



*Wigan Borough
Clinical Commissioning Group*

**Safeguarding Children, Young
People and Adults at Risk Policy
July 2016**



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Author	Nichola Osborne Assistant Director Safeguarding Children/Designated Nurse Safeguarding Children & Looked After Children
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1. Introduction

1.1. NHS Wigan Borough Clinical Commissioning Group (WBCCG), as with all other NHS bodies, has a statutory duty to ensure that it has arrangements in place to safeguard and promote the welfare of children and young people, that reflect the needs of the children they deal with; and to protect adults at risk of abuse.

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

- Care Act (2014) and related statutory guidance
- Working Together to Safeguard Children (HM Government, March 2015)
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England, July 2015)
- Statutory Guidance on promoting the health and well-being of Looked After Children (DH, 2015)
- Care and Support Statutory Guidance (DH, 2014)
- Safeguarding Adults: The Role of Health Services (DH, 2011)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government, 2007)
- Mental Capacity Act 2005: Statutory Code of Practice (Department for Constitutional Affairs, 2007)
- Deprivation of Liberty Safeguards 2007, Statutory Code of Practice (The Stationary Office)
- Supporting Vulnerable Groups Act (2006)
- Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism. Statutory guidance for Channel panel members and partners of local panels (HM Government, 2015)
- Counter Terrorism Strategy (HM Government, 2015)
- Children Act (1989)
- Children Act (2004)
- The policies and procedures of Wigan Safeguarding Children Board (WSCB) and Wigan Safeguarding Adult Board (WSAB).
- The Greater Manchester Safeguarding Partnership Safeguarding Children Procedures
- NHS England Lancashire and Greater Manchester Sub Regional Team Safeguarding Standards

1.3. As a commissioning organisation WBCCG also has a statutory duty to ensure that all health providers from whom it commissions services (both public and independent sector) have effective safeguarding arrangements in place. These arrangements must include having comprehensive single and multi-agency policies and procedures which are in line with those of the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB) in place to safeguard and promote the welfare of children and to protect adults at risk of abuse, that health providers are linked into the WSCB and WSAB and that health workers contribute to multi-agency working.

1.4. Within Wigan Borough these Boards are Wigan Safeguarding Children Board (WSCB) and Wigan Safeguarding Adults Board (WSAB).

- 1.5.** WBCCG duties also include specific responsibilities for Looked After Children and for supporting the Child Death Overview process.
- 1.6.** In accordance with Safeguarding Vulnerable People - Accountability and Assurance Framework (2015), WBCCG has a duty to support improvements in the quality of primary medical care. In respect of safeguarding, the WBCCG Safeguarding Team supports member GP Practices in achieving and maintaining robust safeguarding arrangements.
- 1.7.** This policy details the roles and responsibilities in respect of safeguarding. This applies to WBCCG as a commissioning organisation, and to all of its employees.
- 1.8.** This policy aims to ensure that no act of commission or omission on behalf of WBCCG, or by the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.
- 1.9.** WBCCG 'Safeguarding Children, Young People and Adults at Risk – Contractual Standards 2016-2017 A Collaborative Greater Manchester (GM) Document' provides clear service standards against which commissioned healthcare providers will be monitored against to ensure that all service users are protected from abuse and the risk of abuse. It sets out the standards required of our service providers and monitoring requirements.
- 1.10.** This policy should be read in conjunction with the following CCG Policies;
 - Disciplinary Policy
 - Whistleblowing Policy
 - Professional Registration Policy
 - Complaints Policy

2. Purpose

- 2.1.** A vital element in the work of the NHS is keeping children and adults at risk safe and protected from potential harm.
- 2.2.** Practitioners working directly with children and their parents/carers or with adults at risk and the managers of those practitioners have key roles within this work.
- 2.3.** It is therefore important that these staff groups fully understand their responsibilities and duties as set out in primary legislation and associated regulations and guidance.
- 2.4.** WBCCG regularly reviews its provider safeguarding assurance processes in order to both ensure that they allow the CCG to achieve these standards and to further develop the processes as necessary.
- 2.5.** WBCCG undertakes relevant annual audits of its own safeguarding arrangements against the set of standards outlined within the Accountability and Assurance Framework (2015). The findings of these audits are reported to the Clinical

Governance Committee including any actions required to ensure full compliance. This is then submitted to NHS England. The NHS England Safeguarding Assurance Framework for CCGs is included at **Appendix 7**.

- 2.6.** In developing this policy WBCCG recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm.
- 2.7.** In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:
- The commitment of senior managers and Governing Body members to seek continuous improvement with regards to safeguarding both within the work of the CCG and within those services commissioned;
 - Service developments that take account of the need to safeguard all service users, and are informed, where appropriate, by the views of service users;
 - Staff training, and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children, Looked After Children, adults at risk of abuse, Prevent, Duty of Candour, the Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards (DoLS);
 - Appropriate supervision and support for staff in relation to safeguarding practice;
 - Safe working practices including safe recruitment and vetting procedures;
 - Effective interagency and partnership working, including effective information sharing.
- 2.8.** The above principles reflect the expectations of the 'Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework' (2015) and statutory guidance as referenced within this policy.

3. Definitions

- 3.1.** For the purposes of this policy the following definitions provide clarity of terms:
- 3.2. Commissioning** - The process of arranging continuously improving services which deliver the best quality outcomes for patients and meet the population's health needs
- 3.3. Children** - In this policy, as defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.
- 3.4. Safeguarding and promoting the welfare of children** is defined in Working Together to Safeguard Children (HM Government, 2015) as:
- 3.5. Protecting children from maltreatment;**
- Preventing impairment of children's health or development;
 - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best life chances.

- 3.6. Child protection:** Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
- 3.7. Young Carers:** children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental ill health problems, or misuse drugs or alcohol.
- 3.8. Looked After Children:** The term ‘looked after children and young people’ is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe ‘accommodated’ (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.
- 3.9. Adult at Risk:** For the purposes of this policy, an adult is defined as anyone 18 years or over.
- 3.10.** The Care Act (2014) identifies an adult at risk as being:
‘A person who has needs for care and support (whether or not the local authority is meeting any of those needs), and as a result of those needs the person is unable to protect him/herself against abuse, neglect or the risk of it.’
- 3.11.** The term ‘adult at risk’ is increasingly being used to replace that of ‘vulnerable adult’ as it focuses on the situation causing the risk rather than the characteristics of the adult concerned.
- 3.12.** Under Section 59 Supporting Vulnerable Groups Act 2006 a person aged 18 years or over is also defined as a vulnerable adult where they are ‘receiving any form of health care’ and ‘who needs to be able to trust the people caring for them, supporting them and/or providing them with services’.
- 3.13. Adult Safeguarding:** The Principles for Adult Safeguarding are as follows (DH, 2011):
- **Empowerment** - Presumption of person led decisions and informed consent;
 - **Protection** - Support and representation for those in greatest need;
 - **Prevention** - It is better to take action before harm occurs;
 - **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented;
 - **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse;
 - **Accountability** - Accountability and transparency in delivering safeguarding.
- 3.14. Mental Capacity Act (MCA):** The Mental Capacity Act (MCA) (2005) sets out who can, and how to, make decisions relating to care and treatment for those who lack capacity to make such decisions. The MCA covers decisions relating to finance, social care, medical care and treatments, research and everyday living decisions, as well as planning for the future. Within the MCA, the term capacity relates to the person’s ability to consent to or refuse care or treatment. The Act provides a two stage test for

assessing a person's capacity and this must be used for each individual decision to be made.

- 3.15.** The MCA applies to all over the age of 16 years, with a presumption that all young people (16 and 17 years of age) and adults have the ability to give valid consent to or refuse treatment.
- 3.16. Deprivation of Liberty Safeguards (DoLS):** Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.
- 3.17.** The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.
- 3.18.** A Supreme Court judgment in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty, which consisted of two questions:
- Is the person subject to continuous supervision and control?; and
 - Is the person free to leave? – with the focus being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.
- 3.19.** If someone is subject to that level of supervision, and is not free to leave, then it is likely that they are being deprived of their liberty. Each case must be considered on its own merits, but in addition to the two 'acid test' questions, if the following features are present, it would make sense to consider a deprivation of liberty application:
- Frequent use of sedation/medication to control behaviour;
 - Regular use of physical restraint to control behaviour;
 - The person concerned objects verbally or physically to the restriction and/or restraint;
 - Objections from family and/or friends to the restriction or restraint;
 - The person is confined to a particular part of the establishment in which they are being cared for;
 - The placement is potentially unstable;
 - Possible challenge to the restriction and restraint being proposed to the Court of Protection or the Ombudsman, or a letter of complaint or a solicitor's letter;
 - The person is already subject to a deprivation of liberty authorisation which is about to expire.
- 3.20. Prevent (counterterrorism):** The healthcare sector is a key partner in delivering the HM Government's Prevent strategy and promotes a non-enforcement approach to support the health sector in preventing people becoming radicalised. Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities.
- 3.21.** WBCCG is committed to safeguarding and supporting vulnerable individuals, including staff, who may be at risk of being radicalised by violent extremists. The CCG will ensure appropriate systems are in place for staff to raise concerns if they are aware of

this form of exploitation taking place and to promote and operate a safe environment where violent extremists are unable to operate.

