



<b>Corporate</b>	<b>CCG CO16 Safeguarding Adults Policy</b>
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<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
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<b>Prepared By:</b>	Safeguarding Adults lead
<b>Consultation Process:</b>	Collaborative Working Group Collaborative Management Board
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## **Equality Impact Assessment**

<b>Date</b>	<b>Issues</b>
January 2020	See Section 21

### **POLICY VALIDITY STATEMENT**

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

## Version Control

Version	Release Date	Author	Update comments
V1	April 2020	Safeguarding Adults Lead	New Policy template

## Approval

Role	Name	Date
Approval	Combined Working Group Combined Management Board	10 March 2020

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## 1. Introduction

For the purposes of this policy, NHS County Durham Clinical Commissioning Group will be referred to as “the CCG”.

The CCG will ensure that it has in place robust structures, systems, standards and an assurance framework for safeguarding adults which are in accordance with the legal structure and County Durham Safeguarding Adults Inter – agency Partnership policies and procedures. The Care Act 2014 guidance requires adult safeguarding practise to be person led and outcome focused, aiming towards resolution and recovery. This embodies the Making Safeguarding Personal approach. Adult Safeguarding should follow the edict of ‘no decision about me without me’ and means that the adult their families and carers must work together with agencies to find the right solutions to keep people safe and support them in making informed choices.

The CCG arrangements will ensure that both its own functions and those services provided on its behalf are discharged with regard for the need to Make Safeguarding Personal and safeguard adults at risk of abuse and neglect.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources.

The CCG is required to fulfil its legal duties under the Care Act 2014 and subsequent updates in May 2016 and all staff working within the CCG’s health economy that commission or provide services for adults at risk of abuse and neglect must make safeguarding an integral part of the care they offer to patients and their families.

The CCG will also ensure that it complies with the requirements of the NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019), providing assurance to NHS England of such compliance as part of the CCG assurance framework.

The CCG, as a member of the local Safeguarding Board or Partnerships and, Local Adult Safeguarding Sub Groups has formally adopted the principles of the Safeguarding Adults Inter-Agency Policy and Procedures.

## 1.1. Status

This policy is a corporate policy.

## 1.2. Purpose and Scope

- 1.3. This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services it commissions, puts adults at risk of abuse or neglect and rigorous systems are in place to proactively safeguard adults at risk of abuse or neglect and to support staff in fulfilling their obligations.
- 1.4. This policy describes how the CCG will discharge the responsibility for ensuring its own organisation, and the health services it commissions, fulfil the CCGs duty to safeguard adults at risk of abuse or neglect. The CCG will ensure compliance with the safeguarding requirements of the Care Act 2014, the Health & Social Care Act 2012, the Mental Capacity Act 2005, the Human Rights Act 1998, Equality Act 2010, Vulnerable Groups Act, 2006, and NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019).
- 1.5. This policy applies to all staff employed by the CCG, including any agency, self-employed or temporary staff.
- 1.6. All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation within their line of responsibility and accountability.
- 1.7. All CCG staff have an individual responsibility for the protection and safeguarding of adults at risk of abuse or neglect and must know what to do if concerned that an adult is at risk.

## 2. Definitions

The safeguarding duties outlined within the "Care and Support Statutory Guidance, apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

All staff should refer to and use as appropriate the information/contacts below when considering making an alert.

Durham Safeguarding Adults Inter-Agency Partnership policy and procedures are available at:

<http://www.safeguardingdurhamadults.info/>

### **3. Safeguarding Adults Decision Making**

#### **3.1. Procedures to follow when there is a concern about an adult at risk of abuse or neglect**

- 3.1.1. Any member of staff, who believes that an adult has suffered abuse or neglect or is likely to do so, has a duty to respond.
- 3.1.2. It is important that advice is sought at an early stage. Please see appendix A, Decision Making Flow hart, including reference to the CCG Single Point of Contact (SPOC).
- 3.1.3. Where concerns are raised an alert/referral to the appropriate Local Authority must be made. The contact details in relation to the Local Authorities can be found at appendix B.
- 3.1.4. All alerts/referrals should be appropriately recorded. The CCG Designated Adult Professional or the LA Adult Safeguarding Lead will provide advice and guidance including signposting where appropriate (e.g. to Prevent (Channel), Multi Agency Risk Assessment Conferences and Multi Agency Public Protection arrangements etc.
- 3.1.5. The Local Authority will respond to the alert within 48 hours of the alert being raised. The Local Authority will identify whether or not the alert meets the criteria.
- 3.1.6. It is the responsibility of those who have made the alert/referral to the Local Authority to ensure that the alert has been received and is being dealt with, should a formal response not be received within three working days.

