

CO24 Safeguarding Commissioning Policy



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Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
V1	July 2013	N/A	July 2014	Head of Safeguarding
V2	July 2014	Quality Safety and Risk Committee	July 2018	Head of Safeguarding
V3	July 2015	Quality Safety and Risk Committee	July 2018	Head of Safeguarding
V4	07/10/2018	Quality and Safety	October 2021	Designated Nurse Safeguarding Adults
V5	August 2021	Quality Safety and Risk Committee	July 2024	Designated Nurse Safeguarding Children Designated Nurse Safeguarding Adults

1. Introduction

- 1.1 SCCG has a Quality Strategy which incorporates safeguarding. The strategy sets out the strategic direction for 2018 – 2021. This policy supports the strategy giving specific clarity around commissioning of services and contract monitoring.
- 1.2 The statutory safeguarding adult duties were introduced in April 2015 under the [Care Act 2014](#) and [the Care and Support Act statutory guidance 2018](#) Care and Support Act Statutory Guidance 2018 guides commissioners on their responsibilities for the protection of adults at risk.

To ensure compliance with statutory responsibilities and requirements the main areas to be addressed within this policy are:

- SCCG should ensure that all health providers commissioned by SCCG have comprehensive single and multi-agency policies and procedures to safeguard adults. These policies and procedures should be in line with, and informed by, Sunderland Safeguarding Adults board (SSAB) procedures, and be easily accessible for staff at all levels within each organisation.
- SCCG should ensure that where it commissions services either directly or indirectly all documents, such as service specifications, invitations to tender and service contracts, fully reflect the SCCG Safeguarding Policy, SSAB procedures and legislation. This should include the management of allegations or complaints about abuse that may have occurred within a service subject to SCCG service specification.
- Should the Care Quality Commission (CQC) be obliged at any time to consider deregistration of an independent healthcare provider commissioned by SCCG, there is a need to ensure measures are in place to safeguard adults at risk and where necessary to re-provide relevant services as quickly and safely as possible.
- To ensure that SCCG applies the same standards and requirements as for NHS providers when contracting with the independent sector.
- To ensure that appropriate links are established between independent providers and the SSAB and that the providers are aware of SSAB policies and procedures. To ensure employees have access to regular safeguarding training and supervision.
- To ensure that monitoring arrangements for SCCG directly and indirectly commissioned services include safeguarding adults/ adult protection issues.

- 1.3 The SCCG member practices have delegated responsibility to the SCCG Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
- 1.4 The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements for safeguarding.
- 1.5 For children and young people [Working Together to Safeguard Children 2018](#) provides statutory guidance to commissioners on their responsibilities to the protection of children and young people. The main areas to be addressed within this policy are:
- The Chief Officer SCCG has responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through its commissioning arrangements safeguarding leadership is provided by the Director of Nursing, Quality and Safety and the Designated and Named Professionals.
 - SCCG must ensure that all health organisations, including the independent healthcare sector with whom they have commissioning arrangements, have links with Sunderland Safeguarding Children Partnership (SSCP) and that health agencies work in partnership in accordance with the agreed SSCP business plan. This is particularly important where Trusts' boundaries/catchment areas are different from those of the SSCP. This includes Ambulance Trusts, the Mental Health Trust and 111 services.
 - SCCG should ensure that all health providers from whom they commission services have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children. These policies and procedures should be in line with, and informed by, SSCP procedures, and easily accessible for staff at all levels within each organisation. Safeguarding children intentions should be explicit in tenders and subsequent commissioned services.
 - SCCG should ensure that, through their contracting arrangements, independent sector providers deliver services that are in line with SCCG's obligations with respect to safeguarding and promoting the welfare of children, and their duty to notify the Local Authority (LA) of children who are, or are likely to be, accommodated for at least three months.