3.22. Radicalisation refers to the process by which people come to support, and in some cases to participate in terrorism.

3.23. Violent Extremism – is defined by the Crown Prosecution Service (CPS) as: the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Foment, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Foment other serious criminal activity or seek to provoke others to serious criminal acts;
- Foster hatred which might lead to inter-community violence in the UK.

3.24. More recently in 2015 the Home Office asserted that: ‘Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist’.

3.25. Appendix 4 provides a procedural flowchart for CCG staff for Prevent referrals within the CCG.

4. Roles & Responsibilities

4.1. Fundamentally, the role of the CCG is to work with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed and delivering improved outcomes and life chances for the most vulnerable.

4.2. The CCG is required to demonstrate that it has appropriate systems in place for discharging its statutory duties in terms of safeguarding.

4.3. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that the CCG commissions would result in failure to meet statutory and non-statutory constitutional and governance requirements.

4.4. The CCG is required to demonstrate that it meets the statutory requirements in relation to safeguarding children, young people and adults at risk of abuse as set out within the NHS England Safeguarding Assurance Framework for CCGs – See **Appendix 7**

Chief Officer

4.5. The Chief Officer holds the ultimate accountability for safeguarding children and adults at risk of abuse as the CCG Executive Lead. The Chief Officer is also the CCG member of the WSCB.

4.6. The role of the Chief Officer is to ensure that:

- The health contribution to safeguarding and promoting the welfare of children and adults at risk is discharged effectively across the whole health economy through the organisation's commissioning arrangements;
- The CCG meets its statutory safeguarding responsibilities including cooperating with the Local Authority in the operation of the WSCB and WSAB;
- The organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse;
- Safeguarding children and adults at risk is identified as a key priority area in all strategic planning processes.

Director of Quality

4.7. The Director of Quality is the CCG member of the WSAB and acts as deputy for the WSCB as required.

4.8. Additionally the Director of Quality:

- Supports the Chief Officer in ensuring that the CCG meets its statutory safeguarding responsibilities;
- Champions safeguarding issues at the CCG Governing Body;
- Provides executive leadership to the CCG Safeguarding Team.

Associate Director Quality, Safety and Safeguarding

4.9. The Associate Director of Quality, Safety and Safeguarding provides operational line management to the CCG Safeguarding Team.

4.10. Additionally the Associate Director Quality, Safety and Safeguarding ensures that:

- The CCG holds a current Service Level Agreement with the local hospital for a Designated Doctor for Safeguarding Children and Designated Doctor for Looked After Children;
- Service providers' fulfil their contractual standards for safeguarding and their performance with regard to safeguarding quality measures and other contracts are monitored and reported to the Governing Body.

CCG Non-Executive Governing Body Nurse

4.11. The role of the CCG Non-Executive Governing Body Nurse is to provide constructive challenge to, and scrutiny of the CCG safeguarding systems.

The CCG Safeguarding Team

4.12. The CCG Safeguarding Team sits within the Quality Directorate of the CCG. The Assistant Directors/Designated Nurses are directly accountable to the Associate Director of Quality, Safety and Safeguarding, and support both the Director of Quality and the Associate Director of Quality, Safety and Safeguarding in ensuring that the CCG meets its statutory safeguarding responsibilities.

4.13. The Safeguarding Team takes responsibility for the day to day work required to ensure that that CCG meets its legal and statutory requirements including those stipulated within the Accountability and Assurance Framework (2015).

4.14. This work includes the provision of advice on safeguarding cases to CCG staff members, GP Member Practices, other health provider organisations and the Local Authority.

4.15. The Assistant Director/Designated Nurse for Safeguarding Children and the Assistant Director Safeguarding Adults roles are to work across the local health system.

4.16. Their responsibilities include:

- Ensuring that all statutory Designated Nurse Safeguarding Children and Designated Adults Safeguarding Manager functions are performed;
- That the CCG Mental Capacity Act requirements are met;
- Attend Local Safeguarding Board Meetings as expert health advisors along with the agreed CCG member;
- Undertake Serious Case Reviews, Local Case Reviews, Domestic Homicide Reviews, Local Learning Reviews, Case Management Reviews on behalf of health commissioners and quality assure the health content;
- Influence at all points in the commissioning cycle from procurement to quality assurance to ensure that all services commissioned meet statutory safeguarding requirements;
- Monitor service providers' performance in relation to safeguarding via bi-monthly Quality, Safety and Safeguarding Group (QSSG) Meetings in partnership with the Quality and Safety Team;
- Provide a Quality, Safety and Safeguarding Report to the Clinical Governance Committee and the Governing Body on a quarterly basis;
- Contribute to the performance monitoring of provider safeguarding Significant Incidents in accordance with the relevant CCG Policy;
- Provide annual safeguarding reports for consideration by the Governing Body.

4.17. The CCG Safeguarding Team contact details are included in **Appendix 1**.

CCG Designated Doctor for Safeguarding Children

4.18. The Designated Doctor for Safeguarding Children undertakes the role as detailed in the Intercollegiate Document (2014) working closely with the CCG Safeguarding Team and Provider Named Nurses and Named Doctors in supporting all activities necessary to ensure that the CCG meets its responsibilities in safeguarding children and young people.

4.19. Their responsibilities include:

- Providing strategic and clinical leadership for safeguarding children in the Wigan Borough;
- Providing advice and support and safeguarding supervision to the named doctors in each provider;
- Acting as a source of strategic and professional advice on matters relating to safeguarding children for WBCCG as a commissioner of services and to other service providers and professionals;

- Advising, promoting, influencing and developing relevant training to ensure that the training needs of health staff are addressed; this may involve direct involvement in training delivery or quality assurance for training;
- Providing leadership and specialist medical opinion for learning from reviews including safeguarding children related serious incidents; interagency reviews and Serious Case Reviews.

CCG Named GP for Safeguarding Children

4.20. The Named GP for Safeguarding Children undertakes the role as detailed in Intercollegiate Guidance (2014) working collaboratively with the Safeguarding Team in supporting GP Member Practices to achieve and maintain robust safeguarding arrangements.

4.21. Their responsibilities also include:

- Chairing the GP Safeguarding Lead meetings;
- Championing safeguarding issues at the Clinical Governance Committee;
- Providing advice regarding safeguarding cases to CCG staff members, GP Member Practices, other health provider organisations and the Local Authority.

Designated Paediatrician for Sudden Unexpected Death in Childhood (SUDC)

4.22. The role of the Designated Paediatrician for SUDC is to:

- Provide on call cover for the Greater Manchester Rapid Response SUDC Rota which includes telephone advice and attending the emergency department promptly when on call (if necessary), once they have been informed of a sudden unexpected child death;
- Take the lead in the medical investigation in communication with other health care professionals and in communication with other agencies (Police, Police coroner's Officer, Coroner's Office and Children's Social Care);
- Ensure all necessary multi-agency strategy discussions/meetings take place in non-suspicious cases;
- Fulfil all requirements of the Greater Manchester Procedure for the Management of SUDC (Rapid Response).

Commissioners

4.23. Commissioners are responsible for ensuring that service specifications, invitations to tender and service contracts fully reflect safeguarding requirements. They are also required to ensure that any identified concerns about provider safeguarding arrangements should also be reported to the CCG Safeguarding Team.

Continuing Health Care, Mental Health and Learning Disability Commissioners

4.24. Continuing Health Care, Mental Health and Learning Disability Commissioners are responsible for ensuring that before any placement or care package is agreed for a child or adult, the intended provider has been assessed against safeguarding standards.

Line Managers

4.25. Line Managers are responsible for ensuring:

- Safeguarding responsibilities are reflected in all job descriptions for staff they manage, relevant to the job role;
- That staff are up to date with mandatory safeguarding training in line with this policy as part of Annual Professional Development Reviews;
- Any staff in contact with children, and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with this policy - see Appendices 2 and 3 - and in line with the policies of:

WSCB available at <http://www.wigan.gov.uk/WSCB/index.aspx>

WSAB available at <https://www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Adults/Safeguarding-Adults-Policy.pdf>.

