Safeguarding Policy

Version	2.10
Ratified by	Quality Committee / Operational Leadership Team
Date of Approval	February 2018
Author	Wendy Bennett Designated Nurse for Safeguarding Adults Celina Grant Designated Nurse for Safeguarding Children
Responsible Committee / Board	NHS Ashford and Canterbury and Coastal CCG Quality Assurance Groups
Review Date	February 2020
Target Audience	All employees of NHS Ashford and NHS Canterbury and Coastal Clinical Commissioning Group (hereafter referred to as the CCG), Governing Body Members including Lay Members, contracted third parties (including agency staff) students / trainees, secondees and other staff on placement with the CCG.

Review Date	Version	Summary of Changes
January 2015	2.4	Updated safeguarding contact details on page 14
December 2015	2.5	The policy had an end of term review by the Designated Child and Adult Safeguarding Nurses and on their recommendation the contact details on page 15 were updated and Appendix 2 – CCG Safeguarding Governance Structure was added. Policy was also adopted across both CCG's
January 2017	2.6	Updated Appendix 1 – Help and Advice
February 2017	2.7	Updated Appendix 1 – Help and Advice
October 2017	2.8	The policy had an end of term review by the Designated Child and Adult Safeguarding Nurses and on their recommendation the followings sections were changed: Introduction - removed title of Designated Adult Safeguarding Manager; section 8 DoLs updated; in section 9 the Domestic Abuse Strategy date updated; in section 10 the Domestic Homicide Reviews updated with new 2016 guidance; in section 12 a reference to the CCG safeguarding training strategy was added; in section 16 the schedule 4 metric monitoring was added, information was added on Serious Case Review/ Domestic Homicide Review and the wording was updated; in section Appendix 1 the contact details were updated and in section Appendix 2 the structure was update.
February 2018	2.9	Updated Appendix 1 – Help and Advice
April 2018	2.10	Updated Appendix 1 – Help and Advice

Table of Contents

1. Introduction

1.2. The CCG acknowledges the right of every person to live a life free from harm and abuse. It acknowledges its statutory responsibility to promote the welfare of children and young people and to protect adults from abuse and risk of harm. It will ensure that there is a culture of listening to and engaging in dialogue with vulnerable groups, taking account of wishes and feelings both in individual decisions and the establishment or development and improvement of services.

1.3. The NHS Outcomes Framework 2015/16 (Department of Health, 2015) defines safeguarding as a central outcome indicator in:

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people win a safe environment and protecting them from avoidable harm.

1.4. Safeguarding accountabilities of CCGs are set out in 'Safeguarding vulnerable people in the NHS - Accountability and Assurance Framework (2015), and include:

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.
- Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards.
- Ensuring effective arrangements for information sharing.
- Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.
- Having a Designated Adult Safeguarding Nurse/Professional for the MCA, supported by the relevant policies and training.
- Effective systems for responding to abuse and neglect of adults.

- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse.
- Working with the local authority (LA) to enable access to community resources that can reduce social and physical isolation for adults
- Ensure care placements (such as in care homes, nursing homes or independent hospitals) are based on knowledge of standards of care and safeguarding concerns

1.5. CCG staff who identify a safeguarding concern about a child, young person or adult at risk should discuss their concern immediately with their line manager and/or the designated nurse or contact the Central Referral Unit (CRU). Contact details for the designated nurses and CRU (both in and out of hours) are listed in Appendix 1

2. Scope

2.1. This policy should be read in conjunction with the Safeguarding Training Strategy.

2.2. The policy applies to all employees and workers of the CCG, including staff seconded into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers (including locum doctors and those working on a bank or agency contract). This list is not exhaustive

2.3. It is also supported by a number of other CCG policies and acknowledges the principles within the Children and Young Peoples Plan, the Kent Safeguarding Children Board [KSCB] business plan, the Kent and Medway Safeguarding Adults Board (KMSAB) business plan and the KSCB Strategic Priorities.

2.4. This policy will be used by the CCG in their safeguarding discussions with providers of commissioned services. All providers are expected to have their own safeguarding policy in place.

