

# PROCEDURE FOR MONITORING SAFEGUARDING CHILDREN AND VULNERABLE ADULTS VIA PROVIDER CONTRACTS

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## 1. INTRODUCTION

Primary Care Trusts (PCTs) are expected to ensure that safeguarding is integral to clinical governance and audit arrangements. This requires PCTs to ensure that all providers from whom they commission services – including organisations in the public sector, independent sector, voluntary, community & faith sector (VCFS) and social enterprises – have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by PCT commissioners include clear service standards for safeguarding which are consistent with local safeguarding board policies and procedures.

By monitoring providers against the service standards, PCTs will assure themselves that the required safeguarding standards are being met. To support the monitoring of the standards a Safeguarding Policy and an audit tool has been developed (See NHS North West Safeguarding Children and Vulnerable Adults Policy).

This procedure has been developed with the North West Contract Leads and the Designated Nurses for Safeguarding in order to standardise the monitoring and escalation approach across the North West. It has also been out for wider consultation.

## 2. NHS NORTH WEST SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY

Across the North West, the PCTs have agreed that the Safeguarding Policy endorsed by NHS North West will be used within contract arrangements. Clause 4A of the Guidance for NHS Contracts requires the Provider to comply with the local Commissioner's Safeguarding policy for children and adults in vulnerable circumstances. Local customisation to the NHS North West Safeguarding Children and Vulnerable Adults Policy can be made to reflect local requirements and Commissioners are advised to give a copy of their locally customised policy to all of their Providers.

A copy of the locally customised policy is to be included in the contract at: -

- Schedule 10 for community providers
- Schedule 11 Part 4 for Acute Services
- Schedule 11 Part 5 Mental Health & Learning Disability Services
- Schedule 11 Part 5 Ambulance Services

This is subject to any future changes for the NHS Standard Contracts.

From time to time, revisions may be required to the policy part way through the contracting period to reflect changes to local, national and statutory

guidance. Such revisions should be attached or referenced when they become available from the Commissioner. A record of the new edition of the policy should be recorded as part of the routine review processes.

Commissioners should assure themselves through the contract review process that the Provider is meeting the safeguarding standards and to take relevant action where they do not. The process of monitoring Providers will be up to local determination but as a minimum it is expected that the Lead Commissioner on behalf of Associate Commissioners will:

- establish a baseline for their Providers against the safeguarding standards contained in the relevant appendices of the Safeguarding Policy
- monitor against the set of standards on an annual basis

The findings of the audit will determine the level of monitoring required to ensure that suitable safeguarding arrangements are in place. Lead Commissioners will inform Associate Commissioners of the outcome of the audit and any gaps identified/actions being taken.

### **3. THE AUDIT TOOLS**

As discussed above, the audit tools (see NHS North West Safeguarding Children and Vulnerable Adults Policy) will be used to establish a baseline, and then this audit will be repeated annually. This will be formally issued to the applicable organisation at the contract meeting. The auditing tool will be completed by the provider organisation and RAG rated. The criteria for rating are as follows:

- Green – Fully compliant (However, it is important that when an organisation has met a standard that they still consider continuous quality improvement.)
- Amber – Action plans in place to ensure full compliance and progress is being made within the agreed timescales.
- Red – Non-compliance against standards and actions have not been completed within agreed timescales.

The provider organisation will need to provide evidence to demonstrate compliance with the standards rated green. The Contract Lead will liaise with the Designated Nurse/Doctor for Safeguarding to review the evidence. The action plans for standards rated amber and red will be monitored monthly at the contract meetings, which will require safeguarding to be a regular agenda item. Likewise the Designated Nurse/Doctor for Safeguarding will review the action plans to ensure they are robust and contain realistic timescales.

## **4. ESCALATION PROCESS**

### **4.1 Escalation Level 1**

The PCT and Provider organisation will include amber and red standards on their organisational risk registers and inform the Local Safeguarding Board(s) (Children (LSCB) or Adults (LSAB)) and Associate Commissioners about the gaps identified. This will ensure the action plans are linked to the organisational and multi-agency governance arrangements.

