

COMMISSIONER SAFEGUARDING POLICY

INCLUDING STANDARDS FOR PROVIDERS

JULY 2020

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1. INTRODUCTION

This policy sets out clear standards and requirements for NHS Hull Clinical Commissioning Group (NHS Hull CCG), employed staff (including board members/lay members), and services commissioned by NHS Hull CCG. This also includes locums, agency staff, contractors, volunteers, students, learners, ambassadors and celebrities. It details NHS Hull CCG governance arrangements for safeguarding and supports the advice and guidance laid out in the Hull Safeguarding Children Partnership (HSCP) Procedures and Guidance and the Hull Safeguarding Adult's Partnership Board (HSAPB) Policy and Procedures and therefore should be read in conjunction with these.

All Clinical Commissioning Groups (CCGs) have a legislative duty to ensure the quality of the services they commission and deliver place based system leadership for safeguarding. These roles and responsibilities are clearly defined in the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF) 2019 to further support delivery of the NHS Long Term Plan.

There is an expectation that the provider organisations demonstrate robust safeguarding systems and safe practice in accordance with the SAAF, the NHS Standard Contract and also within agreed local multi-agency procedures. All health providers will have appropriate and effective systems in place to ensure that any care provided, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act (1998), Mental Capacity Act (2005), Mental Capacity Amendment Act 2019, Mental Health Act (2007), Care Act 2014 and is consistent with Children Act 2004, section 11 duties. Duties within the Serious Crime Act 2015 will also assist NHS Hull CCG to protect vulnerable individuals and families.

This policy is also informed by national guidance including Working Together to Safeguard Children (DfE 2018), What to do if you're worried a child is being abused (DfE 2015), The Care and Support Statutory Guidance (DH 2014) and Making Safeguarding Personal (LGA 2014).

This national guidance for safeguarding also provides the following principles for protecting the welfare of children and adults.

Working Together to Safeguard Children (DfE 2018) suggests a child-centred approach to safeguarding. This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families;

- All practitioners should follow the principles of the Children Acts 1989 and 2004 - that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

- Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.
- Children are clear about what they want from an effective safeguarding system.
- Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Special provision should be put in place to support dialogue with children who have communication difficulties, unaccompanied children, refugees and those children who are victims of modern slavery and/or trafficking.

The Care and Support Statutory Guidance (DH 2014) promotes the following key principles to underpin all adult safeguarding work;

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and 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.

2. SCOPE

In this document as in the Children Act 1989 and 2004, the term child refers to a child or young person who has not yet reached their 18th birthday. An adult is a person 18 years of age and over.

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2018) 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
- taking action to enable all children to have the best outcomes

The Care Act 2014 provides the following definition for an adult at risk of abuse and neglect.

Safeguarding duties apply to an adult aged 18 or over and who:

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

The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as 'the adult at risk' throughout this policy.

This policy is focused on children under the age of 18. It also focuses on adults who have care and support needs and may be at risk of/or experiencing from abuse (including neglect) due to, for example, old age, disability, mental or physical ill health or dependency on drugs and alcohol.

This policy applies to all staff employed by the NHS Hull CCG and its commissioned services. This includes; all employees (including board members and lay members), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including ambassadors and celebrities), students and any other learners undertaking any type of work experience or work related activity.

Organisations delivering commissioned services on behalf of NHS Hull CCG must have policies and procedures in place which are consistent with this document, and compliant with any other safeguarding related statutory guidance and legislation relevant to their organisation.

3. POLICY PURPOSE AND AIMS

3.1 Policy Statement

NHS Hull CCG shares a commitment to safeguard and promote the welfare of children and adults at risk of/or experiencing abuse or harm.

With respect to children this is underpinned by a statutory duty under Section 11 of the Children Act 2004. The Health and Social Care Act 2012 amended the Children Act 2004 to transfer the existing duties to Clinical Commissioning Groups. The duty is to ensure that health service functions are discharged with regard to the need to safeguard and promote the welfare of children.

With respect to adults, the Care Act 2014 sets out comparable requirements with regard to safeguarding adults from abuse or neglect, and makes provision about care standards. The Making Safeguarding Personal agenda underpins the development of person-centred, outcome-focussed responses to safeguarding adults.

This includes the requirement to have and follow safe recruitment policies and procedures; and also have in place procedures for identifying and managing concerns and safeguarding allegations involving CCG staff, contractors and volunteers.

All adults and children have a right to protection. Some people are more vulnerable to abuse and neglect due to a variety of factors impacting on their own, and/ or their families, parents' or carers' welfare.

All staff should be very aware that all protective characteristics may also impact on an adult or child's ability to access help and support. Within safeguarding duties this also includes recognition and reporting of hate incidents and hate crimes.

The Home Office in 2019 reports that in 2018/19, there were 103,379 hate crimes recorded by the police in England and Wales

How to Report a Hate Crime or Hate Incident:

If you have witnessed or been a victim of hate crime you must report it. This can be done in a number of ways:

- In an emergency always ring Police on 999
- For non-emergencies ring 101

If you do not want to talk to the police or fill in the reporting forms, you can still report a hate crime by contacting Crimestoppers for free on 0800 555111. You do not have to give disclose name and what you share is confidential.

It is essential that whenever an individual has concerns about whether a child or adult is experiencing, or is at risk of experiencing, abuse and neglect, that they share their concerns following the local HSCP procedures and guidance and the local HSAPB policy and procedures as relevant. These procedures must be followed irrespective of the source of concern. NHS Hull CCG recognises that concerns may arise from many sources including carers, parents, professionals, volunteers and other staff, service users and visitors including celebrities and people with high profile/status working with or involved with organisations and service users.

3.2 Policy Aims

NHS Hull CCG has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people and adults, and that these arrangements reflect the needs of the individuals and families they deal with.

NHS Hull CCG has clear service standards against which healthcare providers

(including independent providers, voluntary, and community sector) will be monitored.

In discharging these statutory duties/responsibilities account must be taken of the legislation and guidance listed in sections 11 and 12.

As a commissioning organisation, NHS Hull CCG is also required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults at risk from abuse. These policies and procedures will also demonstrate that health providers are linked into the HCSP/HSAPB where appropriate, and that all health workers and professionals contribute to multi-agency working where required.

3.3 Performance and monitoring of providers

Providers' performance in relation to safeguarding and the standards will be managed primarily through contract monitoring arrangements. Where in place, this will be through existing Contract Monitoring Boards (CMB) and their sub groups.

Information will be forwarded by providers to NHS Hull CCG on a quarterly or annual basis as indicated within the Self Declaration Template (Appendix 3), as applicable to each provider; and will include key findings from audits undertaken during the period of the review. The precise nature and frequency of reporting will be negotiated with the provider and the Director of Quality and Clinical Governance and Designated Safeguarding Nurses for Adults and Children. Adults at risk should expect the same high standard of safeguarding from all providers regardless of the size of the organisation, whether the organisation is in the statutory, voluntary or independent sector or nature of the service received. The level of assurance that NHS Hull CCG require will be proportionate, taking into account a number of aspects including the potential risk to individuals and the larger the size of the contract, the more detailed and frequent the assurance requirements will be.

