

# NHS Rotherham Clinical Commissioning Governing Body

Governing Body 5<sup>th</sup> April 2017

## Safeguarding Policy Update

Lead Executive:	<b>Sue Cassin, Chief Nurse, Safeguarding Executive Lead</b>
Lead Officer:	<b>Kirsty Leahy, Safeguarding Adult/Clinical Quality Lead Catherine hall, Designated Nurse LAC, Head of Safeguarding</b>
Lead GP:	<b>Dr Lee Oughton, Named GP Safeguarding Vulnerable Clients</b>

### Purpose:

To inform NHS Rotherham Clinical Commissioning Group (NHSR CCG) Governing Body (GB) with the changes and updates to :

- NHSR CCG Safeguarding Policy – previously known as the Safeguarding All Vulnerable Clients Policy.

### Background:

NHSR CCG Safeguarding policy is a corporate policy for NHSR CCG on the management of safeguarding children, young people and adults across the borough.

### Changes

NHSR CCG Safeguarding Policy has been reviewed and updated as per renewal date, legal requirements and due to incorporating a significant number of clinical staff namely CHC.

Therefore the updated policy will include procedures needed to reflect and meet the needs of both clinical and non-clinical staff. For the purpose of submission to GB each safeguarding sub section will give a brief overview of the topic and will then direct staff to complete further reading if required dependant on job role via hyperlink.

NHSR CCG is aware that safeguarding and promoting welfare is paramount to all children, young people and adults within Rotherham and therefore condensed the title to "Safeguarding".

Other changes to the policy are :-

- The implementation of the Care Act (2014) which highlights best practice requirements in safeguarding adults by placing it on a statutory footing
- Deprivation of Liberty Safeguards (DoLS) – care homes and hospitals
- Deprivation of Liberty – community
- Child Sexual Exploitation (CSE)
- Female Genital Mutilation (FGM) – changes within legislation
- Domestic Abuse
- Prevent
- Modern Slavery including Human Trafficking
- LeDeR – Learning Disability Mortality Review Programme
- Hyperlinks for further reading

### Patient, Public and Stakeholder Involvement:

This policy has been reviewed and commented on by RCGG Safeguarding Team including the Named GP Safeguarding Vulnerable clients, the Head of Quality and Continuing Health Team.

### Equality Impact:

Equality Impact Assessment undertaken and attached to the policy.

**Approval History**

Operational Executive (OE) 21<sup>st</sup> February 2017

Assurances, Quality and Audit Committee (AQuA) 17<sup>th</sup> March 2017

Governing Body (GB) 5<sup>th</sup> April 2017

**Recommendations:**

The GB are asked to:

- Acknowledge receipt of this report
- Support the changes to the policy and the distribution

Title:	<b>NHS Rotherham Clinical Commissioning Group – Safeguarding Policy</b>	
Reference No:	Version 3	
Owner:	Safeguarding and Quality	
Author:	Catherine Hall, Head of Safeguarding and Kirsty Leahy Safeguarding Adults and Clinical Quality Lead	
First Issued On:	July 2012	
Latest Issue Date:	January 2017	
Operational Date:	April 2017	
Review Date:	January 2020	
Consultation Process:	RLSCB RSAB NHS Fraud 360 Assurance	
Ratified and Approved by:	NHS Rotherham Clinical Commissioning Group	2013 Updated: March 2015 March 2017
Distribution:	All Staff and Rotherham General Practice Members of NHS Rotherham Clinical Commissioning Group	
Compliance:	Mandatory for all permanent and temporary employees of NHSR CCG.	
Equality & Diversity Statement:	This policy has been subject to a full equality and diversity impact assessment	

<b>CONTROL RECORD</b>			
<b>Title</b>	NHS Rotherham Clinical Commissioning Group Commissioning Safeguarding Policy		
<b>Reference</b>	NHS Rotherham Clinical Commissioning Group (NHSR CCG)		
<b>Purpose</b>	Corporate policy for NHSR CCG staff on the management and commissioning of safeguarding clients. The policy details the minimum safeguarding standards providers are expected to meet.		
<b>Audience</b>	All NHSR CCG staff, safeguarding leads and staff from provider health organisations.		
<b>Issue</b>	1	<b>Issue date</b>	July 2013
<b>Version</b>	2	<b>Date</b>	August 2015
<b>Status</b>	3	<b>Updated</b>	March 2017
		<b>Review</b>	January 2019
<b>Owner</b>	Head of Safeguarding NHSR CCG		
<b>Author</b>	Kirsty Leahy, Safeguarding Adults and Clinical Quality Lead, NHSR CCG		
<b>Assisted in the Development of the document</b>	Rotherham Local Safeguarding Children Board (RLSCB) Rotherham Safeguarding Adult Board (RSAB).		
<b>Superseded Documents</b>	Commissioning Safeguarding Vulnerable Clients Policy, July 2013		
<b>Main Changes from previous versions</b>	<p>Title from Safeguarding All Vulnerable Clients Policy to Safeguarding Policy</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>Procedure for Safeguarding Children</li> <li>Child Sexual Exploitation (CSE)</li> <li>Safeguarding Adults</li> <li>Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)</li> <li>Domestic Abuse</li> <li>Female Genital Mutilation (FGM)</li> <li>Prevent</li> <li>Human Trafficking and Modern Slavery</li> <li>Information Sharing</li> <li>Care Act 2014</li> </ul> <p>Practical procedures and guidance to the above topics are available within this document.</p> <p>Assessment Direct is now Single Point of Access (SPA).</p> <p>Inclusion of Working Together 2015 statutory duties of a CCG and Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS England 2015)</p>		
<b>Groups Consulted</b>	RLSCB, RSAB and NHS Fraud 360 Assurance	<b>Date</b>	March and April 2017
<b>Approved by</b>	Audit and Quality Assurance Committee NHSR CCG Governing Body	<b>Date</b>	17 March 2017 5 April 2017
<b>Ratified by</b>	NHSR CCG Audit and Quality Assurance Committee	<b>Date</b>	17 March 2017
<b>Target audience</b>	All NHSR CCG staff, safeguarding leads and staff from provider organisations		
<b>Distribution list</b>	All NHSR CCG staff, safeguarding leads and staff from provider organisations.		
<b>Method</b>	Intranet <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
<b>Access</b>	Intranet and Internet		

## Table of Contents

GLOSSARY .....	4
1 Introduction.....	9
2 Policy Statement.....	10
3 Addressing Equality and Promoting Diversity .....	11
4 Governance and Accountability .....	12
5 NHSR CCG’s Strategic and Legal Responsibilities and Duty of Care .....	13
6 Leadership and Management .....	16
7 Commissioning Health Care .....	18
8 Our Staff .....	18
9 Incidents, Near Misses and Complaints.....	19
10 Conclusion and Intended Outcome.....	20
11 Minimum Safeguarding Adults and Children Standards for Providers .....	20
12 Performance and Monitoring of Providers .....	20
13 Review.....	20
14 Advice.....	21
15 Supporting Information and Documents .....	21
Appendix 1 .....	22
Appendix 2.....	23
EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL .....	24
Form A SUMMARY FORM .....	26