### **4. Principles**

In developing this policy the CCG recognises that safeguarding adults is everyone's responsibility and that there is the need for effective joint working between agencies and professionals who have different roles and expertise if those vulnerable adults in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels. The CCG will ensure that the principles identified within "NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019) are consistently applied. The CCG is also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of adult safeguarding. This includes:

- a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements;
- 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;

- training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding;
- effective interagency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Safeguarding Partnerships and health and wellbeing boards;
- having a designated adult safeguarding lead which should include responsibility for the Mental Capacity Act and PREVENT supported by the relevant policies and training;
- effective systems for responding to abuse and neglect of adults;
- supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not risk averse; and the role of CCGs is about more than just managing contracts and employing expert practitioners. It is about working 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 it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their designated clinical experts and professionals (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

**4.1.** The Care Act 2014 provides a comprehensive framework for the care and protection of adults, stating the following aims:

- to stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live MSP
- promote an approach that concentrates on improving the life of the adult concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

In order to achieve these aims, it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help SABs and organisations more widely, by using them to examine and improve their local arrangements.

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*
- **Prevention** – It is better to take action before harm occurs. *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*
- **Proportionality** – The least intrusive response appropriate to the risk presented. *“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*
- **Protection** – Support and representation for those in greatest need. *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*
- **Accountability** – Accountability and transparency in delivering safeguarding. *“I understand the role of everyone involved in my life and so do they.”*

#### 4.1.1 Types and INDICATORS

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern Slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

- 4.2. The CCG has a statutory duty under the Care Act 2014 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard adults at risk of neglect or abuse.

The CCG in accordance with the Health and Social Care Act 2012 must assist and support NHS England in discharging its joint duty, relating to securing continuous improvement in the quality of primary medical services, of which safeguarding adults is included. NHS England.

- 4.3. This CCG Policy should be read in conjunction with the local Safeguarding Boards/Partnership Inter-agency policy and procedures.



- 4.4. This CCG Policy should be used in conjunction with the local Safeguarding Boards/Partnership Inter-agency policy and procedures.

## 5. Governance and Accountability

The CCG must gain assurance from all commissioned services, both NHS and Independent healthcare providers, that each has effective safeguarding arrangements in place. Such assurance consists of performance reporting against both standard contract and local quality requirements in place across all main providers via the Clinical Quality Review Group, commissioner attendance at provider steering groups/committees where in existence and via provider assurance to the Safeguarding Board/ Partnership in the form of a Sec 11 audit or similar.

The CCG Governing Body is provided such assurance via regular reporting from the Designated Nurse referencing the outcomes of the above processes, reporting on the progress and learning from any Safeguarding Adult Reviews in progress and on the implication for the CCG of any changes in national or local policy.

- 5.1. The CCG will ensure effective leadership, commissioning and governance of safeguarding adult's services across the local health community by:

- Ensuring a robust governance structure is in place to support the work of the County Durham Safeguarding Adults Inter –agency Partnership and the CCG Governing Body in delivering safeguarding adults responsibilities.
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding adults and that the CCG commissioning, contracting, contract monitoring and quality assurance processes fully reflects this:
- Safeguarding adults is an agenda item on the provider services' Clinical Quality Review Groups (CQRGs) in accordance with the CQRG Forward Plan.
- Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- Monitoring safeguarding compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.
- Reviewing Safeguarding Adult Reviews/Safeguarding Lessons Learned Adult Reviews and Domestic Homicide Reviews (DHR) and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- Ensuring a system is in place for escalating risks.

## 6. Safeguarding Adults Standards

6.1. Clear service standards for safeguarding adults will be included in all commissioning arrangements, as appropriate to the service, in accordance with the key requirements of:

- the Care Act 2014
- standards outlined by the Care Quality Commission
- NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019)

These include (but are not limited to):

### i. ***Leadership and Accountability***

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding adults.
- A senior lead for adult safeguarding to ensure their needs are at the forefront of local planning and service delivery.
- Safeguarding adults is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

### ii. ***Policies / Strategies***

- Each provider must have comprehensive up to date safeguarding adults policy and procedures, which are in line with Government, CQC Safeguarding Partnership guidance and take account of guidance from any relevant professional body. The policy should include an adult's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.
- Clear priorities for safeguarding adults should be explicitly stated in providers' key policy documents and strategies.

