

NHS
Leicester City
Clinical Commissioning Group

NHS
West Leicestershire
Clinical Commissioning Group

NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Safeguarding Children and Adults Policy

2016-2018

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VERSION CONTROL AND SUMMARY OF CHANGE

Version number	Date	Comments (description change and amendments)
Version 1 Draft 1	23.04.2014	Amalgamated draft copies of the Safeguarding Children and safeguarding Adults Policies
Final draft	30.04.2014	Designated Nurse review of document
Final agreed version	29.05.2014	Completed following consultation
Final updated	24.06.2014	Updated following consultation with Interim Head of Governance Leicester City CCG
Amendment: following Care Act 2014	01.07.2015	Revised LLR Adult policy and procedures
Amendment:	23.12.2015	Amendments following the <i>Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework</i> (NHS Commissioning Board, 2015) Sections on CCG responsibility for safeguarding in the commissioning cycle strengthened
FINAL DRAFT	26.01.2016	Equality Impact Assessment currently being reviewed

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1. INTRODUCTION

- 1.1 This policy outlines how Leicester City CCG, East Leicestershire and Rutland CCG and West Leicestershire CCG (hereafter known as the CCGs) will deliver the mandate from the government to NHS England, that includes the specific objective of continuing to improve safeguarding practice in the NHS, reflecting also the commitment to prevent and reduce the risk of abuse and neglect of adults (NHS Accountability and Assurance Framework NHS 2015).
- 1.2 It is the intention of this policy to outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults at risk of abuse or neglect, recognising that safeguarding is everybody's responsibility.
- 1.3 There are two fundamental requirements for effective safeguarding in the delivery of NHS care:
- To prevent safeguarding incidents arising through the provision of high quality care
 - To ensure effective responses where harm or abuse occurs through implementing inter-agency safeguarding children and adults policies and procedures.
- 1.4 The CCGs are committed to safeguarding and promoting the welfare of children and in doing so in discharging in full their duties under Section 11 of the Children Act 2004. This places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. These arrangements require all agencies to have:
- Senior management commitment to the importance of safeguarding and promoting children's welfare
 - A clear statement of the agency's responsibilities towards children, available for all staff
 - A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
 - Service development that takes account of the need to safeguard and promote welfare, and is informed, where appropriate, by the views of children and families
 - Training on safeguarding and promoting the welfare of children for all staff working with, or in contact with, children and families
 - Safe recruitment procedures in place
 - Effective inter-agency working to safeguard and promote the welfare of children
 - Effective information sharing.
- 1.5 The Care Act 2014 puts adult safeguarding on a legal footing and from April 2015 each local authority must:
- Make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect
 - An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom

- Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies
 - Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them
 - Cooperate with each of its relevant partners in order to protect adults experiencing, or at risk of abuse or neglect.
- 1.6 The CCGs are committed to fulfil their duties under the Care Act 2015 and fully participate in working with its interagency partners.
- 1.7 In addition the Act sets out that the CQC registration requirement would introduce a duty of candour which would place a duty on providers to be open with patients and their families about failings in their care. The CCG will ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures.
- 1.8 The CCGs will assure that care providers know about and adhere to relevant CQC standards. Contract monitoring will have a clear focus on safeguarding and robustly follow up any shortfalls in standards or other concerns about patient safety.

2 POLICY STATEMENT

- 2.1 This Safeguarding Children and Adult Policy illustrate the requirements and compliance with legislative duties to safeguard children and adults.
- 2.2 It is supplementary to the Leicester City and Leicestershire and Rutland Local Safeguarding Children Board (LSCB) Child Protection Procedures and Safeguarding Adult Procedures and should be used in conjunction with both of these documents:
- *Leicester, Leicestershire and Rutland Safeguarding Children Board Inter Agency Child Protection Procedures:*
<http://llrscb.proceduresonline.com/index.htm>
 - *Leicester, Leicestershire and Rutland Safeguarding Adults Board (SAB) Safeguarding Adults: Multi- agency Policy and Procedures:*
www.llradultsafeguarding.co.uk
- 2.3 This Safeguarding Children and Adult Policy should also be read in conjunction with:
- *Working Together to Safeguard Children*, (HM Government 2015)
 - *Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework* (NHS Commissioning Board, 2015)
 - *Care and Support Statutory Guidance Issued under the Care Act 2014* Department of Health

- The CCG policy: Allegations that a CCG employee maybe harming a child or adult in need of protection (2016).

3. SCOPE OF THE POLICY

- 3.1 This policy applies to all staff working or volunteering within each of the Clinical Commissioning Group's areas. The key principles are applicable to all services commissioned by the CCGs. It is applicable to all CCG staff temporary or permanent including agency staff and volunteers.
- 3.2 All employees of the CCGs have an individual responsibility for the protection and safeguarding of children, young people and vulnerable adults.
- 3.3 All managers must ensure that their staff are aware of this policy and know how to access it:
- www.leicestercityccg.nhs.uk
 - www.eastleicestershireandrutlandccg.nhs.uk
 - www.westleicestershireccg.nhs.uk
- 3.4 Managers should also ensure the implementation of the policy in accordance with their line of responsibility and accountability.

4. ACCOUNTABILITIES, RESPONSIBILITIES AND GOVERNANCE

- 4.1 The Managing Director of the CCG is the accountable officer for ensuring that the health contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively within the CCG, and also across the local health economy through the CCG's commissioning arrangements. Within the CCG, this role is supported by the Director of Nursing and Quality/Chief Nurse who holds delegated responsibility.