The Designated Nurse/ Professional for Safeguarding Children and Adults will review and scrutinise all safeguarding annual reports from providers and make comments to the Director of Quality and Clinical Governance/Contract Manager /Commissioning Lead/Performance Management Group through the Contract Monitoring Board (CMB) process.

Where a provider is unable to demonstrate compliance with any adult and children safeguarding standards, they will produce an action plan with timescales that details steps to be taken to achieve compliance. This action plan will be monitored by the Director of Quality and Clinical Governance/Contracts/Commissioning Manager and the Designated Nurse/ Professional for Safeguarding Children and Adults through the CMB process to the Quality and Performance sub-committee. Providers will also be subject to performance management as set out in their contract.

NHS Hull CCG may require providers to produce additional information regarding their safeguarding work, in order to monitor compliance with this policy.

In addition to the standards required by this policy, legislation, national guidance or other stakeholders, NHS Hull CCG may also use local quality and incentive

schemes (eg. CQUINS) to identify additional safeguarding standards or related targets for providers.

NHS Hull CCG may receive and use information from other agencies and organisations where this is relevant to the performance management of the provider in relation to safeguarding. This may include information and/or intelligence from:

- HCSP/HSAPB and / or their sub groups
- Police
- Criminal Justice Partners
- Service users / advocacy groups
- Local Authority Departments /Adult and Community Services
- NHS Providers and Contractors
- Care Quality Commission
- Care and Nursing Homes
- Ofsted
- ADASS

The Designated Nurse/ Professional for Safeguarding Children and Adults will provide safeguarding performance information to the NHS Hull CCG Safeguarding Advisory Group (SAG), Quality and Performance Committee, and Executive Board. This will also include an annual report summarising trends, unresolved risks and safeguarding activity from commissioned services.

3.4 Responding to concerns about the welfare of a child, young person or adult

NHS Hull CCG adopts a zero tolerance approach to adult and child abuse and will work to ensure that its policies and practices are consistent with agreed local multiagency procedures and meet the organisation's legal obligations.

Specifically:

- Where concerns are raised, NHS Hull CCG is committed to a proportionate and timely response to safeguard the particular adult(s) and/or child(ren) and young people within a multi-agency framework.
- NHS Hull CCG is committed to sharing information required by other agencies, within agreed protocols and legislation, in order to safeguard adults, children and young people who may be at risk of abuse.
- NHS Hull CCG and provider organisations will work collaboratively with the local HSCP and HSAPB to maintain a local learning and improvement framework in order to learn from experience and improve services. This will include conducting various reviews, not only on cases which meet the statutory criteria, but also on cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children and adults. This collaboration will also include partnership work with Community Safety Partnerships (CSP) to complete Domestic Homicide Reviews (DHR), and also within Multi Agency Public Protection Arrangements (MAPPA) duties to complete Serious Case Reviews (SCR)

when required.

Staff should seek advice from the safeguarding Designated Professionals in the first instance, if unsure regarding which action to take, or when help and support is required.

Safeguarding adult concerns can be raised with the local Multi Agency safeguarding Hub (MASH) via the following link;

<http://www.hull.gov.uk/support-adults/safeguarding/safeguarding-adults>

Safeguarding children concerns can be raised with the local Early Help and Safeguarding Hub (EHASH) via the following link;

<http://www.hull.gov.uk/children-and-families/safeguarding-and-welfare/worried-about-child>

3.5 Sharing Safeguarding Information

NHS Hull CCG is committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding adults and children, in accordance with the law and multiagency procedures. This may include personal and sensitive information.

All providers of services commissioned by NHS Hull CCG are required to share information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding, in accordance with the law and local multiagency safeguarding information sharing procedures. This may include personal and sensitive information about:

- the child or young person(s) at risk of or experiencing abuse
- the adult(s) at risk of or experiencing abuse
- family members of those experiencing or at risk of abuse
- staff
- members of the public

Where there is reasonable cause to believe a child, young person or adult is experiencing, or is at risk of experiencing abuse and neglect, all staff must share their concerns following HCSP/HSAPB procedures and consistent with legislation and Caldicott principles. In these cases it may be necessary to dispense with consent if gaining consent would put the safety of anyone at significant risk. Registered professionals may also refer to specific information sharing guidance published by their registering bodies and within national guidance such as HM Government (2015) Information Sharing: Guidance for practitioners and managers.

The Child Protection - Information Sharing project (CP-IS) has been implemented to support health and social care staff to share information securely to better protect society's most vulnerable children. The Child Protection - Information Sharing project (CP-IS) is connecting systems in Health and Social Care so that essential information can be shared securely. CP-IS ensures that health and social care staff are notified when a child or unborn baby with a child protection plan (CPP) or

looked after child (LAC) status is treated at an unscheduled care setting anywhere in England.

<https://digital.nhs.uk/services/child-protection-information-sharing-project>

Where a Hull resident is receiving care or treatment outside the Hull area, the care provider must inform the host authority (NHS Hull CCG/ Hull LA Social Care) immediately of individuals affected by safeguarding concerns.

All Providers are required to share anonymised and aggregated data where requested, for the purposes of fulfilling contractual obligations, assurance and the monitoring and developing of safeguarding practice.

Safeguarding referrals/alerts from providers, independent contractors and NHS Hull CCG may be monitored and information provided to the HCSP or HSAPB as appropriate.

3.6 Safe Recruitment

Safe recruitment of staff and volunteers will be in accordance with the NHS Hull CCG Recruitment and Selection policy. This will include completion of pre-employment checks in accordance with NHS employment check standards, and Disclosure and Barring Service (DBS) checks where appropriate.

3.7 Safeguarding Allegations and Concerns Involving Staff and Volunteers

Allegations or issues of a safeguarding nature may be highlighted or received via numerous functions and processes within NHS Hull CCG. This could include for example, whistle blowing, freedom to speak up, complaints and patient advocacy services.

Working Together to Safeguard Children 2018 stipulates that information must be shared with the Local Authority Designated Officer (LADO) where it is considered that any member of staff poses a risk to children or if offences have been committed against a child/ren.

The Local Authority Designated Officer has responsibility for the management and oversight of individual cases, providing advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure they are dealt with in as timely a manner as possible, consistent with a thorough and fair process. Each agency which employs people to work with children is required to have a Designated Officer who should liaise with the Local Authority Designated Officer when a concern arises about a member of their workforce. The LADO can be contacted for advice or referrals on 01482 790 933 and a referral form can be found on the HSCP website at;

<https://www.hullscp.co.uk/professionals/safeguarding-professionals/lado/>

For managing safeguarding adults allegations, the People in A Position of Trust (PiPOT) arrangements apply in circumstances where;

A person works, or volunteers, with adults who have care and support needs and who, in connection with their personal life is:

- alleged to have committed a criminal offence against, or involving another person, or, is
- alleged to have conducted themselves in a manner that might indicate that they are unsuitable to continue to work, or volunteer, with adults who have care and support needs

Any cases or issues of this nature must be discussed with the designated safeguarding professionals in the first instance.

