

SECTION 1
PROCEDURAL INFORMATION

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Equality & Diversity Statement:	In applying this policy, the Organisation 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, gender, 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.

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NHS ROTHERHAM CLINICAL COMMISSIONING GROUP – SAFEGUARDING POLICY

1. Introduction

This policy outlines how NHS Rotherham 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 Safeguarding Children Partnership (RSCP) policies and procedures which are in place.

NHS Rotherham CCG fully endorses that safeguarding is everyone's responsibility. NHS Rotherham 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 expectations of a CCG through the [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework Updated: August 2019](#) are met.

This policy describes how NHS Rotherham 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.

This policy is in line with best practice in safeguarding adults as set out in: The Care Act 2014, Adult Safeguarding Roles and Competencies for Health Care Staff Intercollegiate document (2018), Safeguarding Accountability and Assurance Framework NHS (2019) and the Mental Capacity Act 2005. The Care Act 2014 provides the legal framework for safeguarding Adults including establishing Safeguarding Adults Boards which CCGs are a statutory partner to. NHS Rotherham CCG as a partner will ensure that its employees, including board members, meet their statutory requirements. [The Rotherham Safeguarding Adults Board Strategy 2019 to 2022](#) including the revised [South Yorkshire Safeguarding Procedures](#) ensure effective joint working across the vast range of agencies involved with those at risk and their carer's, to support their protection from abuse and neglect.

This policy outlines how NHS Rotherham 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 NHS Rotherham CCG are in accordance with legal and statutory guidance; in addition services will take account of best practice guidance, for example Intercollegiate Document 2019, Safeguarding Children and Young People: Roles and Competence for Healthcare Staff (2019) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). The policy compliments and is ratified by RLSCP.

Children and young people are defined in law as up to the age of 18 years. Therefore this policy covers all clients in Rotherham.

NHS Rotherham 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.

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

NHS Rotherham CCG will provide training, safeguarding supervision and access to key professionals to support staff in fulfilling their responsibility to safeguard. See [Safeguarding Supervision Policy](#)

If at any point you are worried about a child or adult, refer to the safeguarding flowchart:

[What To Do If You Are Worried About An Adult Or Child Safeguarding Flowchart For Referrals](#)

2. Purpose

NHS Rotherham 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, RSCP 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 and NHS Improvement 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 (DHRs), Mental Health Homicide Reviews (MHHRs) 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. [Rotherham CCG Safeguarding Training Strategy 2019 - 2021](#)
- Ensuring that allegations made against our employees are responded to effectively.

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 NHS Rotherham 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.
- NHS Rotherham 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 Safer procedures and all safeguarding adult concerns are referred to RMBC First point of contact as indicated in the RSAB procedures.
- NHS Trusts providing services commissioned by NHS Rotherham CCG are expected to actively contribute to the work of the Rotherham Safeguarding Children Partnership, the RSAB and their sub groups and Rotherham Multi Agency Safeguarding Hub (MASH).
- NHS Trusts providing services commissioned by NHS Rotherham 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 NHS Rotherham CCG are required to meet the minimum safeguarding standards as set out in their contracts.

3. Duties/Responsibilities

3.1 **NHS Rotherham 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.

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

- Rotherham Safeguarding Children Partnership 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.

3.3 **The NHS Rotherham 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. NHS Rotherham CCG includes safeguarding as one of its 4 priorities within the [5 year Commissioning Plan](#)



3.4 **The NHS Rotherham CCG Serious Incidents (SI) Committee**, performance manage the process of SI’s escalating issues as appropriate.

3.5 **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.

4. NHS Rotherham CCG 's Strategic and Legal Responsibilities and Duty of Care

4.1 Safeguarding Children

- Children's rights will always be protected and NHS Rotherham CCG is committed to safeguard the children's health, development and welfare. All actions will be taken in a child's best interest.
- The Children's Act 1989 – revised 2004, the Sexual Offences Act 2003 and Working Together to Safeguarding Children 2018 all underpin how NHS Rotherham CCG can support vulnerable children and their families.
- NHS Rotherham 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 NHS Rotherham CCG clinicians will be aware of the [Rotherham Safeguarding Children Partnership Procedures](#).

4.2 Child Sexual Exploitation (CSE) and Child Exploitation.

- NHS Rotherham 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.
- NHS Rotherham CCG takes the responsibility of reducing CSE and CE very seriously with the Chief Nurse and Chief Officer both actively involved in CE partnerships.