4.2 Responsibilities of the Director of Nursing and Quality/Chief Nurse Executive Director of the Clinical Commissioning Groups:

- 4.2.1 The Director of Nursing and Quality/Chief Nurse is the Executive Director with lead responsibility for safeguarding children and adults at risk of abuse within each CCG.
- 4.2.2 Each CCG Executive Director will:
- Ensure arrangements are in place to support the implementation and monitoring of this policy
 - Ensure safeguarding reports are provided to the Leicester City , Clinical Commissioning Committee and CCG Governing Body
 - East Leicestershire and Rutland Quality Assurance Committee and West Leicester Quality Assurance Committee
 - Represent the CCGs as a member, as appropriate to the:
 - Leicester Safeguarding Children Board
 - Leicester Safeguarding Adults Board
 - Leicestershire and Rutland Safeguarding Children Board
 - Leicestershire and Rutland Safeguarding Adults Board.

4.2.3 The Leicester City CCG Director of Nursing and Quality Chairs the CCG Strategic Safeguarding Group.

4.3 Responsibilities of the Strategic Safeguarding Group:

4.3.1 The Strategic Safeguarding Group reports into the CCG Quality & Clinical Governance Committees and the CCG Governing Body.

4.3.2 The Strategic Safeguarding Group meets quarterly and receives a report from the Designated Professionals and the Hosted Safeguarding Team to enable the CCGs to:

- Be informed about Serious Case Reviews/Domestic Homicide Reviews from Leicester and Leicestershire and Rutland Adult Safeguarding Boards
- Be informed of the performance monitoring of CCG Commissioned services local arrangements to safeguard children and vulnerable adults
- Be advised of emerging safeguarding risks and actions required to mitigate those risks
- Be advised of national development impacting on local safeguarding arrangements
- Consider and review all Safeguarding related policy and procedures prior to approval at the Governing Body.

4.4 Responsibilities of the CCGs - The Hosted Safeguarding Arrangements:

4.4.1 Leicester City Clinical Commissioning Group (CCG), on behalf of the three CCGs, hosts the Safeguarding Team and the line management of the Designated Leads for Safeguarding Children and Adults. The Organisational structure is available see Appendix Five.

4.4.2 The Director of Nursing & Quality of Leicester City CCG is the Executive report for the Designated Safeguarding Adult and Children Nurses, the Designated Doctor and Named GPs Safeguarding Children and the Hosted Safeguarding Team.

4.4.3 Within the arrangements of the Hosted Safeguarding Team the CCGs have complied with *Working Together to Safeguard Children (2015)* Chapter Two to ensure that both a Senior Doctor and Nurse are contracted to fulfil the functions of Designated Safeguarding Professionals.

4.4.4 The CCG has reviewed the *NHS Accountability and Assurance Framework (NHS CB 2015)* and we are compliant in all areas as we have secured Designated Professionals to provide assurance for:

- Adult and child safeguarding
- Looked After Children
- Designated Paediatrician for unexpected deaths in childhood
- Have a Designated Adult Safeguarding Manager (DASM) which includes the Adult Safeguarding lead role and a lead for the MCA

4.4.5 The Safeguarding Team: appendix 4 is hosted by Leicester City CCG. A service level agreement is in place for the Designated Doctor Safeguarding.

4.5 Responsibilities of the Designated Professionals Safeguarding Children and Adults:

4.5.1 The Consultant Nurse for Safeguarding Adult and Children, the Designated Nurses for Safeguarding Adult and Children and Designated Doctor for Safeguarding Children and the Named GP are identified within the health economy as clinicians with statutory roles and responsibilities for safeguarding children and adults at risk of abuse.

4.5.2 The responsibilities of the Designated Professionals are:

- To quality assure the safeguarding arrangements of services commissioned by the CCG, in conjunction with the CCG Quality and Contract Management Team
- Alert the CCGs to safeguarding risks and support plans for mitigation
- In accordance with Working Together (2015) be in attendance as a health expert to the Local Safeguarding Children Boards to influence, negotiate and contribute to the development of a high quality and effective inter-agency response to safeguarding
- In accordance with the Care Act (2015) be in attendance as a health expert to the Local Adult Safeguarding Boards to influence, negotiate and contribute to the development of a high quality and effective inter-agency response to safeguarding
- Provide Clinical Leadership and Supervision to Safeguarding Leads for both adults and children across the health economy
- Develop and influence the development of safeguarding policies, procedures and training.

4.5.3 They take a strategic, professional advisory lead on all aspects of the health service contribution to safeguarding children and adults across the area within which the CCGs commission services, which includes all health providers. Designated Professionals are clinical experts and strategic leaders for both safeguarding children and adults and are a vital source of advice and support to the CCG and other health commissioners e.g. NHS England and the Local Authority and health provider organisations. They also contribute to both the work of LSCBs and LSABs.

4.5.4 In accordance with the *NHS Accountability and Assurance Framework* (NHS CB 2015) the CCG will ensure that the Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance to provide assurance that appropriate services are to be commissioned that support adults at risk of abuse, and children, as well as effectively safeguard their well-being.

4.6 Responsibilities of all CCG staff:

4.6.1 Staff members employed, contracted or volunteers who do or do not directly deliver services to individuals, in circumstances where they identify a concern

around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with the LLR LSCB and LLR SAB Procedures in recognising and responding to abuse of children or adults.