3.8 Management of Safeguarding Serious Incidents (SIs)

All child safeguarding serious incidents must be reported by the Designated Nurse for Safeguarding Children to NHS England/Improvement via the national NHS Strategic Executive Information System (STEIS) system.

Designated safeguarding leads will attend the Hull and ERY CCG SI panel as per agreed terms of reference, to provide system support and scrutiny of all provider SI reports for identification of safeguarding issues and potential escalation for multi-agency reviews. Any cases that potentially meet the threshold for consideration as a multi-agency safeguarding review, will be escalated via the memorandum of understanding (MOU) as per NHS Hull CCG Serious Incident (SI) Policy and NHSE/I SI Framework 2015. This will be supported by the requirement for duty of candour to assure openness, transparency and trust in processes.

As a commissioning organisation, NHS Hull CCG will work with neighbouring CCGs and partner agencies in order to develop and improve quality systems, promote safeguarding practice across the health economy and effectively monitor performance of providers in relation to safeguarding adults, children and young people.

Specifically:

- All organisations providing services commissioned by NHS Hull CCG are required to demonstrate commitment to safeguarding adults and children, and compliance to working within agreed local multi-agency procedures, national guidance and legislation.
- All organisations regardless of size who are providing services commissioned by NHS Hull CCG, are also required to meet the safeguarding standards as set out in this policy. This includes the assurance that procedures and systems of working are in place that ensures safeguarding concerns are referred to Hull Children's Social Care and/or Adult Social Care services as appropriate and as indicated in the local HSCP and HSAPB procedures.
- Provider services within Hull, commissioned by NHS Hull CCG, are expected to actively contribute to the work of the local HSCP, HSAPB and their sub groups where required.

- NHS Hull CCG will actively contribute to multiagency partnership arrangements regarding concerns of abuse and neglect within any commissioned services.

Partnership Arrangements and Contextual Safeguarding

3.9 Domestic Abuse and Serious Violence

Domestic Abuse (DA) is a pattern of controlling behaviour through which the abuser seeks power over their victim and NHS Hull CCG acknowledges the impact this can have on individuals and families. NHS Hull CCG will work in close partnership with organisations to address any issues of DA to support victims, families and perpetrators.

The Government defines domestic violence for monitoring purposes as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender, gender identity or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

1.6 million women in England and Wales reported experiencing domestic abuse in 2019, 2 women are killed each week by a partner/former partner.

Pregnancy is a trigger for domestic abuse and has negative consequences for the woman and her child. Sixty per cent of survivors using domestic abuse services are mothers and 1 in 15 are pregnant women. (*Royal College of Midwives 2020*)

This definition also includes so called Honour Based Violence (HBV), Female Genital Mutilation (FGM) and Forced Marriage (FM). DA also occurs regardless of sex, ethnicity, religion, class, age, sexuality, gender identity, disability, marriage or civil partnership, pregnancy or lifestyle. It can also occur in a range of relationships including heterosexual, gay, lesbian, trans-gender and bi-sexual relationships.

3.10 Female Genital Mutilation (FGM)

NHSE/I (2019) offers the following definition;

Female genital mutilation (FGM) is a procedure where the female genitals are

deliberately cut, injured or changed, but there's no medical reason for this to be done.

It's also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

Female Genital Mutilation (FGM) sometimes referred to as female circumcision, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

Practising FGM in the UK has been a criminal offence since 1985 and the Female Genital Mutilation Act 2003 was revised on in 2004 that made it a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take a UK national or permanent UK resident overseas to have FGM.

The Female Genital Mutilation Act was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. FGM Protection Orders came into force in 2015 and is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law.

As of 2015, a mandatory reporting duty for FGM was introduced. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s to the police.

3.11 Modern Slavery and Human Trafficking

The following definitions are encompassed within the term 'modern slavery' for the purposes of the Modern Slavery Act 2015. These are:

- slavery is where ownership is exercised over a person
- servitude involves the obligation to provide services imposed by coercion
- forced or compulsory labour involves work or service extracted from any person under the menace of a penalty and for which the person has not offered him/herself voluntarily
- human trafficking concerns arranging or facilitating the travel of another with a view to exploiting them

NHS Hull CCG is fully committed to preventing and tackling all forms of human slavery including fulfilling responsibilities under section 54, Part 6 of the Modern Slavery Act 2015. The NHS Hull CCG Modern Slavery statement can be found [here](https://www.hullccg.nhs.uk/wp-content/uploads/2019/04/nhs-hull-ccg-slavery-and-trafficking-statement-2018-19.pdf)

<https://www.hullccg.nhs.uk/wp-content/uploads/2019/04/nhs-hull-ccg-slavery-and-trafficking-statement-2018-19.pdf>

NHS Hull CCG will also work with local, regional and national partners to combat this heinous crime in all its forms, whilst also supporting individuals seeking sanctuary in the city.

When suspecting or recognising signs and victims of modern slavery, concerns can be raised via the Modern Slavery Helpline on 08000 121 700 or at

<https://www.modernslaveryhelpline.org/>

3.12 County Lines/Child Criminal Exploitation (CCE)/Child Sexual Exploitation (CSE)

The 2018 Home Office Serious Crime Strategy states;

“The National Police Chiefs Council definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.”

Criminal exploitation and sexual exploitation are also known features associated with county line activity.

Barnados offers the following advice on CSE;

Child sexual exploitation happens when a young person is encouraged or forced to take part in sexual activity. It might be in exchange for presents, money, alcohol or simply emotional attention.

People who commit child sexual exploitation often ‘groom’ their victims to gain their trust. Later, when the behaviour of the abuser starts to change, many children are too frightened to come forward, or don’t realise they are being abused. They may suffer in silence for years without anyone to talk to about what they’re going through. (2020)

As part of County Line activity, vulnerable individuals and groups are deceived, manipulated and controlled into committing criminal acts and exploited via this unequal power dynamic.

3.13 Counter Terrorism

As part of the Governments counter terrorism strategy (CONTEST) which was revised in June 2018, the NHS has committed to support initiatives to reduce the risk of terrorism.

CONTEST aims to reduce the risk we face from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:

- Protect – strengthening our borders, infrastructure, buildings and public spaces
- Prepare – where an attack cannot be stopped, to reduce its impact
- Pursue – to disrupt or stop terrorist attacks

The fourth P is Prevent which aims to stop people becoming terrorists or supporting terrorism related activities. The Prevent strategy has specific focus on three broad objectives:

- Respond to the ideological challenge of terrorism and the threat from those who promote it;
- Prevent individuals from being drawn into terrorism and ensure that they are given appropriate advice and support;
- Work with institutions where there are risks of radicalisation that we need to address.

The CHANNEL process is a partnership approach to safeguarding individuals who are vulnerable to being radicalised by extremists and terrorists. A supportive multi-agency process designed to safeguard those individuals who may be vulnerable to being drawn into terrorism. It is a key part of the Prevent strategy. CHANNEL works by identifying individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. Assessing the nature and extent of the risk, and where necessary, providing an appropriate support package tailored to the individual's needs. Regular monitoring is undertaken. A multi-agency meeting decides on the most appropriate action to support the individual after considering their circumstances. If the referral is not deemed appropriate for CHANNEL, it will exit the process or be referred onto those services which are more appropriate to person's needs. The designated safeguarding leads represent NHS Hull CCG on the local Channel Panel as per duties within the Channel Duty Guidance 2015.