3. Vision

3.1 The CCG recognises safeguarding as a high priority and will ensure that there are robust arrangements in place to provide strong leadership and direction. It will have a clear line of accountability for safeguarding and that the Accountable Officer and Executive Lead responsibility for safeguarding children and adults at risk of harm is within the portfolio of the Chief Nurse. Designated Nurses have the strategic lead for safeguarding in the CCG.

4. Equality and Diversity

4.1 The CCG values diversity and promotes equality including gender, culture, race, religion, disability and sexual orientation in relation to all its activities and expects the same of its employees and any provider of services it commissions. This involves assessing the performance of the organisation against the Equality Delivery System (EDS) and the nine characteristic set out in the Equality Act 2010.

4.2 It is acknowledged that promoting all aspects of equality and diversity is closely linked to reducing gaps in health inequalities and therefore this issue is a key consideration within this strategy and for wider CCG contracting activities.

5. Safeguarding Children

5.1 Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004 and it states that "the welfare of the child is paramount". All those in contact with children, young people or their families have a "duty to protect them from harm" and promote the welfare of the child or young person by ensuring the care provided is safe and effective.

5.2 A child is anyone who has not yet reached their 18th birthday, regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status.

5.3 Working Together to Safeguard Children (2015), currently under review. New addition to be published in April 2018. The document gives statutory guidance to organisations in relation to their roles. Chapter 4 outlines the CCG statutory duty to work in partnership with the local Safeguarding Board and /or any other Safeguarding Children Board in conduction Serious Case Reviews and other case reviews. The guidance also stresses the importance of safeguarding training, supervision and good practice such as safe recruitment.

5.4 The safeguarding of children is wider than protection from maltreatment and a whole system approach involving commissioners and providers is therefore required to achieve this. Safeguarding and Promoting the welfare of Children is defined in *Working Together to Safeguard Children 2015)* as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to ensure all children have the best outcomes, life chances and to enter adulthood successfully

5.5 Section 11 of the Children Act 2004 imposes a duty on organisations to make arrangements to ensure all their functions (and any services commissioned) are discharged with regard to the need to safeguard and promote the welfare of children. It complements the general duty to co-operate in the particular area of child safeguards; ensures that agencies give appropriate priority to their responsibilities towards children in their care or with whom they have contact and encourages agencies to share early concerns about the safety and welfare of children to ensure preventative action before a crisis develops.

5.6 Under the Children Act 2004 the local authority Safeguarding Children Board has responsibilities for the Child Death Overview process. This process is in place to support families when a child dies unexpectedly, to understand why the child died and to put in place interventions to protect other children and also to prevent future deaths. The CCG has a responsibility to co-operate with the Kent Safeguarding Children Board (KSCB) by ensuring that it has access to a designated paediatrician with responsibilities for advising the Child Death Overview Panel and to take the lead in the process within the health economy.

6. Looked After Children (LAC)

6.1 LAC (referred to as 'Children in Care' in Kent, as per the Children and Family Act 2014) are children and young people (0 to 18 years and occasionally up to 21/24 years) who have been removed from their own families often for their own protection under a Care Order (Sec. 31 of Children Act), or accommodated for reasons of family dysfunction, under a Voluntarily Order (Sec. 20 of Children Act). CCGs have a duty under the Children Act 1989 (and amended legislation) to work with the Local Authority to provide services to ensure the needs of this vulnerable group of children are met.

6.2 Local Authorities have a duty to safeguard and promote the welfare of the children they look after under section 22 of the Children Act 1989. They are required to ensure each looked after child has their health needs fully assessed, resulting in an individual health plan for the child, and the health plan is reviewed. There is also a requirement for medical advisers to support the assessment of children for whom the plan is adoption and to be a part of the adoption panel. CCGs are required under section 27 of the Children Act 1989 to comply with requests from the local authority to ensure this happens in accordance with the Statutory Guidance on *Promoting the Health and Well-being of Looked After Children (DSCF/DH, 2009)* and *The Adoption and Children Act 2002 – Adoption Statutory Guidance (DfE, 2011).* There is also a requirement to work in partnership with the Kent and Medway local authorities as an active member of their Corporate Parenting Panels, and (likely) their Adoption boards.