## GLOSSARY

ACROYNM	TERM / DEFFINITION
AQUA	<p><b>Audit and Quality Assurance Sub-Group</b>  <i>A sub-committee of the Governing Body</i></p> <p><b>Governing Body:</b>  <i>The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</i></p> <ul style="list-style-type: none"> <li>• <i>its obligations under section 14Q under the NHS Act 2006, and</i></li> <li>• <i>such generally accepted principles of good governance as are relevant to it.</i></li> </ul>
CDOP	<p><b>Child Death Overview Panel</b>  <i>Child Death Overview Panels (CDOPs) became statutory April 2008 and are responsible for investigating on all child deaths. They record if the death was preventable and make recommendations to ensure that similar deaths are prevented in the future.</i></p> <p><i>CDOPs are accountable to the Local Safeguarding Children Board (LSCB) and they are made up of representatives from social care, and the police as well as coroners and paediatricians.</i></p> <p><i>CDOPS aim is to ensure that measures are put in place to ensure that any preventable factors uncovered do not happen again.</i>  <i>CDOPs main functions are:</i></p> <ul style="list-style-type: none"> <li>• <i>Collating and analysing information about child deaths, which then feeds into wider area strategies.</i></li> <li>• <i>Putting procedures in place to coordinate the response to any identifies issues.</i></li> <li>• <i>Work closely with the LSCBs and all partner agencies</i></li> </ul> <p><i>Key findings and learnings from child death reviews and serious case reviews are published by the Department of Education (DfE)</i></p>
CSE	<p><b>Child Sexual Exploitation</b>  <i>Sexual exploitation of children and young people under 18 years involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.</i></p> <p><i>Child sexual exploitation is an abhorrent abuse of children and young people. It can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones often referred to "sexting". In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common in exploitative relationships.</i></p>
CSP	<p><b>Community Safety Partnership in Rotherham is the Safer Rotherham Partnership</b>  <i>Community Safety Partnerships (CSPs) are responsible for undertaking DHRs where the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a relative, household member or someone he or she has been in an intimate relationship with.</i></p>
CYPS	<p><b>Children and Young Peoples Services</b></p>

	<p>"Children's services" is the new term that has replaced "social services" and brings together early help, education, youth, community health, early years and specialist services. These services support and protect vulnerable children, young people, their families and young carers.</p>
DBS	<p><b>Disclosure and Barring Service</b>  <i>Helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).</i></p>
DHR	<p><b>Domestic Homicide Review</b>  <i>Under section 9(1) of the Domestic Violence, Crime and Victims Act 2004, domestic homicide review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—</i></p> <ul style="list-style-type: none"> <li><i>(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or</i></li> <li><i>(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.</i></li> </ul> <p><i>Where the definition set out in the above has been met, then a Domestic Homicide Review should be undertaken.</i></p>
DoLS	<p><b>Deprivation of Liberty Safeguards</b>  <i>DoLS are part of the Mental Capacity Act 2005 and aims to make sure that people in care homes, hospitals and supported living are cared for in a way that does not inappropriately restrict their freedom. The safeguards should ensure that people in supported living arrangements can only be deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to care for them.</i></p>
FGM	<p><b>Female Genital Mutilation</b>  <i>Incorporates a number of procedures that intentionally alter or cause significant injury to the female genital organs without medical necessity. It causes significant short and long-term complications and it is illegal.</i></p>
GP	<p><b>General Practitioner – Family Doctor</b>  <i>A General Practitioner – Family Doctor is typically the first medical professional a patient will see when they have a medical condition. Such professionals would typically work as part of a multi-disciplinary unit, in which there will be an array of health colleagues. A GP would be the first person a patient discloses their symptoms and general condition to, whether done in a doctor's clinic or when the GP visits the patient at their home. GPs a good general knowledge of the medical discipline.</i></p>
IMR	<p><b>Individual Health Management Reviews</b>  <i>Individual agencies provide Individual Management Reviews (IMR) to Domestic Homicide Review (DHR) Panels.</i></p> <p><i>The aim of the Individual Management Review (IMR) is to look openly and critically at individual and organisational practice and at the context within which people were working to see whether the case indicates that improvements could and should be made, and if so, to identify how those changes can be brought about.</i></p>
LEDER	<p><b>Learning Disabilities Mortality Review</b>  <i>The LeDeR programme strives to ensure that reviews of deaths lead to learning which will result in improved health and social care services for people with learning disabilities. It is not an investigation nor is it aimed at holding any individual or organisation to account. If individuals and organisations are to be able to learn lessons from the past it is important</i></p>

	<i>that the reviews are trusted and safe experiences that encourage honesty, transparency and the sharing of information in order to obtain maximum benefit from them.</i>
MARAC	<p><b>Multi-Agency Risk Assessment Conference</b></p> <p><i>The purpose of a Multi-Agency Risk Assessment Conference (MARAC) is to reduce the risk of further assault, injury and homicide, to victims of domestic violence who have been assessed as at high risk of further abuse. The MARAC is designed to enhance, not replace, existing arrangements for public protection, including safeguarding children and adults, and has a specific focus on the safety of the victim and any children. The MARAC forms part of a package of measures which also includes the Independent Domestic Violence Advocacy Service, and sits within the Specialist Domestic Violence Court Programme and its components. The Rotherham MARAC brings agencies together, fortnightly, to consider cases of domestic abuse where the victim has been assessed as at high risk of serious harm, with the aim of reducing that risk, and promoting safety.</i></p>
MAPPA	<p><b>Multi Agency Public Protection Arrangements</b></p> <p><i>The Criminal Justice Act 2003 (CJA 2003) provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the Local Criminal Justice Agencies and other bodies such as health professionals, dealing with offenders to work together in partnership in dealing with these offenders.</i></p>
MASH	<p><b>Multi Agency Safeguarding Hub</b></p> <p><i>Aims to improve the safeguarding response for children and young people through prompt information sharing and high quality and timely safeguarding responses</i></p> <p><i>Sample of Key agencies who form part of the Rotherham MASH:- Health, Police, Children and Young People's Social Care, Education, Early Help and Probation.</i></p>
MCA	<p><b>Mental Capacity Act</b></p> <p><i>The Mental Capacity Act 2005 came into force in England and Wales in 2007. The Act aims to empower and protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future.</i></p>
NHS Rotherham CCG	<p><b>NHS Rotherham Clinical Commissioning Group</b></p> <p><i>Works for the people of Rotherham and responsible for buying and making sure that the people of Rotherham have the health care services they need; The main providers for Rotherham are Rotherham NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and Rotherham Metropolitan Borough Council.</i></p>
NHSE Local Area Team	<p><b>NHS England Local Area Team</b></p> <p><i>NHS England has made changes to its internal structure as part of its Organisational Change Programme 2014/15. These changes came into effect in April 2015. As part of this process NHS England's area teams were integrated into the four existing regional teams: London, Midlands and East, North, South, each maintaining a local presence. Although NHSE have changed their internal structure, they remain one organisation</i></p> <p><i>The regions cover healthcare commissioning and delivery across their geographies and provide professional leadership on finance, nursing, medicine, specialised commissioning, patients and information, organisational development, assurance and delivery. The regional teams work closely with organisations such as Clinical Commissioning Groups (CCGs), Local Authorities, Health and Wellbeing Boards as well as GP practices.</i></p> <p><i>The changes were established to ensure that NHSE can operate as efficiently and effectively as possible in achieving the best outcomes for patients through our</i></p>