3.14 Child Death Reviews

As part of the new safeguarding children arrangements, NHS Hull CCG has statutory responsibilities under the Children Act 2004, and as a Child Death Review (CDR) partner agency, also have regard for the updated processes referenced in Working Together to Safeguard Children 2018. CDR partners must make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area. The Department of Health and Social Care 2018 statutory and operational guidance clarifies how professionals and organisations across all sectors involved in a child death should contribute to the child death review process.

3.15 Looked After Children (LAC)

In 2018 Ofsted published a new framework for inspecting children's services for local authorities. NHS Hull CCG will support any local inspection under the framework for Inspection of Local Authority Children's Services (ILACS), involving services for children in need, child protection, children in care and care leavers. Inspections will focus on arrangements in place that;

- Help and protect children.
- Review the experiences and progress of children in care wherever they live,

including those children who return home.

- Review the arrangements for permanence for children who are looked after, including adoption.
- Consider the experiences and progress of care leavers.

3.16 Joint Targeted Area Inspections (JTAI)

JTAI processes examine how well agencies work together in a local area to help and protect children. They are completed by joint inspections between the Care Quality Commission (CQC), Ofsted, HM Inspectorate of Probation (MHIP) and HM Inspectorate of Constabulary and Fire and Rescue Services (MHICFRS). NHS Hull CCG will support any local inspection conducted under the JTAI process where required.

3.17 Mental Capacity Act 2005/Mental Capacity Amendment Act 2019

The Mental Capacity Act (MCA) 2005 provides a statutory framework to empower and protect people who may require help to make decisions or may not be able to make decisions for themselves.

The Mental Capacity Act 2005 is accompanied by a 'Code of Practice' which provides practical guidance and everyone who works with people who may lack capacity has a duty to work within and have 'due regard' to the Code. The CCG expects all staff who work with people who may have reduced capacity to work within the Code of Practice.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The Mental Capacity Amendment Act gained royal assent in 2019, introducing Liberty Protection Safeguards (LPS) as a future replacement for the DoLS process.

3.18 Learning Disability Deaths (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) Programme is a national programme focussed on learning lessons to improve the lives of people with learning disabilities. NHS Hull CCG along with neighbouring CCGs, lead on the reviews of deaths that are completed with a view to learn lessons and improve the standard and quality of care for people with learning disabilities. Any safeguarding issues highlighted may be considered for multi-agency reviews to address concerns.

4. IMPACT ANALYSIS / REGULATIONS

4.1 Equality

The CCG is committed to designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that

no individual or group is disadvantaged.

In developing and applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and foster good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Please see Appendix 1 for the full Equality Impact Assessment (EIA) and findings.

4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's website) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Please see Appendix 2 for further information.

4.3 General Data Protection Regulation (GDPR)

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

5. NHS CONSTITUTION

5.1 The CCG is committed to: Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

5.2 This Policy supports the NHS Constitution as follows:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

6. ROLES / RESPONSIBILITIES / DUTIES

6.1 CCG Chief Operating Officer

The Chief Officer is accountable and responsible for ensuring that NHS Hull CCG's

contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively. The Chief Officer is also responsible for ensuring that NHS Hull CCG is compliant with the Care Act 2014 and Section 11 of the Children Act 2004; this is discharged through the Executive Lead for Safeguarding Children (The Director of Quality and Clinical Governance).

NHS Hull CCG Executive Board

The Executive Board is responsible for the overall safeguarding of children and vulnerable adults in the organisation; and is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children and adults at risk.

Executive Lead

The Executive Lead for Safeguarding Children and Adults is the Director responsible, along with the Chief Operating Officer, for ensuring that NHS Hull CCG discharges its duties in relation to safeguarding children and adults at risk of abuse or neglect; and will access training and supervision commensurate with their role. This function is fulfilled by the Director of Nursing and Quality for NHS Hull CCG. The Director of Nursing and Quality also oversees the risk management agenda of NHS Hull CCG and is the executive lead for ensuring that appropriate investigations are undertaken should serious incidents arise.

Designated Safeguarding Leads

Designated Doctor for Safeguarding Children

The Designated Doctor takes a strategic and professional lead on safeguarding children across the health economy of Hull.

Designated Nurse for Safeguarding Children

The Designated Nurse for Safeguarding Children takes a strategic and professional lead on safeguarding children across the health economy of Hull and works in partnership with other designated colleagues within the Humber, Coast and Vale (HCV) Integrated Care System (ICS) footprint, regional and national colleagues and teams via the National Network for Designated Healthcare Professionals (NNDHP).

Designated Professional for Safeguarding Adults

The Designated Professional for Safeguarding Adults takes a strategic and professional lead across the health economy of Hull and works in partnership with other designated colleagues within the HCV ICS footprint, regional and national colleagues and teams via the Safeguarding Adults National Network (SANN). This role also includes the lead for the Mental Capacity Acts for the CCG.

Named Doctors for Safeguarding Children and Adults (GPs)

The Named Doctors (GPs) for Safeguarding Children and Adults support NHS Hull CCG in their quality, governance and safeguarding role by providing advice and support for General Practice and Primary Care Networks (PCN). Also promoting good information sharing practice, contributing to safeguarding processes within General Practice and supporting the investigation of safeguarding incidents. They work closely with the GP Practice safeguarding leads to support the implementation of the safeguarding agenda, ensuring safe processes, up to date internal procedures and a training needs analysis is in place to meet the learning needs of staff.

The designated and named safeguarding leads work closely with the named doctors, nurses and professionals within provider organisations to support the implementation of this agenda: ensuring safe processes, up to date internal procedures, and a training strategy to meet the learning needs of staff.

The CCG designated and named safeguarding leads will access training and supervision commensurate with their roles.

The designated and named safeguarding leads report to the Director of Nursing and Quality, and also provide 6 monthly safeguarding reports to the NHS Hull CCG Quality and Performance Committee and CCG Executive Board.

6.2 Employees

All employees of NHS Hull CCG must:

- adhere to this policy and undertake safeguarding children and adults training commensurate with their roles.
- ensure that all commissioned services meet these minimum standards where applicable, and that these standards are included within contracts and monitored.

6.3 Line Manager

Those with line management responsibility should ensure that their staff have access to, are aware of and adhere to this policy. They should also assure themselves that their staffs' safeguarding children and adult competences are reviewed appropriately within their annual appraisal in accordance with current inter collegiate guidance. If they have a safeguarding concern and are unsure of what action to take, they must contact the appropriate Designated Nurse/ Designated Doctor for Safeguarding Children, Designated Professional for Safeguarding Adults or Named GPs for safeguarding.

7. IMPLEMENTATION

Staff will be notified of the policy following the consultation and ratification process and it will be placed on the NHS Hull CCG staff intranet replacing the previous document.