7. Safeguarding Adults

7.1 The Care Act 2014 has legislated safeguarding as a statutory responsibility and has revised the definition of a vulnerable adult to that of 'adult at risk'. Statutory duties apply to an adult, 18 years and over, who:

a. has needs for care and support (whether or not the authority is meeting any of those needs),

b. is experiencing, or is at risk of, abuse or neglect, and

c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(Section 14.2 Care and Support Statutory Guidance, 2014)

7.2 Safeguarding means protecting an adult's rights to live in safety free from abuse and neglect (section 14.7 Care and Support Guidance, 2014). The CCG must work with other organisations to prevent and stop both the risks and experience of abuse or neglect and at the same time make sure that the adult's wellbeing is promoted.

7.3 People have fundamental rights contained within the Human Rights Act 1998. Commissioners as public bodies have statutory obligations to uphold these rights and protect patients who are unable to do this for themselves. Other legislation particularly relevant to safeguarding adults includes:

- Mental Capacity Act 2005
- Equality Act 2010
- Sexual Offences Act 2003
- Domestic Violence, Crime and Victims Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 1983.
- NHS Act 2006
- Care Act 2014

7.4 The Department of Health guidance *"Safeguarding Adults: The Role of Commissioners" (March 2011)* sets out six fundamental actions expected of NHS commissioners for safeguarding adults:

- Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
- Set safeguarding adults as a strategic objective in commissioning health care.
- Use integrated governance systems and processes for assurance to act on safeguarding concerns in services.

- Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
- Provide leadership to safeguard adults across the health economy.
- Ensure accountability and use learning within the service and the partnership to bring about improvement.

8. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

8.1 The MCA is central to quality improvement, patient involvement and empowerment. The CCG have to discharge their duty by ensuring that:

- All services that are commissioned for people aged 16 and over are delivered in a way that respects the rights of the individuals, in particular those who are vulnerable and may not be able to take decisions on their own behalf.
- Providers understand the legislation and are operating within its framework
- Ongoing compliance with MCA and DoLS are monitored through evidence, performance review and quality monitoring process.
- Ensure that any system and processes that include decision making about an individual patient (e.g. funding panels) and deprivation of liberty take account of the requirements of the Act; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance.

- Some people living in hospitals and care homes are unable to make their own decisions about their treatment and/or care because they lack the mental capacity to do so. They need more care and protection than others to ensure they do not suffer harm.

- Treating and caring for people who need extra protection may mean restricting their freedom to the point of depriving them of their liberty. The Deprivation of Liberty Safeguards Code of Practice is a supplement to the Mental Capacity Act (2005) Code of Practice which outlines best practice for this protection.

- Additionally, since the Supreme Court Judgement (March 2014) if a person lacking capacity to consent to the arrangements is subject both to continuous supervision and control and not free to leave, they are deprived of their liberty. This now also applies to adults supported in domestic settings. Deprivations of Liberty in these cases have to be authorised by the Court of Protection.

The Law Society has issued comprehensive guidance on the law relating to the deprivation of liberty safeguards.

- The law commission is currently undertaking a review of the DoLS which is anticipated to be published in 2018.

9. Domestic Abuse

9.1 Domestic abuse is defined 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 or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

9.2 Controlling behaviour is defined as: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

9.3 Coercive behaviour is defined as: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

9.4 This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

9.5 NICE guidance "Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively" (February 2014) makes a number of recommendations for CCGs, including developing an integrated commissioning strategy through local strategic partnerships and commissioning integrated care pathways.

9.6 The Kent and Medway Domestic Abuse Strategy Group is the multi-agency group responsible for setting the strategy, accountable to the Community Safety Partnerships. The Domestic Abuse Strategy (2016 – 2020) and Delivery Plan is available on the Kent and Medway domestic abuse website

10. Domestic Homicide Reviews (DHRs):

10.1 DHRs were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. Latest guidance was issued in December 2016.

10.2 A DHR is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect perpetrated by: (a) a person to whom he/she was related or with whom he/she was or had been in an intimate personal relationship, or (b) a member of the same household as himself/herself, held with a view to identifying the lessons to be learnt from the death. An 'intimate personal relationship' includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

10.3 The purpose of a DHR is to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- apply these lessons to service responses including changes to policies and procedures as appropriate; and
- prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

10.4 CCGs as statutory health bodies are required to contribute to DHRs and have taken on the responsibilities previously assigned to Primary Care Trusts in the statutory guidance.