### iii. ***Staff training and Continued Professional Development***

- Staff should be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults, know how to act on their concerns and fulfil their responsibilities in line with the local safeguarding partnerships policy and procedure.
- A staff training strategy and programme should be in place that includes the levels of safeguarding adults training appropriate to staff's roles and responsibilities. This should comply with the Adult Safeguarding: Roles and Competencies for Health Care Staff First Edition August 2018
- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews/safeguarding adult reviews and internal management reviews with regards to safeguarding adults.

**iv. Safe Recruitment and Vetting Procedures**

- Safe recruitment policies and practices including the necessary Disclosure and Barring (DBS) checks for all staff working with adults must be in place and must make certain no person who is barred by the Independent Safeguarding Authority is recruited.

**v. Managing Allegations Against Staff**

- Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority safeguarding process if necessary.

**vi. Effective Inter-agency Working**

- Staff should work together with other agencies in accordance with the Safeguarding Partnership policies and procedures.

**vii. Information Sharing**

- Providers should have in place or have adopted local policies and procedures for sharing information where there are concerns in relation to safeguarding adults.
- Senior Managers should promote good practice in information sharing according to the published national guidance; *Information Sharing; Guidance for Practitioners and Managers* HM Government 2008. Look at updated advice include Prevent etc.

**viii. Supervision**

- Supervision policies are in place for the provision of adult safeguarding supervision.

**ix. Response to Incidents and Complaints**

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding adults and it should include the requirement to inform the Named or Safeguarding lead within the organisation/practice.
- Procedures are in place for reporting Serious Incidents to the CCG via the Incident Reporting and Investigation Policy and Procedure and Policy and Procedure for the Management of Complaints.

**x. Safeguarding Adult Reviews(SARs) /Safeguarding Lessons Learned Reviews (SLLRs) and Domestic Homicide Reviews (DHR)**

- Providers will cooperate with any Local Safeguarding Partnership conducting a Safeguarding Adult Review /Safeguarding Lessons Learned Reviews and Domestic Homicide Reviews and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

**xi. Raising Concerns at Work**

- Providers will ensure their Raising Concerns at Work Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding adult's issues should continue to be referred through Safeguarding Partnership procedures.

## **7. Implementation**

- 7.1.1. This policy will be available to all Staff within the CCG via the shared intranet and the internet sites.
- 7.1.2. All Executive leads and Managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties.

## **8. Training Implications**

- 8.1. All staff in the CCG will be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults and act on their concerns and fulfil their responsibilities in line with the local Safeguarding Partnership procedures.
- 8.2. All CCG staff will adhere to the safeguarding adult training programme and complete the level of training commensurate with their role and responsibilities. (Refer to appendix C)
- 8.3. The CCGs through the CSS will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 8.4. The Head of Quality and Safeguarding and Designated nurse for Safeguarding Adults will ensure CCG staff are aware of any new guidance or legislation and any recommendations from Local and National Serious Case Reviews, Safeguarding Adult Reviews and Internal Management Reviews.

## **9. Supervision**

- 9.1. Designated Professionals should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required.
- 9.2. Support and supervision regarding safeguarding adults is available from the designated professionals to all employees of the CCG. The level of the employees' involvement with adults will determine the frequency of the supervision and this will be agreed in discussion with the designated professionals.

## 10. Documentation

### 10.1 Related Policy documents:

- Confidentiality and Data Protection Policy
- Information Access Policy
- Incident Reporting and Management Policy
- Data Quality policy
- Information Security Policy
- Information Governance and Information Risk Policy
- Information Governance Strategy
- Records Management Policy & Strategy
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2009
- Prevent Policy
- Safeguarding Adults - National framework of standards for good practice, ADSS (2005)

### 10.2 Relevant Legislation

Data Protection Act (1998)

<http://www.legislation.gov.uk/ukpga/1998/29/contents>

Care Standards Act (2000)

<http://www.legislation.gov.uk/ukpga/2000/14/contents>

Mental Capacity Act (2005)

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

<http://www.legislation.gov.uk/ukpga/2007/12/contents>

Care Act (2014)

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Safeguarding Vulnerable Groups Act (2006)

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Public Interest Disclosure Act (1998)

<http://www.legislation.gov.uk/ukpga/1998/23/section/1>

Equality Act 2010

Provisions relating to Human Rights and discrimination on grounds of race, religion or belief, sexual orientation amend the Disability Discrimination Act 1995.