8. TRAINING, AWARENESS and SAFEGUARDING SUPERVISION

NHS Hull CCG is responsible for ensuring that all of its staff are competent and confident in carrying out their responsibilities for safeguarding children and adults.

NHS Hull CCG will ensure it meets the requirements of associated guidance in respect of training requirements. Further detail in relation to the required competencies can be found in Safeguarding Children and Young People, Intercollegiate Document: roles and competencies for health care staff RCN (2019), Looked After Children: Knowledge, skills and competencies of health care staff RCN RCPCH (2015), Adult Safeguarding: Roles and Competencies for Health Care Staff RCN (2018).

NHS Hull CCG staff safeguarding children and adults statutory and mandatory training uptake requirements is outlined in the CCG Safeguarding Training Needs Analysis (Appendix 5) and should form part of the annual staff appraisal process.

Staff will be made aware of this policy through briefing within the staff newsletter, reinforced within training and the document will be available on the intranet/CCG portal.

Safeguarding supervision and support is provided in accordance with the NHS Hull CCG safeguarding supervision and support policy 2019.

9. MONITORING AND EFFECTIVENESS

Information on monitoring of, and compliance with this policy will be included in the 6 monthly and annual reports from the designated safeguarding leads, which will be reported to the NHS Hull CCG Quality and Performance Committee and Executive Board.

10. POLICY REVIEW

This policy will be reviewed within 2 years from the date of implementation. Earlier review may be required in response to exceptional circumstances such as;

- legislative changes
- changes to good practice guidance
- changes in relevant case law
- significant incidents reported
- new vulnerabilities
- significant changes to organisational infrastructure

as instructed by the designated safeguarding leads responsible for this policy.

11. REFERENCES

Human Rights Act 1998

Children Act 1989, HMSO

Children Act 2004, HMSO

Care Act 2014, HMSO

Care and Support Statutory Guidance 2014 DH

Mental Capacity Act 2005, Mental Capacity Amendment Act 2019 HMSO

Modern Slavery Act 2015

Counter Terrorism and Security Act 2015

The Crime and Disorder Act 1998

Female Genital Mutilation Act 2003

Serious Crime Act 2015

Children and Social Work Act 2017

Hull Safeguarding Children Partnership Procedures and Guidance

Hull Safeguarding Adults Partnership Board Policy and Procedures

HM Government (2015) Information Sharing: Guidance for practitioners and managers

HM Government (2018) Working Together To Safeguard Children

Safeguarding Children and Young People: Roles and Competences for Health Care Staff, Royal College of Nursing (2019)

Adult Safeguarding: Roles and Competencies for Health Care Staff, Royal College of Nursing (2018)

NHS England Serious Incident Framework (2015)

Home Office (2019) – Hate Crime, England and Wales 2018/19

Ofsted (2019) Framework, evaluation criteria and inspector guidance for the inspection of local authority children's services

12. ASSOCIATED POLICIES, DOCUMENTATION AND RESOURCES

NHS England/Improvement Safeguarding App

<https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/>

NHS England/Improvement FutureNHS Collaboration Platform

<https://future.nhs.uk/connect.ti>

Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)

Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2015)

Making Safeguarding Personal: Guide (LGA and ADASS 2014)

HM Government (2018) CONTEST - The United Kingdom's Strategy for Countering Terrorism

HM Government (2015) Channel Duty Guidance

NHS England (2015) Prevent Training and Competencies Framework

Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (2019)

NHS England (2019) NHS Standard Contract 2019-20

Humber Information Sharing Charter 2017

Identifying, caring for and supporting women at risk of/victims of domestic abuse during COVID-19 – Royal College of Midwives (2020)

Child Sexual Exploitation Barnados (2020)

<https://www.barnados.org.uk/what-we-do/protecting-children/cse>

Home Office (2018) Child Death Review Statutory and Operational Guidance (England)

Modern Slavery Helpline 08000 121 700

NHS Hull CCG: Clinical Quality Strategy

NHS Hull CCG: Serious Incidents Policy

NHS Hull CCG Managing Complaints Policy

NHS HULL CCG: Fraud and Corruption Policy

NHS Hull CCG Whistleblowing Policy

NHS Hull CCG Recruitment and Selection Policy

NHS Hull CCG Safeguarding Supervision and Support Policy



Hull

Clinical Commissioning Group

Please refer to the EIA Overview & Navigation Guidelines located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA)

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Commissioner Safeguarding Policy including Standards for Providers
Date of Analysis:	July 2020
Completed by: (Name and Department)	Dave Blain – NHS Hull CCG Quality Team
What are the aims and intended effects of this policy, project or function?	<p>Protect vulnerable individuals and families from abuse and neglect.</p> <p>To provide high quality services, advocating best, safe practice and service development.</p> <p>To ensure that everyone working within NHS Hull CCG understands their role, responsibilities and scope of professional discretion and authority regarding safeguarding children and adults in the multi-agency arena.</p>
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	Updates from national guidance for safeguarding children and adults.
Please list any other policies that are related to or referred to as part of this analysis	<p>NHS Hull CCG: Clinical Quality Strategy</p> <p>NHS Hull CCG: Serious Incidents Policy</p> <p>NHS Hull CCG Managing Complaints Policy</p> <p>NHS HULL CCG: Fraud and Corruption Policy</p> <p>NHS Hull CCG Whistleblowing Policy</p> <p>NHS Hull CCG Recruitment and Selection Policy</p> <p>NHS Hull CCG Safeguarding Supervision and Support Policy</p>

	NHS Hull CCG Safeguarding Policy 2017 EqIA NHS Hull CCG Safeguarding Specification 2019 EqIA
Who will the policy, project or function affect?	This policy applies to all staff (including board members/lay members) employed by NHS Hull CCG and its commissioned services. This includes; all employees (including those on fixed term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers(including celebrities and ambassadors), students and any other learners undertaking any type of work experience or work related activity.
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Main local commissioned health providers safeguarding leads were consulted for development of the self-assessment standards. All of the NHS Hull CCG safeguarding team consulted on contents and format.
<p>Promoting Inclusivity and Hull CCG's Equality Objectives.</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs 5. To demonstrate leadership on equality and inclusion and be an active champion of equalities in 	The safeguarding policy is developed to provide support and protection to all vulnerable individuals and families regardless of and considering all protective characteristics. The policy also includes references to hate crime/hate incidents and how to report these to address/eliminate discriminatory behaviour and safeguard the citizens of Hull and visitors to the city.

partnership programmes or arrangements.	
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Recruitment data, e.g. applications compared to the population profile, application success rates 2: Complaints by groups who share / represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement</p>	<p>Yes <input type="checkbox" value="Yes"/></p> <p>No <input type="checkbox"/></p> <p>1. Pregnancy and Maternity data referenced in domestic abuse section.</p> <p>2. Hate Crime data referenced.</p>