- 4.6.2 The needs of some children and families can be straight forward and the majority of these needs can be met by some kind of universal provision. The needs of other children and families can be more complex and may require the intervention by multiple agencies to provide support.
- 4.6.3 Early identification of difficulties and improved outcomes for children and young people are aided by close collaboration between individual workers and agencies.
- 4.6.4 Children's needs should be determined by a robust assessment which should inform the proportionate service response. This threshold document seeks to enable practitioners to identify the right support for the right child at the right time. http://llrscb.proceduresonline.com/pdfs/thresholds_access_services.pdf
- 4.6.5 If at any time, a member of staff feels that a person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.
- 4.6.6 If at the time, staff have reason to believe the child or adult is in immediate and serious risk of harm or that a crime has been committed the police must be called.
- 4.6.7 Accurate records of events must be kept in accordance with the Records Management & Lifecycle policy (Corporate 020).
- 4.6.8 If staff suspects a child or adult is being abused or is at risk of abuse, they are expected to report concerns to a line manager (unless they suspect that the line manager is implicated. In such circumstances please follow the CCG Allegations that a worker is harming a child or adult in need of safeguarding/whistle blowing policy).
- 4.6.9 This document contains attached guidance for staff:
- Appendix One: Guidance to report Child Abuse
 - Appendix Two: Guidance to report Adult Abuse
 - Appendix Three: PREVENT if you suspect someone is being radicalised.
- 4.6.10 When concerns are not taken seriously by the local authority there are clear **escalation processes** that should be followed. In the first instance discuss your concern with a member of the Hosted Safeguarding Team who will support you in the escalation process.
LSCB Child escalation process:
http://llrscb.proceduresonline.com/chapters/p_res_profdisag.html
In addition the LSCB provides a thresholds for referral document which staff can refer to if they wish to challenge a no further action response the link for this is:
http://llrscb.proceduresonline.com/pdfs/thresholds_access_services.pdf

SAB escalation process:
<http://www.lradultsafeguarding.co.uk/resolving-professional-disagreements/>

4.7 Managing Allegations against Staff:

- 4.7.1 Any allegation of abuse of a child or vulnerable adult by a staff member must be managed in accordance with the:
- The CCG policy: Allegations that a worker maybe harming a child or adult in need of Safeguarding (Corporate 056)
 - LSCB Procedures section 3.9 Allegations against persons who work with children
 - Leicester, Leicestershire and Rutland Safeguarding Adults Board Inter Agency Safeguarding Adults Protection Procedures.
- 4.7.2 These policies and procedures apply when:
- There are suspicions or allegations of abuse by a person who works with children or vulnerable adults in either a paid or unpaid capacity
 - It has been discovered that an individual known to have been previously involved in child or adult abuse, is or has been, working with children or vulnerable adults
 - When the allegation or suspicion arises in connection to the individual's work, her/his own children or dependant adults in relation to any other child/children or dependant adults.
- 4.7.3 Each organisation is required to have a Named Senior Officer (NSO) for employees to report concerns to. In each CCG the NSO will be the CCG Director of Nursing and Quality.

4.8 Staff responsibility to seek Supervision:

- 4.8.1 There is increasing recognition that child and adult safeguarding is a difficult and stressful aspect of professional practice. The way in which that stress is recognised and managed can have a major impact both on the well-being of individual workers and, of equal importance, on the care they provide to children and families.
- 4.8.2 Safeguarding supervision provides a framework for examining the child or adults needs in an environment that is supportive and safe allowing the practitioner to develop knowledge and competence and identify training and developmental needs. Therefore staff within the CCGs who become involved in a safeguarding concern should seek supervision from the Designated Professionals or Heads of Safeguarding.
- 4.8.3 This policy is not a replacement for one to one discussion, support or supervision that is available for all CCG Staff with a member of the Hosted Safeguarding team.

4.9 Responsibility of the CCGs to monitor the safeguarding arrangements of commissioned services:

- 4.9.1 The CCGs must ensure that service specifications for commissioned and contracted services include clear service standards and monitoring arrangements for safeguarding adults and children, including in situations relating to Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs), Domestic Abuse and PREVENT.
- 4.9.2 The CCGs have a responsibility to ensure that all organisations with which they have a contract are carrying out their roles and responsibilities through contracting quality arrangements. This is achieved through contract monitoring, quality schedules (that include safeguarding monitoring tools) and assurance visits to provider premises.
- 4.9.3 The CCGs must also ensure that all health agencies and providers with which they have commissioning/contracting arrangements are signed up to Leicester and Leicestershire and Rutland Safeguarding Children and Adult Boards Multi-agency policy and procedures and have robust policies and procedures.

5. INFORMATION GOVERNANCE

- 5.1 The CCGs have a duty to ensure that effective information sharing takes place to safeguard children and vulnerable adults. Each LSCB and SAB has inter-agency sharing agreements which the CCGs as board members are signed up to.
- 5.2 Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public interest.
- 5.3 If there are concerns that a child or vulnerable adult may be at risk of significant harm the information should be shared without delay.
- 5.4 Seek advice if you are not sure what to do at any stage and ensure the outcome of the discussion is recorded. You may contact the Hosted Safeguarding Team on 0116 295 1433 to discuss your concern.
- 5.5 Two documents that support information sharing decision making are:
The main legal framework relating to the protection of personal information is set out in:
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf
- 5.6 These documents provide information on the pieces of legislation which may provide statutory agencies and those acting on their behalf with statutory powers to share information.
- 5.7 Managers are to ensure their staff are sighted on these documents when making decisions about sharing personal information on a case-by-case basis, whether they are working in the public, private or voluntary sectors or providing services to children, young people, adults and/or families.

5.8 Where information is shared there should be clear documentation setting out why information was shared to ensure there is an audit trail for the decision making process to share that information.

