



Sussex and East Surrey Sustainability and Transformation Partnership (STP)

# Adult and Child Safeguarding Policy

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This policy must be read in conjunction with the following policies:

- Data Protection Policy
- Disciplinary Policy
- Domestic Abuse Policy
- Freedom to Speak Up (Whistleblowing) Policy
- Information Governance Policy
- Learning and Development Policy
- Managing Allegations Against Staff who work with Adults Policy
- Managing Allegations Against Staff who work with Children Policy
- Mental Capacity Act and Deprivation of Liberty Policy
- NHS Assurance and Accountability Framework
- PREVENT Policy including reporting procedure
- Records Management Policy
- Risk Management Strategy
- Risk Management Policy
- Safeguarding Supervision Policy
- Serious Incident Assurance Policy
  
- NHS Assurance and Accountability Framework
- Sussex Protection and Safeguarding Child Procedures
- Sussex Safeguarding Adults Policy and Procedures

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## Document History

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## **1. POLICY STATEMENT.**

- 1.1.** East Surrey and Sussex CCGs (referred throughout this document as the STP), as with all other NHS bodies, have a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse or the risk of abuse.
- 1.2.** The CCGs have a statutory responsibility for ensuring that organisations they commission provide safe systems that safeguard children and adults at risk, ensuring that comprehensive single and multi-agency policies and procedures are in place to safeguard and promote the welfare of children and to protect adults at risk from abuse or the risk of abuse.
- 1.3.** All NHS funded services and employees have a responsibility to ensure children and adults in vulnerable circumstances are kept safe, by early detection and responding quickly when problems are identified. The CCG should also ensure that health providers are linked into the local safeguarding children and safeguarding adult boards and that all health workers contribute to multi-agency working.

## **2. INTRODUCTION.**

- 2.1.** The East Surrey and Sussex STP, as with all other NHS bodies, have a statutory duty to ensure that they make arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with; and to protect adults at risk of abuse.
- 2.2.** All adults, children and young people have the right to live lives free from abuse and neglect. Clinical Commissioning Groups (CCGs) have particular responsibilities to safeguard patients who may be unable to protect themselves.
- 2.3.** This policy represents the safeguarding responsibilities for East Surrey and Sussex CCGs STP to ensure effective discharge of their duties to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people and adults at risk.
- 2.4.** The agreed principle of the STP CCGs is to ensure that safeguarding is everybody's business and that all staff address emerging issues and respond and act to raise safeguarding awareness. Safeguarding is a consideration in all commissioning intentions, services commissioned and contractual arrangements. It forms an integral part of the quality and patient safety agendas,
- 2.5.** Safeguarding is central to the quality of care (NHS Outcomes Framework 2014/15) particularly;
  - Domain 4: Ensuring people have a positive experience of care.
  - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

**2.6.** In discharging these statutory duties/responsibilities account must be taken of:

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015).
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007).
- The Sexual Offences Act 2003.
- Working Together to Safeguard Children (HM Government 2018).
- The Children Acts 1989/2004.
- Children and Social Work Act 2017.
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Board (SAB).
- Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document Third edition: March 2014.
- Care Act 2014.
- Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document August 2018.

### **3. SCOPE OF THE POLICY.**

**3.1.** This policy aims to ensure that no act or omission by the CCGs as commissioning organisations, or via the services they commission, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

**3.2.** Where the CCG is identified as the coordinating commissioner, the CCG will notify associate commissioners of a provider's non-compliance with the standards contained in this policy or of any serious safeguarding incident that have compromised the safety and welfare of a child/adult at risk resident within their population.

**3.3.** Safeguarding children, young people and adults at risk is everyone's business and defined as:

- Prevention of harm and abuse through high quality care.
- Effective response to allegations of harm and abuse that are in line with multi-agency procedures.
- Using learning to improve service to patients.

**3.4.** The CCG operates and discharges its duties in relation to safeguarding under both the Sussex Safeguarding Adults Policy and Procedures and the Safeguarding Children Policy and Procedures. This provides a framework for the CCG to apply the health contribution for safeguarding that is discharged effectively across the health economy through the CCG's commissioning arrangements, including joint commissioning with the LA.