10.5 **Domestic Violence Disclosure Scheme:** The scheme, also referred to as 'Clare's Law', launched in Kent and Medway and nationally on 8 March 2014. The scheme aims to ensure police forces and other safeguarding agencies across the UK use recognised and consistent procedures for the disclosure of information, enabling partners of previously violent individuals to make informed choices on whether/how their relationship continues.

10.6 **Multi Agency Risk assessment Conferences (MARAC)**: A multi-agency meeting where information is shared between representatives from the statutory and voluntary sectors on the highest risk domestic abuse cases. The aims of the MARAC are;

- To facilitate the sharing of information to increase the safety, health and wellbeing of adults and their children placed at risk due to high risk incidents of Domestic Abuse;
- To jointly construct and implement a risk management plan that provides professional support to all those at risk, that reduces such risk;
- To improve inter-agency co-operation and interaction;
- To improve agency accountability; and
- To reduce repeat victimisation

CCGs need to seek assurance that health providers are contributing as necessary to the MARAC process

11. PREVENT

11.1 The PREVENT Strategy (HM Government 2011) sets out the government's commitment to understand factors which encourage people to support terrorism and then to engage in terrorism-related activity. Evidence suggests that radicalisation is driven by an ideology which sanctions the use of violence; by propagandists for that ideology here and overseas; and by personal vulnerabilities and specific local factors which, for a range of reasons, make that ideology seem both attractive and compelling. Prevent is part of the country's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism.

11.2 As part of CONTEST, the aim of PREVENT is to stop people from becoming terrorists or supporting terrorism. The health sector has a non-enforcement approach to PREVENT and focuses on support for vulnerable individuals and health care organisations. The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

11.3 Three national objectives have been identified for the PREVENT strategy:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address

11.4 *"Building Partnerships, Staying Safe: The health sector contribution to HM Government's PREVENT strategy: guidance for healthcare organisations"* (DH Nov 2011) sets out guidance and toolkits for leaders, managers and workers in

healthcare organisations.

11.5 For directly commissioned services PREVENT delivery for each provider organisation is now included within the NHS Standard Contract for 2014/15 within Service Conditions (SC32: Safeguarding). This is mandated for all providers who deliver NHS services including non-NHS organisations.

12. Governance

12.1 The CCG will have management and accountability structures that ensure the delivery of safe and effective services in accordance with statutory, national and local guidance for safeguarding children and vulnerable adults.

12.2 The Chief Nurse is the officer accountable for safeguarding for the CCG and provides senior clinical leadership and advocates for safeguarding children and adults across the health economy. The Designated nurses for safeguarding children, looked after children and safeguarding adults are aligned to the CCG and report directly to the Chief Nurse. The Designated Nurses for Safeguarding are the strategic lead across the health economy.

12.3 Working Together to Safeguard Children (2015) sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and the duty on all agencies, under section 27 and section 47 of the Children Act 1989, and section 10 and section 11 of the Children Act 2004, to make arrangements to safeguard and promote the welfare of children.

12.4 The CCG is required to ensure that services are commissioned from providers are compliant with the Care Act 2014 and its guidance, the Safeguarding Vulnerable Groups Act 2006 and the Mental Capacity Act 2005.

12.5 Organisations must, by law, have procedures under which staff can raise concerns about possible abuse within the organisation without themselves feeling victimised ("whistleblowing").

12.6 The CCG is required to contribute to section 11 audits on child safeguarding led by Local Safeguarding Children Boards and are requested to contribute to safeguarding adult self-assessment processes led by the Kent and Medway Safeguarding Adult Board.

12.7 The Care Quality Commission's (CQC) Essential Standards for Quality and Safety (2010) sets specific outcomes for safeguarding and safety as a requirement for registration for all providers of NHS care. Commissioners have responsibilities to address failures of care in addition to the responsibilities of the CQC. Where the CQC take enforcement action, commissioners have a key role in managing the impact this has on the local health economy.

13. Training

13.1 The CCG needs to ensure that staff and those in services commissioned by the CCG are trained and competent to be alert to potential indicators of abuse or neglect in children and vulnerable adults, and know how to act on their concerns and fulfil their responsibilities in line with multi-agency Safeguarding Board policies and procedures.