	<i>commissioning decisions.</i>
Ofsted	<b>Office for standards in education, children's services and skills</b> <i>Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages.</i>
Prevent	<b>Prevent</b> <i>Prevent is part of the National Counter-Terrorism Strategy and aims to stop people being drawn into or supporting terrorism.</i> <i>The Prevent strand of the strategy focuses on three key areas which are:</i> <ul style="list-style-type: none"> <li>• <i>To respond to the ideological challenge of terrorism and the threat from those who promote it</i></li> <li>• <i>To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support</i></li> <li>• <i>To work with sectors and institutions where there are risks of radicalisation that we need to address</i></li> </ul>
RLSCB	<b>Rotherham Local Safeguarding Children Board</b> <i>Local Safeguarding Children Boards (LSCBs) were established by the Children Act 2004. This gives a statutory responsibility to each area to have an LSCB in place. LSCBs are now active in every area of the country, it allows organisations to agree on how they will cooperate with one another to safeguard and promote the welfare of children. The purpose of this partnership working is to hold each other to account and to ensure that safeguarding children remains high priority across their region/area.</i>
RMBC	<b>Rotherham Metropolitan Borough Council</b> <i>Following intervention by the Government the RMBC's usual democratic arrangements are currently not in place. This was announced in February 2015 in response to a number of reports highlighting serious failings across the authority. RMBC is currently overseen by five Government-appointed Commissioners who take all decisions previously taken by the Council's Cabinet and Licensing Board, and have a range of other powers. They have been appointed for a period of up to four years and could be in charge of the RMBC until March 2019.</i>
RSAB or SAB	<b>Rotherham Safeguarding Adults Board</b> <i>Following implementation of the Care Act 2004, Safeguarding Adults Boards (SABs) were set up by local authorities to coordinate the delivery of adult safeguarding across their patch. SABs are a multi-agency partnership board and include a variety of organisations for e.g. police, health, and the local authority. The Board must be chaired by an independent chair or a senior manager from one of the partner organisations.</i>  <i>'Each member of the SAB (safeguarding adult board) should have a Designated Adult Safeguarding Manger for ensuring that the organisation meets its responsibilities in relation to safeguarding adults'.</i>
SAR	<b>Safeguarding Adults Reviews</b> <i>Is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious <b>safeguarding adults</b> cases, where an <b>adult</b> in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.</i>  <i>The purpose of a Safeguarding Adult Review is not to reinvestigate or apportion blame but to establish whether lessons can be learnt from the circumstances of a case that may improve practice or the way in which agencies and professionals work together to safeguard vulnerable adults. The focus of Safeguarding Adult Reviews, in line with both multi-agency</i>

	<p>policy and national guidance, is to:</p> <ul style="list-style-type: none"> <li>• Learn from past experience and the specific event examined;</li> <li>• Improve future practice and outcomes by acting on learning identified by the review;</li> <li>• Improve multi-agency working and compliance with any other multiagency or single agency procedures; including, regulated care services.</li> <li>• Safeguarding Adults Reviews used to be known as Serious Case Reviews.</li> </ul>
SCR	<p><b>Serious Case Review</b></p> <p>Serious Case Reviews (SCRs): are undertaken by Local Safeguarding Children Boards (LSCBs) for every case where abuse or neglect is known - or suspected - and either:-</p> <ul style="list-style-type: none"> <li>• a child dies</li> <li>• a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child.</li> </ul>
SI	<p><b>Serious Incident</b></p> <p>Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. The Serious Incident Framework (March 2015) describes the circumstances in which such a response may be required and the process and procedures for achieving it, to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again. Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.</p>
SPA - SINGLE POINT OF ACCESS (was ASSESSMENT DIRECT)	<p><b>Single point of Access</b></p> <p>SPA has set up a first point of contact for all their services called Single point of access (formerly Assessment Direct).</p> <p>Help at Home – Adult Social Care - gives advice, offers a social care assessment or advice on any safeguarding incident</p>
STEIS	<p><b>Strategic Executive Information System</b></p> <p>National system used for collecting information on serious incidents and is a single reporting structure for weekly management of information. This system is used nationally by health practitioners.</p>
UK	<p><b>United Kingdom definition.</b></p> <p>Part of the official name of the British nation; the full name is the United Kingdom of Great Britain and Northern Ireland. It includes England, Scotland, Wales, and six counties of Ireland, ruled by the king or queen of England, and represented in the nation's parliament.</p>

# 1 Introduction

- 1.1 This policy outlines how NHSR CCG will fulfil its duty to safeguard and promote the welfare of all clients. It is designed to ensure robust structures, systems and standards, which are in accordance with the Rotherham Safeguarding Adults Board (RSAB) and Rotherham Local Safeguarding Children Board (RLSCB) policies and procedures which are in place.
- 1.2 NHSR CCG fully endorses that safeguarding is everyone's responsibility. NHSR CCG will ensure that the NHS contribution to safeguarding and promoting welfare is discharged effectively across the whole local health economy through its commissioning arrangements. In addition it will ensure that the expectations of a CCG by Working Together 2015 and Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS England 2015) are met.
- 1.3 This policy describes how NHSR CCG will discharge its responsibility for commissioning health services and how it will work with Yorkshire and Humber NHS England Area Team and Public Health, Rotherham Metropolitan Borough Council (RMBC) to ensure that the health and welfare of all clients in Rotherham is prioritised.
- 1.4 This policy is in line with best practice in safeguarding adults as set out in The Care Act 2014 which has placed adult safeguarding on a statutory footing, and with the Association of Directors of Social Services "Safeguarding Adults" National Framework (2005). The policy complements The Rotherham Safeguarding Adults Board Strategy 2016/2019, including the revised South Yorkshire "Safeguarding Procedures". These ensure effective joint working across the vast range of agencies involved with those at risk and their carer's, to ensure their protection from abuse and neglect.
- 1.5 It is envisaged that safeguarding adults expectations will be further enhanced once the NHS England Safeguarding Adults Roles and Competencies for health care staff Intercollegiate document is issued in its updated format.
- 1.6 An adult at risk of abuse and neglect is aged 18 years and over "*Who has care and support needs (whether or not the Local Authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of their care and support needs*", taken from The Care Act 2014. An adult at risk could include those with learning disabilities, mental health illness, neurological conditions and those at the end of life.
- 1.7 This policy outlines how NHSR CCG will fulfil its statutory duties under Section 11 of the Children Act 2004, to safeguard and promote the welfare of children and young people. It is designed to ensure that health services commissioned by NHSR CCG are in accordance with legal and statutory guidance; in addition services will take account of best practice guidance, for example Intercollegiate Document 2014, Safeguarding Children and Young People: Roles and Competence for Health Care Staff (2014). The policy compliments and is ratified by RLSCB.
- 1.8 Children and young people are defined in law as up to the age of 18 years. Therefore this policy covers all clients in Rotherham.
- 1.9 NHSR CCG will hold providers of all NHS services it commissions to account for safeguarding **all** clients by ensuring robust safeguarding standards are within all its contracts.

