

Verification of a suitable safeguarding vulnerable persons - adults and children policy

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OneCall24 Limited (OneCall24) understand that they have a duty to ensure that all persons that come into contact with their business, both directly and indirectly - are sufficiently safeguarded against at all times. This requires One Call 24 to ensure that at all times it adheres to all current (and any future) regulations & Legislation, including (but not limited too):

- Safeguarding Vulnerable Groups Act 2006;
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- The Care Act 2014;
- the Care Quality Commission (Registration) Regulations 2009

In order to achieve this, One Call 24 has incorporated a detailed and robust policy & process which ensures all necessary checks are completed on workers, and they all workers are fully aware of their obligations and responsibilities when out in the field.

To confirm this, One Call 24 will keep accurate records of all safeguarding and employment checks carried out under this framework. This information will be requested and called upon during regular framework audit. This includes:

- **Identity** checks, at all times in line with latest NHS Employment Check Standards (see <https://www.nhsemployers.org/publications/identity-checks-standard>); and
- **Right to Work** checks, at all times in line with latest NHS Employment Check Standards (see <https://www.nhsemployers.org/publications/right-work-checks-standard>); and
- **Employment History and Reference** checks, at all times in line with latest NHS Employment Check Standards (see <https://www.nhsemployers.org/publications/employment-history-and-reference-checks-standard>); and
- **Professional Registration & Qualification** checks, at all times in line with latest NHS Employment Check Standards (see <https://www.nhsemployers.org/publications/professional-registration-and-qualification-checks-standard>); and
- **Criminal Record and Barring** checks, at all times in line with latest NHS Employment Check Standards (see <https://www.nhsemployers.org/publications/criminal-record-checks-standard>). The following additional DBS checks: guidance for employers may also be useful www.gov.uk/dbs-check-requests-guidance-for-employers; and
- **Work Health Assessment** checks, at all times in line with latest NHS Employment Check Standards (see <https://www.nhsemployers.org/publications/work-health-assessments-standard>); and

- **English language competency** checks, at all times in line with the Nursing and Midwifery Council (see <https://www.nmc.org.uk/about-us/consultations/past-consultations/2022-consultations/english-language-consultation/>)
- **Statutory & Mandatory and Clinical/Care core skills training** checks, at all times in line with latest Skills for Health UK Core Skills Training Framework (see www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework) and relevant to the normal duties of that person is expected to perform in the position the Authority seeks to fill; and
- **Appraisal and revalidation** checks, at all times in line with the seven (7) key principles and core values that guide the NHS. See latest:
 - Nursing and Midwifery Council's Code: Professional standards of practice and behaviour for nurses and midwives (see <https://www.nmc.org.uk/standards/>) and revalidation (see <https://www.nmc.org.uk/revalidation/>), where the Job Role of the Temporary Agency Worker supplied for hire relates to Nursing and Midwifery staff Assignments; or
 - General Medical Council's Standards and ethics guidance for doctors (see <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors>) and Good Medical Practice framework for appraisal and revalidation (see <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation>), where the Job Role of the Temporary Agency Worker supplied for hire relates to Medical staff Assignments; or
 - General Dental Council's Standards for the Dental Team (<https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team>), where the Job Role of the Temporary Agency Worker supplied for hire relates to dental staff Assignments; or
 - Health and Care Profession Council's Standards (see <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>), where the Job Role of the Temporary Agency Worker supplied for hire relates to Other clinical staff Assignments; or
 - NHS Employers guidance on appraisal (see <https://www.nhsemployers.org/system/files/2021-07/Appraisals-and-KSF-made-simple.pdf>); and
 - Other Good Industry Practice, where the Job Role of the Temporary Agency Worker supplied for hire is not covered by an appropriate Professional Body, such as GCC or GDC or GMC or GPhC or GOC or GOSC or HCPC or NMC etc.
- Indemnity arrangement checks, at all times in line with the Health Care and Associated Professions (Indemnity Arrangements) Order 2014 (Statutory Instrument 2014 No. 1887) (see <https://www.legislation.gov.uk/ukdsi/2014/9780111114483>); and
- any other safeguarding and employment checks, as may be supplemented by information set out and [or] referred to in the individual Order by the Hirer or which are required by law or the appropriate Professional Body.

Should it be requested by the participating authority, additional checks will be completed on a worker prior to their deployment into the provision of the services.