All NHS Rotherham CCG clinicians will be aware of the full [CSE Safeguarding Procedure](#), for NHS Rotherham CCG and [Rotherham Safeguarding Children Partnership CSE procedures](#)

4.3 Safeguarding Adults

NHS Rotherham 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. In April 2015 The Care Act (2014) was implemented and gave a clear legal framework for how organisations including health should protect adults from abuse and/or neglect. Living a life that is free from harm and abuse is a fundamental human right and vital to wellbeing.

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. The "Making Safeguarding Personal" agenda ensures that the "no decision about me, without me" is upheld. Embedding the 6 key principles of Adult Safeguarding:
- Empowerment - presumption of person led decisions and consent.
- Protection - support and representation for those in greatest need.
- Prevention of harm or abuse.
- Proportionality and least intrusive response appropriate to the risk presented.
- Partnerships - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in delivering safeguarding.

The Making Safeguarding personal tool kit supports the best approach and effective application of safeguarding <https://www.local.gov.uk/msp-toolkit>

All NHS Rotherham CCG clinicians will be aware of the [South Yorkshire Safeguarding Procedures](#)

4.4 Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS)

NHS Rotherham 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.

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. The Mental Capacity (Amendment) Act 2019 became statute in May 2019. The Department of Health and Social Care plan for implementation 1st October 2020. The amendment sees Deprivation of Liberty Safeguards change to Liberty Protection Safeguards. Supervisory bodies will be replaced by responsible bodies, seeing a change in responsibility to include CCGs, Hospitals and Local Authorities.

All NHS Rotherham CCG clinicians will be aware of the NHS Rotherham CCG [Mental Capacity Act \(2005\) Procedure Including Deprivation of Liberty Information \(DoLS\)](#)

4.5 Domestic Abuse

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. NHS Rotherham CCG fully supports the Governments strategy to 'End Violence against Women and Girls' which has strengthened legislative frameworks. However NHS Rotherham CCG is aware that the above categories of abuse are not inclusive of women and girls and do affect men and boys.

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'.

The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

All NHS Rotherham CCG clinicians will be aware of the [Safeguarding Domestic Abuse Procedure 2020](#) and [Domestic Abuse Policy for Staff 2019](#)

4.6 Female Genital Mutilation (FGM)

NHS Rotherham 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.

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

NHS Rotherham 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. NHS Rotherham 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 NHS Rotherham CCG clinicians will be aware of the [Safeguarding FGM procedure 2020](#) and [Rotherham Safeguarding Children Partnership FGM procedures](#)

4.7 Prevent

NHS Rotherham CCG will be guided by The Prevent Strategy to ensure commissioned services meet their statutory requirements to fulfil Prevent requirements. 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..

All NHS Rotherham CCG staff will be aware of the Procedure for the Implementation of the National Prevent Agenda, see [Prevent Safeguarding Procedure 2020](#).

4.8 Human Trafficking and Modern Slavery

NHS Rotherham 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 NHS Rotherham CCG staff will be aware of the Human Trafficking and Modern Slavery Guidance, see [Safeguarding Human Trafficking and Modern Slavery procedure 2020](#).

5. Information Sharing

NHS Rotherham 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 (eg [Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers \(HM Government July 2018\)](#))

6. Leadership and Management

The NHS Rotherham 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 and as part of the Rotherham Safeguarding Children Partnership

6.1 **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 and Improvement 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 RSCP 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 SCRs, SARs, LeDeR's and DHRs, MHHRs ensuring lessons learnt are disseminated.
- Providing strategic leadership to the safeguarding agenda across the Rotherham health economy to enable NHS Rotherham CCG to meet its statutory duties and the expectations of [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework August 2019](#).
- Working with other NHS commissioning organisations to support the health contribution of the RSCP and RSAB.
- Implement policies and strategies in relation to safeguarding.
- Developing partnerships with CCGs within South Yorkshire and Bassetlaw integrated Care System.
- Ensuring that NHS Rotherham CCG has effective professional appointments, systems, processes and structures in place to support the safeguarding lead.
- Ensuring that NHS Rotherham CCG staff and staff in commissioned organisations have access to appropriate training and monitor compliance.
- Ensuring that safeguarding is positioned as core business in NHS Rotherham CCG's strategic and operating plans and structures.