- 1.10 This policy sets out the collective and individual expectations for NHSR CCG staff to comply with legislation, codes of conduct and behaviours required as an employee.

## **2 Policy Statement**

- 2.1 NHSR CCG is committed to safeguarding and will take all necessary steps to achieve this by:

- Ensuring all commissioned health services comply with all national and local safeguarding policies and procedures and seek assurance with regard to this.
- Ensuring that legislation, national, regional, sub regional and local guidance is implemented within the local health economy it commissions.
- Working closely with all statutory and voluntary partners represented on the RSAB, RLSCB and Safer Rotherham Partnership.
- Ensuring that the National Health Service (NHS) in Rotherham has the competence and capacity to protect and promote the welfare of children, young people and adults, by working with providers and other commissioners of health care, including Yorkshire and Humber NHS England Area Team and Public Health, RMBC.
- Ensuring that the wider health and social care community in Rotherham learns from Serious Incidents (SI's), Domestic Homicide Reviews (DHR's), Serious Case Reviews (SCR's), Safeguarding Adults Reviews (SAR's), Learning Disabilities Mortality Review (LeDeR) and Child Death Overview Panel (CDOP) and that required improvements are implemented and embedded into local services/practice.
- Ensuring that recommendations and lessons learnt from safeguarding assurances, including Section 11, Children Act, and self-assessment audits are implemented.
- Ensuring all our employees know what their role is regarding safeguarding and are trained appropriately.
- Ensuring that allegations made against our employees are responded to effectively.

- 2.2 NHSR CCG as a commissioning organisation will work with partner agencies in order to develop quality systems, promote safeguarding practice across the district and effectively monitor performance of providers in relation to safeguarding adults, children and young people.

Specifically:

- All organisations providing services commissioned by NHSR CCG are required to demonstrate commitment to safeguarding adults, children and young people and to working within agreed local multi-agency procedures, national guidance and legislation.
- NHSR CCG will actively contribute to multi-agency responses regarding concerns of abuse within commissioned services.

- All providers are expected to establish procedures and systems of working that ensure safeguarding children concerns are referred to RMBC Children and Young People's Service (RMBC, CYPS) social care as indicated in the RLSCB procedures and all safeguarding adult concerns are referred to RMBC Single Point of Access (SPA) as indicated in the RSAB procedures.
- NHS Trusts providing services commissioned by NHR CCG are expected to actively contribute to the work of the RLSCB, the RSAB and their sub groups and Rotherham Multi Agency Safeguarding Hub (MASH).
- NHS Trusts providing services commissioned by NHR CCG are expected to actively contribute to the work of the Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Public Protection Arrangement (MAPPA), DHR's, SCR's, SAR's, LeDeR and the Channel Panel (Prevent).
- All providers who deliver services commissioned by NHR CCG are required to meet the minimum safeguarding standards as set out in their contracts.

### **3 Addressing Equality and Promoting Diversity**

- 3.1 In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse, irrespective of their protected characteristics as outlined in the Equality Act 2010.

The 9 protected characteristics are:

1. Age
2. Disability
3. Gender Re-assignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion or Belief
8. Sex
9. Sexual Orientation

- 3.2 NHR CCG is committed to ensuring that it treats its employees fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of the 9 protected characteristics as stated in 3.1.

- 3.3 NHR CCG will proactively ensure that it, and the services it commissions, treats all clients fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of the 9 protected characteristics as in point 3.1

## 4 Governance and Accountability

4.1 **NHSR CCG Governing Body** is responsible for ensuring all requirements relating to safeguarding and promoting the welfare of clients are in place and upheld by all providers, from whom services are commissioned. The Governing Body will assure itself that safeguarding is a priority across the health economy, by receiving regular reports and updates with reference to safeguarding including an annual report.

4.2 NHSR CCG will have senior representation and be active partners in safeguarding boards and agendas; these are multi agency bodies with statutory remits to protect those at risk of harm:

- RLSCB has the lead responsibility for keeping children safe, as set out in the guidance under the Children Act (2004). This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every child's welfare is safeguarded.
- RSAB has the lead responsibility for keeping adults safe as set out in the Care Act (2014). This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every adult's welfare is safeguarded.
- The lead responsibility for coordinating DHR's lays with the multi-agency group the Community Safety Partnership (CSP), in Rotherham this is the Safer Rotherham Partnership and they will initiate, oversee and manage DHR's. Since April 2013, Public Health, RMBC, has been a part of the Local Authority and retains the NHS responsibility for Domestic Abuse via a service level agreement.
- The lead responsibility for coordinating and managing the Prevent agenda lays with the Safer Rotherham Partnership and is part of the government's counter-terrorism strategy called CONTEST.

The lead responsibility for coordinating and managing the LeDeR lies with NHS England. They will delegate the completion of reviews to trained professionals in the associated area.

4.3 **The NHSR CCG Audit, Quality and Assurance Committee (AQUA)**, will ensure that safeguarding and promoting the welfare of adult, children and young people, is integral to clinical governance and audit arrangements. NHSR CCG includes safeguarding as one of its 4 priorities within the 5 year Commissioning Plan 2016/2020; **see Appendix 1 and Appendix 2** consecutively: NHSR CCG Commissioning Plan '5 year Plan on a Page' and 'Purpose on a Page'.

4.4 **The NHSR CCG Serious Incidents (SI) Committee**, performance manages the process of SI's.

4.5 **The DH Strategic Executive Information System (STEIS)** is the tool used for reporting all SI's by the each provider where the SI occurred. They have 60 working days to carry-out their investigations and produce a final report, which is presented to the Serious Incident Committee for agreeing closure or further information.

## **5 NHSR CCG's Strategic and Legal Responsibilities and Duty of Care**

### **5.1 Safeguarding Children**

- 5.1.2 Children's rights will always be protected and NHSR CCG is committed to safeguard the children's health, development and welfare. All actions will be taken in a child's best interest.
- 5.1.3 The Children's Act 1989 – revised 2004, the Sexual Offences Act 2003 and Working Together to Safeguarding Children 2015 all underpin how NHSR CCG can support vulnerable children and their families.
- 5.1.4 NHSR CCG is aware that children from any background can be victims of abuse e.g. neglect and can be abused in more than one way e.g. bullying.