**3.5.** CCG's will safeguard and promote the welfare of children through:

- Ensuring that there is a commitment throughout the organisation, from top to bottom to safeguard children.
- Ensure that the health contribution to safeguarding and promoting the welfare of children is discharged effectively and monitored appropriately across the whole local health economy through commissioning arrangements.
- Ensure that there are clear lines of accountability for safeguarding and clear organisational structures to work within.
- Supporting a culture that promotes and enables safeguarding issues to be addressed and decisions, actions and outcomes properly recorded.

**3.6.** This policy also gives consideration to meeting the requirements of:

- Standard 5 - National Service Framework for Children, Young People and Maternity Services 2004.
- Care Quality Commission – Essential Standards of Quality & Safety outcome 7.

**3.7.** This policy applies to all staff (temporary or permanent) within the CCG involved in commissioning of services and also to independent practitioners who deliver services on behalf of the CCG.

## **4. DEFINITIONS.**

### **4.1. Children.**

4.1.1. In this policy, as in the Children Act 1989 and 2004, a **child** is anyone who has not yet reached their eighteenth birthday. 'Children' therefore means children and young people throughout.

4.1.2. **Safeguarding Children.** Working together to Safeguarding Children (HM Government 2018) defines safeguarding and promoting the welfare of children and young people 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
- Undertaking that role so as to enable those children (those under the age of 18) to have optimum life chances and to enter adulthood successfully.

### **4.1.3. Definitions of Abuse.**

- **Physical** may involve hitting, shaking, throwing, poisoning, drowning or suffocating or causing physical harm to a child. Physical harm may also be caused by a parent/carer fabricating illness or inducing illness in a child
- **Neglect** is persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of a child's development
- **Emotional Abuse** is persistent emotional ill treatment of a child such as to

cause severe adverse effects on a child's emotional development. This can involve conveying to the child they are worthless, seeing or hearing ill treatment of another

- **Sexual Abuse** is forcing or enticing a child to take part in sexual activity, including prostitution whether or not the child is aware of what is happening. Involving children looking at or being involved in pornographic images or material, watching sexual activity or encouraging children to behave in a sexually inappropriate way. Sexual abuse is not solely perpetrated by men. Woman can commit acts of sexual abuse as well as other children.

4.1.4. Section 11 of the Children Act 2004 places a duty on CCG's to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of children; CCG's must ensure providers can demonstrate their compliance of safeguarding as described in NHS England 2015/16 NHS Standard Contract, Service Conditions 32 - 35 (inclusive) and they are required to conform with any legal responsibilities. These will be in line with Sussex Child Protection and Safeguarding Procedures and be easily accessible for staff within the organisation providing services commissioned.

## 4.2. Adult Safeguarding.

4.2.1. The Care Act (2014) came into force in April 2015. This supersedes the guidance document 'No Secrets' (2000). The introduction of the Care Act means that safeguarding duties now have a legal effect in relation to organisations other than the Local Authority.

4.2.2. An **adult** at risk is: a person age 18 or over who meets the following **three key tests** (Care Act 2014):

- The adult has care and support needs (whether or not these are being met by the LA).
- The adult is experiencing, or is at risk of, abuse or neglect.
- As a result of their care and support needs, the adult is unable to protect themselves from either the risk of or the experience of abuse and neglect.

4.2.3. **Adult at risk** in the context of health may therefore be a person who:

- Is frail due to ill health, physical disability or cognitive impairment.
- Has a learning disability.
- Has a physical disability and/or a sensory impairment.
- Has mental health needs including dementia or a personality disorder.
- Has a long-term illness / condition.
- Misuses substances or alcohol.
- Is a carer for a family member / friend and so may be at risk because of a caring role.
- Is unable to demonstrate the capacity to make a relevant decision and is in need of care and support.

It is important to remember that a person is not inevitably 'at risk' just because of age, frailty or disability. In the context of safeguarding adults, the vulnerability of the person is related to how able they are to make and exercise their own informed

choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is also important to note that people with capacity can also be at risk of abuse or exploitation.