Freedom of Information Act 2001

Trust policies and procedures are subject to disclosure under the Freedom of Information Act.

Human Rights Act 1998 London: HMSO.

[www.opsi.gov.uk/ACTS/acts1998/19980042.htm](http://www.opsi.gov.uk/ACTS/acts1998/19980042.htm)

Rights and freedoms protected under the European Convention on Human Rights.

Counter Terrorism and Security Act 2015

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

Domestic Violence, Crime and Victims Act 2004

<http://www.legislation.gov.uk/ukpga/2004/28/contents>

Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

### 10.3 Statutory Guidance

#### Care Act 2004

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)

### 10.4 Best practice guidance

#### Royal College of Nursing

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/...>

Department of Health (2009) *Responding to Domestic Abuse: A Handbook for Health Professionals*. London: Department of Health.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en)

Care Quality Commission, 2009 Essential Standards for Quality

[http://www.cqc.org.uk/sites/default/files/media/documents/gac\\_-\\_dec\\_2011\\_update.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf)

Foreign and Commonwealth Office & Home Office (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London

<http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>

NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019)

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf-1.pdf>

Foreign and Commonwealth Office (2011) *Female Genital Mutilation. Multi Agency Practice Guidance*.

<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/multi-agency-fgm-guidelines.pdf>

General Medical Council (2009) *Confidentiality: protecting and providing information*. Information available at [http://www.gmc-uk.org/static/documents/content/Confidentiality\\_-\\_English\\_0914.pdf](http://www.gmc-uk.org/static/documents/content/Confidentiality_-_English_0914.pdf)

HM Government (2008) *Information Sharing: Guidance for practitioners and managers* London: DCSF publications  
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf>

NMC Guidelines for Records and Record Keeping (2010)  
<http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>

Royal College of General Practitioners (2012) *Responding to domestic abuse : Guidance for General Practices*  
<http://www.rcgp.org.uk/news/2012/may/new-guidance-helps-general-practices-respond-to-domestic-abuse.aspx>

## **10.5 County Durham Safeguarding Interagency Partnership**

<http://www.safeguardingdurhamadults.info/>

## **10.6 References**

Care Quality Commission (2009) *Guidance about compliance: Essential Standards of Quality and Safety* London: CQC

NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019)  
<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf-1.pdf>

## **10.7 Useful websites:**

Department of Health: [www.dh.gov.uk/en/index.htm](http://www.dh.gov.uk/en/index.htm)  
Home Office: [www.homeoffice.gov.uk/](http://www.homeoffice.gov.uk/)

# **11. Monitoring, Review and Archiving**

## **11.1 Monitoring**

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

## 11.2 Review

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

11.2.2 Staff who become aware of any change which may affect a policy should advise the Head of Quality and safeguarding/Designated Nurse as soon as possible, who will notify the Director of Nursing and Quality. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