- Should the Care Quality Commission (CQC) be obliged at any time to consider deregistration of the independent healthcare provider commissioned by SCCG, there is a need to ensure measures are in place to safeguard children and where necessary to re-provide relevant services for children as quickly and safely as possible.
- SCCG should ensure that they apply the same standards and requirements as for NHS providers when contracting with the independent sector. SCCG need to ensure that appropriate links are established between independent providers and the SSCP, and that the providers are aware of SSCP policies and procedures. Employees should have access to regular safeguarding training and supervision.
- Where SCCG has commissioning arrangements with independent providers, they should have a named professional on site who has access to designated professionals for complex issues or when expert advice may be needed.

2. Purpose of the Policy

2.1 This commissioning policy has been developed to ensure clarity on the role of commissioners in regard to their responsibilities to safeguard children and adults. This policy also supports provider services in developing robust safeguarding arrangements.

2.2 The key objectives of this policy are:

- To provide awareness for all staff of the importance of prompt and effective action in response to child protection or adult safeguarding concerns;
- To promote good inter-agency co-operation at all levels;
- To ensure that agreed multi-agency procedures are followed in dealing with cases of adult or child abuse;
- To promote the sharing of information in order to promote and safeguard the welfare of children or adults at risk.

3. Background

- 3.1 SCCG has a responsibility to assess local needs, identify the services required to meet those needs and then buy those services from a wide range of healthcare providers. All these healthcare providers have a responsibility to safeguard children and adults.
- 3.2 The Director of Nursing Quality and Safety has CCG Board Level responsibility for safeguarding; this role is directly accountable to the Chief Officer. The Director of Nursing Quality and Safety is supported by the Designated and Named Professionals who will advise commissioners with regards to safeguarding children and adults.
- 3.3 The Designated Nurses will provide expert advice and inform commissioners of any new legislation or developments which may require a change in practice/ contracts/ agreements pertaining to safeguarding children and adults.

4. Process

- 4.1 Commissioners must ensure that all healthcare providers who are commissioned by SCCG are able to demonstrate and provide evidence on an annual basis of compliance with:
- [Section 11 of the Children Act 2004](#)
 - [CQC fundamental standards](#)
 - [Working Together to Safeguard Children 2018](#)
 - [The Care Act 2014](#)
 - Recommendations from Serious case reviews undertaken both nationally and locally.
 - [The Disclosure and Barring Service](#)
 - [Mental Capacity Act 2005](#)
 - [Mental Health Act 2007](#)
 - [Modern Slavery Act 2015](#)
 - [The Revised Prevent Duty Guidance 2015](#)
 - [FGM Mandatory Reporting Duty 2015](#)
- 4.2 Commissioners must ensure compliance with the [NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework updated 2019](#) which sets out the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care.

- 4.3 SSCP has a monitoring tool to ensure compliance with [Section 11 of the Children Act 2004](#). The SSCP will require evidence that services SCCG commission are compliant. In order to assist the SCCG all healthcare providers commissioned will be supplied with the appropriate tool as part of the commissioning process and must agree to populate the tool bi-annually.
- 4.4 SCCG has developed standards for both safeguarding children and safeguarding adults (see appendix 1) which all services must meet, in line with those of the Care Quality Commission. Annual audit will provide evidence of compliance. Any healthcare provider SCCG is currently commissioning services from who is not currently complying with these requirements will need to demonstrate they are working towards and will be compliant with these standards before contracts/ service level agreements will be renewed.
- 4.5 At the point of commissioning healthcare, providers will be supplied with SCCG safeguarding standards for both children and adults and informed of the requirement to provide evidence for use by SCCG when completing their annual return. These standards also meet the requirements from the Statutory Guidance [Working Together to Safeguard Children 2018](#) and the [Care and Support Act statutory guidance 2016](#).
- 4.6 NHS Employers have published a set of six employment standards in conjunction with the Department of Health and employers in the NHS. These documents make up the [NHS employment Check Standards](#).
- 4.7 The NHS Employment Check Standards outline the mandated requirements that NHS organisations and independent sector providers of NHS care must carry out on all prospective employees before they take up appointment in the NHS, regardless to their term of contract. Organisations who appoint locums and agency staff need to ensure that their providers comply with these standards. As a minimum the following must be considered:
- Verification of identity checks
 - Right to work checks
 - Employment history and reference checks
 - Registration and qualification checks
 - Occupational health checks
 - Criminal record checks

These must be included within Human Resources policies.