***All NHSR CCG clinicians will be aware of the full Safeguarding Children Procedure for NHSR CCG and within Rotherham Local Safeguarding Children Board, see [Childrens Safeguarding Procedure January 2017](#).***

### **5.2 Child Sexual Exploitation (CSE)**

- 5.2.1 NHSR CCG acknowledges that all agencies, health included, have fallen short of what should be expected with regard to preventing CSE. We failed to recognise the signs, symptoms and risk factors and to educate our children, girls and boys, about the nature and benefits of healthy relationships and respect for each other. CSE is a heinous crime that blights our society.
- 5.2.2 NHSR CCG will ensure all staff are trained in recognising this form of abuse and will work with agencies, including education, to ensure that future generations are better protected. Confidence in agencies across Rotherham to safeguard children and young people has suffered immeasurably and the failure of partners across Rotherham to fulfil their duties is now a matter of national record. NHSR CCG takes the responsibility of reducing CSE very seriously with the Chief Nurse and Chief Officer both actively involved in CSE partnerships.

***All NHSR CCG clinicians will be aware of the full CSE Safeguarding Procedure, for NHSR CCG and within Rotherham Local Safeguarding Children Board see [CSE Procedure January 2017](#).***

### **5.3 Safeguarding Adults**

- 5.3.1 NHSR CCG acknowledges all staff has a responsibility to prevent the risk of harm, abuse, neglect and/or exploitation to adults. Wellbeing should be promoted along with dignity and personal identity should be respected. It is recognised by the NHSR CCG that adults have complex interpersonal relationships and may have unclear or unrealistic ideas around their personal circumstances.
- 5.3.2 The "Making Safeguarding Personal" agenda will ensure that the "no decision about me, without me" is upheld. In April 2015 The Care Act (2014) was implemented and place Adult Safeguarding on a statutory footing setting out a clear legal framework for how organisations including health should protect adults from abuse and/or neglect.

**All NHSR CCG clinicians will be aware of the full Adults Safeguarding Procedure, for NHSR CCG and within Rotherham Safeguarding Adults Board see [Adults Safeguarding Procedure January 2017](#).**

#### **5.4 Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS)**

5.4.1 NHSR CCG is fully aware of their legal responsibility to ensure that the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS) within the act are adhered to and embedded into practice across the commissioned health economy and that all staff where appropriate have due regard.

5.4.2 The MCA applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves due to stroke, dementia, confusion, substance use etc. It's primary purpose is to promote and safeguarding decision making within a legal framework. The DoLS provides a legal framework for those where it is considered necessary to deprive a person of their liberty, in order to provide effective care or treatment for an individual who lacks capacity and no other legal authorisation is in place e.g. under the Mental Health Act 1983.

**All NHSR CCG clinicians will be aware of the full Mental Capacity Act (2005) Procedure, see [MCA Including DoLS Safeguarding Procedure January 2017](#).**

#### **5.5 Domestic Abuse**

5.5.1 Every year thousands of women and girls throughout the UK experience some form of violence including; rape, domestic violence, forced marriage, called 'honour' based violence, stalking, sexual harassment, sexual exploitation and trafficking. NHSR CCG fully supports the Governments strategy to 'End Violence against Women and Girls' which has strengthened legislative frameworks. However NHSR CCG is aware that the above categories of abuse are not inclusive of women and girls and do affect men and boys.

5.5.2 Domestic abuse is a serious crime which shatters the lives of its victims, and in some cases, leads to tragic and untimely deaths. The Home Office's definition of Domestic Abuse is: -

*'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'.*

**All NHSR CCG clinicians will be aware of the full Domestic Abuse, Safeguarding Procedure, see [Domestic Abuse Safeguarding Procedure January 2017](#).**

#### **5.6 Female Genital Mutilation (FGM)**

5.6.1 NHSR CCG acknowledges that FGM is a violation of human rights, agrees that there is no basis in fact or evidence for it to happen, that it causes untold physical and emotional trauma while enforcing the inherent gender inequality found in cultures that practice FGM.

5.6.2 Under the FGM Act 2003 it is a criminal offence in England, Wales and Northern Ireland for anyone (regardless of their nationality and residence status) to:

- perform/assist/carry out FGM in the UK
- assist a girl to carry out FGM on themselves
- assist from the UK a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident

5.6.3 NHSR CCG is aware of the new statutory duties under the Serious Crime Act 2015, which placed a duty on all agencies to report existing or suspected cases. NHSR CCG will ensure that it works closely with partners on identifying and reporting this abhorrent practice. The Act imposes significant responsibilities for health practitioners in terms of safeguarding and introduces changes to the law in relation to the protection of children from cruelty, protecting girls from FGM by strengthening the safeguards for victims of abuse.

***All NHSR CCG clinicians will be aware of the full FGM, Safeguarding Procedure, for NHS for NHSR CCG and Rotherham Local Safeguarding Children Board, see [FGM Safeguarding Procedure January 2017](#).***

## 5.7 Prevent

5.7.1 NHSR CCG acknowledges that the Prevent Strategy became a statutory duty across the NHS in July 2015 and is embedded within the NHS Standard Contract. Prevent sits under CONTEST which forms the Government's Counter Terrorism Strategy 2015. It aims to reduce the risk from terrorism so that individuals can go about their lives freely and with confidence. Prevent is one of the four main work streams with the aim to stop people becoming terrorists or supporting terrorism and covers all forms of terrorism from Far Right extremists to Al-Qaida associated groups.

5.7.2 NHSR CCG as a commissioning organisation will have limited contact with members of the public or patients where concerns may be observed about a level of vulnerability in terms of terrorism, however, the duty extends to staff members of the NHS who may also show signs of being drawn into terrorism and or related activity.

***All NHSR CCG staff will be aware of the Procedure for the Implementation of the National Prevent Agenda, see [Prevent Safeguarding Procedure January 2017](#).***

## 5.8 Human Trafficking and Modern Slavery

5.8.1 NHSR CCG acknowledges their role and responsibility toward Child and Adult Human Trafficking and Modern Slavery and the child protection/adult at risk concerns caused by this illegal activity.

***All NHSR CCG staff will be aware of the Human Trafficking and Modern Slavery Guidance, see [Human Trafficking & Modern Slavery Guide January 2017](#).***

## 5.9 Information Sharing

5.9.1 NHSR CCG has high level information sharing policies in place and is proactive in working in partnership with local statutory and voluntary agencies in order to protect and promote the welfare of Rotherham residents. Senior managers will promote good practice in information sharing according to published national guidance.

## 6 Leadership and Management

6.1 **The NHSR CCG Chief Officer** has responsibility for ensuring that their contribution to safeguarding is discharged effectively across the whole local health economy through their commissioning arrangements.