CCG Individual Staff Members

4.26. CCG Individual Staff Members should:

- Be alert to the potential indicators of abuse or neglect for children and adults at risk and know how to act on those concerns in line with this policy - see Appendices 2 and 3 - and in line with the policies of:
WSCB available at <http://www.wigan.gov.uk/WSCB/index.aspx>
WSAB available at <https://www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Adults/Safeguarding-Adults-Policy.pdf>;
- Take part in regular training, in line with this policy, to ensure their competency in this area and contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect children and adults at risk;
- Understand the principles of confidentiality and information sharing in line with local and government guidance - see **Appendix 5**.

GP Member Practices

4.27. GP Member Practices should:

- Should have an appointed GP Safeguarding Lead with responsibility for ensuring that Practice staff members have undertaken required safeguarding training and for being the first point of contact within the Practice for discussion of any safeguarding concerns;
- Should understand the principles of confidentiality and information sharing in line with local and government guidance - see **Appendix 5**;
- Should act in a timely manner on any concern or suspicion that a child or adult at risk is being or is at risk of being abused or neglected and ensure that the situation is assessed and investigated;
- Should contribute to safeguarding processes for children and adults at risk including multi-agency meetings when requested to do so;
- Should participate in Individual Management Reviews, Serious Case Reviews, Serious Adult Reviews, Domestic Homicide Reviews, and Local Case Reviews and provide patient identifiable information when requested to do so;

- Should contribute to WSCB and WSAB multi-agency audits and provide patient identifiable information when requested to do so.

Human Resources

4.28. Human Resources are responsible for ensuring that all staff in contact with children, parents/carers, and adults at risk in the course of their normal duties undergo Disclosure and Barring Service checks in line with national and local guidance and that references are always verified before any offer of employment is made.

4.29. Human Resources also provide advice and support to CCG managers over any allegations against staff as necessary.

5. Managing Allegations Against Persons who work with Children or Adults at Risk

5.1. Any allegation or concern about a staff member's suitability to work with children or adults at risk identified in the workplace or in respect of their home life must immediately be reported to the Director of Quality and/ or to the Associate Director Quality, Safety and Safeguarding. Human Resources will also be informed and will provide required advice and support as necessary.

5.2. If the concern relates to a child, the GM Policy entitled 'Procedures for managing allegations against workers, carers and volunteers who have contact with children' should be followed whenever there is an allegation or concern that a member of staff in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children (if they do so).

5.3. The Assistant Director/Designated Nurse for Safeguarding Children will inform the Local Authority Designated Officer (LADO) as soon as an allegation is received.

5.4. The Assistant Director/Designated Nurse for Safeguarding Children also acts as the named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with the WSCB Child Protection Procedures. This will involve working with Human Resources and the individual's line manager and other relevant Senior Managers in relation to safely managing the member of staff;
- Resolving any inter-agency issues;
- Liaising with the WSCB on the subject.

The CCG Disciplinary and Professional Registration Policy should be followed if CCG staff members become aware of any such concerns.

6. Whistleblowing

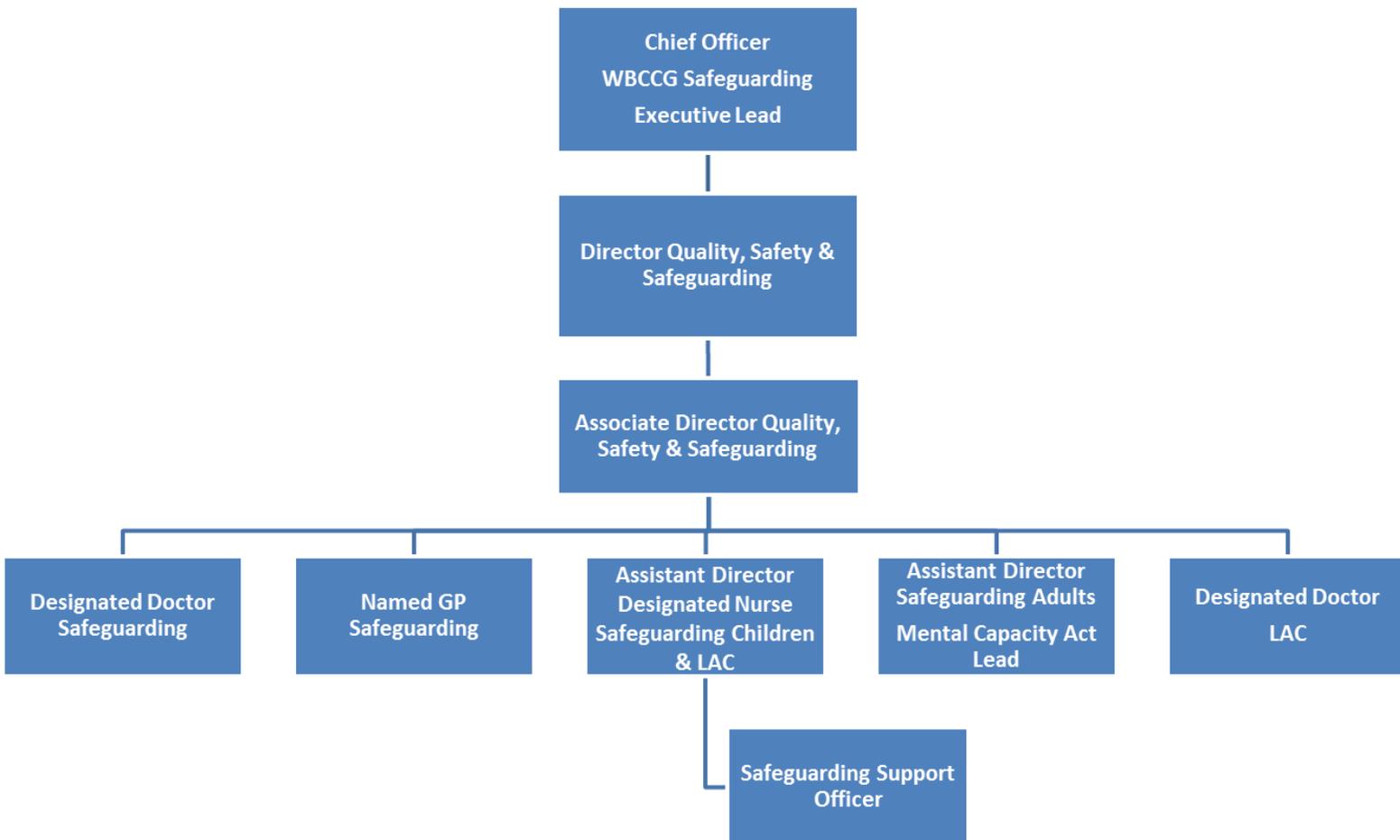
6.1. All CCG staff members have a responsibility to disclose suspected "malpractice" or concerns about the organisation. Although there is currently no legal definition

“whistleblowing” has come to be accepted as the disclosure by an employee of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace. These concerns may be in relation to the organisation or the employees of the organisation.

- 6.2.** It has been recognised that actively encouraging staff to raise concerns about health care, probity and quality matters responsibly and without delay ensures that the interests of patients are always put first.
- 6.3.** The Public Interest Disclosure Act (PIDA) 1998 ensures protection for employees who have concerns about the organisation they work for provided that staff are acting in good faith, reasonably believe that the matter being disclosed is either happening now, took place in the past, or is likely to happen in the future and is making a "qualifying disclosure".
- 6.4.** For example, the following are all qualifying disclosures:
- A criminal offence
 - The breach of a legal obligation
 - A miscarriage of justice
 - A danger to the health or safety of any individual
 - Damage to the environment
 - Deliberate covering up of information tending to show any of the above five matters
 - Abuse or mistreatment of patients or other staff
 - Exposing patients to unacceptable risk
 - Acts of fraud and theft against the organisation and patients
 - Dangerous health and safety situations
 - Deliberately concealing information relating to any malpractice
 - Staff working under the influence of alcohol
 - Bullying or harassment of staff/patients
- 6.5.** The CCG Whistleblowing Policy should be followed if CCG staff members become aware of any such concerns.