- 4.8** These standards replace previous NHS Employers guidance on safer recruitment and outline the employment checks NHS organisations and independent sector providers of NHS care must carry out.
- 4.9** Commissioners for all services are required to ensure that safeguarding children and safeguarding adults is considered at each point throughout the recruitment of staff and is also contained within staff Job Descriptions and employee contracts particularly where staff will or may be in contact with or working directly with these vulnerable groups. Currently all Commissioned Services will provide evidence annually that they carry out appropriate Disclosure and Barring Service (DBS) checks dependent on an individual's role.
- 4.10** As employers we have a duty to refer to the [Disclosure and Barring Service \(DBS\)](#) information about individuals working with children or vulnerable adults where they consider them to have caused harm or pose a risk of harm, this needs consideration when allegations are made regarding both SCCG employees but also commissioned healthcare providers staff. It is important these services provide evidence of policies to address these situations but also inform ourselves when an allegation arises. This must also be done in accordance with the [Local Authority Designated Officer \(LADO\) arrangements](#). Support should be sought from the CCG Safeguarding Team if dealing with allegations.
- 4.11** An important component to meeting our safeguarding responsibilities is to ensure a skilled and trained workforce are providing healthcare. All staff (within or commissioned by SCCG) must attend mandatory safeguarding training to the appropriate level as described in the intercollegiate document [Safeguarding Children and Young People: Roles and Competencies for Health Care Staff \(2019\)](#) (in the case of contracting for Looked after children [Looked After Children: Roles and Competencies for Healthcare Staff 2020](#)), the intercollegiate document [Adult Safeguarding: Roles and Competencies for Healthcare Staff 2018](#), [RCGP - guide to supporting information for appraisal and revalidation](#) and the SCCG [Safeguarding Training Strategy](#) All healthcare providers will supply data on an annual basis that they comply with this requirement.
- 4.12** Confidentiality is not an acceptable reason for not sharing information when a child or vulnerable adult require safeguarding. All commissioned services are therefore expected to abide by the legislation and [information sharing guidance](#) must be included in safeguarding training.

5. Monitoring and Governance Arrangements

- 5.1 Provider's performance in relation to safeguarding will be managed primarily through the usual contract monitoring arrangements. Where this is in place, this will be through existing Contract Monitoring and Quality Review Groups. SCCG may require providers to produce additional information regarding their safeguarding work in order to monitor compliance with this policy
- 5.2 Each commissioned service/ independent contractor must set up systems to ensure routine information is gathered and provided to SCCG as part of the monitoring arrangements. (See Appendix 1 Audit tool to monitor safeguarding arrangements for Independent Contractors/Providers)
- 5.3 In addition to the standards required by this policy, legislation, national guidance or other stakeholders, SCCG may also use local quality and incentive schemes to identify additional safeguarding standards or related targets for providers. SCCG 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
- 5.4 Additional assurance regarding Provider Trusts compliance with their S11 CA 2004 responsibilities will be sought from quarterly dashboards reported to the CCG Designated and Named Safeguarding Assurance Group and the annual S11 audit undertaken by the SSCP. Performance around safeguarding adults activity is also reported in the quarterly dashboards and will demonstrate how our Provider Trusts are working in line with the [Care Act 2014](#) .