6.2 In addition to the Safeguarding Adults Lead role, the NHS Rotherham 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:

- Provide advice and expertise for other professionals across the NHS and other partners agencies.
- 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.
- Ensure that Working Together 2018 and RSCP, SCR panel is adhered to with regard to commissioning health reports to evaluate the practice and learning from Individual Health Management Reviews (IMRs).
- Evaluate the lessons learnt from the CDOP and ensure that recommendations are appropriately actioned in line with Working Together 2019 and RSCP expectations.
- Lead the development of a robust safeguarding training strategy for health professionals across all health providers.

- 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.

6.3 **NHS Rotherham 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 RSCP, RSAB and SRP 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**

NHS Rotherham 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.

NHS Rotherham CCG will ensure that services are commissioned which improve the quality of safeguarding arrangements and practice for the population of Rotherham.

NHS Rotherham CCG requires all providers to have in place a comprehensive safeguarding policy which is in line with national, RSCP, 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.

RSCP, RSAB and NHS Rotherham CCG require that agencies take responsibility for ensuring staff are appropriately trained to meet the safeguarding needs of adults and children 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**

NHS Rotherham 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.

NHS Rotherham 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.

NHS Rotherham 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. NHS Rotherham CCG will continue with safe recruitment practices and undertake criminal record checks where appropriate.

8.2 **Training and development**

NHS Rotherham CCG is committed to having arrangements in place to ensure effective training of all staff. NHS Rotherham 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 2019-2021](#).

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, 2018).

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**

NHS Rotherham CCG takes very seriously allegations of abuse which may arise from a child, an adult, a parent, a member of the public or staff. NHS Rotherham 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 NHS Rotherham CCG Disciplinary Procedure would be undertaken by the relevant manager, liaising as necessary with any other agencies involved in the case. Safeguarding structures for Local Authority Designated Officer (LADO), Person In a Position Of Trust (PiPoT), Section 42 enquiries, Nursing Midwifery Council (NMC), General Medical Council (GMC), Disclosure Barring Service (DBS) and police where necessary will be utilised.

Local Authority Designated Officer (LADO): All agencies (including CCG's) that provide services for children, or provide staff or volunteers to work with or care for children are required to have a procedure in place for handling allegations 'against staff'. The Local Authority Designated Officer provides advice, guidance and management where an allegation has been made against a person who works with children or young people under 18 years old.

Person in a Position of Trust (PiPoT). The Care Act 2014 defines people in positions of trust as: 'people who work, in either a paid or unpaid capacity with adults with care and support needs'. Concerns relating to PiPoT need to be appropriately reported and responded to in accordance with the local Safeguarding Adults Board Multi Agency Safeguarding Adults Policy and procedures.

Disclosure and Barring Service assist employers to make safer recruitment decisions each year by processing and issuing DBS checks. DBS also maintains the adults' and children's Barred Lists and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity.

Section 42 enquiries The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult with care and support needs is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

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

NHS Rotherham 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 and adults on their incident management forms and systems.

Reviews are conducted in accordance with Working Together to Safeguard Children 2018, the Care Act 2014, RSCP procedures, RSAB policies, the Home Office Domestic Violence, Crime and Victims Act 2004, NHS England and Improvement LeDeR Action and the NHS England Serious Incident Framework 2015. 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).
- Where a person in receipt of mental health services commits a homicide (MHHR)

NHS Rotherham CCG will review and evaluate the practice of all involved health professionals, including GPs and all independent health providers involved in reviews. NHS Rotherham CCG designated safeguarding leads, in conjunction with the RSCP, 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.

NHS Rotherham CCG will require assurance that all relevant recommendations arising from SCRs, SARs and DHRs, LeDeR and MHHRs are actioned in a timely and appropriate manner.

10. Conclusion and Intended Outcome

NHS Rotherham 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. NHS Rotherham 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.

All NHS Rotherham 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

All providers of services commissioned by NHS Rotherham 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

Provider's performance in relation to safeguarding adults and children will be managed primarily through existing contract monitoring arrangements.