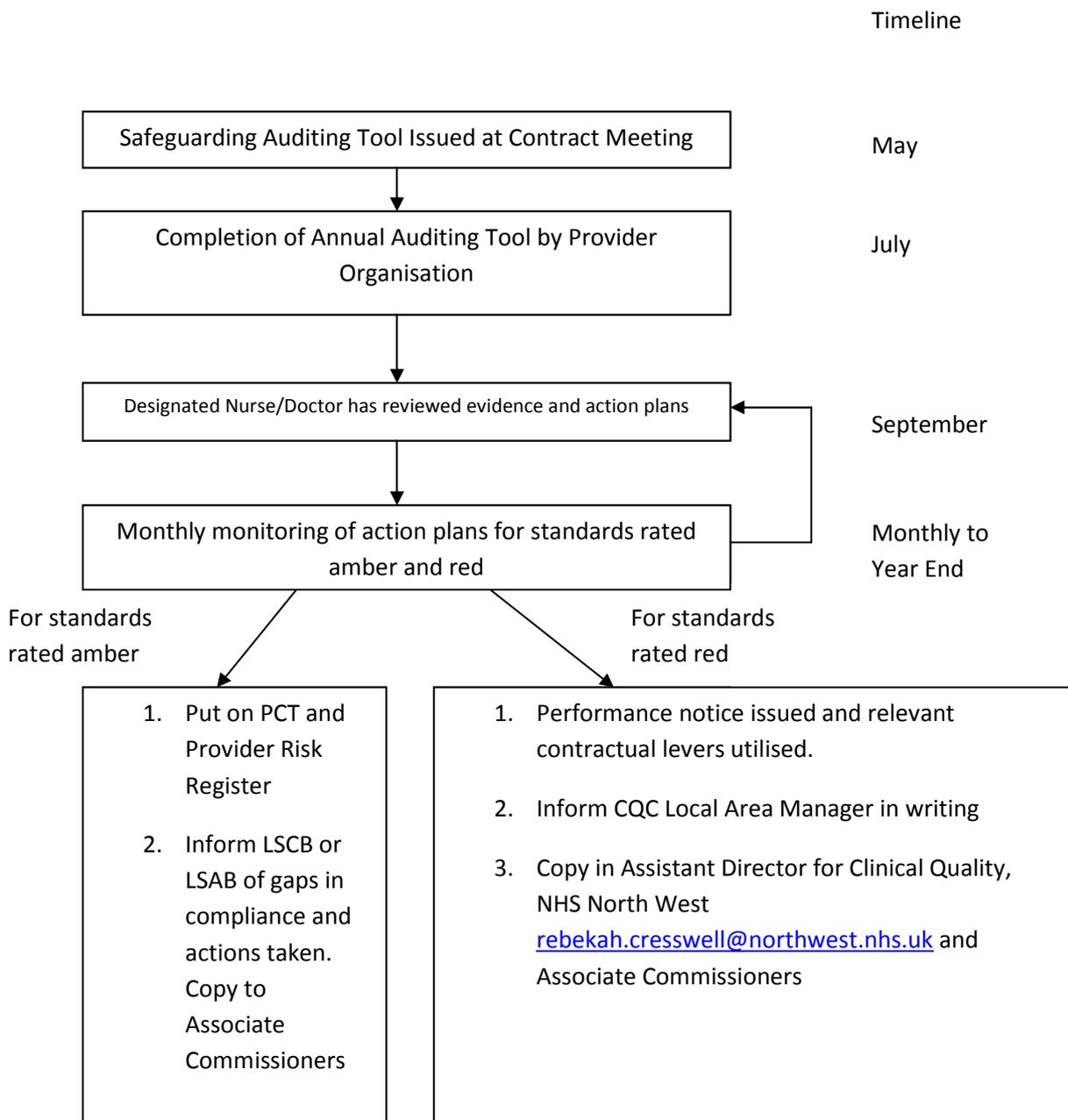
### **4.2 Escalation Level 2 – For NHS Health Providers**

When a standard rated amber moves to a red, this will be considered a breach of contract. It was agreed that this line of action would be taken as the applicable organisation would have had time to meet the standards in the amber period, and this needs to be taken very seriously due to the vulnerable population they are meant to protect, as well as the fact the standards are based in statute and key national policies. Therefore a performance notice will be issued and appropriate contractual levers utilised, as well as a letter sent to the Care Quality Commission (CQC) and copied into the Clinical Quality Team at the Strategic Health Authority (SHA) – [rebekah.cresswell@northwest.nhs.uk](mailto:rebekah.cresswell@northwest.nhs.uk) This is to fulfil obligations in communicating with the CQC regarding quality of services and to the SHA as their role in assuring systems are in place for commissioning safe quality services.

### **4.3 Escalation Level 2 – For other providers of health services e.g. Independent Contractors and VCFS etc**

The approach for this group beyond level 1 is for local determination.

### 5. Annual Cycle



It is acknowledged that how the Contract Lead and Designated Nurse/Doctor for Safeguarding work together will need to be determined locally. It has been agreed that the Lead Commissioner will perform this monitoring on behalf of Associate Commissioners and make them aware of actions being taken and provide them with assurance as required.