6. Confidentiality

- 6.1 The organisation promotes effective information sharing, supported by local and national protocols. On occasion practitioners struggle when deciding what information can be shared with regards to safeguarding children and adults. There are few clear cut occasions when information may be shared without consent, the [Children Act 1989](#) and [Children Act 2004](#) , [Human Rights Act 1998](#) and [Data Protection Act 2018](#) give clarity.
- 6.2 The common law duty of confidentiality is explained in [Information Sharing: Guidance for practitioners and managers](#) . The common law provides that where there is a confidential relationship, the person receiving the confidential information is under a duty not to pass on the information to a third party. However, this duty is not absolute and information can be shared without breaching the common law duty if:

- the information is not confidential in nature; or
- the person to whom the duty is owed has given explicit consent; or
- there is an overriding public interest in disclosure; or
- sharing is required by a court order or other legal obligation.

- 6.3** The overriding principle in adult/child protection work is to protect the adult/child and secure the best possible outcome for him or her. The needs of children must always be regarded as paramount as their age and vulnerability renders them powerless to protect their own interests.
- 6.4** Health professionals have a legal and ethical duty to maintain confidentiality and should not disclose information without consent unless disclosure can be justified in the public interest (or in the interest of the child) or is required by Court or Order of Statute. In deciding, therefore, when to share confidential information with colleagues, the health professional has to determine first of all whether the disclosure of that information is justified, bearing in mind his or her common law and ethical duties. If a professional decides, in exceptional circumstances to break confidentiality, the reasons for doing so should be clearly recorded in the notes.
- 6.5** The General Medical Council (GMC) has statutory powers, which include the provision of advice for the medical profession on standards of professional conduct and on medical ethics including professional confidence. Further guidance about sharing information can be obtained through the [GMC Publication Protecting Children and Young People \(2014\) updated May 2018](#)
- 6.6** Given the principle that the best interests of the child should always prevail then it follows that the advice given by the GMC will apply in a case where a patient is the abuser and the GMC advice will guide a doctor's decision on whether to disclose confidential information relating to abuse and neglect, both to medical colleagues and staff in the statutory agencies. The statutory agencies are Children's Social Care (Local Authority), NSPCC and the Police.
- 6.7** Nursing staff have similar responsibilities and should consult the Nursing and Midwifery Council ([NMC](#)) Code. Other professions allied to medicine should consult guidelines produced by their own professional organisations. Copies of the relevant information can be obtained from the organisation's web sites, from the professional organisations directly.

7. Equality Impact Assessment

7.1 SCCG is committed to promoting human rights and providing equality of opportunity; not only in employment practices, but also in the way which services are commissioned. The CCG also values and respects the diversity of its employees and its local community. In applying this Policy, SCCG will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

7.2 This Policy aims to be accessible to everyone regardless of age, disability (physical, mental or learning), gender (including transgender), race, sexual orientation, religion/belief or any other factor which may result in unfair treatment or inequalities in health or employment.

7.3 Throughout the development of this Policy, SCCG has sought to promote equality, human rights and tackling health inequalities by considering the impacts and implications when writing and reviewing the Policy. In accordance with appropriate equality duties an Equality Impact Assessment has been carried out on this Policy. There is no evidence to suggest that this Policy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights.

8. Implementation

8.1 The implementation of this policy will be led by the Director of Nursing, Quality and Safety

9. Monitoring, Review and Archiving

9.1 Monitoring

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

9.2 Review

The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

9.3 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

9.4 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

9.5 Archiving

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

Appendix 1

Audit tool to monitor safeguarding arrangements for Independent Contractors/Providers



Green – fully compliant (but remains subject to continuous quality Improvement)
 Amber – Action plans in place to ensure full compliance and progress is being made within agreed timescales
 Red - Non-compliance against standards and actions have not been completed within agreed timescales