6. SAFEGUARDING RESPONSIBILITIES FOR RECRUITMENT OF STAFF

6.1 The CCGs have a duty to ensure that safer recruitment processes are complied with and will act in accordance with the NHS employer's regulations, including the Safeguarding Vulnerable Groups Act (HM Government, 2006) and the local HR recruitment policies.

6.2 Recruitment must take place in accordance with the CCG's Recruitment and Selection Policy (Corporate 063).

6.3 For those posts involving regular or close contact with children the preferred candidate requires satisfactory completion of the following prior to commencement in post:

- Disclosure and Barring (Enhanced) disclosure check
- Professional Register Check (if applicable)
- Confirmation of identity through official documents, particularly if they are married or have otherwise changed their name
- Verification of authenticity of qualifications
- Verification of employment/professional references.

7. SAFEGUARDING TRAINING OF CCG DIRECTLY EMPLOYED STAFF

7.1 Completion of safeguarding child and adult training is a mandatory requirement for all CCG staff.

7.2 The CCGs are responsible for ensuring that their staff is competent and confident in carrying out their responsibilities for safeguarding and promoting the welfare of children and vulnerable adults.

7.3 The CCGs will enable staff to participate in safeguarding children and vulnerable adults training on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member. This will be identified by their line manager at the time of staff recruitment or as part of the Personal Development Plan.

7.4 All staff are required to have Level One safeguarding training on induction.

7.5 Following induction, staff are required to access appropriate level safeguarding training on a minimum 3 yearly basis in accordance with the Intercollegiate Document. This informs managers about which level of safeguarding training their staff should access:

- Safeguarding Children and Young People Roles and Competencies for Health Care Staff: Intercollegiate Document 2014
- <http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20->

8. POLICY GOVERNANCE AND MONITORING

- 8.1 This Safeguarding Children and Adult Policy will be reviewed every two years. It will be the responsibility of the CCG Strategic Safeguarding Group to:
- Identify a suitable reviewer
 - Ensure that the review is conducted
 - Ensure that required changes are made.
- 8.2 Changes may be required as a result of legislation, national or local guidance, findings of Case Reviews, recommendations of audits or from other sources.
- 8.3 The Hosted Safeguarding Team will monitor the effectiveness of safeguarding practice on behalf of the CCG Safeguarding Group. This will inform any necessary changes to the Policy.

9. EQUALITY IMPACT STATEMENT

- 9.1 The CCGs are committed to all processes that safeguard children and adults and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:
- Gender
 - Gender Reassignment
 - Pregnancy
 - Race
 - Religion and Belief
 - Marriage and Civil Partnership
 - Sexual Orientation
 - Deprivation
 - Disability.

APPENDIX ONE

REPORTING CHILD ABUSE

It is expected that all staff follow the Leicester, Leicestershire and Rutland Safeguarding Children (LSCB) procedures <http://llrscb.proceduresonline.com/>

Please also refer to Appendix 3 of this policy. "What to do if you suspect Maltreatment"
<http://www.nice.org.uk/guidance/CG89>

If staff suspect a child is being abused or is at risk of abuse, they are expected to report concerns to a line manager and follow the LSCB procedures. (If it is suspected that the line manager is implicated – please follow the CCG - Allegations that a worker may be harming a child or adult in need of safeguarding policy – corporate 056).

Employees should be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable the CCG Disciplinary Policy (HR006) should be implemented.

If at any time, CCG staff feels the child needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the child at the earliest opportunity.

If at the time, staff have reason to believe the child is in immediate danger and serious risk of harm or that a crime has been committed the police must be called.

All children need to be safe. Throughout the process the child's needs remain paramount. This process is about protecting the child and prevention of abuse.

Accurate records of events must be kept in accordance with the Records Management & Lifecycle Policy (Corporate 020).

Summary Flowchart – What to do if you are worried about a child.