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	Neutral Impact	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
<p>It is anticipated that these guidelines will have a positive impact as they support policy writers to complete meaningful EIAs, by providing this template and a range of potential issues to consider across the protected characteristics below. There may of course be other issues relevant to your policy, not listed below, and some of the issues listed below may not be relevant to your policy.</p>				
Gender		x		This policy applies to all people regardless of their gender.
Age		x		This policy applies to the safeguarding of all people regardless of their age.
Race / ethnicity / nationality		x		This policy applies to all people regardless of their race, ethnicity or nationality. Analysis of employee data indicates that the percentage of English speaking employees is predominant and reflective of the local population. However, the proportion of BAME staff is lower than that of the population it serves. All staff require competencies which include the ability to read and understand English or to request the information in another format available to them.
Disability		x		This policy applies to all people regardless of

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

				any disability or impairment.
Religion or Belief		x		This policy applies to all people regardless of religion or belief. In particular, the principals of the Children Act states that race, religion and culture must be taken into account when working with children.
Sexual Orientation		x		This policy applies to all people regardless of sexual orientation.
Pregnancy and Maternity		x		This policy is consistent in its approach and applies to all women and parents regardless of pregnancy or maternity status. Reference also of increase of domestic abuse during pregnancy.
Transgender / Gender reassignment		x		This policy applies to all people regardless of transgender or gender re-assignment identification.
Marriage or civil partnership		x		This policy applies to all regardless of marriage or civil partnership.

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Hate Crime/Incident reporting not currently included in CCG safeguarding training resources	Training resources for safeguarding to be updated to include recognition and reporting of hate crime/incidents to protect vulnerable individuals and families.	Designated Professionals for Safeguarding	August 2020	August 2022
The policy may not be accessible in its current	The CCG internal portal and external website signpost individuals to alternative			

written form.	formats such as large print, braille of another language.			
Protected characteristics included in CCG safeguarding training resources from previous EqIA actions.	Continued promotion of equality within safeguarding training to highlight impact, review of resources for currency.	Designated Professionals for Safeguarding	August 2020	August 2022
Specific reference to EqIA included in providers safeguarding self-assessment (see Appendix 3)	Equality in safeguarding issues captured within commissioning arrangements and processes.	Designated Professionals for Safeguarding	August 2020	August 2022

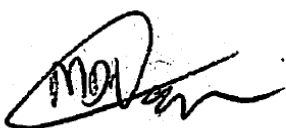
Sign-off

All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs

I agree with this assessment / action plan

If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:

Signed: Mike Napier Associate Director of Corporate Affairs



Date: 24.08.20

If you have any comments or feedback about this equality impact assessment, please contact your line manager if you are a member of staff, or telephone 01482 344700, or email HULLCCG.contactus@nhs.net

Bribery Act 2010:

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- Failure to prevent bribery; The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the CCG) to bribe another person intending (1) to obtain or retain business, or (2) to obtain or retain an advantage in the conduct of business. The only defence available to the CCG against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's website) when considering whether to offer or accept gifts and hospitality and/or other incentives.

If fraud, bribery and corruption are particularly relevant to a policy, the section should be headed Anti-fraud, Bribery and Corruption and should include a cross reference to the Local Anti-fraud, Bribery and Corruption Policy. The following wording should also be included:

'If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the Local Counter Fraud Specialist (LCFS) and/or to NHS Counter Fraud Authority (NHSCFA) as follows:

- LCFS, AuditOne, Kirkstone Villa, Lanchester Road Hospital, Lanchester Road, Durham, DH1 5RD. Tel: 0191 4415936; Email: counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net
- The CCG's Chief Finance Officer,
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers)
- Online: <https://cfa.nhs.uk/reportfraud>.'

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>. If you require assistance in determining the implications of the Bribery Act please contact the LCFS on the details above.

Standards for Safeguarding Adults and Children - Providers Self Declaration

Standards for Safeguarding Adult and Children Reporting and Assurance

CCGs as statutory NHS bodies have a duty to assure themselves that the organisations from which they commission have effective arrangements in place to safeguard adults and children (Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, 2019).

Provider reporting in relation to safeguarding adults and children using this framework will assure both providers and commissioners that effective arrangements are in place, will demonstrate how these arrangements are effective and will allow for the identification of how health services are improving outcomes in relation to safeguarding adults and children and will support them to develop services that promote a safeguarding culture.

Gathering evidence to demonstrate attainment of the Safeguarding Standards

Providers are asked to evidence their progress against the standard. Whilst there is a degree of freedom in regard to the provision of this evidence it needs to demonstrate that people who use services are appropriately safeguarded and supported.

The evidence needs to be qualitative and quantitative in its format, with narrative as appropriate and will be reported quarterly or annually in line with standard requirements. Where Board assurances are required this refers to the provider Board.

Types of Evidence providers may choose to use:

1. Training evaluations
2. Patient/user feedback
3. Audit
4. Patient stories
5. Staff surveys/feedback
6. Quality monitoring e.g. learning from complaints.
7. Risk assessments.
8. Individual care planning and records.
9. Equality Impact Assessments.
10. Information from regulators and inspections.
11. Action plans and monitoring for improvement and the impact on services.
12. Policies and procedures
13. Section 11 returns

Where appropriate it is necessary within the report to be clear whether the data relates to Hull or the East Riding CCG and narrative in relation to adults and children should be separated unless there is an interdependency which requires a combined narrative.

Quarterly information should be completed as follows:

Q1: April-June (report due to be submitted to CCG Quality meeting in August)

Q2: July-September (report due to be submitted to CCG Quality meeting in November)

Q3: October-December (report due to be submitted to CCG Quality meeting in February)

Q4: January-March (report due to be submitted to CCG Quality meeting in May)

Annual assurances should be made in end of Q1 report each year.

Exception reporting - If there are any significant changes with the annual assurances within the year, please include an update as changes occur.

Outcomes framework

Standard 1- Leadership/Governance

Outcome: Good governance in safeguarding will follow where it is seen as an integral part of patient care and all staff take responsibility. Risks of neglect and abuse will be reduced where there is strong leadership and a shared value base with Board ownership of adult and children's safeguarding.

Standard: The Board can demonstrate it has a strong focus on safeguarding which is integral in all aspects of its work with evidence of the safeguarding principals embedded. Annual evidence with associated narrative.

1.1 Evidence that there is a named nominated executive lead for adult and children's safeguarding and a governance system for safeguarding within the organisation. To include the structure of the Safeguarding adult and children team (including statutory roles) and any gaps in service.
1.2 Evidence that all executive and non-executive members have received adult and children's safeguarding training which includes an understanding of MCA, DOLS (LPS) FGM, Prevent, Modern Slavery, human trafficking, CSE/CCE and Domestic Abuse.
1.3 Evidence (by examples) of how the organisation upholds the adult safeguarding principles and the principles of working together in a multi-agency capacity in order to safeguard children.
1.4 The Organisation has a range of Board approved policies to support adult and children's safeguarding including (but not limited to) Whistleblowing, Managing Safeguarding Allegations against Staff Members, Informed Consent, MCA, DOLS(LPS) and Adult Safeguarding and Safeguarding Supervision with evidence of review dates and policy development.
1.5 Evidence that there is a senior member of staff named as MCA/DOLS(LPS) lead and that they have sufficient knowledge and capacity to carry out these duties.
1.6 The Organisation publishes a slavery and human trafficking statement annually in line with s.54 of the Modern Day Slavery Act 2014 – this is made easily accessible to the public and is shared with commissioners.
1.7 Evidence that the organisation's annual audit programme incorporates aspects of safeguarding.
1.8 Evidence that there are effective systems in place for capturing the experiences and views of service users.
1.9 Evidence that the Board receives an annual report for safeguarding
1.10 Evidence how the board receives safeguarding assurances

Standard 2 – Training

Outcome: The health and wellbeing of adults and children is supported by the Board ensuring that all staff receive safeguarding training relevant to their role and responsibilities in the organisation.