Past the above checks, One Call 24 will ensure that all of its workers have a full understanding of the term 'safeguarding', and how to promote this within the business.

Policy for the prevention of abuse:

Abuse is a violation of an individual's human and civil rights by any other person or persons. The most common forms of abuse are described in the statutory guidance accompanying the Care Act 2014 as:

- Physical abuse;
- Domestic violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect

The organisation will ensure that Service Users are safeguarded from abuse in all these forms. This duty to safeguard adults applies to Service Users who:

- Have needs for care and support;
- 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.

The following six principles as set out in guidance to the Care Act 2014 should inform practice with Service Users. These are as follows:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Children and young people

The legislation and guidance relevant to safeguarding and promoting the welfare of children includes the following:

- Children Act 1989 and 2004
- Working Together to Safeguard Children (2023)
- Children and Social Work Act 2017

- Children's Wellbeing and Schools Bill (2025, in progress)

A Brief overview

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and this guidance sets these out in detail. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions. Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.¹ Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

Recent Developments and Additional Safeguarding Duties

In addition to the above, safeguarding responsibilities have been further strengthened through more recent legislation and statutory guidance:

- **Working Together to Safeguard Children (2023)** – This updated statutory guidance reinforces the importance of multi-agency working, a child-centred approach, and clear accountability across all safeguarding partners.
- **Children and Social Work Act 2017** – Introduced new local safeguarding arrangements, replacing Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners (local authorities, police, and health services), and established the Child Safeguarding Practice Review Panel.
- **Children's Wellbeing and Schools Bill (2025, pending)** – Aims to improve tracking of children missing from education, introduce a unique identifying number for every child, and strengthen local authority powers to intervene where children may be at risk.
- **Crime and Policing Bill (2025, pending)** – Proposes the introduction of mandatory reporting

duties for professionals who suspect abuse or neglect, further reinforcing the shared responsibility to protect children.

Vulnerable Adults

Safeguarding adults at risk of harm or abuse is a statutory responsibility underpinned by key legislation and guidance. The primary legal frameworks include:

- **Care Act 2014** – Establishes the legal duty for local authorities to safeguard adults with care and support needs who are at risk of abuse or neglect and unable to protect themselves.
- **Care and Support Statutory Guidance (Chapter 14 – Safeguarding)** – Provides detailed guidance on implementing the Care Act's safeguarding duties.
- **Safeguarding Vulnerable Groups Act 2006, as amended by the Provision of Information Order 2025** – Strengthens the role of the Disclosure and Barring Service (DBS) and clarifies information-sharing duties between police and safeguarding bodies

Six Key Principles of Adult Safeguarding

Although not legal duties, the following principles are embedded in best practice and statutory guidance:

1. **Empowerment** – Supporting individuals to make their own decisions and give informed consent.
2. **Protection** – Providing support and representation for those in greatest need.
3. **Prevention** – Taking action before harm occurs.
4. **Proportionality** – Responding in the least intrusive way appropriate to the risk.
5. **Partnership** – Working collaboratively with local communities and services to prevent and detect abuse.
6. **Accountability** – Ensuring transparency in safeguarding practices and decision-making.

OneCall24 confirms full compliance with the Safeguarding Vulnerable Groups Act 2006, including its 2025 amendments. This includes:

- OneCall24 shall comply with all requirements placed upon it by the Safeguarding Vulnerable Groups Act 2006, as amended by the Provision of Information Order 2025.
- OneCall24 warrants that, at all times, it has no reason to believe—and will not have reason to believe—that any member of Staff is barred from engaging in regulated activity under the Safeguarding Vulnerable Groups Act 2006.
- OneCall24 shall ensure that no person is employed or otherwise engaged in the provision of the Services if that person:
 - is barred from carrying out regulated activities as defined by the Act; or
 - has a history of conduct or criminal records that indicate they may not be suitable to carry out such activities or may present a risk to patients, service users, or any other person.
- OneCall24 will ensure that the Contracting Authority is kept informed at all times of any member of Staff who, after commencing employment:

- receives a conviction or caution relevant to safeguarding;
- has previous convictions or conduct brought to light that indicate unsuitability for regulated activity;
- or otherwise presents a safeguarding concern.