Definitions of consider and suspect

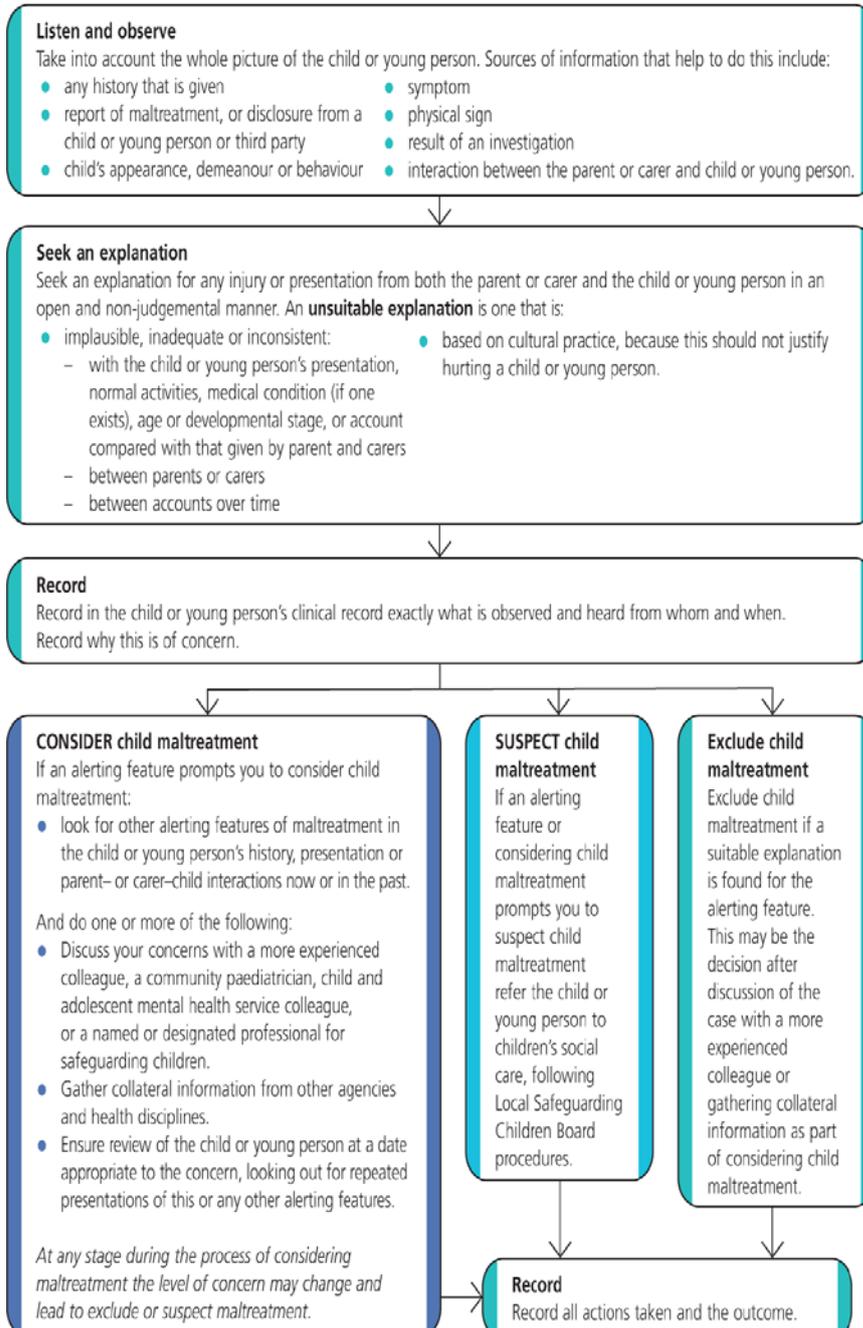
The alerting features in this guidance have been divided into two categories, according to the level of concern, with recommendations to either 'consider' or 'suspect' maltreatment.

CONSIDER means maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

SUSPECT means serious level of concern about the possibility of child maltreatment but not proof of it.

Using this guidance

If you encounter an alerting feature described in this guidance it is good practice to follow the process outlined below.



APPENDIX TWO

REPORTING ADULT ABUSE

It is expected that all staff follow the Leicester, Leicestershire and Rutland Safeguarding Adults Procedures:

www.lradultsafeguarding.co.uk

If staff suspect a vulnerable person is being abused or is at risk of abuse, they are expected to report concerns to a line manager (unless they suspect that the line manager is implicated). In such circumstances please follow the CCG Allegations that a worker is harming a child or adult in need of safeguarding /whistle blowing policy).

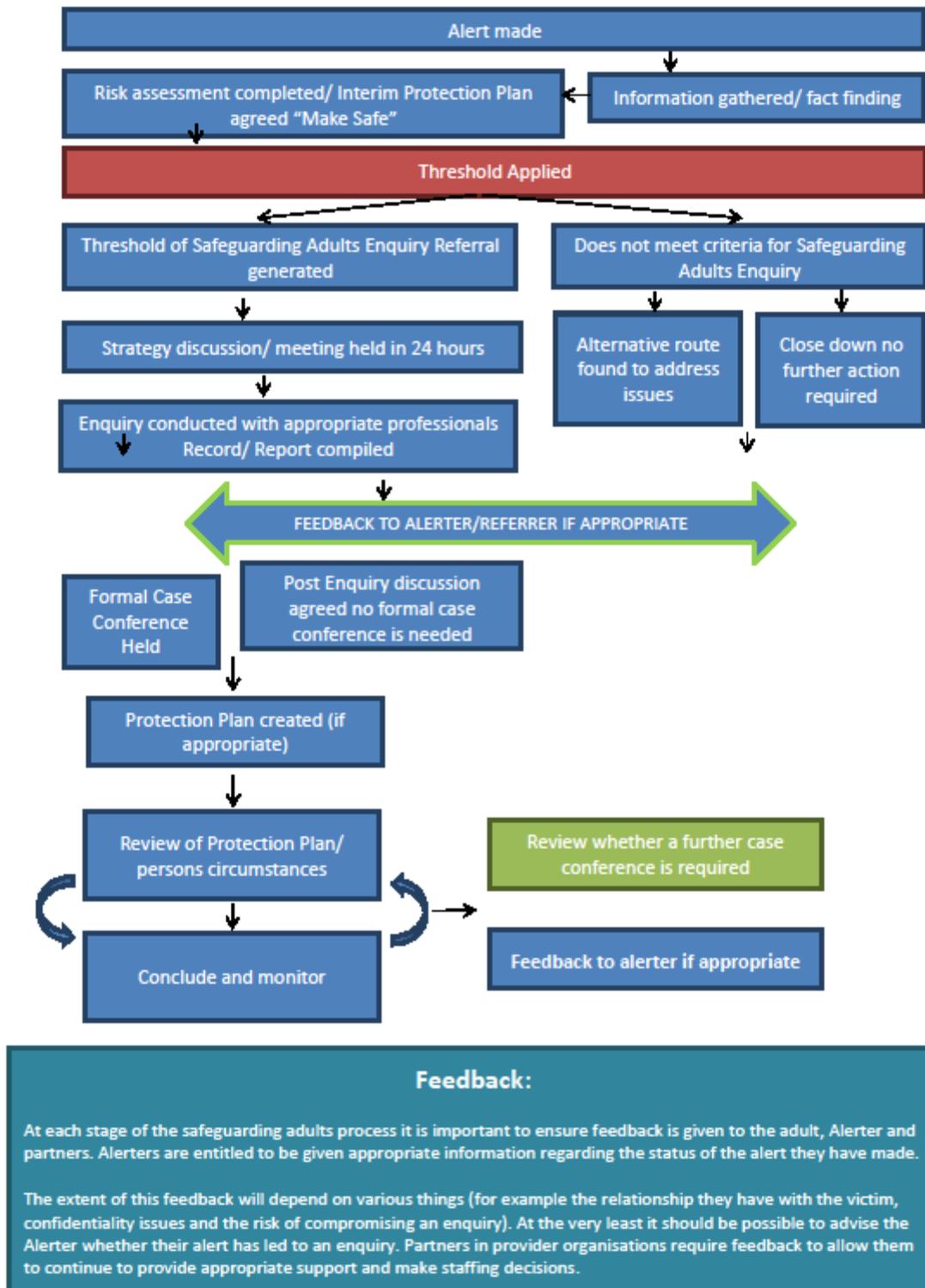
If at any time, staff feels that the person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity. If at the time, staff have reason to believe the vulnerable person is in immediate and serious risk of harm or that a crime has been committed the police must be called.