Information will be provided to NHS Rotherham 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

Appendix 1 - Definitions

Abbreviation	Term/Definition
ACEs	<p>Adverse Childhood Experiences</p> <p><i>(ACEs) are stressful events occurring in childhood including domestic violence, parental abandonment through separation or divorce, a parent with a mental health condition. Being the victim of abuse (physical, sexual and/or emotional)</i></p>
AQUA	<p>Audit and Quality Assurance Sub-Group</p> <p>A sub-committee of the Governing Body</p> <p>Governing Body:</p> <p>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:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006, and • such generally accepted principles of good governance as are relevant to it.
CDOP	<p>Child Death Overview Panel</p> <p>Changes to the Child Death Overview Panel process came about following the update of Working Together 2018.</p> <p>CDOPs are responsible for reviewing information on all unexpected child deaths.</p> <p>CDOPs are accountable to the local safeguarding children partnerships. In Rotherham the CDOP is accountable to the Rotherham Safeguarding Children Partnership</p> <p>CDOPS aim is to ensure that measures are put in place to ensure that any preventable factors uncovered do not happen again.</p> <p>CDOPs main functions are:</p> <p>Collating and analysing information about child deaths, which then feeds into wider area strategies.</p> <p>Putting procedures in place to coordinate the response to any identifies issues.</p> <p>Work closely with the LSCPs and all partner agencies</p> <p>Key findings and learnings from child death reviews and serious case reviews are published by the Department of Education (DfE)</p>

Abbreviation	Term/Definition
CSE	<p>Child Sexual Exploitation</p> <p>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.</p> <p>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.</p>
CE	<p>Child Exploitation</p> <p>Child exploitation is the act of using a minor child for profit, labour, sexual gratification, or some other personal or financial advantage</p>
CS	<p>Contextual Safeguarding</p> <p>Is and approach to safeguarding that responds to young people's experience outside of the home, for example with peers, in school and in their neighbourhoods</p>
CSP	<p>Community Safety Partnership in Rotherham is the Safer Rotherham Partnership</p> <p>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.</p>
CYPS	<p>Children and Young Peoples Services</p> <p>"<i>Children's services</i>" is the new term that has replaced "<i>social services</i>" and brings together early help, education, <i>youth</i>, community health, early years and specialist <i>services</i>.</p> <p>These <i>services</i> support and protect vulnerable <i>children</i>, young people, their families and young carers.</p>
DBS	<p>Disclosure and Barring Service</p> <p>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).</p>

Abbreviation	Term/Definition
DHR	<p>Domestic Homicide Review</p> <p>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—</p> <p>(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or</p> <p>(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.</p> <p>Where the definition set out in the above has been met, then a Domestic Homicide Review should be undertaken.</p>
DoLS	<p>Deprivation of Liberty Safeguards</p> <p>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.</p>
FGM	<p>Female Genital Mutilation</p> <p>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.</p>
GP	<p>General Practitioner – Family Doctor</p> <p>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.</p>
IMR	<p>Individual Health Management Reviews</p> <p>Individual agencies provide Individual Management Reviews (IMR) to Domestic Homicide Review (DHR) Panels.</p> <p>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.</p>
LADO	<p>Local Authority Designated Officer</p> <p>All agencies (including CCG's) that provide services for children, or provide staff or volunteers to work with or care for children are required to have a procedure in place for handling allegations 'against staff'. The Local Authority Designated Officer provides advice, guidance and management where an allegation has been made against a person who works with children or young people under 18 years old.</p>

Abbreviation	Term/Definition
LeDeRr	<p>Learning Disabilities Mortality Review</p> <p>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 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.</p>
MARAC	<p>Multi-Agency Risk Assessment Conference</p> <p>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.</p>
MAPPA	<p>Multi Agency Public Protection Arrangements</p> <p>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.</p>
MASH	<p>Multi Agency Safeguarding Hub</p> <p>Aims to improve the safeguarding response for children and young people through prompt information sharing and high quality and timely safeguarding responses</p> <p>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.</p>
MHHR	<p>Mental Health Homicide Reviews</p> <p>Where patients in receipt of mental health services commit a homicide, NHS England will consider and, if appropriate, commission an investigation. This process is overseen by NHS England's Regional investigation teams. There will be interfaces with other organisations including the police and potentially the Local Authority (there may be interfaces with other types of investigation eg. DHRs and/or SCRs/SARs). Central to this process is the involvement of all relevant parties, which includes the patient, victim(s), perpetrator and their families and carers, and mechanisms to support openness and transparency throughout.</p>