#### 4.2.4. **Adult Safeguarding Principles.**

Six principles are contained within government policy on adult safeguarding, defined as a foundation for achieving good outcomes for working with adults at risk:

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

#### 4.2.5. **Types and examples of abuse and neglect** as defined in the Care Act.

The following list is not exhaustive. Abuse and neglect can take many forms and the circumstances must always be considered. Further examples and indicators of abuse can be found within the Sussex Safeguarding Adults Policy and Procedures. To raise a concern relating to abuse of an adult see [Appendix 1](#). Exploitation is a common theme in the following list:

- **Physical abuse.** Hitting, slapping, pushing, misuse of medication and restraint.
- **Domestic abuse.** From March 2013 the new cross-government definition of domestic abuse has been adopted. This 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”.
- **Sexual abuse.** Rape, indecent assault, indecent exposure, coercion into witnessing pornography or sexual behaviour that the individual has not consented to or was pressured into consenting.
- **Psychological abuse.** Including emotional abuse, threats of harm or abandonment, deprivation of contact.
- **Financial or material abuse.** Blaming, controlling, harassing.
- **Modern slavery.** Encompasses slavery, forced labour, domestic servitude.
- **Discriminatory abuse.** Harassment or slurs based on gender, race, age, disability, sexual orientation or religion.
- **Organisational abuse.** Includes neglect and poor practice within a care setting. This can be through neglect, poor professional practice and where the routines or systems of the organisation override the needs of individuals.
- **Neglects and acts of omission.** Ignoring medical or physical care needs, withholding of medication, nutrition, heating. Mental Capacity Act identifies wilful neglect and ill-treatment of a person lacking capacity as a criminal act.
- **Self-neglect.** Wide range of behaviours relating to neglecting to care for own hygiene, health or surroundings.

### 4.3. **Mental Capacity Act (MCA) 2005.**

4.3.1. **CCGs** have a formal duty of regard to the MCA 2005 and its code of practice. MCA forms a legal framework that must be followed to support people who may not be able to make their own decisions. It ensures that individuals who lack capacity are the focus of decisions made on their behalf and prioritises the interests of the person at the heart of the decision and not the views or convenience of others.

4.3.2. **Mental capacity.** The ability to make a decision. This includes the ability to make a decision that affects daily life, such as when to get up, what to wear or whether to go to the doctor when feeling ill, as well as more serious or significant decisions. It also refers to a person's ability to make a decision that may have legal consequences for them or others. Examples include agreeing to have medical treatment, buying goods or making a will.

*“For the purposes of the Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.”*

4.3.3. The CCG's MCA Policy is available on place-based staff Intranet.

4.3.4. This means that a person lacks capacity if:

- They have an impairment or disturbance (for example, a disability, condition or trauma) that affects the way their mind or brain works.
- The impairment or disturbance means that they are unable to make a specific decision at the time it needs to be made.

#### **4.4. Prevent: exploitation by radicalisers who promote violence.**

4.4.1. Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists can be persuasive, charismatic individuals, aiming to attract people to their reasoning, inspire new recruits and persuade vulnerable individuals of the legitimacy of their cause.

4.4.2. Prevent is included in the NHS Standard Contract. Safeguarding clause is Service Condition 32. Prevent Duty Guidance became statutory for agencies including health in July 2015 and is applicable to both adult and child safeguarding. For further information please see the STP Prevent Policy which is available on the staff Intranet.

### **5. SHARING INFORMATION.**

Sharing information about individuals between partners within the Safeguarding Adults Board (SAB) and LSCBs is essential if adults and children at risk are to be kept safe or to ensure they receive appropriate support. The sharing of information between agencies where there is concern is essential. This will improve integrated working and use of resources and most importantly improve the quality of safeguarding process and investigations. Please refer to the area SAB and LSCB Information Sharing Protocol and Caldicott Guidelines principle 7

“the duty to share information can be as important as the duty to protect patient confidentiality.”