	Standard	Components of Standard	Evidence	RAG
1.0 Safeguarding Policy Organisations should have a safeguarding children policy and a safeguarding adults policy which demonstrate a commitment to keeping children and vulnerable adults safe, makes clear what is required in relation to safeguarding responsibilities and how the organisation will support this commitment (These may be combined into one overarching policy)				
1.1	The organisation has a safeguarding children policy compliant with the Sunderland Safeguarding Children Partnership (SSCP) procedures and section 11 of the Children Act 2004 Sunderland at: Sunderland SCP Procedures	<ul style="list-style-type: none"> The policy is clear, accessible, and written in a language or format that is understandable to all children, young people, carers, volunteers and staff. The policy is approved by the relevant management group. The policy is publicised and promoted widely Staff and volunteers receive training on the policy and its implementation. The policy is checked annually for accuracy and formally reviewed every three years and revised as required by legislation and government guidance. All staff should know how to act on concerns that a child may have been abused or is at risk of abuse or neglect in line with local guidance. 		
1.2	The organisation has a safeguarding adults policy compliant with the Local Safeguarding Adult Board procedures. (LSAB) Sunderland at: SAB procedures online	<ul style="list-style-type: none"> The policy is clear, accessible and written in a language or format that is understandable to all. The policy includes a clear statement of every person’s right to live a life free from abuse and neglect. The policy is approved by the relevant management group The policy is publicised and promoted widely Staff and volunteers receive both induction and ongoing training on the policy and its implementation. The policy is checked annually for accuracy and 		

		<p>formally reviewed every three years and revised as required to incorporate changes in legislation and government guidance.</p> <ul style="list-style-type: none"> • All staff should know how to act on receipt of safeguarding concerns, raising an alert and the referral process. • The policy should identify staff, including contact details, who hold specific safeguarding roles within the organisation such as Responsible Person, Designated Adult Safeguarding Manager (DASM). • People who are known to pose a risk to others within the community, including those covered by the Safeguarding Policy, are the subject of a plan drawn up under the Multi- Agency Public Protection Arrangements (MAPPA). • Policy should include Prevent and organisational requirements as set out in the Prevent Duty Guidance for England and Wales (2015). 		
2.0 Equal rights of all to be safe Organisations should take steps to address the needs of all children & vulnerable adults to be protected from abuse, and to combat discrimination				
2.1	An Equality Statement or policy is in place	<ul style="list-style-type: none"> • Procedures, guidance and training help staff and volunteers to recognise the additional vulnerability of some children because of their race, gender, disability, language, religion, sexual orientation or culture. Policies, guidance and training also identify adults who may be at risk 		
2.2	Complaints procedures are in place	<ul style="list-style-type: none"> • Processes for responding to complaints should be clearly referenced, are fair, and include clear timescales and a right to appeal 		
2.3	Codes of Conduct are in place	<ul style="list-style-type: none"> • The organisation has a published staff code of conduct which is clear that discriminatory, offensive or violent behaviour or language is unacceptable, and complaints will be acted upon. 		

3.0 Systems and Processes:

The organisation has a clear written accountability framework, which covers individual, professional and organisational accountability.

3.1	There is a named organisational lead for safeguarding adults at risk and children	<ul style="list-style-type: none"> Roles and responsibilities of the named lead incorporate the requirement to ensure that the organisation complies with its statutory duties and responsibilities in relation to safeguarding adults and children. The role responsibility and duties of the named organisational lead should be included in the job description/job plan; and the role reviewed as part of the appraisal process 		
3.2	Identified staff have been assigned Key roles and responsibilities set out in LSAB /SSCP Multi Agency procedures responsibilities	<ul style="list-style-type: none"> The Policy identifies key roles as set out in the LSAB/SSCP Multi Agency procedures and identifies individuals within the organisation who have been assigned these responsibilities. 		
3.3	There is a set of written procedures, compliant with LSAB/SSCP procedures, relating to safeguarding	<p>The procedures include step by step guidance on the following:</p> <ul style="list-style-type: none"> How to recognise and respond to safeguarding concerns How to report, record and refer concerns The importance of keeping a focus on a child living in a household where there are concerns about parenting capacity, e.g., because of substance misuse/parental mental health concerns/domestic violence. The procedures clearly outline the process for resolving professional differences of opinion in safeguarding children and vulnerable adults There is a clear recognition supported by training of the MCA and DoLS legislation. When it is known that a child is not accessing education this will be referred to the Local Authority in which the child lives 		
3.4	There is guidance that is compliant with the LSAB/SSCP procedures on managing allegations against staff.	This may be contained within the Organisation's Disciplinary Policy		