All service users need to be safe. Throughout the process the service user's needs remain paramount. This process is about protecting the adult and prevention of abuse.

Accurate records of events must be kept in accordance with the Records Management & Lifecycle Policy (Corporate 020).

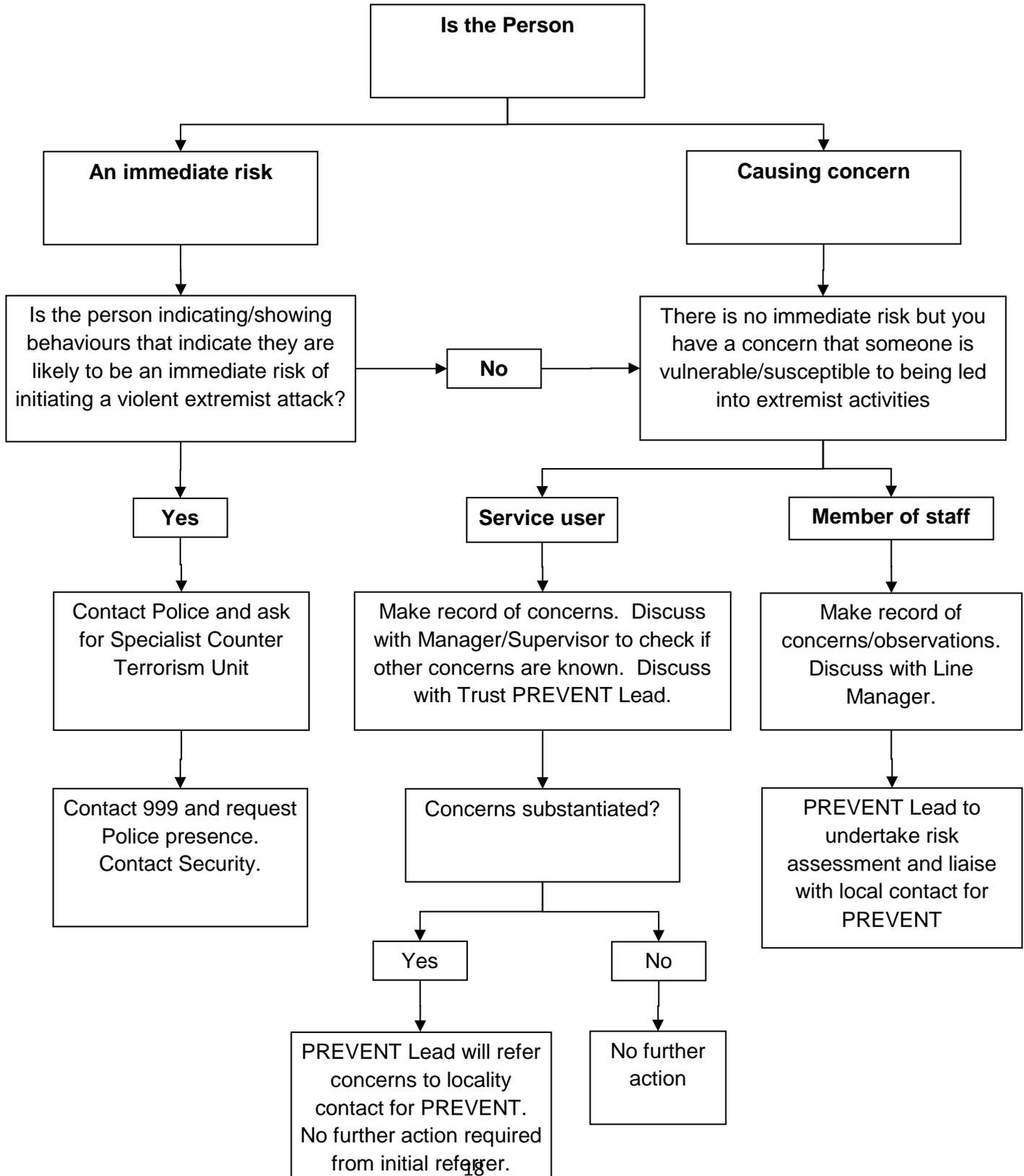
Where the alleged abuser and victims are both service users it is important that consideration be given to a co-ordinated approach and partnership working. Where both parties are receiving a service, staff should discuss cases and work together, however meetings with both the alleged abuser and alleged victim in attendance, are not considered appropriate.