7. Governance Arrangements

7.1. The CCG Safeguarding Team Structure is detailed below:



7.2. The CCG Safeguarding Team reports directly to the Clinical Governance Committee and subsequently the CCG Governing Body. The CCG Safeguarding Team Reporting Schedule is detailed below:

Frequency	Report Title
Annual	The CCG Governing Body must receive an Annual Report for Safeguarding Children, Young People and Adults at Risk. This is an overview of safeguarding practice across providers and within commissioning. The report will be prepared by the Assistant Director/Designated Nurse Safeguarding Children and Looked After Children and Assistant Director Safeguarding Adults.
Quarterly	The CCG Governing Body must receive a quarterly report for Quality, Safety and Safeguarding prepared by the Quality and Safety Team and the Safeguarding Team.
Quarterly	The CCG Clinical Governance Committee will receive Quality, Safety and Safeguarding update reports on a quarterly basis. This will include the WBCCG position against the NHS England Safeguarding Assurance Framework, updates on Serious Case Reviews, Domestic Homicide Reviews, Local Case Reviews, Serious Incidents and Safeguarding Team progress against identified work streams.
As necessary	Relevant CCG Senior Managers and Governing Body Members will receive verbal reports or written briefings on Serious Case Reviews, Domestic Homicide Reviews, Child Deaths and serious issues as required.

8. CCG Safeguarding Children and Adults at Risk Training Requirements

- 8.1.** WBCCG has a responsibility to ensure that commissioned services have robust safeguarding training strategies in place that are fit for purpose and comply with national guidance. This is monitored via the Quality, Safety and Safeguarding Group meetings with Providers.
- 8.2.** The CCG also has a responsibility to ensure that all staff are trained and competent to be alert to potential indicators of abuse and neglect. Staff should know how to act on those concerns and to fulfil their roles and responsibilities for safeguarding children and adults at risk in line WSCB and WSAB procedures.
- 8.3.** Whilst Level 1 safeguarding training for children and adults is mandatory for all staff, training needs will then be dependent on an individual's roles and responsibilities. An individual's training needs should form part of their personal development plan which is to be agreed with their line manager.
- 8.4.** The CCG Safeguarding Training requirements are provided at **Appendix 6**.

9. Equality, Diversity & Human Rights Impact Assessment

- 9.1.** In line with equality legislation, this policy aims to safeguard children, young people and adults at risk irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being age; gender; race; disability; marriage/civil partnership; maternity/pregnancy; religion/belief; sexual orientation and gender reassignment.

10. Consultation & Approval Process

- 10.1.** The CCG Safeguarding Team has consulted with relevant colleagues, as listed on the 'Document Control Page' for comments and feedback.
- 10.2.** This policy has been taken through the CCG policy process with ratification by the Clinical Governance Committee and Corporate Governance Committee.

11. Dissemination & Implementation

- 11.1.** The CCG Safeguarding Policy will be made available to all staff via CCG intranet SharePoint and published on the safeguarding page of the CCG website. Staff will also be made aware of this policy via the CCG Global Staff Newsletter.
- 11.2.** This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Director of Quality so that the level of risk can be assessed and an action plan can be formulated.

12. Monitoring and Review

12.1. This policy will be reviewed annually or as required in response to legislative or policy changes and submitted to Clinical Governance committee and Corporate Governance Committee for ratification.

13. References & Bibliography

13.1. In developing this Safeguarding Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and policies and procedures of the WSCB and WSAB.

13.2. Statutory Guidance

- Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London – See Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf
- Department for Education and Department of Health (2015) Statutory guidance on Promoting the health and well-being of looked after children, DfE and DH publications – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf
- HM Government (2011) Safeguarding children who may have been trafficked – Practice Guidance, DCSF publications – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE-00084-2011.pdf
- HM Government (2008) Safeguarding Children in whom illness is fabricated or induced, DCSF publications – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf
- HM Government (2014) The Right to Choose: Multi-agency statutory guidance for dealing with Forced marriage, Forced Marriage Unit: London – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf
- HM Government (2015) Working Together to Safeguard Children, DfE publications – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- Ministry of Justice (2008) Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005, London TSO – See link: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

- Care and Support Statutory Guidance (2014) (Issued under the Care Act 2014, Department of Health – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf
- Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism. Statutory guidance for Channel panel members and partners of local panels (HM Government, 2015) – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

13.3. Non-statutory guidance

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England, July 2015) – See link: <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>
- Children’s Workforce Development Council (March 2010) Early identification, assessment of needs and intervention. The Common Assessment Framework for children and Young People: A practitioner’s guide, CWCD
- DH (June 2012) The Functions of Clinical Commissioning Groups (updated to reflect the final Health and Social Care Act 2012) See Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216555/dh_134569.pdf
- DH (March, 2011) Adult Safeguarding: The Role of Health Services – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215713/dh_125035.pdf
- DH (May, 2013) Statement of Government Policy on Adult Safeguarding – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197402/Statement_of_Gov_Policy.pdf
- DH (Nov, 2011), Building Partnerships, Staying Safe. - The Health Sector Contribution to HM Governments Prevent Strategy. Guidance for Healthcare organisations – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf
- HM Government (2015) What to do if you’re worried a child is being abused. Advice for practitioners, Department for Education publications – See link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- HM Government (2015) Information Sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers Department for Education publications

– See link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

- Ministry of Justice, Department of Health (2014) Mental Capacity Act: government response to the House of Lords Select Committee report See Link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/318730/cm8884-valuing-every-voice.pdf
- Law Commission (May, 2011) Adult Social Care Report – See link:
http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc326_adult_social_care.pdf
- Department of Health (2016) Female Genital Mutilation Risk and Safeguarding. Guidance for professionals. DH publications See Link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf
- Royal College Paediatrics and Child Health et al (2015) Looked after children: Knowledge, skills and Competences for Health Care Staff. Intercollegiate Document supported by the Department of Health. See Link:
http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf
- Royal College Paediatrics and Child Health et al (2014) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health. See Link:
[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20(3)_0.pdf)
- NHS WBCCG (2015) Policy for the Performance Management of Serious Incidents/Never Events.
- NHS WBCCG (2014) Whistle Blowing Policy and Procedure (Raising Concerns at Work).

13.4. Best practice guidance

- Carpenter et al (2009) The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children. London: DCSF
- Child and Maternal Health Observatory (2012) Safeguarding Children Training Directory. London: CHIMAT
- Department of Health (2004) Core Standard 5 of the National Service Framework for Children Young People and Maternity Services plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
- Department of Health (2009) Responding to domestic abuse: a handbook for health professionals

- Department of Health (2010) Clinical Governance and adult safeguarding: an integrated approach, Department of Health
- Department of Health (2006) Mental Capacity Act Best Practice Tool, Gateway reference: 6703
- HM Government (2011) Multi-agency practice guidelines: Female Genital Mutilation
- HM Government (2009) Multi-agency practice guidelines: Handling cases of Forced Marriage, Forced Marriage Unit: London
- HM Government. (2011). The United Kingdom's Strategy for Countering International Terrorism, from Home Office accessed at link
- National Institute for Health and Clinical Excellence (2009) When to suspect child maltreatment, Nice clinical guideline 89
- National Institute for Healthcare Excellence (2013) NICE support for commissioning for the health and well-being of looked after children and young people.
- National Institute for Healthcare Excellence (2014) Domestic abuse and violence Nice PH 50
- RCPCH et al (2012) Standards for Children and Young People in Emergency Care Settings; Intercollegiate standards

13.5. Wigan Borough CCG Safeguarding Children, Young People and Adults at Risk – Contractual Standards 2016-2017 A Collaborative Greater Manchester (GM) Document

<http://wbccg-sharepoint.gp-alwpct.nhs.uk/sites/wbccg/Policies/WBCCG%20-%20GM%20Contractual%20Standards%20Safeguarding%20Childen%20Young%20People%20%20Adults%20Policy%202016-17.pdf>

13.6. Wigan Safeguarding Children Board

- Policies, procedures and practice guidance accessible at: <http://www.wigan.gov.uk/WSCB/index.aspx>
- Greater Manchester Safeguarding Procedures

13.7. Wigan Safeguarding Adult Board

- Policies, procedures and practice guidance accessible at: <https://www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Adults/Safeguarding-Adults-Policy.pdf>

13.8. Care Quality Commission

- Care Quality Commission (2009) Guidance about compliance: Essential Standards of Quality and Safety

13.9. Disclosure and Barring Service

- The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children. <http://www.homeoffice.gov.uk/agencies-publicbodies/dbs>

14. Glossary

- CCG Clinical Commissioning Group
- CHIMAT Child and Maternal Health Observatory
- CSE Child Sexual Exploitation
- DH Department of Health
- DoLS Deprivation of Liberty Safeguards
- FGM Female Genital Mutilation
- GM Greater Manchester
- GP General Practitioner
- LAC Looked After Children
- LADO Local Authority Designated Officer
- LSCB Local Safeguarding Children's Board
- LSAB Local Safeguarding Adult Board
- MCA Mental Capacity Act
- PIDA Public Interest Disclosure Act
- RCPCH Royal College of Paediatrics and Child Health
- WBCCG Wigan Borough Clinical Commissioning Group
- WSCB Wigan Safeguarding Children Board
- WSAB Wigan Safeguarding Adult Board
- SI Serious Incident – an incident involving a patient or their carers, staff or contractor where death, permanent harm or injury resulted

15. Categories of Abuse

Abuse of children:

For **children's** safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2015).