3.5	An adverse reporting system is in place which identifies circumstances/incidents which have/could have compromised the safety and welfare of children or vulnerable adults	All serious incidents (SIs) compromising the safety of children or adults are to be reported in line with the SI management process. Cases of concern should be discussed with Designated Nurse Safeguarding Adults – Wendy Proctor Designated Nurse Safeguarding Children – Gary Stokes or Stephen Edgeley		
The standards below (3.6 – 3.14) apply only to GP practices only				
3.6	Children who are subject to a Child Protection Plan (and their parent(s)/carer(s) should be clearly highlighted on the electronic system			
3.7	The practice provides opportunities to discuss any safeguarding concerns with wider members of the team, e.g., regular MDT Discussions/meetings, Team/Practice meetings			
3.8	There is a process for following up children and adults at risk who do not attend an appointment for specialist care			
3.9	GPs/Practice Nurses will record weights and heights accurately in the Parent Health record in line with current practice			
3.10	GP electronic systems should record/highlight concerns including; <ul style="list-style-type: none"> • Previous Safeguarding issues • Multi-Agency Risk Assessment Conferences (MARAC) • MAPPA • Child Sexual Exploitation • Domestic abuse • LAC • MCA/DoLS • Prevent <p>in order to protect children, vulnerable adults and staff</p>			
3.11	GPs provide written information into safeguarding processes in accordance with multi-agency procedures and statutory duties and responsibilities.			

3.12	When a child registers for the first time basic personal information must be recorded	<p>This information should include:</p> <ul style="list-style-type: none"> • Address • Gender • Date of Birth • School • Names of those with Parental Responsibility. <p>This information should be kept up-to-date</p> <p>A nominated person should liaise with the health visitor, school nurse or midwife when a new child or pregnant woman registers with the practice</p>		
3.14	Records should be maintained which provide an accurate, clear picture of all involvement with a child	Where there are concerns about a child/family all discussions and decisions made must be fully documented.		

**4.0 Safer Recruitment:
Organisations should minimise the risk posed to children, young people and vulnerable adults from those in a position of trust by operating safe recruitment practices.**

4.1	There is a clear procedure for recruiting staff, Trustees and volunteers who have contact with children, young people and vulnerable adults and for assessing their suitability. Appropriate Disclosure and Barring (DBS) checks are taken up.	<ul style="list-style-type: none"> • All advertisements reflect the commitment to safeguarding, there is a clear job description, and all staff and volunteers are interviewed • Written references including at least one professional reference from the current/previous employer are taken up, checked, and proof of identification is required in respect of Trustees, staff, and volunteers • There is an induction process for staff, Trustees and volunteers which includes familiarisation with safeguarding procedures and responsibilities. • The organisation is responsible for ensuring all required checks are in place in respect of staff and volunteers working in the service, even when they come via another organisation or agency This should include agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception. • Disciplinary procedures make clear what action is to be taken where there are concerns about staff who do not comply with the safeguarding policy 		
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5.0 Code of Practice				
The organisation provides guidance on appropriate/expected standards of behaviour of adults towards children, young people and vulnerable adults				
5.1	Written guidance is given about appropriate behaviour of adults towards children, young people and vulnerable adults	This must now include the organisation's guidance on the use of the internet and social networking sites and social media.		
5.2	There are clear processes for responding to behaviour that is not acceptable			
5.3	The consequences of breaking the rules are clear, and are linked to the organisations disciplinary procedures			
5.4	Discrimination, oppressive behaviour or language is not acceptable			
6.0 Safe Service Delivery				
The health, safety and well-being of all children, young people, vulnerable adults, families, staff and volunteers is promoted				
6.1	There is an up-to-date Health & Safety Policy with appropriate procedures, including fire safety	<ul style="list-style-type: none"> • Premises are kept clean, hygienic, and safe • Transportation is adequately insured, adheres to legal requirements, and is fit for purpose • The organisation undertakes Risk Assessment/Risk Management procedures for both premises and services provided • First Aid policy and procedures are adequate and appropriate to the size and work of the organisation 		
6.2	The organisation has a clear policy on lone working	Staff undertaking home visits feel supported and have access to personal security devices if requested		
6.3	Parents/carers are made aware of the purpose and activities of the organisation and have given parental consent to their child/ren attending			
6.4	Parents/ carers have provided details of medical histories, emergency contact numbers etc			
6.5	The organisation has a clear policy statement on alcohol, tobacco and substance misuse, reflecting legislation and individual liability			