## **6. CLINICAL COMMISSIONING GROUP RESPONSIBILITIES.**

**6.1.** The ultimate accountability for safeguarding sits with the Accountable Officer of the CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that the CCG commissions, would result in failure to meet statutory and non-statutory constitutional and governance requirements

**6.2.** Safeguarding accountabilities of the STP CCGs include:

- Plans to train staff in recognising and reporting safeguarding issues.
- A clear line of accountability for safeguarding properly reflected in the STP CCG governance arrangements.
- A senior board-level lead to take leadership responsibility for the organisation’s safeguarding arrangements.
- Appropriate arrangements to co-operate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs), Safeguarding Adult Board (SABs) and Health and Wellbeing Boards across the STP geographical area.
- Securing the expertise of designated doctors and nurses for safeguarding children, for looked after children and a designated paediatrician for unexpected deaths in childhood.
- Having a Designated Nurse (or professional) for safeguarding adults a lead for the Mental Capacity Act and a named Prevent Lead.
- Ensuring provider services have appropriate safeguarding capacity and leadership to discharge their duties effectively.
- Demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities. NHS England will monitor compliance with safeguarding as required.
- Establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- Participate in Domestic Homicide Reviews.
- Gain assurance within each of the organisations and services commissioned that plans are in place to train all staff to the appropriate level for their role and responsibilities to safeguard children and adults at risk.
- Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership and the ability to demonstrate that the CCG meets the best practice in respect of safeguarding children and adults at risk
- Ensure that safeguarding is at the forefront of service planning and a regular agenda item of each of the CCG’s governing body business.
- Ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.

## **7. GOVERNANCE AND ACCOUNTABILITY.**

**7.1.** Accountability for safeguarding sits with the Chief Officer of the CCG, with delegated responsibility to the Chief Nurse. The Head of Safeguarding is responsible for the delivery of the CCG's safeguarding duties for children and adults at risk and reports to the Chief Nurse

The safeguarding arrangements in place for the CCG will:

- Ensure that the health contribution to safeguarding and promoting the welfare of children and adults at risk of abuse is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- Ensure that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all services users are safeguarded from abuse or the risk of abuse.
- Ensure that safeguarding is identified as a key priority area in all strategic planning processes.
- Ensure that safeguarding is integral to clinical governance and audit arrangements.
- Ensure that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the local safeguarding children and adult board procedures, and are easily accessible for staff at all levels.
- Ensure that all contracts for the delivery of health care include clear standards for safeguarding; these standards are monitored thereby providing assurance that service users are effectively safeguarded.
- Ensure that their staff and those in services contracted by the CCG are trained and competent to be alert to potential indicators of abuse or neglect in children and adults at risk and know how to act on their concerns.
- Ensure the CCG co-operates with the local authority in the operation of the LSCB and SAB.
- Ensure that all health organisations that the CCG has commissioning arrangements with have links with their LSCB and SAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- Ensure that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- Recognise the importance of children/families involvement in the feedback processes using existing mechanisms which are already in place in Safeguarding Adults and Children's Boards and other health care providers.

### **7.2. Designated and Named Professionals.**

The East Surrey and Sussex Safeguarding Children and Adult Team provide support and expert advice to the CCG and its staff. In meeting its statutory arrangements, The Safeguarding team includes a Head of Safeguarding, place- based Designated Nurses for Children and Adults, place-based Deputy Designated Nurse for Safeguarding Children and Adults (West Sussex CCGs only) Leads for Mental Capacity Act/Deprivation of Liberty safeguards and Prevent Leads who provide expert advice and support to staff within the CCG and across the health economy Named GPs for

Adult and Child safeguarding provide leadership and support for their primary care colleagues.

**7.3.** The CCG has commissioning arrangements through Community Healthcare Trust for the services of a Designated Doctor for Safeguarding Children, in addition to the Designated Doctor for Unexpected Child Deaths.