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when

a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males.

Women can also commit acts of sexual abuse, as can other children.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Abuse of vulnerable adults (adults at risk):

Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

Physical abuse: including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual abuse: including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also results in bodily harm and/or mental distress. It can involve failure to intervene in behaviour which is likely to cause harm to a person or to others. Neglect can occur because of lack of knowledge by the carer.

NB: **Self neglect** by an adult will not usually result in the instigation of the adult protection procedures unless the situation involves a significant act of omission or commission by someone else with responsibility for the care of that adult. Self-neglect guidance and procedures are available via the following link:

Possible indicators of neglect include:

- Malnutrition
- Untreated medical problems
- Pressure sores
- Confusion
- Over-sedation

Discriminatory abuse: including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Institutional Abuse

This may take the form of isolated incidents of poor or unprofessional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Neglect and poor professional practice can often develop into institutional abuse.

Modern Day Slavery (Human Trafficking)

Trafficking is the movement of people by means such as force, fraud or deception with the aim of exploiting them. Human trafficking is often referred to as "modern day slavery."

Trafficking is:

- The act: recruitment, transportation, transfer, harbouring or receipt of persons;
- The means: threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person;
- The purpose: exploitation.

The trafficking and exploitation of children is child abuse and any such concerns must be managed by following local child protection referral processes.

Female Genital Mutilation (FGM)

The World Health Organisation (WHO) states that female genital mutilation (FGM):

"Comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons".

Child Sexual Exploitation (CSE)

The National Working Group has developed the following definition of CSE:

“The sexual exploitation of children and young people under 18 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 performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. 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”.

Domestic Abuse

Domestic abuse is defined by the Home Office (2013) as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Appendix 1 – NHS Wigan Borough CCG Safeguarding Team Contact Details

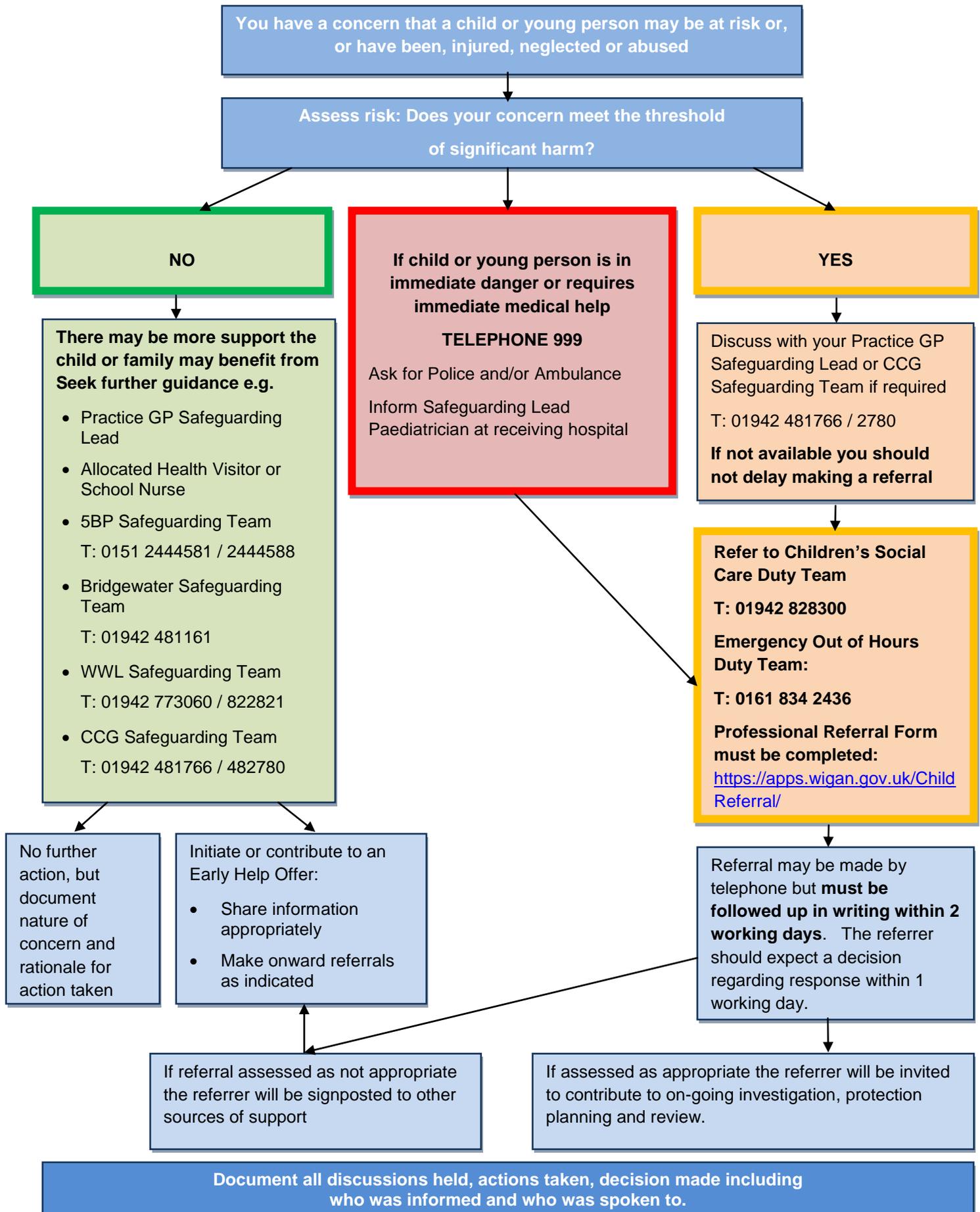
Sally Forshaw	Associate Director Quality, Safety & Safeguarding	Email: sally.forshaw@wiganboroughccg.nhs.uk Tel: 01942 482870
Nichola Osborne	Assistant Director Safeguarding Children/Designated Nurse Safeguarding Children & Children Looked After	Email: nichola.osborne@wiganboroughccg.nhs.uk Secure Email: nicholaosborne@nhs.net Tel: 01942 482780 Mobile: 07919 540350
Reuben Furlong	Assistant Director Safeguarding Adults	Email: reuben.furlong@wiganboroughccg.nhs.uk Tel: 01942 482771 Mobile: 07795 826153
Dr Justin Tankard	Named GP Safeguarding	Email: justin.tankard@wiganboroughccg.nhs.uk Tel: 01942 481766
Dr Shirley Castille	Designated Doctor Safeguarding	Email: shirley.castille@wiganboroughccg.nhs.uk Secure Email: s.castille@nhs.net Tel: 01942 481766 Mobile: 07469 379308
Jane Skuce	Safeguarding Support Officer	Email: jane.skuce@wiganboroughccg.nhs.uk Tel: 01942 481766