6.6	The organisation has a clear policy statement on Cybersafety - safe use of technology including internet and social networking sites	Link to Sunderland Safeguarding Children Partnership Policy		
6.7	The organisation has a clear policy statement regarding taking photographs of children, young people and vulnerable adults who use the service			
7.0 Staff Training and Development Staff and Volunteers have access to training and support to assist them in their role				
7.1	There are arrangements for providing regular safeguarding training appropriate to the individuals role and supervision and support to staff and volunteers.	<ul style="list-style-type: none"> • Requirements for the level of Safeguarding Adult and Safeguarding Children training appropriate for each role /staff group is set out and shared with individual staff members. • Staff can access e-learning in the work environment. • Staff who need level 3 training are supported in accessing this via the SSCP or Designated Professionals. • Records are maintained to identify which staff have received training; this will be used to support training needs analysis. • Staff have access to the safeguarding lead and discussion forums to share their concerns about children, young people and vulnerable adults. • Staff are trained and understand their duties and responsibilities in relation to MCA and DoLs. • Staff are aware where to access additional information, advice and support in relation to Safeguarding Adults and Children including; SCCG Designated Professionals (or Named GP/Nurse) Lead /named staff within their organisation LA Safeguarding Team 		
7.2	Contacts are established with key statutory agencies, including the Sunderland Safeguarding Children Partnership and Safeguarding Adults Board	Staff know who represents their organisation on the SSCP and LSAB.		

7.3	There is an appropriate induction process for all staff and volunteers which includes reference to safeguarding procedures and roles and safeguarding responsibilities.			
8.0 Communication The organisation communicates its policies and procedures to staff, volunteers and service users, and involves them in development and review				
8.1	Information about the organisation's commitment to safeguarding is available to everyone and in a format and language that is understandable	<ul style="list-style-type: none"> Children, young people and Adults at Risk are made aware of their right to be safe from abuse Information is made available about where to go for help and advice in relation to abuse, including bullying 		
8.2	Everyone in the organisation knows who has lead responsibility for safeguarding children and who has lead responsibility for safeguarding adults.			
8.3	Contact details for the local children's services department, adult services, police and emergency medical help are readily available			
8.4	Children, young people, adults at risk and their families are consulted on the implementation and review of policies and procedures, how they are working and how information is made available			
8.5	There is a policy on appropriate information sharing which complies with the Information Sharing Guidance 2015	Staff understand what to do if they have safeguarding concerns and when to share information		
9.0 Sexually Active Young People under 18 years The organisation provides appropriate support and treatment to sexually active young people (this standard only applies to GPs and Pharmacists)				
9.1	Staff working with children and young people will adhere to the LSCP procedure for working with sexually active young people and risk assess young people for possible child sexual exploitation in line with Sunderland SCP Procedures .	<ul style="list-style-type: none"> All sexually active under 13s must be discussed with the Named Safeguarding Lead There is an expectation that all such cases will be discussed with Children's Services 		