**7.4. The Designated Professionals.** (Designated Doctors for safeguarding children have specific responsibilities for children and not adults) are required to:

- Provide strategic guidance on all aspects of the health service contribution to protecting children and safeguarding adults within the CCG and LSCB and SAB area.
- Provide professional advice on safeguarding issues to the multi-agency network.
- Be an advisor to the LSCB, SAB and relevant sub-groups as required, delegating to other health professionals as appropriate.
- Be involved in the appointment of Named Professionals, providing support as appropriate.
- Provide professional safeguarding supervision and leadership to Named Professionals within provider organisations.
- Support the strategic overview of safeguarding arrangements across each CCG the Local Authority area and assist in the development of systems, monitoring, evaluating and reviewing the health service contribution to the protection of children and safeguarding adults.
- Collaborate with the LSCB, SAB, the Chief Nurse and Heads of Quality, The Deputy Director of Nursing, and Named Professionals in Provider Trusts.
- Advise on appropriate training for health personnel and participate where appropriate in its provision.
- Advise on practice policy and guidance ensuring health components are updated.

**7.5. All staff must:**

- Be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- Listen to children and adults and ensure the concerns expressed are recorded and take appropriate action in line with safeguarding policies and guidance to address concerns.
- Report concerns to a senior manager or via the Whistleblowing Policy where they feel unable to report to their line manager or remain concerned that the adult(s) is/are still at risk.
- Report concerns directly to Adult Social Care (and the police if they believe a crime has been committed)
- Undertake training in accordance with their roles and responsibilities as outlined by the Adult and Child Intercollegiate Competencies and Prevent Competencies Framework, so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk
- Understand the principles of confidentiality and information sharing in line with local and government guidance

- Contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk

#### **7.6. CCG Member Practices.**

Will all identify a lead for safeguarding adults and children at risk within their practice, as part of their requirements to meet the Fundamental Standards of Quality and Safety for their CQC registration. The CCG, through the designated adult safeguarding professionals and the Named GPs, will be a resource for these leads to enable them to take that lead role within their practice.

The CCG expects that the relevant professionals' job descriptions will contain their responsibilities for safeguarding adults and children including MCA Deprivation of Liberty Safeguards (DoLs) and Prevent legislation:

- Meet their duties and responsibilities to safeguard children and adults at risk.
- Know what to do if there are concerns regarding an adult or child or who may be at risk.
- Implement Practice level policies and procedures.
- Work with and to the area SAB and LSCB Safeguarding and Children Procedures Manual and the Safeguarding Adults Multi-Agency Policy and Procedures.

#### **8. STP/CCG STRATEGIC APPROACH.**

The safeguarding principles must be used to shape strategic and operational commissioning activity to:

- Set safeguarding adults as a strategic objective in commissioning healthcare.
- Work with multi-agency organisations to promote well-being and reduce the risk of harm and exploitation by supporting and promoting initiatives that support the wider health economy to prevent abuse.
- Proactively work with provider organisations to support high quality care and implement prevention strategies.
- Ensure contracts are clear and detailed in respect of the service specification, patient population and location and providers duties in respect of safeguarding adults.
- Use integrated governance systems and processes for assurance to act on safeguarding concerns in services and monitor high quality prevention systems, processes and procedures.
- Work with the SAB, patients and community partners to create safeguards for patients.
- Commission services that are required to support safeguarding adults and children activity in the wider health economy.
- Provide leadership to safeguard adults and children across the health economy.
- Actively engage in large and complex safeguarding investigations in order to offer expert advice and support, monitor the impact on the wider health economy, ensure the safety of any citizen affected, assess and act to reduce the impact on other health services.
- Ensure accountability and use learning within the service and partnerships to bring about improvement.

## 9. SAFEGUARDING REPORTING FRAMEWORK.

9.1. In order to ensure that the Governing Bodies are fully informed, the accountability framework outlined in section 7.1 is aligned to a reporting framework. Safeguarding reports are submitted to the Governing Bodies via the Quality and Governance sub-committees on a quarterly basis from the designated professionals who incorporate local arrangements, assurance from commissioned providers, progress with any risks identified, audit and investigation outcomes and progress with the CCG's work plan for safeguarding and the work of the SAB and LSCB.