Safeguarding Adults Process Flowchart



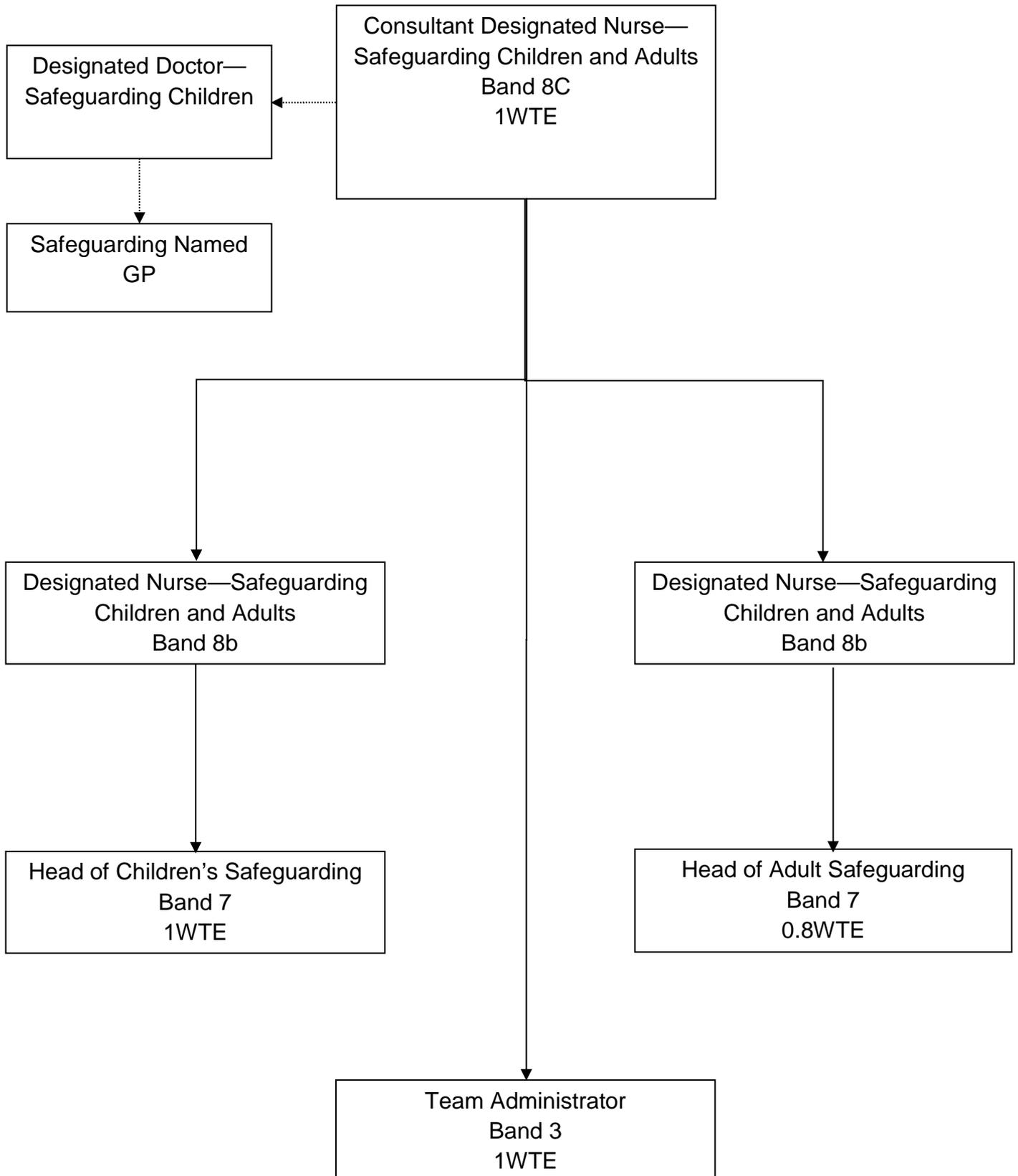
APPENDIX THREE

PREVENT - Actions to take if you suspect someone is being radicalised or self-radicalised into extremist activities



APPENDIX FOUR

Hosted Safeguarding Team Structure 2015



APPENDIX FIVE: Definitions

Abuse	<p>Abuse is behaviour towards a person through either acts of commission or omission that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights.</p> <p>Abuse is the violation of an individual's human or civil rights by any person or persons.</p> <p>Abuse includes physical, sexual, emotional and acts of neglect and omission. An individual, a group or an organisation may perpetrate abuse. It can include domestic violence and institutional abuse. Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks.</p>
Children	<p>In this policy, as in The Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'. The fact that a child has reached the age of 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, or in custody in the secure estate, does not change his/ her status or entitlement to services or protection.</p>
Child Protection	<p>This is part of safeguarding and promoting the welfare of children. This refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer harm.</p>
Commissioning Organisation: East Leicestershire and Rutland Leicester City West Leicestershire Clinical Commissioning Group (CCG)	<p>Has a duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Work with the Local Authority to commission and provide integrated services for children, young people and families.</p> <p>Ensures that commissioning arrangements effectively incorporate safety and welfare issues across the health economy.</p> <p>Should ensure they commission the services of a senior Doctor and Nurse to undertake the functions of Designated Professionals.</p>
Domestic Homicide Reviews	<p>In April 2011 the Government implemented section 9 of the Domestic Violence, Crime and Victims Act 2004. This means that local areas are expected to undertake multi-agency reviews following a domestic homicide, to assist all those involved in the review process, in identifying the lessons that can be learned with a view to preventing future homicides and violence.</p>
Domestic Abuse	<p>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.</p>
Named Professionals	<p>Will focus upon safeguarding arrangements within their own organisation by:</p> <ul style="list-style-type: none"> • Providing support and advice to staff in the day-to-day management of safeguarding practice. • Promoting good practice in safeguarding work • Providing advice to support their own organisations governance arrangements for safeguarding children. • Developing a safeguarding children training strategy. • Developing the safeguarding Children training programme and ensuring its delivery meets the required standards.
Neglect	<p>The persistent failure to meet a child or adults basic physical and/or psychological</p>