13.2 The CCG is committed to have arrangements in place to ensure effective training of all CCG staff. The level of training will be determined by the responsibilities set out in job descriptions/role functions and identified through regular performance appraisal.

13.3 The Intercollegiate Document, *"Safeguarding Children and Young People: Roles and Competencies for Health Care Staff"* (March 2014) provides clear guidance on the competencies required for all healthcare staff in order to safeguard children and young people. Similarly, guidance is available on the training requirements for staff to meet adult safeguarding, Mental Capacity Act and domestic abuse competencies. This section should be read in conjunction with the CCG 'Safeguarding Training Strategy'.

14. Safe Recruitment

14.1 The CCG is committed to undertaking safe and effective recruitment in order to ensure that it has the right workforce, with the right skills, in the right numbers, with the right values, to provide safe and effective services and help improve health outcomes and patient care.

14.2 All recruiting managers must comply with the CCG Recruitment Guidance, which outlines the required pre-employment checks which must be completed before appointing staff. The level and degree of checks carried out should be determined by the line manager after assessing the duties of the role and must be proportionate to the potential risk may pose. Additional advice is available from HR.

14.3 Managers must consider these standards in the appointment of all permanent and fixed term staff, including people seconded from external organisations. It is extremely important that existing the CCG employees successful in internal appointments are also fully checked; the checks required when an employee was originally appointed may be very different to those required for their new role. Managers must not make assumptions that an individual undertaking an apparently similar role is safe to undertake the new role.

14.4 Managers appointing volunteers, students, honorary appointees, trainees, contractors, and temporary workers (including locum doctors and those working on a bank or agency contract) must also undertake an assessment of the relevant checks required for the work planned and ensure these are completed

before the work commences.

14.5 Recruiting managers shall seek guidance from Human Resources to determine the level of Disclosure and Barring Service (DBS, formerly CRB) check required for the role. Further advice and guidance can also be obtained at https://www.gov.uk/disclosure-barring-service-check/overview. The manager shall ensure clearance is obtained before the applicant commences employment. As an employer of staff in 'regulated activity' the CCG has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006.

15. Managing Safeguarding Allegations

15.1 Where a CCG employee has concerns that a child or young person or vulnerable adult is at risk of harm, they should notify their line manager and/or local Safeguarding lead and/or the local Social Services. The relevant safeguarding lead will always offer advice and additional support. Contact details for Kent and Medway are included as Appendix 1.

15.2 Staff may contact the Social Services Emergency Duty team in the out-of-hours period, or to check whether the child or vulnerable adult is known to the Social Care team. (In the case of an emergency staff may consider contacting the Police in cases where this is necessary).

15.3 **Local Authority Designated Officer (LADO)**: All agencies (including CCG's) that provide services for children, or provide staff or volunteers to work with or care for children are required to have a procedure in place for handling allegations 'against staff' which is consistent with Statutory Guidance published by HM Government (Working Together to Safeguard Children 2015). Guidance is available in the Kent and Medway child and adults safeguarding procedures.

16. Information Sharing

16.1 It is important that all people involved remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy rights of the individual, whilst sharing information to deliver better services. It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently. Professionals may wish to refer to specific advice from their professional body regarding information sharing; e.g. General Medical Council or Nursing and Midwifery Council guidance.

16.2 Staff should ensure they are familiar with the CCG Information Governance Policy and have undertaken mandatory Information Governance Training. Local Safeguarding Children Boards and Safeguarding Adult Boards will have multi-agency information sharing policies/protocols in place and staff should ensure they understand and adhere to these.

16.3 There are seven golden rules for information sharing:

- Remember that the Data Protection Act 1998 is not a barrier to sharing information.
- Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being of the person and others who may be affected by their actions.
- Ensure that any information sharing is necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of your decision and the reasons for it. Record what you have shared, with whom and for what purpose.

17. Monitoring and Assurance :

17.1 Provider Compliance

17.1.1 Provider organisation contracts include Key Performance Indicators (KPIs) & schedule 4 safeguarding metrics to assure that all employees fulfil their responsibilities to promote the safety and well-being of service users, consistent with the relevant Safeguarding Board procedures.

17.1.2 Delivery of safeguarding metrics /KPIs is monitored through the provider contracts and other assurance meetings such as; Clinical Quality Review Group with reporting at the CCG Board meeting. Failure to deliver is managed through the contract process with key issues reported to the Quality Committee/ Governing body.