Secure Safeguarding Team Email: safeguarding.wbccg@nhs.net

Address: The Life Centre, College Avenue, Wigan, WN1 1YN

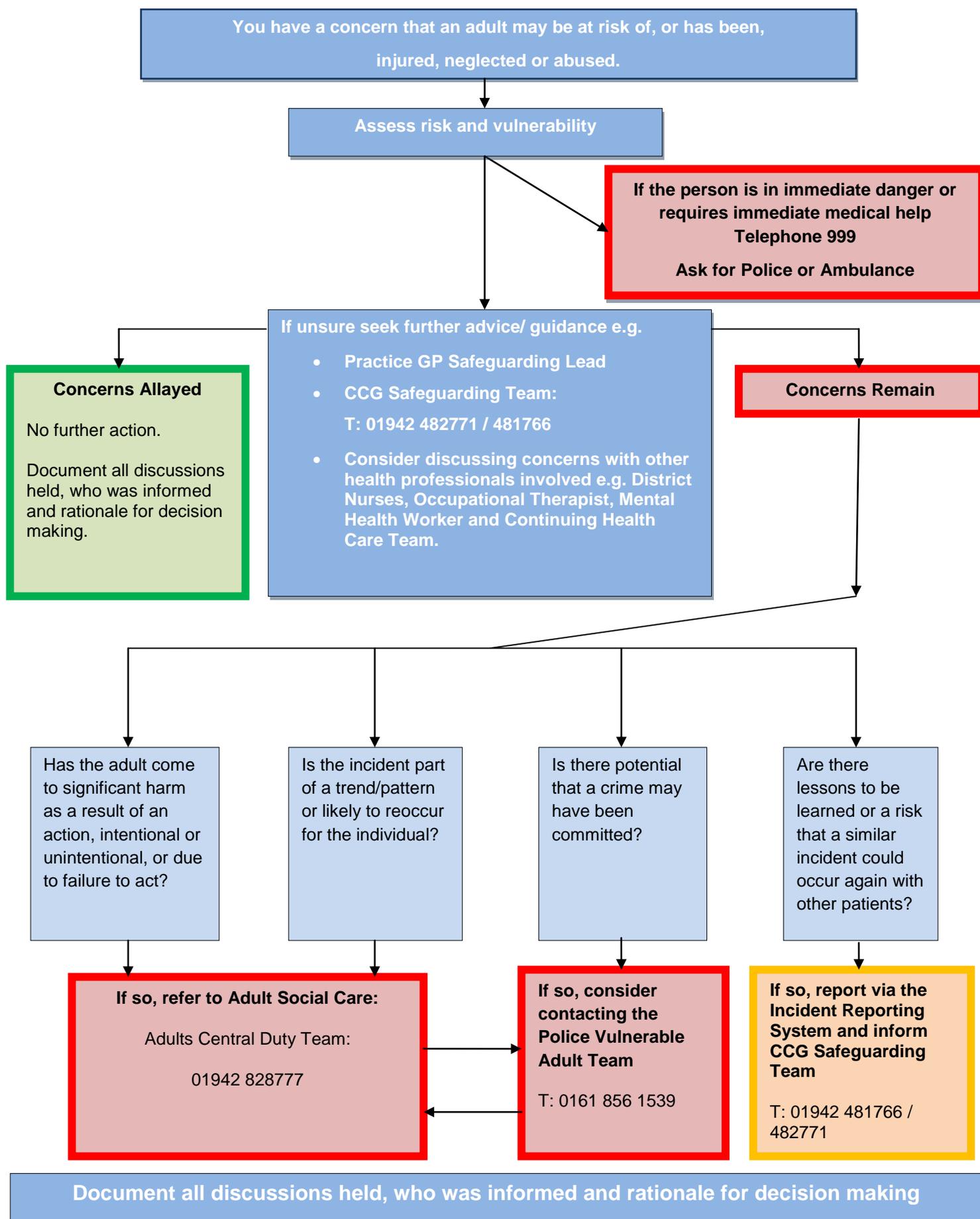
Appendix 2 – CCG/Primary Care Services Safeguarding Children Flowchart

What to do if a Child or Young Person is at risk of harm



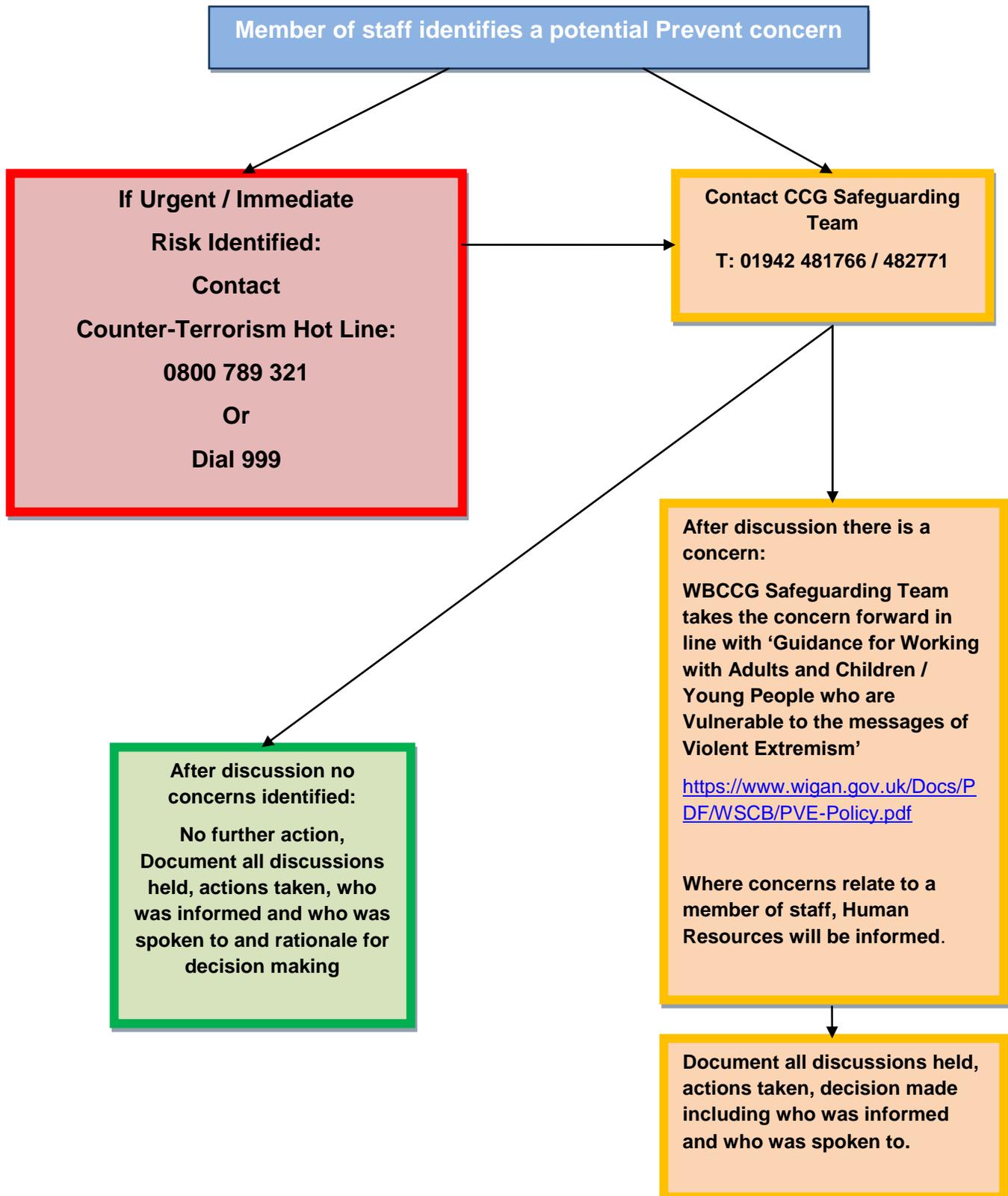
Appendix 3 – CCG/Primary Care Services Safeguarding Adults Flowchart

What to do if an Adult is at risk of harm



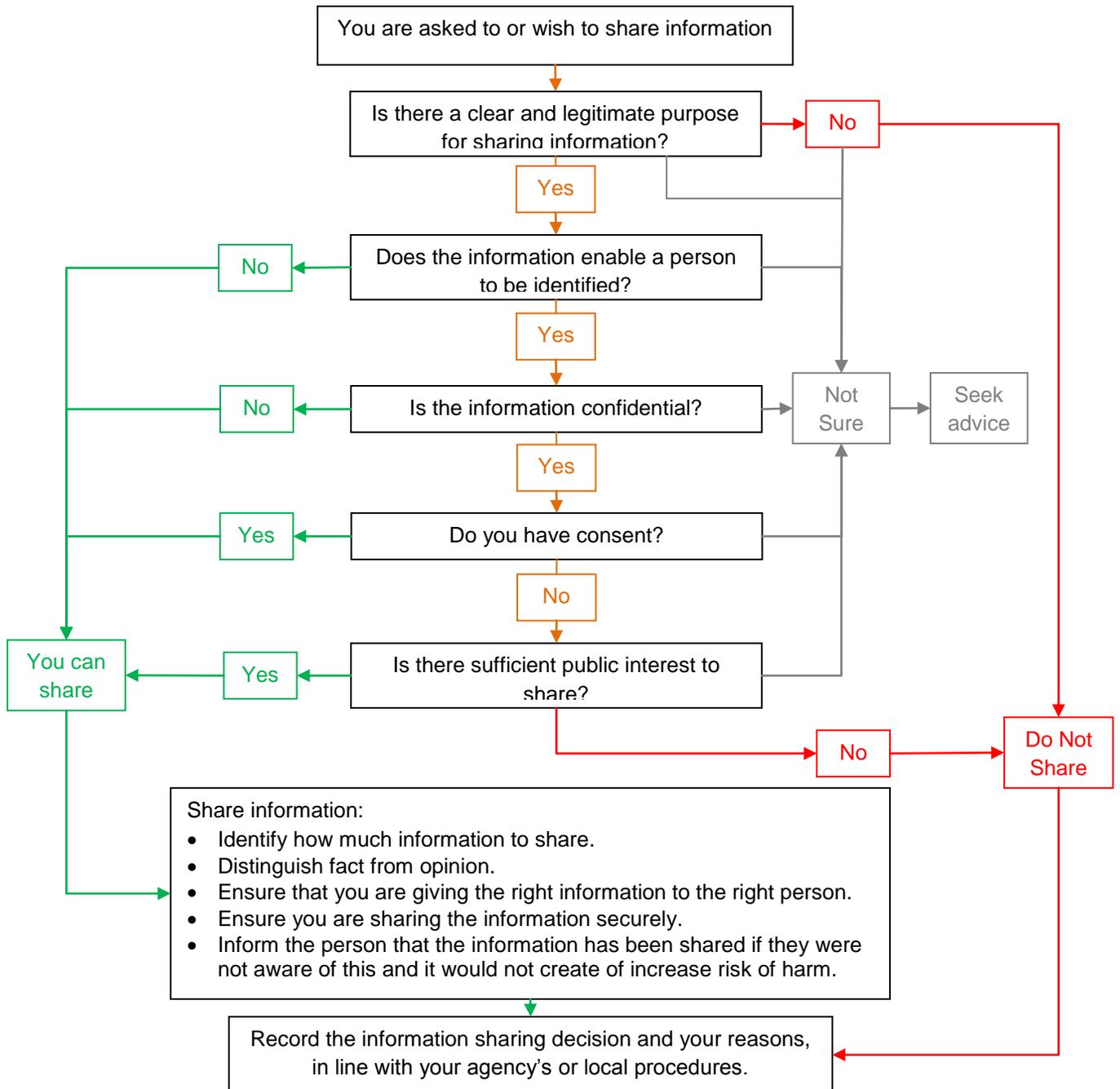
Appendix 4 – CCG/Primary Care Services Prevent Flowchart