6.2 **Safeguarding Children and Adult Leads** will ensure that robust safeguarding assurance arrangements and improved safeguarding practice are in place, on behalf of the Chief Officer by:

- Being aware of national and sub-regional developments for safeguarding to ensure practices are embedded, remain legal and are in line with best practice.
- Working closely with the Rotherham Named GP Safeguarding Vulnerable Clients and Lead GPs/Deputies in GP practices, to ensure there are robust safeguarding arrangements across Rotherham.
- Directing the internal and external assurance of safeguarding arrangements across the health economy including developing relationships with Yorkshire and Humber NHS England Area Team and health care regulators.
- Leading and developing the Rotherham health economy safeguarding assurance arrangements with providers and regulators.
- Ensuring service providers are aware of their responsibilities in reporting safeguarding incidents.
- Ensuring the management of high level incidents in line with the RLSCB and RSAB SCR Toolkit and SI performance management process as appropriate.
- Directing the development of Rotherham's health economy performance and effective reports in relation to SCR's, SAR's, LeDeR's and DHR's, ensuring lessons learnt are disseminated.
- Providing strategic leadership to the safeguarding agenda across the Rotherham health economy to enable NHSR CCG to meet its statutory duties and the expectations of Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS Commissioning Board 2015). [Safeguarding Accountability Assurance Framework, March 2015](#)
- Working with other NHS commissioning organisations to support the health contribution of the RLSCB and RSAB.
- Implement policies and strategies in relation to safeguarding.
- Developing partnerships with other CCG's, Yorkshire and Humber NHS England and other organisations to share best practise in relation to safeguarding.
- Ensuring that NHSR CCG has effective professional appointments, systems, processes and structures in place to support the safeguarding lead.

- Ensuring that NHSR CCG staff and staff in commissioned organisations have access to appropriate training and monitor compliance.
- Ensuring that safeguarding is positioned as core business in NHSR CCG's strategic and operating plans and structures.

6.3 In addition to the Safeguarding Adults Lead role, the NHSR CCG will ensure that a Designated Nurse and Doctor for the Safeguarding Children and Young People are in place to take strategic and professional lead on all aspects of the NHS contribution. Along with a Named GP for Safeguarding Vulnerable Clients, the function of these professionals is to:

1. Provide advice and expertise for other professionals across the NHS and other partners agencies.
2. Provide advice, support and professional supervision to the Named Professionals in each provider organisation to:
  - Promote good practice and quality assure the services they provide
  - Ensure that staff use effective systems to record their work
  - Follow local multi-agency policy and procedures
  - Enable them to manage stresses within their work.
3. Ensure that Working Together 2015 and RLSCB, SCR panel is adhered to with regard to commissioning health reports to evaluate the practice and learning from Individual Health Management Reviews (IMRs).
4. Evaluate the lessons learnt from the CDOP and ensure that recommendations are appropriately actioned in line with Working Together 2015 and RLSCB expectations.
5. Lead the development of a robust safeguarding training strategy for health professionals across all health providers.
6. Ensure that the Care Act 2014, RSAB and SAR panel is adhered to with regard to commissioning health reports to evaluate the practice and learning from IMRs where appropriate.

6.4 **NHSR CCG Contract Managers** are accountable and responsible for ensuring:

- All services commissioned have robust policies and procedures embedded to safeguard and promote the welfare of children, young people and adults which are in accordance with legislation, the RLSCB and RSAB procedures and Safeguarding Standards within contracts.
- All contracts and service specifications will have clear service expectations for safeguarding clients.
- That monitoring arrangements are clear.

## **7 Commissioning Health Care**

- 7.1 NHSR CCG has a responsibility to assure itself that all commissioned health services adhere to national and local safeguarding procedures, ensuring that their functions are exercised with a view to safeguarding and promoting the welfare of all clients.
- 7.2 NHSR CCG will ensure that services are commissioned which improve the quality of safeguarding arrangements and practice for the population of Rotherham.
- 7.3 NHSR CCG requires all providers to have in place a comprehensive safeguarding policy which is in line with national, RLSCB, RSAB guidance and takes account of guidance from relevant professional bodies. Inherent within any policy should be that clients, without exception, have the right to protection from abuse regardless of their protected characteristics as outlined in the Equality Act 2010.
- 7.4 RLSCB, RSAB and NHSR CCG require that agencies take responsibility for ensuring staff are appropriately trained to meet the safeguarding needs of adults whom they may have contact with, either directly or via their family/carers and that robust systems, policies and procedures are in place to safeguard and promote the welfare of all clients.

## **8 Our Staff**

### **8.1 Recruitment**

- 8.1.2 NHSR CCG has a Recruitment Policy which stipulates that at least one member of each recruitment panel should have attended the mandatory recruitment and selection training. The training incorporates safe recruitment principles which are then required to be adhered to when selecting and appointing an individual. The process is audited to check that policy requirements are being followed. The Policy complies with the six NHS Employer's employment check standards.
- 8.1.3 NHSR CCG is legally required to conduct a Disclosure and Barring Service (DBS) criminal record check on all relevant staff appointed. It is worth noting that the majority of commissioning staff within NHS Rotherham will not be "relevant staff" for DBS checks.
- 8.1.4 NHSR CCG will comply with the vetting and barring scheme, which has been created under the Safeguarding Vulnerable Groups Act 2006. The Disclosure and Barring Service (DBS), will define who is unsuitable to work or volunteer with vulnerable groups, drawing information from various agencies, government departments and the Police. NHSR CCG will continue with safe recruitment practices and undertake criminal record checks where appropriate.

### **8.2 Training and development**

- 8.2.1 NHSR CCG is committed to having arrangements in place to ensure effective training of all staff. NHSR CCG expects all staff to be trained in safeguarding children and adults to Level 1 and to have received training in Prevent. Further levels of training are set out in job descriptions and in Personal Development Reviews as appropriate and the [CCG's Training Strategy 2016-2018](#).

8.2.2 Safeguarding support and supervision is provided for safeguarding leads including Designated Nurses and Doctors, Specialist Safeguarding Advisors and Named GP, as appropriate, and in line with Royal College's expectations (Intercollegiate Document, 2014).

8.3 **Managers** are responsible for making sure that:

- Staff are aware of their roles and responsibilities in relation to safeguarding clients.
- Staff carry out their roles in accordance with policies and procedures.
- The level of training required for each member of staff is identified.
- Staff attend the appropriate level of training and has access to appropriate supervision and support.
- Records of training attendance are kept for all staff.
- Ensure that all allegations of abuse are taken seriously, reported and investigated appropriately in line with local and national procedures.

8.4 **Allegations of abuse**

NHSR CCG takes very seriously allegations of abuse which may arise from a child, an adult, a parent, a member of the public or staff. NHSR CCG has identified a Senior Officer, who ensures that all statutory and local policies and duties are undertaken. Where this involves a directly employed member of staff and there is a prima facie case to answer, an investigation under the NHSR CCG Disciplinary Procedure would be undertaken by the relevant manager, liaising as necessary with any other agencies involved in the case

## **9 Incidents, Near Misses and Complaints**

9.1 NHSR CCG will assure itself that all providers have in place policies which ensure that employees record any near misses, incidents, unmet needs or serious untoward incidents in relation to safeguarding children on their incident management forms and systems.

9.2 Reviews are conducted in accordance with Working Together to Safeguard Children 2015, the Care Act 2014, national guidance, RLSCB procedures and RSAB policies. These include areas such as:

- When a child dies, including by suicide, abuse or neglect are known or suspected to be a factor in death (SCR).
- When an adult dies as a result of abuse or neglect, whether known or suspected and there is a concern that partner agencies could have worked more effectively to protect (SAR).
- Where a domestic incident has resulted in a homicide review (DHR).
- Where a person with a known Learning Disability dies (LeDeR).