Standard: Training in adult and children safeguarding is competency based and provided at levels as defined in the Training Competency Framework agreed by the SAB/multi-agency safeguarding partnership for children and the NHSE Intercollegiate Document for Safeguarding Competencies.

Annual evidence with associated narrative.

You may also like to include feedback from training evaluations.

2.1 Evidence that the organisation has a statutory and mandatory training policy which includes that all new staff within the organisation will complete a safeguarding training needs analysis as part of their development.
2.2 Evidence that safeguarding and Prevent training are included within staff induction.
2.3 Evidence that staff are trained in domestic abuse.
2.4 Evidence that staff can access additional/ advanced training on the Mental Capacity Act/ DoLS/ LPS, as required.

Quarterly numerical information

Training Type	Overall % uptake of eligible staff at end of quarter (Target 85 %)
Adult Safeguarding Level 1 Adult safeguarding Level 2 Adult safeguarding Level 3 Adult safeguarding Level 4 Children Safeguarding Level1 Children Safeguarding Level 2 Children Safeguarding Level 3 Children Safeguarding Level 4 Prevent awareness Prevent Health Wrap Mental Capacity Act – Awareness Deprivation of Liberty/LPS	

Further Narrative and Evidence Including Exception Reporting

This may include audit of safeguarding training, evidence of the “Think Family” agenda, the “Was Not Brought” Agenda and FGM reporting and awareness.

Standard 3 – Safeguarding Supervision

Outcome: The formal process of professional support and learning enables practitioners to develop knowledge and competencies, assume responsibility for their own practice and enhance patient protection and safety of care.

Standard: All clinical staff whose role brings them into contact with adults at risk or vulnerable children will have access to Safeguarding Supervision.

Annual evidence with narrative

3.1 The provider has an up to date safeguarding supervision policy. Please indicate latest review date.
3.2 Evidence that the organisation supports planned supervision of a high standard, which includes safe challenge and analysis.

Quarterly evidence with narrative

3.3 Safeguarding children supervision is accessed by all relevant staff on a regular basis by appropriately trained and supported supervisors.
3.4 Safeguarding adult supervision is accessed by all relevant staff on a regular basis by appropriately trained and supported supervisors.
3.5 There is a process for staff to access specialist safeguarding supervision, in addition to formal, planned supervision, and some details in the trend in uptake.

Further Narrative and Evidence

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Standard 4 – Partnership Working

Outcome: Safeguarding is based upon partner agencies working effectively together to minimise harm and abuse.

Standard: The provider is committed to partnership working with other agencies to keep adults and children safe and to minimise the risk of harm or abuse.

Annual evidence with associated narrative.

4.1 Provider evidence that a senior executive lead with safeguarding responsibility is actively participating in local safeguarding board/ partnership arrangements and attends all board meetings in relation to adults and children, in exceptional circumstances a nominated deputy attends in their absence.
4.2 Evidence that there is a named professional with safeguarding responsibility for adult safeguarding who attends LASB sub groups.
4.3 Evidence that there is a named nurse with safeguarding responsibility for children safeguarding who attends sub groups under the multi-agency safeguarding arrangements
4.4 Evidence that there is a nominated lead within the provider organisation for particular vulnerable groups such as children at risk of CSE/CCE.
4.5 Evidence that the provider has Named leads for, Adult Safeguarding, Children Safeguarding and Prevent in the organisation at both executive and operational level.

4.6 Evidence that all adult safeguarding concerns that meet the Care Act 2014 criteria are referred to the local authority.
4.7 Evidence of how lessons from DHR's/SARs/SIs/LLR's and SCR's are implemented and cascaded across the organisation. Evidence of how learning from such incidents bring about changes in clinical practice which drive up quality.
4.8 Evidence of how making safeguarding personal is embedded within the organisation.
4.9 Evidence that there is an effective system for identifying, reporting, recording and analysing safeguarding concerns and evidence of how referrals are quality assured.
4.10 Evidence of how the provider follows up adults who lack capacity and children when they are not brought to appointments.
4.11 Evidence of how providers engage with commissioners in the event of significant safeguarding issues.
4.12 Evidence of how the organisation contributes to the MARAC process.
4.13 Evidence that the provider effectively engages in the LeDeR process.

Specific numerical information on a QUARTERLY basis

Type of Referral	Number of Internal Referrals	Number of Referrals to LA
Adult Safeguarding concerns		
Children safeguarding concerns		
LADO	N/A	
FGM reports (101)		
FGM reports (mandatory referrals)		

Further Narrative and Evidence

This may include evidence of how information systems are improving partnership working

Standard 5 – Compliance with Adult and Children Safeguarding Legislation and National Guidance

Outcome: Adherence to legislation and national guidance will ensure adults in need of care and support and vulnerable children are safe and protected.

Standard: The organisation will be fully compliant with all relevant legislation and national guidance related to adults in need of care and support and vulnerable children.

Annual evidence with narrative and numerical information

5.1 Evidence that all patients provide informed consent prior to any intervention.
5.2 Evidence that all patients who lack capacity to provide informed consent undergo a mental capacity assessment and best interest decision.
5.3 Provider evidence that an application for a Deprivation of Liberty/ Liberty Protection.

5.4 Safeguards is made within national timescales when a person who is assessed as lacking capacity is to be deprived of their liberty.
5.5 Evidence that referrals to an Independent Mental Capacity Advocate (IMCA) occurs when a person lacks capacity and has no independent person to act of their behalf and a decision needs to be made as described by section 10.40 and 10.41 of the MCA Code of Practice.
5.6 Evidence that staff understand the Prevent duty and appropriate referrals are made into the Channel process.
5.7 Evidence that staff are aware of how to make Modern Day Slavery Referrals.
5.8 Evidence that all corporate and clinical policies with relevance to safeguarding are consistent with and referenced to safeguarding legislation, policy and guidance and local multi-agency safeguarding arrangements.
5.9 Evidence that all staff and volunteers have access to safeguarding policies and procedures.
5.10 Evidence that there are robust processes in place to instruct independent advocacy when required.
5.11 Evidence that organisational safeguarding policies and procedures give clear guidance on how to recognise child and adult concerns and how to make referrals including referrals for early help assessment.
5.12 Evidence of how and when mental capacity assessments and best interest decisions are undertaken and documented.

