilise this column as internal evidence of compliance   | RAG rating<br> |
|-----|---|--|---|---|
| 5.1 | The organisation will be able to demonstrate commitment to the safeguarding process and partnership working with relevant agencies. . | <p>The provider supports multi-agency safeguarding investigations by providing expert health advice and assessments where required.</p> <p>The organisation works with partners and has appropriate representation at relevant safeguarding related groups including:-</p> <ul style="list-style-type: none"> <li>• Safeguarding Strategy and Case Conference meetings</li> <li>• SAB</li> <li>• SAB Subgroups and Task and Finish Groups</li> <li>• Safeguarding Adults Reviews</li> <li>• Domestic Homicide Reviews</li> <li>• MARAC</li> <li>• MAPPA</li> </ul> | <p>The Chief Nurse, Deputy Chief Nurse, Named Nurse and Specialist Practitioners attend multi-agency groups as required. Circulation lists for the groups are updated to ensure BTHFT has representation, and receives minutes to meetings etc.</p> <p>MAPPA is not attended.</p> |               |

### Safeguarding principle 6: Accountability

Ensuring that Safeguarding Adults at risk is embedded throughout the organisation, and the organisation is transparent about how safeguarding adults is managed throughout the organisation

### The 6 C's: Competency:-

Clinical competency means being knowledgeable and safe in all aspects of physical care delivery.

|     | Standard   | Components of standard   | Evidence: Please utilise this column as internal evidence of compliance   | RAG rating<br> |
|-----|--|--|---|---|
| 6.1 | Safeguarding leadership is embedded at all levels within the organisation  | <p>Roles and responsibilities for safeguarding adults across the organisation are clearly mapped in policy.</p> <p>A named executive holds strategic leadership responsibility for safeguarding adults throughout the organisation.</p> <p>The organisation has in post a practise lead for Safeguarding Adults, with sufficient capacity to effectively carry out the roles. In health this will be a named health or social care professional.</p>                             | <p>Roles and responsibilities are identified within the Safeguarding policy.</p> <p>Named Nurse, 2 x Specialist Practitioners and an administrator are permanent posts within BTHFT</p> |                |
| 6.2 | The organisation has set requirements for reporting safeguarding adults performance and risk to the Board/Senior management. | <p>The board receive and annual report of safeguarding performance across the organisation, including:- Reviews of the effectiveness of the organisations safeguarding arrangements (including MCA/ DoLS and Prevent)</p> <ul style="list-style-type: none"> <li>Any risks to the arrangements</li> <li>Service improvement requirements learning points and areas of good practice</li> <li>Performance against statutory, regulatory or commissioners requirements.</li> </ul> | Annual reports are provided by the Named Nurse for Safeguarding Adults  |               |
| 6.3 | The organisation embraces the duty of candour  | The organisation is able to demonstrate that the duty of candour is embedded at all levels.  | Referenced within the policy. Separate Duty of Candour policy in place and monitored as part of the contract via risk team.   |              |

| Safeguarding Adults Standards: Remedial Action Plan |  |                    |          |                     |
|---|--|--------------------|----------|---------------------|
| Standard No.  | Action(s) required to achieve standard | Person Responsible | Date Due | Comments / Progress |
|   |  |                    |          |                     |
|   |  |                    |          |                     |