17.2 General Practice Member Compliance with Standards

17.2.1 General Practice member compliance will be managed jointly through co commissioning. However the CCG will work with all member practices to fulfil their safeguarding statutory responsibilities under the Children Act (2004), Children and Families Act (2014) and Care Act (2014).

17.3 **Interagency Working**

17.3.1 The CCG, will as members of the KSCB and K&MSAB, contribute to and support multiagency working/ SCR/DHRs/SARs to promote improved outcomes and ensure statutory responsibilities are met in relation to safeguarding children and adults at risk and highlight lessons learned.

Appendix 1 – Help and Advice

What to do if you have a safeguarding concern about a child, young person or vulnerable adult?

- **Speak to your line manager immediately**
- **Speak to the designated nurse**
- **Speak to social services**

Designated Nurse Contact details

If worried about an adult contact:

Quality Team — **Designated Nurse for Safeguarding Adults**

Tel: 03000 425 019 — **Mobile:**

Email: ACCG.QualityInbox@nhs.net

If worried about a child or young person contact:

Celina Grant — **Designated Nurse for Safeguarding Children**

Tel: 03000 424 124 — **Mobile**: 07920 296 477

Email: celinagrant@nhs.net

Named GP for safeguarding Children: TBC

To speak to a Social Worker if you are worried about a child, young person or adult contact Central Referral Unit (CRU)

For a telephone consultation

Children	**9-5pm**	03000 41 11 11
Adults	**9.5pm**	03000 41 61 61
Out of hours:		03000 41 91 91

(Specify if concerns relate to an adult or child and ask to speak to social worker)

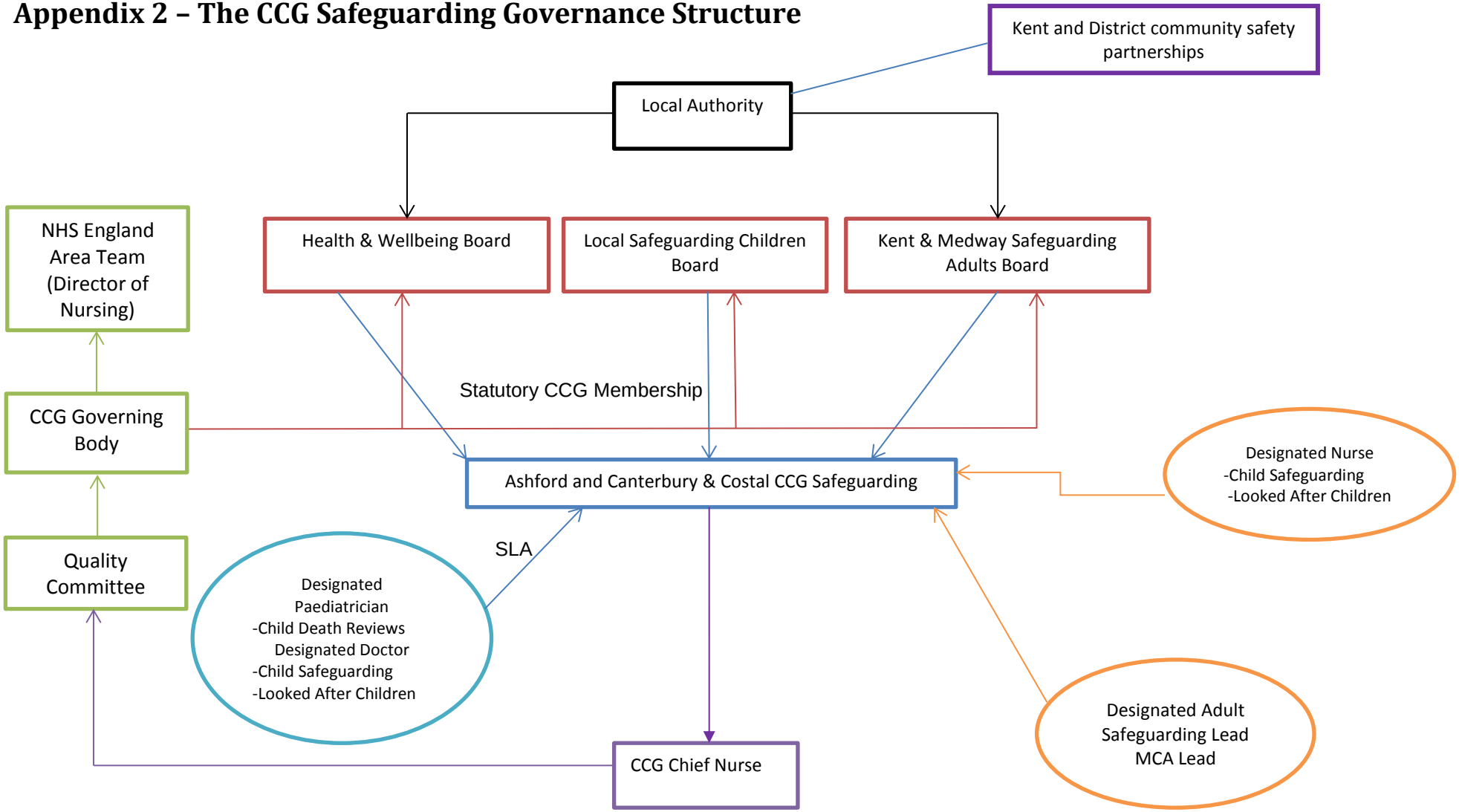
Secure Email:

Children - social.services@kent.gov.uk / central.duty@kent.gov.uk

Adults - AdultsSafeguardingCRU@kent.gov.uk

PLEASE NOTE FOR FURTHER INFORMATION, SUPPORT AND ADVICE ON SAFEGUARDING MATTERS, STAFF MUST REFER TO CCG INTRANET/ REFERRAL SUPPORT TOOL, AVAILABLE ON THE FOLLOWING LINK:
www.ashford.referralsupport.co.uk

Appendix 2 – The CCG Safeguarding Governance Structure



Appendix 3 – Equality Impact Assessment

What is an Equality Impact Assessment (EIA)?

An EIA is a systematic appraisal of the (actual or potential) effects of a function or policy on different groups of people. It is conducted to ensure compliance with public duties on equality issues (which in some areas go beyond a requirement to eliminate discrimination and encompass a duty to promote equality), but more importantly to ensure effective policy making that meets the needs of all groups.

Like all other public bodies, the CCG is required by law to conduct impact assessments of all functions and polices that is considered relevant to the public duties and to publish the results.

An Equality Impact Assessment must be completed when developing a new function, policy or practice, or when revising an existing one.

*In this context a **function** is any activity of the CCG, a **policy** is any prescription about how such a function is carried out, for instance a strategy, guidelines or manual, and a **practice** is the way in which something is done, including key decisions and common practice in areas not covered by formal policy*.

Support

It is important that all policies are informed by the knowledge of the impact of equalities issues accumulated across the organisation. Early in the policy development process, and before commencing the EIA.

The EIA process

The EIA has been constructed as a two-stage process in order to reduce the amount of work involved where a policy proves not to be relevant to any of the equalities issues.

The initial screening tool should be completed in all cases, but duplication of material between it and the full EIA should be avoided. For instance, where relevance to an equalities issue is self-evident or quickly identified this can be briefly noted on the initial screening and detailed consideration of that issue reserved for the full EIA.

DOCUMENT NAME:	*NHS Ashford and NHS Canterbury and Coastal Clinical Commissioning Group Safeguarding Policy*

Stage 1 – initial screening

The first stage of conducting an EIA is to screen the policy to determine its relevance to the various equalities issues. This will indicate whether or not a full impact assessment is required and which issues should be considered in it. The equalities issues that you should consider in completing this screening are:

- Race
- Gender
- Gender identity
- Disability
- Religion or Belief
- Sexual orientation
- Age (including younger and older patients)
- Human Rights
- Socio-economic

Aims

What are the aims of the policy?

To provide guidance to managers of CCG staff, managers of commissioned and contracted services about the safeguarding training requirements for their employees.

To provide an assurance framework related to the above against which providers will be monitored, in order for the CCG to discharge its legislative commissioning duties.

Effects

What effects will the policy have on staff, patients or other stakeholders?

Are there any barriers (communication, physical access, location, sensitivity etc.) which could inhibit access to the benefits of the policy?