	needs, likely to result in the serious impairment of the child or adult'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: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child or adults basic emotional needs.
Provider Organisations	Co-operate with arrangements to safeguard children, share the responsibility for effective safeguarding arrangements. Ensure that they identify appropriate staff to undertake the functions of Named Professionals
Safeguarding Monitoring Tools	Recognised tools developed for the purpose of monitoring the safeguarding arrangements of providers of health care to ensure their policies, procedures and service delivery is compliant with the LSCB and SAB Procedures and protects children and vulnerable adults.
Safeguarding and Promoting the Welfare of Children	Defined for the purpose of this policy as: <ul style="list-style-type: none"> • Protecting children from maltreatment; • Preventing impairment of children's health and development ; • Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and; • Taking action to enable all children to have the best life chances.
Safeguarding Supervision	Safeguarding supervision provides a framework for examining the child or adults needs in an environment that is supportive and safe allowing the practitioner to develop knowledge and competence and identify training and developmental needs.
Serious Case Review	Working Together to Safeguard Children (2013) stipulates that a Serious Case Review (SCR) is required to be undertaken "when abuse or neglect of a child is known or suspected; and either the child has died; or the child has been seriously harmed, and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child"
Significant Harm	Some children are in need because they are suffering or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies intervention in family life in the best interests of children, and gives local authorities a duty to make enquires to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. There are no absolute criteria on which to rely when judging what constitutes significant harm.
PREVENT	Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. Contracts of employment and professional codes of conduct require all health care staff to exercise a duty of care to patients and where necessary take action for safeguarding and crime prevention. If you have any concerns discuss with your safeguarding lead and they will advise and identify local referral pathways.
Adult Safeguarding	Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.(Care and Support Statutory Guidance DH Care Act 2014)

**Key principles
in Adult
Safeguarding**

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.” (Care Act 2014)

APPENDIX SIX

Equality Impact Assessment Template

To ensure that the CCGs fulfil their legal obligations to comply with the Public Sector Equality Duty, as well as demonstrate best practice, project leads are expected to complete the following EIA template for all new and reviewed projects, including policies, procedures, strategies and guidelines. The EIA is a practical tool and should be:

- Carried out as early as possible in the decision making process
- Based on appropriate consultation where possible
- Informing decisions
- Setting out an appropriate level of analysis in proportion to the potential impact of the decision

Title of project:
Safeguarding Children Policy

Please give details of project proposals:

This document defines the Safeguarding Children and Adult Policy for the Leicester City, East Leicestershire and Rutland and West Leicestershire Clinical Commissioning Groups (CCGs).

The Policy illustrates the requirements and compliance with legislative duties to safeguard children and adults. It is applicable to all CCG staff and volunteers.

In this policy, as in The Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'.

What consultation and engagement has been undertaken or is planned to take place? If consultation/engagement exercises have been undertaken please provide a summary of the outcome of these and how this will feed into project planning. Provide details of different sections of the community that were involved:

- Hosted Safeguarding Team
- LLR CCG Strategic Safeguarding Group

What equalities monitoring information did you use in your analysis and what were the findings?

Followed guidance in *Working Together to Safeguard Children 2015*

The Children Acts 1989 & 2004. Procedure contains chapters to assist Staff where concerns may be around specific issues.

DUE REGARD principles followed:

- The CCGs are committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:
- Gender
- Gender Reassignment
- Pregnancy
- Race
- Religion and Belief
- Marriage and Civil Partnership
- Sexual Orientation
- Deprivation

The Equality Act 2010 (S147) requires public bodies to pay due regard to equality when making any decisions relating to the shaping of policies, service delivery, or as an employer, to the need to:

1. **Eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2012.**
2. **Advance equality of opportunity and**
3. **Foster good relations between people who share any of the protected characteristics and people who do not share them (note: 2 and 3 do not apply to a marriage and civil partnership).**

Socio-economic deprivation is not a protected characteristic but included as best practice. In the table below, please describe how the proposals will have a positive or negative impact on service users

	Positive impact	Negative Impact
Age	In this policy, as in The Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18 th birthday. 'Children' therefore means 'children and young people'.	n/a
Disability	See Due regard section above	
Gender	See above ;Policy is for ALL children	
Gender Reassignment	See above ;Policy is for ALL children	
Pregnancy and Maternity	See above ;Policy is for ALL children	
Race	See above ;Policy is for ALL children	
Religion / Belief	See above ;Policy is for ALL children	
Marriage and Civil Partnership	See above ;Policy is for ALL children	
Sexual Orientation	See above ;Policy is for ALL children	
Deprivation	See above ;Policy is for ALL children	

Please provide details of what action will be taken to mitigate any negative impact identified above.

Action plan		
Action	Responsibility	Timescale

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