Abbreviation	Term/Definition
MCA	<p>Mental Capacity Act</p> <p>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.</p>
NHS Rotherham CCG	<p>NHS Rotherham Clinical Commissioning Group</p> <p>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.</p>
NHSE Local Area Team	<p>NHS England Local Area Team</p> <p>NHS England is an executive non-departmental public body which and oversees the commissioning of health care in England.</p> <p>There are 7 NHS England Local Area Teams.</p> <p>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.</p>
Ofsted	<p>Office for standards in education, children's services and skills</p> <p>Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages.</p>
PiPoT	<p>Person in a Position of Trust</p> <p>The Care Act 2014 defines people in positions of trust as: 'people who work, in either a paid or unpaid capacity with adults with care and support needs'</p>
Prevent	<p>Prevent</p> <p>Prevent is part of the National Counter-Terrorism Strategy and aims to stop people being drawn into or supporting terrorism.</p> <p>The Prevent strand of the strategy focuses on three key areas which are:</p> <ul style="list-style-type: none"> To respond to the ideological challenge of terrorism and the threat from those who promote it To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support To work with sectors and institutions where there are risks of radicalisation that we need to address

Abbreviation	Term/Definition
RSCP	<p>Rotherham Safeguarding Children Partnership</p> <p>The partnership is responsible for safeguarding children in Rotherham, and has been re-designed as part of new arrangements introduced nationally following the revision of Working Together 2018.</p> <p>It gives statutory responsibility to each area to have a tripartite partnership in place (previously known as Rotherham Local Safeguarding Children Board).</p> <p>The partnership has joint and equal responsibility and consists of NHS Rotherham Local Safeguarding Commissioning Group, South Yorkshire Police and Rotherham Metropolitan Borough Council.</p>
RMBC	<p>Rotherham Metropolitan Borough Council</p> <p>Rotherham received intervention from Government appointed Commissioners in February 2015.</p> <p>Following a re-inspection of services for children in need of help and protection, children looked after and care leavers in November 2017 Rotherham received a 'good' rating.</p> <p>Thus control and responsibility was handed back to Rotherham Metropolitan Council. Description of the response by Rotherham was described as transformational.</p>
RSAB or SAB	<p>Rotherham Safeguarding Adults Board</p> <p>Following implementation of the Care Act 2014, 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.</p> <p>'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'.</p>
SAR	<p>Safeguarding Adults Reviews</p> <p>Is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.</p> <p>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 policy and national guidance, is to:</p> <ul style="list-style-type: none"> • Learn from past experience and the specific event examined; • Improve future practice and outcomes by acting on learning identified by the review; • Improve multi-agency working and compliance with any other multiagency or single agency procedures; including, regulated care services. <p>Safeguarding Adults Reviews used to be known as Serious Case Reviews.</p>

Abbreviation	Term/Definition
Section 42	Section 42 requires that each local authority must make enquiries, or cause others to do so, if it believes an adult with care and support needs is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.
SCR	<p>Serious Case Review</p> <p>Following the update of Working Together 2018 Serious Case Reviews (SCRs): are guided by The Serious Case Review Panel – who support LSCP’s by providing independent advice to ensure all parties learn from serious case reviews.</p> <p>LSCP’s will conduct a SRC when a child is seriously harmed or dies as a result of abuse or neglect.</p> <p>The review identifies how local professionals and organisations can improve the way they work together.</p>
SI	<p>Serious Incident</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>
First Point of contact, formerly known as SPA - Single Point of Access	<p>First Point of Contact, formerly known as SPA</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>Strategic Executive Information System</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>United Kingdom definition.</p> <p>Part of the official name of the <i>British</i> nation; the full name is the <i>United Kingdom</i> 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>

Appendix 2 Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed	YES/NO/Unsure	Comments
1. Title		
Is the title clear and unambiguous?		
Is it clear whether the document is a guideline, policy, procedure/protocol or plan?		
2. Rationale		
Are reasons for development of the document stated?		
3. Development Process		
Is the method described in brief?		
Are people involved in the development identified?		
Has relevant expertise has been used?		
Is there evidence of consultation with stakeholders and users?		
4. Content		
Is the objective of the document clear?		
Is the target population clear and unambiguous?		
Are the intended outcomes described?		
Are the statements clear and unambiguous?		
Are cross references accurate?		
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?		
Are key references cited?		
Are the references cited in full?		
Are supporting documents referenced?		
6. Approval		
Does the document identify which committee/group will approve it?		
If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		