In such cases, OneCall24 shall only continue to engage or employ the individual with the written consent of the Contracting Authority and subject to any safeguards the Contracting Authority may reasonably require. If consent is withheld, OneCall24 shall remove the individual from the provision of Services immediately.

- OneCall24 shall promptly provide the Contracting Authority with any information it reasonably requests to enable it to verify compliance with safeguarding obligations.
- OneCall24 acknowledges that the Contracting Authority may, at any time, request the removal and replacement of any member of Staff from the provision of Services. The Contracting Authority will act reasonably in making such requests and, where appropriate, will first raise concerns with OneCall24 to seek a mutually agreeable resolution. However, where there are immediate concerns regarding the safety of patients or service users, the Contracting Authority reserves the right to act without prior discussion.

Jimmy Saville case

An inquest into the **Jimmy Saville case** was published in February 2015 around the abuse that happened on NHS premises in relation to when Jimmy Savile worked as a volunteer.

Working in line with the framework agreement One Call 24 make their internal and agency workers aware of the 14 recommendations below in relation to safeguarding from the Jimmy Saville inquest.

The report makes **14 recommendations** - 13 of which have been "accepted in principle" (all accept recommendation 6 - see employer note below).

1. All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.
2. All NHS trusts should review their voluntary services arrangements and ensure that they are fit for purpose; volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and all voluntary services managers have development opportunities and are properly supported.
3. The Department of Health and NHS England should facilitate the establishment of a properly resourced forum for voluntary services managers in the NHS through which they can receive peer support and learning opportunities and disseminate best practice.
4. All NHS trusts should ensure that their staff and volunteers undergo formal refresher training in safeguarding at the appropriate level at least every three years.
5. All NHS hospital trusts should undertake regular reviews of their safeguarding resources, structures and processes (including their training programmes), and the behaviours and responsiveness of management and staff in relation to safeguarding issues - to ensure that their arrangements are robust and operate as effectively as possible.
6. The Home Office should amend relevant legislation and regulations so as to ensure that all hospital staff and volunteers undertaking work or volunteering that brings them into contact

with patients or their visitors are subject to enhanced DBS and barring list checks. This recommendation has not been accepted - legislation which underpins the requirement for a check under the DBS regime remains unchanged. It is important that employers fully understand their legal responsibilities in regard to ensuring positions they are recruiting to (including when making appointments to volunteering roles) are eligible for a DBS check, and the level of check required. Eligibility for a DBS check continues to be dependent on the roles and responsibilities of the position being appointed to, and the type of access they will have with children and/or adults in receipt of healthcare. Employers should make sure that their local policies and processes are fully compliant with the requirements outlined by the criminal record and barring check standard.

7. All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers. While not a legal requirement, employers are already permitted to require periodic DBS checks as part of their local policy. At this current time there is no appetite to prescribe a frequency period by which employers should undertake any repeat checks – instead they are recommended to consider how they can encourage workers and volunteers to subscribe to the DBS Update Service which offers a more satisfactory solution to this recommendation because of the added safeguarding measures this can provide. See our briefing document on using the DBS Update Service (June 2014) which can be found on this website. Subscription to the Update Service remains free for volunteers. Where employers have already implemented periodic DBS checks as part of their local policy, these arrangements can continue unaffected. It is important that employers regularly review local recruitment policies and practices to ensure they remain fully compliant with current legal requirements under the DBS regime; and appropriate and proportionate measures are considered to minimise any potential risks to patient safety.
8. The Department of Health and NHS England should devise and put in place an action plan for raising and maintaining NHS employers' awareness of their obligations to make referrals to the local authority designated officer (LADO) and to the Disclosure and Barring Service.
9. All NHS hospital trusts should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary.
10. All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.
11. NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.
12. NHS hospital trusts and their associated NHS charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect such risks.
13. Monitor, the Trust Development Authority, the Care Quality Commission and NHS England should exercise their powers to ensure that NHS hospital trusts,(and where applicable,

independent hospital and care organisations), comply with recommendations 1, 2, 4, 5, 7, 9, 10 and 11.

14. Monitor and the Trust Development Authority should exercise their powers to ensure that NHS hospital trusts comply with recommendation 12.

All information is readily available to all employees and agency workers at all times.

Review

This policy statement will be reviewed annually as part of our commitment to upholding professional standards. It may be altered from time to time in the light of legislative changes, operational procedures or other prevailing circumstances.