What to do if you have a Prevent (Counterterrorism) concern



Appendix 5 – Information Sharing Guidance and Seven Golden Rules

Flowchart for key questions for information sharing



If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, the follow the relevant procedures without delay.

Seek advice if you are not sure what to do at any stage and ensure that the outcome of the

Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 6 - Safeguarding Children and Adults Training Needs Analysis for Wigan Borough CCG Staff

All CCG staff have a duty to safeguard and protect the welfare of children and adults at risk. Safeguarding training must be undertaken in order that staff members are able to meet safeguarding responsibilities as required for their specific role. This table outlines the training required by CCG staff members. Additional information on the content of Levels 1- 5 Safeguarding Children training are included within the 2014 Intercollegiate Guidance entitled Safeguarding Children and Young People: the roles and competences of health care staff.

Training	CCG Staff Groups	Training Provision and Frequency
Level 1 Safeguarding Children	All Board Level Executives & non executives, lay members, non- clinical staff, administrative, domestics, Competencies should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans.	Training must be accessed within 3 months of coming into post. This e-learning course can be accessed via the National Learning Management System and can also be undertaken as refresher training. Over a three-year period staff should receive refresher training equivalent to a minimum of 2 hours.
Level 1 Safeguarding Adults	All CCG staff	Training must be accessed within 3 months of coming into post. This e-learning course can be accessed via the National Learning Management System and can also be undertaken as refresher training. Staff must receive 3 yearly refresher training.
Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)	Relevant clinical staff including the Safeguarding and NHS Funded Care Team members	Training must be undertaken once and can be accessed via the Safeguarding Team
Level 2 Safeguarding Children	CCG clinical staff who have any contact with children, young people and/or parents/carers.	<u>Staff must initially access Level 1 safeguarding children training on induction.</u> <u>Level 2 training should then be undertaken and can be</u>

Training	CCG Staff Groups	Training Provision and Frequency
		<p><u>accessed via the Safeguarding Team.</u></p> <p>Over a three-year period staff should receive Level 2 refresher training equivalent to a minimum of 3-4 hours. Training should be tailored to the roles of individuals.</p>
<p>Level 3 Safeguarding Children</p>	<p>CCG clinical staff working predominantly with children and/or their families who could contribute to assessing, planning, intervening and evaluating the needs of a child and parenting capacity where there are safeguarding/child protection concerns.</p> <p>This also includes the CCG:</p> <ul style="list-style-type: none"> - Designated Nurse for Safeguarding Children and Looked After Children - Designated Doctor for Safeguarding Children - Designated Doctor for Looked After Children - Named GP for Safeguarding Children. 	<p>Staff must initially access Level 1 and Level 2 training.</p> <p>Level 3 training can be accessed through Wigan Safeguarding Children Board and other approved training as agreed through the appraisal process or as identified as a development need. Such training contributes to the achievement and maintenance of Level 3 competences.</p> <p>http://www.wigan.gov.uk/WSCB/Training-for-safeguarding-children.aspx</p>
<p>Level 4 Safeguarding Children</p>	<p>Staff in specialist safeguarding children roles including Named Professionals for Safeguarding Children.</p> <p>This also includes the CCG:</p> <ul style="list-style-type: none"> - Designated Nurse for Safeguarding Children and Looked After Children - Designated Doctor for Safeguarding Children - Designated Doctor for Looked After Children 	<p>Staff requiring Level 4 training are not required to repeat Levels 1, 2 and 3 training- it is anticipated that an update will be encompassed in Level 4 training</p> <p>Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and a personal development plan including agreed Level 4 training.</p>

Training	CCG Staff Groups	Training Provision and Frequency
	<ul style="list-style-type: none"> - Named GP for Safeguarding Children. 	<p>Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal and supervision training.</p>
Level 5 Safeguarding Children	CCG Designated Professionals for Safeguarding Children	<p>Staff requiring Level 5 training are not required to repeat Levels 1, 2, 3 and 4 training- it is anticipated that an update will be encompassed in Level 5 training</p> <p>Designated professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.</p>
Prevent (Counterterrorism)	All CCG staff	<p>All non-clinical staff must complete the CCG Prevent e-learning training</p> <p>All clinical staff must attend the face to face Wrap 3 training which can be accessed via the Safeguarding Team. This training must be attended once.</p>

Appendix 7 - NHS England Safeguarding Assurance Tool for use with Clinical Commissioning Groups

NHS England Safeguarding Assurance Tool for use with Clinical Commissioning Groups	
Clinical Commissioning Group:	
Person completing the audit tool (include designation, contact details including email):	
Date audit tool completed:	
Useful links :	
Local Safeguarding Children Board policies/procedures	
Local Safeguarding Adult Board policies/procedures	

Rag rating key:

Green		Fully compliant (remains subject to continuous quality improvement)
Amber		Partially compliant - plans in place to ensure full compliance and progress is being made within agreed timescales
Red		Non-compliant (standards not met / actions have not been completed within agreed timescales)

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
1 Accountability					
1.1 There is a clear line of accountability for safeguarding, reflected in CCG governance arrangements including Executive leadership	<ul style="list-style-type: none"> A named executive who takes overall leadership within the CCG Provide a job description clearly stating safeguarding responsibilities 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
	<ul style="list-style-type: none"> Evidence of governance and reporting structures 				
<p>1.2 It should be clear who has overall responsibility for the CCGs contribution to safeguarding and what the lines of accountability are from each staff member up through the CCG through to the person with ultimate responsibility</p>	<ul style="list-style-type: none"> Evidence of the nursing/leadership structure and accountability 				
<p>1.3 There is an adverse incident reporting system in place which identifies circumstances/incidents which have compromised the safety and welfare of children and adults at risk</p>	<ul style="list-style-type: none"> Evidence of the internal reporting structure and how the designated nurse is linked into this process Evidence of a policy/guidance that demonstrates the process 				
<p>1.4 The CCGs responsibilities towards children / adults at risk are clearly stated in the safeguarding policies and procedure that are available to all staff</p>	<ul style="list-style-type: none"> Evidence of responsibilities clearly stated in safeguarding policies and procedures Evidence that safeguarding responsibilities are 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
	included in all job descriptions or that the CCG is working towards it				
<p>1.5 CCGs consider when reviewing/commissioning services that they take into account the need to safeguard Childrens, young people and adults at risk</p>	<ul style="list-style-type: none"> • Evidence that the voice of the child and adult is incorporated within any commissioned services • Evidence that the voice an views are considered of children , young people and adults • Evidence of the involvement of designated professionals in the commissioning an reviewing of services 				
2 Leadership					
<p>2.1 The CCG will have employed or secured the expertise of Designated Doctors and Nurses for:</p> <p>Safeguarding Children Looked After Children</p>	<ul style="list-style-type: none"> • Confirmation of post holders name and designation and WTE • Include job descriptions • Evidence that CCG have an annual staffing review 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
<p>Unexpected deaths in childhood</p> <p>These posts should meet the requirements contained within relevant statutory and legal frameworks including:</p> <ul style="list-style-type: none"> • Designated nurse Safeguarding children; 1 dedicated WTE Designated Nurse for a child population of 70,000, supported by 0.5WTE administrative support. • Designated Doctor Safeguarding Children; 4.5 – 5 PAs per week according to the size of the districts covered • Designated Nurse Looked After Children; 1 dedicated WTE for a child population of 70,000 supported by 0.5 WTE administrative support • Designated Doctor Looked After Children; A minimum of 2 PAs per 					