9.2. The Annual Adult and Child Safeguarding reports to the Governing Bodies will consider and keep under review through their annual business planning and commissioning cycles the sufficiency of their capacity to deliver their safeguarding duties. The Governing Bodies will consider as part of their annual report on Safeguarding information that identifies how they have responded to the key factors in safeguarding such as:

- Learning from investigations and reviews.
- Public Health information, i.e. population size, deprivation and numbers of adults and children in need, expert advice from Joint Strategic Needs Analysis (JSNA).
- Changes within local partners arrangements which may impact on health.
- Provider landscape, numbers and complexity.
- National, regional and local guidance and requirements.

9.3. The CCG will use the SAB annual report and the Designated Nurse's annual report safeguarding reports to confirm safeguarding plans for commissioning areas integrated with the LA.

9.4. **What to do If You Suspect a Child or an Adult is At Risk of Harm or abuse**  
All staff should know what to do if they suspect a child or an adult is at risk of harm or is being abused: The following steps must be followed:

- Discuss with your line manager, or appropriate designated nurse or a member of the safeguarding team as soon as possible.
- Record your observations and discussions in detail according to record keeping policy and practice guidance, retain all original notes as these may be disclosed in future at court proceedings.
- You may decide or are asked to make a referral to children or adult social care by following your local pathway and procedures.
- You may be asked by children or adult services to participate in further discussions in order to assess the risks and to protect the adult or child.

**If the Adult or Child is at Immediate Risk of Harm call police on 999 and always consider the safety of other adults or children who may be in contact with the person at risk.**

## **10. SAFER RECRUITMENT.**

- 10.1.** The CCG Recruitment and Selection Policy is compliant with all legislative and best practice standards relating to safer recruitment. This includes appropriate checks at recruitments and the defined periods post-employment, compliance with mandated training requirements including safeguarding. These policies apply to all substantive, temporary and agency staff including volunteers.
- 10.2.** Recruiting managers must ensure that all checks have been carried out according to the CCG policy and raise any concerns immediately and prior to the person starting employment with the CCG.
- 10.3.** Where the CCG employs a staff member through an agency, the agency will be required to provide proof that all checks have been completed by themselves as the employer to the same level as if the CCG was employing the person directly.

## **11. MANAGING ALLEGATIONS OF HARM AGAINST STAFF.**

- 11.1.** All allegations of abuse child and adult against staff must be managed in accordance with the STP Managing Allegations Policy and Procedures found on the intranet and the Sussex adult and Child Policy and Procedures.
- 11.2.** All allegations concerning abuse of children or adults by those who work with children and adults at risk must be taken seriously. Allegations against people who work with children or adults, whether in a paid or unpaid capacity, can cover a wide range of circumstances either in their professional or personal lives. All allegations must be reported to line manager and the Managing Allegations Policy followed.

## **12. EQUALITY STATEMENT.**

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

## **13. REVIEW AND MONITORING.**

- 13.1.** The CCG's adherence to this policy will be evaluated annually through the Adult Safeguarding Annual Reports to the Governing Bodies.
- 13.2.** Throughout the year the CCG will ensure that safeguarding the welfare of adults at risk is integral to governance and audit arrangements reflecting the safeguarding agenda as a key factor in all decisions taken by the CCG.
- 13.3.** This policy will be implemented and monitored through the CCG Governing Bodies'

approved Governance frameworks with scrutiny and assurance being undertaken by the Quality and Governance Committees (meeting jointly) and reporting to the CCG Governing Bodies.

- 13.4.** This policy will be reviewed on a two-yearly basis. Where review is necessary due to legislative change, this will happen immediately.

## **14. REFERENCES.**

Care Act 2014.

[www.legislation.gov.uk/ukpga/2014/23/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)  
[www.gov.uk/government/publications/care-act-2014-part-1-factsheets](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets)

Data Protection Act 1998.

[www.legislation.gov.uk/ukpga/2018/12/contents/enacted](http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted)  
[www.gov.uk/data-protection/the-data-protection-act](http://www.gov.uk/data-protection/the-data-protection-act)

Human Rights Act 1998.