Specific numerical information on a QUARTERLY basis

Area of legislation or national guidance	Number of assessments and/or referrals/applications to the appropriate agency/process
Referrals to an IMCA	
Application for a Deprivation of Liberty – Urgent only	
Application for a Deprivation of Liberty – Standard only	
Applications for a Deprivation of Liberty (both Urgent and Standard)	
Application of Liberty Protection Safeguards	
Number of Prevent referrals made into Channel process	

Further Narrative and evidence

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Standard 6 – Reducing Restrictive Practice

Outcome: Positive and Proactive Care; developing a culture where restrictive practices are only ever used as a last resort, they are the least restrictive, are proportionate to the likelihood of harm and in the person's best interests.

Standard: The organisation is safe, effective, caring, responsive, well led, and promotes interventions that improve care and aims to reduce the likelihood of restrictive practices

being applied. Patients at risk of receiving restrictive practices have a support plan that is based upon a clear formulation and understanding of the most likely reasons for the behaviour, is multi-disciplinary and subject to robust governance.

Annual evidence with narrative information

6.1 There is a nominated executive within the organisation who leads on recovery approaches and reducing restrictive practice.
6.2 The provider keeps comprehensive records for use of restraint or restrictive practice on patients which is subject to regular audit and the results shared with commissioners.
6.3 Evidence that all staff who work with patients likely to require restrictive interventions or restraint receive specific training provided by a competent approved trainer.
6.4 Evidence that the organisation has a plan/policy to reduce restrictive interventions and this is shared with commissioners within annual quality accounts.
6.5 Evidence of relevant staff being trained in least restrictive techniques, positive behaviour support or clinical holding

Further Narrative and Evidence

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Standard 7 – Serious Incidents and Safeguarding Concerns

Outcome: Adults in need of care and support and vulnerable children are protected from harm or abuse or the impact of harm or abuse is reduced.

Standard: All serious incidents are considered for a possible adult or children safeguarding referral at the point of initial notification to ensure adequate protection plans are implemented immediately as necessary. The need for further review such as SAR/SCR is considered.

Annual evidence with narrative

7.1 Evidence that there are processes in place to ensure that safeguarding (adult and child) issues are identified within the SI process and appropriate actions are taken.
7.2 The executive lead for adult/children safeguarding provides assurance that all RCA investigations consider adult/children safeguarding concerns at each stage of the investigation process.
7.3 Evidence of the organisation’s processes and decision making for considering pressure ulcers as SI’s.
7.4 Evidence that safeguarding learning from SIs has been embedded across the organisation.

Specific numerical information on a QUARTERLY basis

Incident	Number
Total number of SIs this quarter	
Number of SIs that have prompted a	

safeguarding children's referral to the LA	
Number of SIs that have prompted a safeguarding adults referral to the LA	
Number of cases your organisation has put forward to meet consideration for a SAR or DHR	
Number of cases your organisation has put forward to meet consideration for a Child Safeguarding Practice Review (SCR) or LLR	

Further Narrative and Evidence

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Standard 8 – Safe Workforce

Outcome: Adults and children are cared for by a staff workforce in keeping with the Safeguarding Vulnerable Groups Act 2006 and Protection of Freedoms Act 2012.

Standard: All staff whose role brings them into contact with vulnerable adults or children are subject to safer recruitment practices to ensure that vulnerable adults or children are protected from harm or abuse.

Annual evidence with narrative

8.1 Evidence that safe recruitment policies and procedures are in place which meet NHS employment check standards in relation to all staff including those with fixed term contracts, temporary staff, bank staff, locums, agency staff, volunteers, students and trainees are in place and are compliant with recommendations from national inquiries such as The Lampard Inquiry.
8.2 Evidence that all contracts of employment include an explicit reference to staff responsibility in relation to safeguarding adults and children.
8.3 Evidence that post recruitment employment checks are repeated in line with national guidance and legislation.
8.4 Evidence that action plans are in place to address specific recruitment difficulties.
8.5 Evidence of how safer staffing is ensured within the organisation.
8.6 Evidence that there are HR policies and processes in place to ensure that allegations against staff are managed effectively and referrals to professional bodies and the Disclosure and Barring Service are made appropriately.

Further Narrative and evidence

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SAFEGUARDING DEFINITIONS

TYPES OF ABUSE

For safeguarding children the following definitions are taken from Working Together to Safeguard Children 2018;

- Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce,

manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

- Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

For adult safeguarding the following definitions are taken from The Care Act 2014;

- Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.
- Domestic abuse: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, forced marriage and female genital mutilation.
- Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery: encompasses slavery, human trafficking and forced labour and

domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission: – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Safeguarding Training Requirements for Hull CCG Staff
based on Inter-Collegiate Guidance for roles and competencies**

	Safeguarding Children	Safeguarding Adults	CT Prevent	MCA	DoLS
All Staff	Level 1	Level 1	Yes	Yes	Yes
Any staff who have contact with patients or the public	Level 2	Level 2	Yes	Yes	Yes
Staff who receive and manage incidents, complaints, PALS type issues, comms and engagement	Level 2	Level 2	Yes	Yes	Yes
Chief Officer, Executive Lead for Safeguarding, Board Level Staff and Governing Body members.	Level 1 & understanding of the CCG's safeguarding duties & their implications (plus any additional level if in clinical role).	Level 1 & understanding of the CCG's safeguarding duties & their implications (plus any additional level if in clinical role).	Yes	Yes	Yes
Named Doctor Safeguarding Children*	Level 4	Level 2	Yes	Yes	Yes
Named Doctor Safeguarding Adults	Level 3	Level 4	Yes	Yes	Yes
Designated Professional Safeguarding Adults	Level 3	Level 5	Yes	Yes	Yes
Designated Nurse Safeguarding Children	Level 5	Level 2	Yes	Yes	Yes
Designated Doctor Safeguarding Children*	Level 5	Level 2	Yes	Yes	Yes
Designated Paediatrician for the Child Death Review process*	Level 5	Level 2	Yes	Yes	Yes
Designated Doctor Looked After	Level 5	Level 2	Yes	Yes	Yes

Children*					
Designated Nurse Looked After Children*	Level 5	Level 2	Yes	Yes	Yes

***These posts are hosted within a provider's service therefore the CCG requires assurance that the appropriate training has been received.**

APPENDIX 6

SAFEGUARDING CONTACT DETAILS

NAME	Telephone	e-mail address/web site
Hull LADO	01482 790933	LADO@hullcc.gov.uk
HSAPB	01482 379092	sab@hullcc.gov.uk
HSCP	01482 379090	hscb@hullcc.gov.uk
Hull Adult Multi Agency Safeguarding Hub	01482 616092 01482 300304 (Out of Hours)	adultsafeguarding@hullcc.gov.uk
Hull Children Early Help and Safeguarding Hub	01482 448879 01482 300304 (Out of Hours)	EHASH@hullcc.gov.uk
NHS HULL CCG	01482 344700	hullccg.safeguardingteam@nhs.net
Counter Terrorism Case Officers at Humberside Police	01482 220750 or 220751	prevent@humberside.pnn.police.uk
Hull Domestic Abuse Partnership (DAP)	01482 318759	www.hulldap.co.uk
Modern Slavery Helpline	08000 121 700	https://www.modernslaveryhelpline.org/
NHSE/I Regional Safeguarding Team	0113 825 1907	england.northsafeguarding@nhs.net