It will facilitate improvements in knowledge skills and competence of the children's workforce in order to better protect vulnerable groups.

There are no known barriers

Evidence

Is there any existing evidence of this policy area being relevant to any equalities

issue?

Identify existing sources of information about the operation and outcomes of the policy, such as operational feedback (including monitoring and impact assessments) / Inspectorate and other relevant reports/complaints and litigation/relevant research publications etc. Does any of this evidence point towards relevance to any of the equalities issues?

No evidence known

Stakeholders and feedback

Describe the target group for the policy and list any other interested parties. What contact have you had with these groups?

All the CCG employees, governing body and services commissioned including designated professionals.

Do you have any feedback from stakeholders, particularly from groups representative of the various issues, that this policy is relevant to them?

Not at this stage. Will occur when sent out for comment.

Impact

Could the policy have a differential impact on staff, patients, or other stakeholders on the basis of any of the equalities issues?

No

Summary of relevance to equalities issues

Equality Strand	Negative Impact Yes/No	Positive Impact Yes/No	Rationale
Race		yes	Equality statement in document
Gender		yes	As above
Gender identity		yes	As above
Disability		yes	As above
Religion or Belief		Yes	As above
Sexual orientation		Yes	As above
Age (younger patients)		Yes	As above

Age (older patients)	Yes	As above
Human Rights	Yes	The commitment to uphold human rights stated in document.
Socio-economic	Yes	Equality statement in document

If you have answered "Yes" to negative impact for any of the equality strands and the impact is either high or medium, a full impact assessment must be completed, unless it can be justified that it is not significant (low) or that to do a full EIA is not a proportionate response.

If a full EIA is not necessary, what is your justification for this?

There are no negative equality strands identified or applicable.

Monitoring and review arrangements

Describe the systems that you are putting in place to manage the policy and to monitor its operation and outcomes in terms of the various equalities issues.

A clear statement of intent made within the document.

Equal opportunity policies and training in place for CCG and evidence of such policies from providers will be sought.

Any complaints of inequality issue will be robustly investigated

State when a review will take place and how it will be conducted.

This strategy will be reviewed in June 2015 unless there is change in legislation or statutory guidance to suggest it should be reviewed earlier.

Name (in CAPS) and signature	Date
Policy lead	
Senior manager	

DOCUMENT NAME:	*NHS Ashford and NHS Canterbury and Coastal Clinical Commissioning Group Safeguarding Policy*

Stage 2 – full Equality Impact Assessment

Where relevance to one or more equalities issues has been identified during the Initial Screening, a full equality impact assessment must be carried out.

This involves the collection of monitoring data and other relevant information and consultation with stakeholders with a view to producing a full account of the relevant equalities issues and an action plan to address them.

Summary of issues identified during initial screening

Briefly identify which equalities issues you will be considering and the results of the initial screening.

Management and monitoring

Describe the systems in place to manage the policy and to monitor its operation and outcomes.

Comment on the adequacy of the systems and note any improvements that you will make to them. Include a description of and/or extracts from recent monitoring results and provide analysis of them.

Evidence

If you have not already done so in Stage 1, identify other sources of information about the operation and outcomes of the policy, such as operational feedback (including local monitoring and impact assessments)/Inspectorate and other relevant reports/complaints and litigation/relevant research publications etc.

Summarise and discuss recent relevant evidence from these sources.

Consultation

If you have not already done so in Stage 1, identify the target group and other interested parties.

Explain how you have involved stakeholders, both generally in the development of the policy and specifically how groups representative of the relevant equalities issues (including "seldom heard groups") have been engaged as part of the EIA process.

Capture main points of feedback from them.

Discussion

Consider and compare results from previous sections.

Consider in particular issues of stakeholder confidence and local discretion.

Conclusion

Summarise and make an overall assessment of the impact of the policy or function on the relevant equalities issues. Identify any adverse impact on any group.

Highlight examples of success and good practice.

Describe the key issues that remain to be addressed.

Action plan

Issue to be addressed	Action to be taken	Senior manager responsible	Target date

Publication

Describe the arrangements for making the document available to the various stakeholders.

Review

Indicate method for reviewing progress on the action plan and proposed date for formal review of the EIA.

Name (in CAPS) and signature	Date
Policy lead	
Senior manager	