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
400 Looked after children population					
<p>2.2 The CCG will have employed or have access to a Designated Adult Safeguarding Lead</p> <p>This post should meet the requirements contained within relevant statutory and legal frameworks</p>	<ul style="list-style-type: none"> • Confirmation of post holders name and designation and WTE • Include job descriptions 				
<p>2.3 The CCG will have identified leads for the following areas:</p> <p style="padding-left: 40px;">Mental Capacity /DoLS Lead Child Sexual Exploitation Female Genital Mutilation PREVENT Domestic Abuse Harmful Practices</p> <p>These posts should meet the requirements contained within relevant statutory and legal frameworks and/or relevant guidance</p>	<ul style="list-style-type: none"> • Confirmation of the CCG internal arrangements regarding the areas identified • Enclose job descriptions if the CCG have identified leads/post holders in areas identified • If there are dual roles identify what proportion of time is dedicated to each area 				
<p>2.4 The above leads will be able to demonstrate on behalf of the</p>	<ul style="list-style-type: none"> • Evidence of policies 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
<p>CCG that they have implemented and monitored all statutory; legal and national guidance relating to these areas</p>	<ul style="list-style-type: none"> • Evidence of training and numbers of staff trained • Evidence of work in relation to the identified work steams/sub groups • Share any good practice 				
<p>2.5 The CCG is an active member of the relevant Safeguarding Boards; Sub-groups and other Multi-agency Groups/Partnership Boards</p>	<ul style="list-style-type: none"> • Provide details of who attends the relevant boards • Copy of minutes to demonstrate an appropriate level of attendance and contribution • Share any good practice • Evidence of co-operation with statutory partners and other agencies 				
<p>2.6 CCGs have employed/secured Named GP/named professional with the capacity to support primary care services in discharging their safeguarding duties. These posts should meet the requirements contained within relevant statutory; legal and guidance</p>	<ul style="list-style-type: none"> • Provision of job description which adequately reflects the role and responsibilities of post • Confirm the CCGs arrangements and WTE/Sessions allocated 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
frameworks e.g. 2 sessions per 220,000 per population	<ul style="list-style-type: none"> for named professionals /clinicians 				
3 Assurance					
3.1 The CCG regularly reviews safeguarding across its organisation	<ul style="list-style-type: none"> Evidence of any reviews, outcomes i.e. external auditors Evidence of how the CCG considers safeguarding in internal committee structures e.g. Quality Committee, Governance Committee 				
3.2 There is a programme of internal and external audit and review in place across the CCG	<ul style="list-style-type: none"> Evidence of submitting section 11 audit and compliance Evidence of completed action plans if appropriate 				
3.3 The CCG has reviewed the NHS England CCG Assurance Framework 2015/16 Operating Manual requirements relating to Special Educational Needs and Disabilities (SEND) and can provide assurance of meeting	<ul style="list-style-type: none"> Evidence of review Evidence of assurance Action plan 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
the requirements					
<p>3.4 CCGs as commissioners of local health services are assured that the providers of such services have effective safeguarding arrangements in place</p>	<ul style="list-style-type: none"> • Provide evidence of process for gaining assurance • Demonstrate how monitoring of commissioned services both in the NHS and independent healthcare providers is undertaken and used to influence improvements in practice • Evidence of process for cascading safeguarding information to Primary Care • Evidence that the designated nurses are consulted for new commissioned service/established services • Safeguarding, including Prevent and MCA forms part of the • NHS standard contract (service condition 32) 				
<p>3.5 There is a process that enables</p>	<ul style="list-style-type: none"> • Demonstration of 	<ul style="list-style-type: none"> • 			

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
the CCG to continuously improve and learn from incidents relating to children and adults at risk	monitoring of and reviewing recommendations from RCAs/incidents completed or ongoing action plans				
3.6 The CCG can demonstrate it works with all statutory partners and agencies to protect children and adults at risk and participates in reviews as set out in statutory, national and local guidance	<ul style="list-style-type: none"> • Evidence of the provision of health economy oversight and provision of expert advice to LSCB, SAB • Evidence of working on multi -agency strategies/policies • Evidence of providing health oversight into DHR,SCR,SAR,MHR • Evidence of how learning from such reviews is embedded and used to influence practice 				
3.7 The CCG has in place a training strategy which incorporates all elements of safeguarding training for its staff and reflects statutory; legal and national guidance	<ul style="list-style-type: none"> • Evidence of a training needs analysis for CCG staff to incorporate all elements of safeguarding training • Evidence of compliance with the relevant intercollegiate guidance documents 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
<p>3.8 The CCG can demonstrate that all staff have been trained to the statutory; legal and national requirements/levels for safeguarding children and adults at risk</p>	<ul style="list-style-type: none"> • Provision of training data to demonstrate that all staff are trained in line with the intercollegiate documents • All staff are trained appropriately specific to their job role 				
4 Policies, Procedures, Guidance					
<p>4.1 Staff at all levels within the CCG, have easy access to safeguarding Policies and procedures. These policies and procedures must be consistent with statutory, national and local guidance</p>	<ul style="list-style-type: none"> • State if policy is in place, in date, ratified, and accessible via intranet • Provide links or the relevant policies • Demonstration of how policies are disseminated to staff 				
<p>4.2 There are clear policies and procedures within the CCG for managing allegations relating to staff which involve children or adults at risk</p>	<ul style="list-style-type: none"> • State if policy is in place, in date, ratified, and accessible via intranet • Provide links or the relevant policies • Demonstration of how policies are disseminated 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
	<p>to staff</p> <ul style="list-style-type: none"> • Evidence that LADO procedure has been implemented when required. • All staff know who the Named Senior Officer is for their agency within managing allegations process. 				
<p>4.3 The CCG has in place robust complaints and whistle blowing policies/procedures which includes management of those which contain a safeguarding component</p>	<ul style="list-style-type: none"> • State if policy is in place, in date, ratified, and accessible via intranet • Provide links or the relevant policies • Demonstration of how policies are disseminated to staff 				
<p>4.4 The CCG has general guidance provided to all staff on appropriate behaviours when working with children; young people and adults at risk in line with national and local guidance</p>	<ul style="list-style-type: none"> • State if policy is in place, in date, ratified, and accessible via intranet • Provide links or the relevant policies • Demonstration of how policies are disseminated 				

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
	to staff				
<p>4.5 The CCG has in place agreed systems, standards, policy and protocols for sharing information within the CCG and between agencies in accordance with national and local guidance</p>	<ul style="list-style-type: none"> • State if policy is in place, in date, ratified, and accessible via intranet • Provide links or the relevant policies • Demonstration of how policies are disseminated to staff 				
5 Partnership working					
<p>5.1 The CCG actively participates when asked to do so, in a statutory review by providing the designated safeguarding expertise.</p>	<ul style="list-style-type: none"> • To provide the designated safeguarding expertise, provide oversight of health involvement at panel meetings, ensure that recommendations and actions are achievable, and disseminate learning across the NHS local 				
<p>5.2 There is evidence of CCGs effective partnership working in place with the relevant statutory partners and 3rd sector organisations</p>	<ul style="list-style-type: none"> • Provide evidence of CCG involvement in partnership working 				
6 Safer Recruitment Practices					

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
<p>6.1 The CCG has clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate</p>	<ul style="list-style-type: none"> • CCG need to have a policy for safer recruitment and provide the policy. • All recruitment staff are appropriately trained in safe recruitment. • All appropriate staff receive a DBS check in line with national/local guidance. • Appropriate checks are undertaken for volunteers and lay members in line with Saville recommendations. 				
7 Supervision					

Key Line of Enquiry	Examples of Evidence Required	Evidence Provided by CCG	Identified Risks/Gaps	Self-Assessment RAG Rating	NHS England RAG rating
<p>7.1 The CCG needs to demonstrate its Safeguarding supervision arrangements Internal Monitoring arrangements for providers</p>	<ul style="list-style-type: none"> • Evidence of the supervision model used. • Evidence that staff feel able to raise concerns about organisational effectiveness/concerns without conflict of interest • Evidence of process of gaining assurance and monitoring of safeguarding supervision from commissioned services both in the NHS and independent healthcare providers 				