- 9.3 NHSR CCG will review and evaluate the practice of all involved health professionals, including GPs and all independent health providers involved in reviews. NHSR CCG designated safeguarding leads, in conjunction with the RLSCB, RSAB and Safer Rotherham Partnership, will quality assure the process ensuring that IMRs and action plans meet the expected standard of Ofsted and the Care Quality Commission.
- 9.4 NHSR CCG will require assurance that all relevant recommendations arising from SCRs, SAR's and DHR's are actioned in a timely and appropriate manner.

## **10 Conclusion and Intended Outcome**

- 10.1 NHSR CCG is clear that the safety and welfare of clients is everyone's responsibility and everyone has the right to live a life free from abuse and/or neglect. NHSR CCG and all commissioned health services need to continue its close partnership work with the Local Authority, other public and third sector organisations, to continually be responsive to legislation changes and developments both nationally and regionally, for safeguarding children, young people and adults, to ensure that health care is appropriate, safe and of the highest standard.
- 10.2 All NHSR CCG staff will conduct themselves in accordance with the CCGs staff values and where appropriate within their own Professional Body.

## **11 Minimum Safeguarding Adults and Children Standards for Providers**

- 11.1 All providers of services commissioned by NHSR CCG are required to meet specified minimum standards in relation to safeguarding adults and children. These standards are not exhaustive and may be in addition to those standards required by legislation, national guidance or other stakeholders, including regulators and professional bodies.

## **12 Performance and Monitoring of Providers**

- 12.1 Provider's performance in relation to safeguarding adults and children will be managed primarily through existing contract monitoring arrangements.
- 12.2 Information will be provided to NHSR CCG on a quarterly and/or annual basis. Providers will be advised in advance of when this information is required if it is out of their existing internal reporting schedule.

## **13 Review**

This policy will be reviewed 3 yearly or before if legislation requires

## 14 Advice

NHS Rotherham Clinical Commissioning Group Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY	Designated Dr for Safeguarding Children	01709 424147
	Head of Safeguarding	01709 302172
	Adult Safeguarding and Clinical Quality Lead	01709 428724
	Named GP for Safeguarding	01709 302020
	Deputy Designated Nurse (MASH)	01709 822985
	Caldicott Guardian	01709 302157
	Senior Risk Information Owner	01709 308986
Rotherham Metropolitan Borough Council	Single Point of Access (SPA) (08:30 – 17:30)	01709 822330
	Adult Safeguarding Team	01709 334026
	Out of Hours	01709 336080
	Multi-Agency Safeguarding Hub (MASH)	01709 336080
	RMBC Switchboard	01709 382121
Rotherham Rise PO Box 769 Rotherham S60 9JJ	Rotherham Rise <a href="mailto:enquiries@rotherhamrise.org.uk">enquiries@rotherhamrise.org.uk</a>	01709 912423
	<b>Freephone 24hr National Domestic Violence Helpline</b> - Run in partnership between Women's Aid and Refuge:	0808 2000 247

## 15 Supporting Information and Documents

[Safeguarding Children Top Tips](#)

[Intercollegiate Document March2014](#)

[Working Together March 2013](#)

[Safeguarding Children Competency Matrix from Intercollegiate Document 2014](#)

[Safeguarding Adults Top Tips](#)

[The Care Act 2014](#)

[South Yorkshire Safeguarding Adults Procedures](#)

[Modern Slavery One Minute Guide](#)

[Prevent One Minute Guide](#)

# Your Life, Your Health

'Better Health for Rotherham People'

## Challenges

- Life expectancy in Rotherham is one year less than the England average
- Life expectancy varies by eight years between different parts of Rotherham
- Too many people are admitted to hospital who do not need to be
- NHS Rotherham CCG has an £75 million efficiency challenge over the next 5 years
- Increasing numbers of older people with long term conditions

## Solutions

- Clinical leadership, both in primary and secondary care
- Delivery of effective out of hospital care
- Supporting self-care and delivering care as close to home as possible
- A stronger patient voice
- Better IT to improve communication, access to services and patient education

## Strategic Aims

The CCG Strategic Aims seek to address all five H&WB Strategic Aims across all life stages and for all communities both geographical and communities of interest

- |  |  |
|--|--|
| 1 Primary Care ▲▲▲▲▲                   | 9 Maternity and Children's Services ▲▲         |
| 2 Unscheduled Care ▲▲▲                 | 10 Continuing Health and Funded Nursing Care ▲ |
| 3 Transforming Community Services ▲▲▲▲ | 11 Palliative Care ▲▲                          |
| 4 Ambulance and Patient Transport ▲    | 12 Specialised Services ▲▲▲▲                   |
| 5 Clinical Referrals ▲▲▲▲              | 13 Joint Working - local and Regional ▲▲▲▲     |
| 6 Medicines Management ▲▲              | 14 Child Sexual Exploitation ▲▲                |
| 7 Mental Health ▲▲▲                    | 15 Cancer ▲▲▲                                  |
| 8 Learning Disabilities ▲▲▲            |  |

## Corporate Priorities

Assurance

Delivery

Quality

Safeguarding (including Child Sexual Exploitation\*)

## Outcomes

60 Key Performance Metrics from the national CCG Improvement and Assessment Framework, across four domains and six clinical priorities

Key measures of successful outcomes will include the following:

- Additional years of life – 200 additional life years per year
- Reduced A&E waiting times – 95% of people will be seen within 4 hours
- Reduced number of hospital admission – hospital admissions will remain at the expected level of 16% below their 2011/12 peak.
- Improved quality of GP consultation – maintain current above average levels of patient reported satisfaction with GP care
- Improved transfers of care - 1% reduction in the delays transferring patients home or to a more suitable level of care
- Improved access to services – Maintain strong 18 week wait performance in secondary care, improve access to mental health services by delivering national waiting time requirements.

## Health and Wellbeing 5 Strategic Aims

▲ Aim 1:  
All children get the best start in life

▲ Aims 2:  
Children and young people achieve their potential and have a healthy adolescence and early adulthood

▲ Aim 3:  
All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

▲ Aim 4:  
Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing

▲ Aim 5:  
Rotherham has healthy, safe and sustainable communities and places

\* Prevention of Child Sexual Exploitation continues to be a priority in 2016/17. We will work with partners to address all issues that arise from the Jay and Casey reports into CSE and the Ofsted report into Children in need of help and protection.

## NHS ROTHERHAM CLINICAL COMMISSIONING GROUP

### Our Responsibilities

NHS Rotherham CCG is a membership organisation of 31 (as at 01.04.2016) practices which is responsible for commissioning a range of local health services on behalf of the people of Rotherham.

We are responsible for commissioning acute hospital and mental health services, community health services, ambulance and hospice services. From April 2015 we also have delegated responsibility for commissioning GP services and some specialist services.

We do not currently commission pharmacy, optometry, dental and most specialist services (which are the responsibilities of NHS England) or public health services (which are the responsibility of RMBC).