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

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



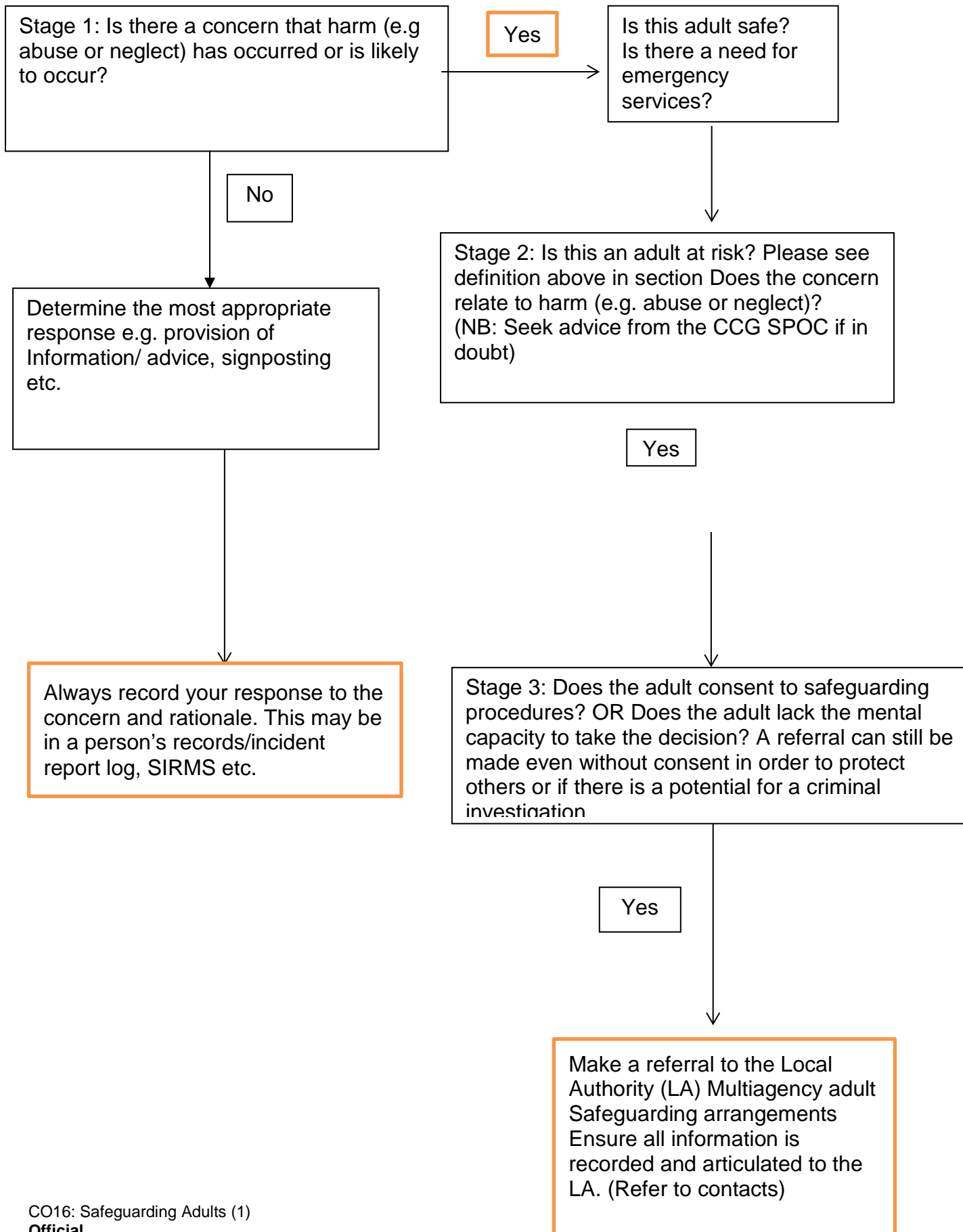
## Schedule of Duties and Responsibilities

<b>Council of Members / Members Assembly</b>	The council of members / Members Assembly has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Officer / Accountable Officer</b>	The Chief Officer / Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
<b>[Author]</b>	<p>The Safeguarding Adults Lead</p> <ul style="list-style-type: none"> <li>• generating and formulating this policy document</li> <li>• identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives</li> <li>• establishing mechanisms for regular the monitoring of compliance</li> <li>• notifying the Director of Nursing and Quality should any revision to this document be required.</li> </ul>
<b>Executive Lead for safeguarding adults</b>	<p>The Director of Nursing and Quality, as executive lead will take responsibility for governance and organisational focus on safeguarding adults and will represent the CCG at local Safeguarding Adults Boards/Inter – Agency Partnerships. The Director of Nursing and Quality will work closely with, and performance manage the Designated Nurse for Safeguarding Adults/ Head Of Quality and Safeguarding and the Named GP for Safeguarding Adults. Director of Nursing and Quality will also ensure that the CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the designated and named professionals</p> <p>The Director of Nursing and Quality is the Sponsoring Director for this policy and is responsible for ensuring that:</p> <ul style="list-style-type: none"> <li>• this policy is drafted, approved and disseminated in accordance with the Policy for the Development and Approval of Policies (Corporate Policy CO.001, version 5).</li> <li>• the necessary training required to implement this document is identified and resourced.</li> <li>• mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.</li> <li>• There is a link to the work of the Partnership boards for Domestic Abuse and domestic homicide, ensuring that lessons are shared across into adult services.</li> <li>• The Chief Officer and governing body members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to a vulnerable person or persons.</li> <li>• The CCG has in place assurance processes to ensure compliance with adult safeguarding legislation, guidance, policy, procedures, quality standards and contract monitoring of providers</li> </ul>
<b>Designated Professionals</b>	The Designated Nurse Safeguarding Adults/Head of Quality and Safeguarding and the Named GP for safeguarding adults will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding adults across the CCG's area, which includes all