10.0 Domestic Abuse (Including Honour Based Violence and Forced Marriage)				
The organisation recognises DA, HBV and FM as abusive and understands their role and responsibility when they are suspected				
10.1	The organisation takes into account national and local guidance to safeguard children and adults experiencing Domestic Abuse	<ul style="list-style-type: none"> Information on local services for victims of Domestic Abuse is available to all Staff understand who to contact and how to refer should concerns be identified 		
11.0 Interagency Working (standards 11.1 – 11.3 apply to GP Practices only)				
The organisation cooperates with other agencies to meet its safeguarding responsibilities				
11.1	The practice has access to staff who are competent to complete a Common Assessment Framework (CAF) in their work with children and families	Staff have an understanding of the early intervention and prevention model of working with children and families and thresholds for referral to Children's Services		
11.2	The Practice establishes and maintains effective working relationships with health visiting, school nursing and midwifery services	The Primary Health Care Team should have good links with other health professionals in order to share concerns about children and families.		
11.3	GPs work with partners to protect children and vulnerable adults and participates in reviews as set out in statutory, national and local guidance	<ul style="list-style-type: none"> GPs provide, when requested, information on their involvement with a child, family and adult at risk of abuse or neglect to inform the case discussion in relation to Serious Case Reviews, MARAC, MAPPA and Child Death Review processes GPs invited to a multi-agency safeguarding meeting must make every effort to attend, but if unable, must provide a written report Chronologies will be provided for cases where fabricated or induced illness is suspected 		

12.0 Looked After Children (Standard 12.1 applies to GP practices only)
The needs of “looked after” children are assessed, and referrals made in a timely manner

12.1	Account is taken of local and statutory guidance when working with children who are “looked after”	<ul style="list-style-type: none"> • The clinical record indicates a child is “looked after” so that their needs can be acknowledged • Ensure specialist referrals are made in a timely manner • Provide summaries of the child’s health history when requested; subject to appropriate consent • Previous health records should be requested urgently when a “looked after” child registers with the practice 		
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13.0 Implementation, Monitoring and Evaluation
The organisation has systems in place to monitor and evaluate the effectiveness of its safeguarding policy and procedures

13.1	Policies and procedure are checked for accuracy annually and formally reviewed at least every three years and revised as required by legislation, guidance or feedback from service users	<ul style="list-style-type: none"> • Children, young people, vulnerable adults and their parents/carers and families are consulted on a regular basis 		
13.2	Management groups receive performance management reports which include reference to safeguarding issues, on a regular basis			
13.3	This self-audit tool kit should be used by the organisation annually			

13.4	Support should be sought from the SCCG Designated and Named professionals if support is needed to meet the standards in this tool	<p>Sunderland:</p> <ul style="list-style-type: none"> • Wendy Proctor (Designated Nurse Safeguarding Adults) wendyproctor@nhs.net • Gary Stokes / Stephen Edgeley (Designated Nurse Safeguarding Children) Sunccg.safeguardingchildrenteam@nhs.net • Dr Chandra Anand (Safeguarding Adults Named GP) chandra.anand@nhs.net • Dr Sian Firth (Named GP Safeguarding Children) sian.firth@nhs.net • Dr Kim Barrett, Consultant Paediatrician and Designated Doctor for Safeguarding kim.barrett@nhs.net • Dr Sarah Mills Consultant Paediatrician and Designated Doctor for CLA sarah.mills23@nhs.net • Dr Carl Harvey, Designated Paediatrician for Child Death carl.harvey1@nhs.net • Jo Morgan (Designated Nurse Looked after Children) jo.morgan1@nhs.net • Maria Farrow-Tait Safeguarding Nurse Children and Adults mariafarrow-tait@nhs.net 		
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Appendix 2

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Wendy Proctor

Job Title: Designated Nurse Adult Safeguarding

Organisation: Sunderland CCG

Title of the service/project or policy: Safeguarding Commissioning Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

To advise the Quality and Safety Committee of key changes /updates to the policy

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy has been reviewed and refreshed there are no significant changes or detrimental impact on any equality group caused by this refreshed policy

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Wendy Proctor	Designated Nurse Adult Safeguarding	19/07/2021
Presented to (Appropriate Committee)		Publication Date
Quality and Safety Committee		October 2021

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to: NECSU.Equality@nhs.net for audit purposes.