### Our Mission

*‘Better Health for Rotherham People’*

### Health and Wellbeing Board Vision for Rotherham

*“To improve health and reduce health inequalities across the whole of Rotherham”*

### Our Values

*In everything we do we believe in:*

- *Clinical leadership*
- *Putting people first, ensuring that patient and public views impact on the decisions we make*
- *Working in partnership*
- *Continuously improving quality of care whilst ensuring value for money*
- *Showing compassion, respect and dignity*
- *Listening and learning*
- *Taking responsibility and being accountable*

### Our Priorities

*Our four key priorities are:*

1. *Quality - improving safety, patient experience and outcomes and reducing variations*
2. *Delivery – leading system wide efficiency programmes that consistently achieve measurable improvements whilst meeting our financial targets*
3. *Assurance - having robust internal constitutional and governance arrangements, ensuring that providers’ services are safe and ensuring vulnerable people have effective safeguarding*
4. *Safeguarding – ensuring all children and vulnerable adults are protected from harm, including implementing all actions on Child Sexual Exploitation from the Jay and Casey reports.*

### CCG Staff Values

*Respect – above all we respect each other, our organisation and the people of Rotherham*

<b>R</b>	<i>Responsibility - We are accountable and take ownership for our actions as individuals</i>
<b>E</b>	<i>Empowerment - We take the initiative to make decisions, solve problems and achieve</i>
<b>S</b>	<i>Support - We encourage and listen to others, challenging ideas not people</i>
<b>P</b>	<i>Positivity - We inspire and motivate others, embrace creativity, encourage initiative and celebrate success</i>
<b>E</b>	<i>Equality - We challenge unfair behaviour and inequities, and treat others as they would want to be treated</i>
<b>C</b>	<i>Communication - We share information in an honest, sensitive and transparent way, listen and expect to be heard</i>
<b>T</b>	<i>Trust - We act with integrity, understanding and compassion to build strong relationships</i>

# EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: <b>Safeguarding Policy</b>		Date/Period of Document: <b>2017- 2020</b>			
Lead Officer: <b>Catherine Hall</b>	Directorate: <b>Performance &amp; Quality</b>	Reviewing Officers: <b>Kirsty Leahy</b>			
<input checked="" type="checkbox"/> <b>Policy</b>	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Joint Document, with who?		
Describe the main aim, objectives and intended outcomes of the policy: (Also consider Qa)					
<b>The aim of the policy is to outline how NHS Rotherham Clinical Commissioning Group (NHSR CCG) will fulfill its duty to safeguard and protect the welfare of all children, young people and adults.</b>					
<i>The following will help you to check if this policy is sensitive to people of different age, ethnicity, gender, disability, religious belief, sexual orientation and carers. It will help you to identify any strengths and /or highlight improvements required to ensure that the policy is compliant with equality legislation.</i>					
<b>1. Assessment of possible adverse impact against any minority group</b>					
Does your policy contain any statements, conditions or requirements which may exclude people from using the services who would otherwise meet the criteria under the grounds of: (*Also consider Q's b, c and d on the guidance page)		<b>Response</b>		<b>If yes, please state why and the evidence used in your assessment</b>	
		<b>Yes</b>	<b>No</b>		
1	Age?		✓		
2	Gender (Male, Female and Transsexual)?		✓		
3	Disability (Learning Difficulties/Physical or Sensory Disability)?		✓		
4	Race or Ethnicity?		✓		
5	Religious, Spiritual Belief?		✓		
6	Sexual Orientation?		✓		
7	Carers?		✓		
<b>If you answered yes to any of the above items the policy may be considered discriminatory and require review / further work to ensure compliance with legislation.</b>					

<b>2. Assessment of possible positive impact against any minority group:</b>					
Does the policy, or could it with minor amendments, have a positive impact or promote equal opportunities on the grounds of: (*Also consider Qe on the guidance page)		<b>Response</b>		<b>If yes, please state why and the evidence used in your assessment</b>	
		<b>Yes</b>	<b>No</b>		
1	Age?	✓			
2	Gender (Male, Female and Transsexual)?	✓			
3	Disability (Learning Difficulties/Physical or Sensory Disability)?	✓			
4	Race or Ethnicity?	✓			
5	Religious, Spiritual Belief?	✓			
6	Sexual Orientation?	✓			
7	Carers?	✓			

<b>3. Summary</b>						
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?						
<b>Positive</b>	<i>Please rate, by circling, the level of impact</i>					<b>Negative</b>
	MEDIUM	LOW	NIL	LOW	MEDIUM	HIGH
Date assessment completed:	Is a full equality impact assessment required?		<input type="checkbox"/> Yes (documentation on the intranet)		<input checked="" type="checkbox"/> No	
<b>January 2017</b>						

**WE ARE REQUIRED TO PUBLICISE THE RESULTS OF ALL IMPACT ASSESSMENTS, COULD YOU PLEASE FORWARD A COPY OF YOUR COMPLETED SCREENING TOOL AND WEBSITE SUMMARY FORM TO Elaine Barnes (elaine.barnes@rotherham.nhs.uk) FOR UPLOADING TO THE INTERNET/INTRANET**

## Form A SUMMARY FORM

***Please ensure that you complete this form for publishing on our website***

DETAILS OF COMPLETED EQUALITY IMPACT ASSESSMENT	KEY FINDINGS	FUTURE ACTIONS	TIMESCALES
<b>Directorate</b>	<p>Children's welfare is paramount</p> <p>There are acknowledgements that NHS R will do all possible to protect and promote health and welfare.</p> <p>There are acknowledgement of legal and ethical duty to cooperate with other public organisations, private and voluntary sector to ensure that clients are safeguarded</p> <p>Amalgamation of existing policies</p> <p>Due to the nature of the policy the following professionals has been consulted: Named professionals in The Rotherham Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Local Safeguarding Children Board, Local Adult Safeguarding Board, Rotherham Clinical Commissioning Group Operational Risk, Governance &amp; Quality Management Group. No additional consultation required within Rotherham will consult with Designated Professionals in South Yorkshire &amp; Bassetlaw.</p>	<p>It is the responsibility of the Lead Nurse and Doctor for Safeguarding Children and Lead Nurse and Doctor for Safeguarding Adults – assurance that this will not have a negative impact.</p> <p>Safeguarding Standards within all contracts.</p> <p>Ensure that all legal duties are adhered to.</p> <p>Continue to work with local safeguarding Children and Adult Boards and continually develop and improve practice</p>	Ongoing
<b>Performance and Quality Directorate</b>			
<b>Name of Function or Policy</b>			
<b>Safeguarding Policy</b>			
<b>Brief description of aims of the Policy/Function</b>			
<b>The aim of the policy is to outline who Rotherham Clinical Commissioning Group will fulfill its duty to safeguard and protect the welfare of all clients.</b>			
<b>Status of Function or Policy(i.e. new, changing, existing)</b>			
<b>Exiting policy for Children and Young People and Adults merged</b>			
<b>Name of Lead Officer Completing the Assessment</b>			
<b>Catherine Hall, Kirsty Leahy</b>			
<b>Date of Assessment</b>			
<b>January 2017</b>			