	<p>commissioned providers. They will:</p> <ul style="list-style-type: none"> <li>• Work with the Director of Nursing and Quality to ensure robust safeguarding adult assurance arrangements are in place within the CCGs and provider services.</li> <li>• Provide advice and expertise to the CCG's governing bodies and to the Local Safeguarding Adults Board/Intergency Partnership and to professionals across both the NHS and partner agencies.</li> <li>• Provide professional leadership, advice and support to lead adult safeguarding professionals across provider trusts/services and independent contractors.</li> <li>• Represent the CCG on relevant committees, networks and multiagency groups charged with the management of safeguarding vulnerable adults.</li> <li>• Lead on investigation and provision of appropriate information to inform and support reviews including Safeguarding Adult Reviews and Independent Management Reviews in accordance with local NHSE and SAB guidance.</li> <li>• Lead and support the development of adult safeguarding policy, and procedures in the CCG in accordance with national, regional, local requirements.</li> <li>• Provide advice and guidance in relation to safeguarding adults training including standards.</li> <li>• Ensure quality standards for safeguarding adults are developed and included in all provider contracts and compliance is evidenced.</li> <li>• The Designated Nurse Safeguarding Adults/Head of Quality and Safeguarding is responsible for ensuring that the Safeguarding Adult Review process links in appropriately with the Serious Incident reporting process and governance arrangements</li> <li>• The Designated Nurse Safeguarding Adults/Head of Quality and Safeguarding will work closely with the Designated Professionals for Safeguarding Children to ensure that where appropriate there is effective information flow across both adults and children's safeguarding teams</li> </ul>
<b>Named GP</b>	<p>The Named GP will lead and support the development of practice within Primary Care (GPs) which includes training standards and compliance with statutory guidance.</p>
<b>Managers and Executive Leads</b>	<p>Managers and Executive leads have responsibility for:</p> <ul style="list-style-type: none"> <li>• Ensuring they are aware of and carry their responsibilities in relation to safeguarding adults in accordance with local Safeguarding Partnership procedures.</li> <li>• Ensure that the adult safeguarding policy is implemented in their area of practice.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensuring staff are aware of the contact details of the CCG Adult Safeguarding Team and the local authority contact number for safeguarding concerns.</li> <li>• Identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in practice and advising the Designated Nurse Safeguarding Adults/Head of Quality and Safeguarding accordingly.</li> <li>• Ensuring that all staff undertake mandatory safeguarding adults training commensurate to their role</li> </ul>
<b>All Staff</b>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> </ul>
<b>CSU Staff</b>	<p>Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.</p>

## Appendix A Safeguarding Adults Decision Making Flowchart



## Appendix B

### Safeguarding Adults Contact Details

County Durham and Darlington  
0191 389 8602

For concerns in other neighbouring local areas please contact the relevant local authority safeguarding team in the first instance:

#### Teesside

##### **Teeswide Safeguarding adults Multi-agency policy and procedures:**

[http://www.hartlepool.gov.uk/info/731/safeguarding\\_vulnerable\\_adults/1630/safeguarding\\_adults\\_managers\\_guide/1](http://www.hartlepool.gov.uk/info/731/safeguarding_vulnerable_adults/1630/safeguarding_adults_managers_guide/1)

##### Emergency Duty Team

Referrals and advice out of hours

Tel: 08702 402 994, or minicom (01642) 602346

##### Cleveland Police

Tel: 101– Ask for local police station or Protecting Vulnerable Persons Unit. (In emergencies please use 999).