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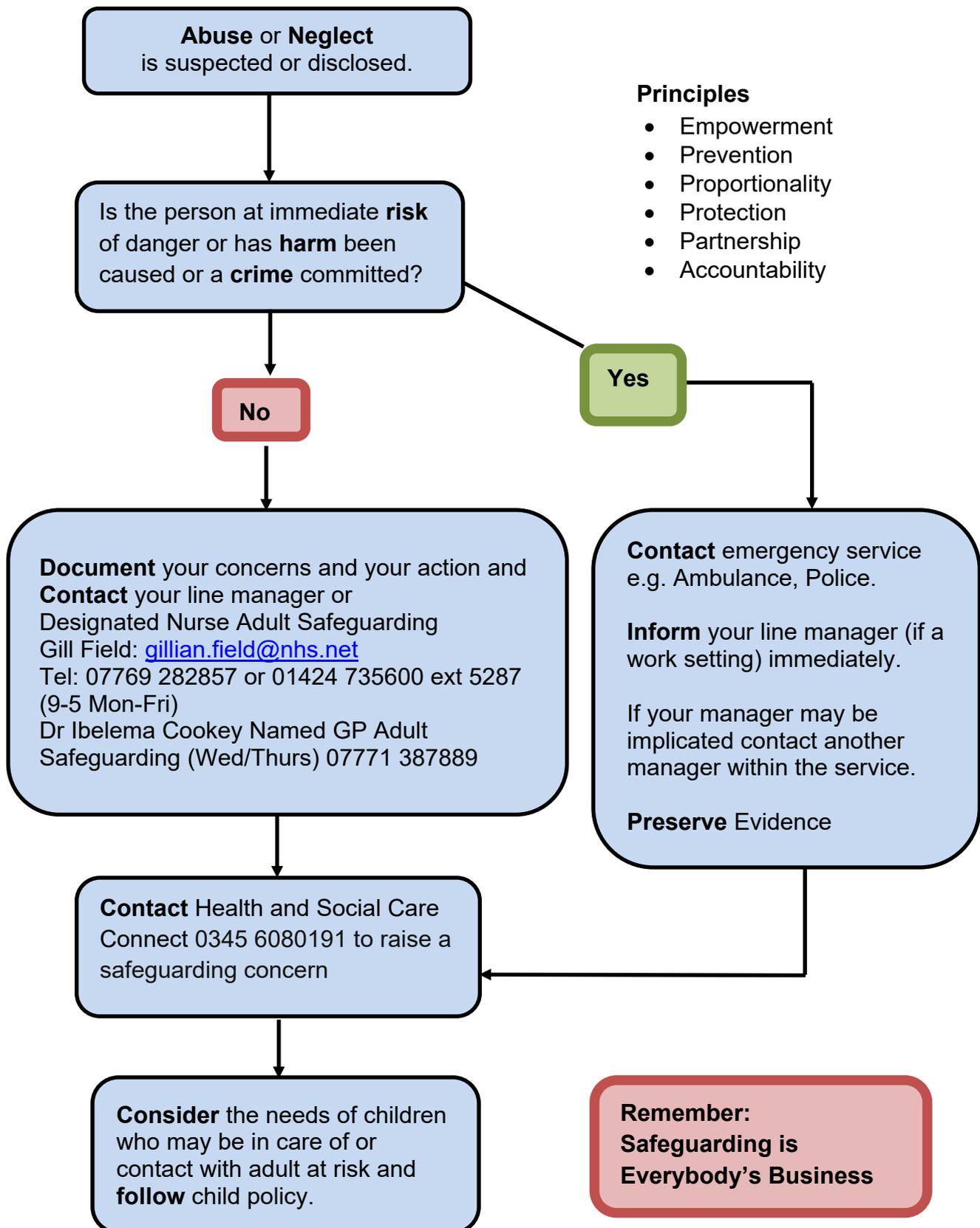
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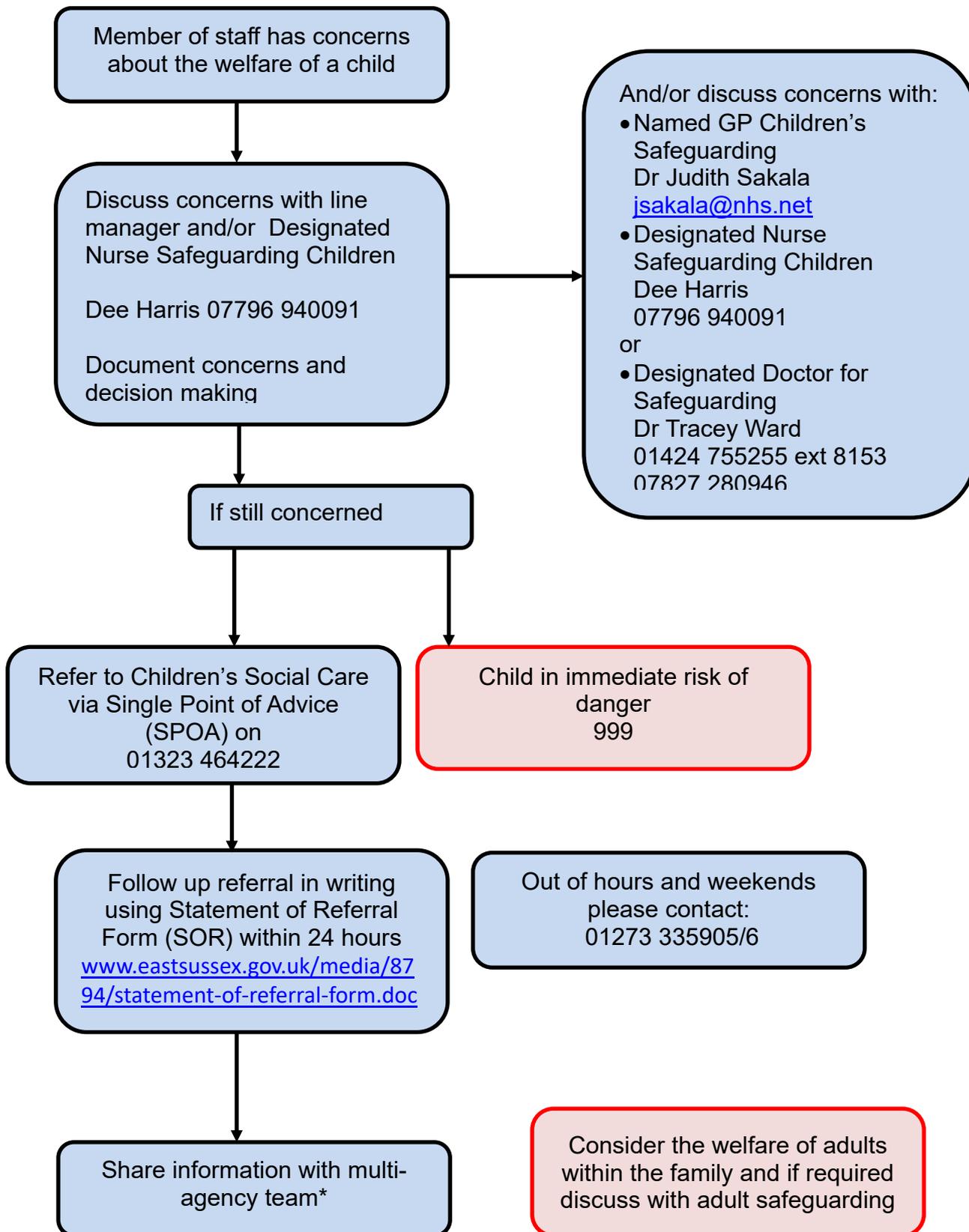
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## Appendix 1: Raising Adult Safeguarding Concerns.

### East Sussex Adult Referral Pathway



## Appendix 2: East Sussex Child Referral Pathway.



**Appendix 3: STP Safeguarding Team Structure.**