##### Middlesbrough Borough Council

Contact: Adult services, Tel: 01642 726004, Email:

[socialservices@middlesbrough.gov.uk](mailto:socialservices@middlesbrough.gov.uk),

minicom: 01642 726980 (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

<http://www.middlesbrough.gov.uk/index.aspx?articleid=1778>

##### Redcar and Cleveland Borough Council

Contact: Adult social care, Tel: 01642 771500, Typetalk: 18001 01642 771500

Email: [contactus@redcar-cleveland.gov.uk](mailto:contactus@redcar-cleveland.gov.uk) (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

[http://www.redcar-](http://www.redcar-cleveland.gov.uk/rcbcweb.nsf/web+full+list/fd9907c71b20580a80256cd20030dc4a)

[cleveland.gov.uk/rcbcweb.nsf/web+full+list/fd9907c71b20580a80256cd20030dc4a](http://www.redcar-cleveland.gov.uk/rcbcweb.nsf/web+full+list/fd9907c71b20580a80256cd20030dc4a)

##### Hartlepool Borough Council

Contact: the Duty Team, Tel: 01429 284284 (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

[http://www.hartlepool.gov.uk/a\\_to\\_z/service/1052/adult\\_protection\\_from\\_abuse](http://www.hartlepool.gov.uk/a_to_z/service/1052/adult_protection_from_abuse)

##### Stockton Borough Council

Contact: First Contact. Tel: 01642 527764. Email: [firstcontact@stockton.gov.uk](mailto:firstcontact@stockton.gov.uk)

(Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

<https://www.stockton.gov.uk/adult-services/safeguarding-adults/>

### **Darlington Contact Details**

**Safeguarding Adults Concern Form.**

[www.darlingtonsafeguardingboards.co.uk/media/.../safeguarding-concern-form](http://www.darlingtonsafeguardingboards.co.uk/media/.../safeguarding-concern-form).

Contact the **Adult Safeguarding Unit** on **01325 406111** or the Emergency Duty Team on **01642 524552**.

Darlington Police

Tel: 101– Ask for local police station or Protecting Vulnerable Persons Unit. (In emergencies please use 999).

### **Adult Safeguarding/Mental Capacity Act / Deprivation of Liberty Safeguards contacts**

Darlington Borough Council

<http://www.darlingtonsafeguardingboards.co.uk/adults-safeguarding-board/advice-and-guidance/#deprivation>

Durham County Council

<http://www.safeguardingdurhamadults.info/>

Tel: Social Care Direct 03000 267979

Durham Police Tel:101 ask for local police station or Protecting Vulnerable Persons Unit. In emergencies please use 999

## Appendix C

### Adult Safeguarding Mandatory Training requirements

The CCG has adopted the Adult Safeguarding: Roles and Competencies for Health Care Staff TSAB adult safeguarding training framework which outlines core competencies which must be evidenced by staff in relation to the different levels.

CCG staff are expected to comply with the following:

Title	CCG Staff	Status	Method of Training	Period
Level 1 Foundation –	All CCG staff	Mandatory	Provided by NECS	Every three years
Level 2 – Intermediate Safeguarding Adults Awareness Raising	(Adults)	Mandatory	E-Learning	Once Only
Advanced safeguarding training – risk assessment, chairing, investigations, Leadership	D	Mandatory	In accordance with commissioned training providers availability	Once only

Competence level required by role		LEVEL OF TRAINING (confirmed by Training Passport)					
LEVEL	Description	1	2	3	4	5	BOARD
LEVEL 1	All staff working in health care settings.						
LEVEL 2	All staff who have regular contact with patients, their families or carers, or the public.						
LEVEL 3	All registered health and social care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).						
LEVEL 4	Specialist roles – named professionals						
LEVEL 5	Specialist roles – designated professionals						
BOARD LEVEL	Chief Executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent health care and voluntary sector as well as statutory providers.						
NB: It is expected that Level 3 competencies will be met within 12 months of induction							
INDUCTION	30 mins within 6 weeks of commencing post	✓	✓	✓	✓	✓	✓
REFRESHER TRAINING HOURS	Duration over a three-year period: 2 hours 4 hours 8 hours 24 hours	✓	✓	✓	✓	✓	✓+ Board specific

# Equality Analysis Screening Assessment



North of England  
Commissioning Support

Partners in improving local health





## Step 1

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

A screening process can help judge relevance and provides a record of both the process and decisions made.

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

Completed at the earliest opportunity it will help to determine:

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

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

Name: Bev Walker  
Role: Safeguarding Adult Lead

### Title of the service/project or policy:

Safeguarding Adults Policy

Is this a:

Strategy / Policy

Service Review

Project

If other, please specify:

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

The policy sets out how as commissioning organisations the CCGs will fulfil their statutory duties and responsibilities effectively both within its own organisation and across the health economy via its commissioning arrangements

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

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

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

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

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

## Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date

### Publishing

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

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

A copy of all screening documentation should be sent to: **NECSU.Equality@nhs.net** for audit purposes.

## Equality Impact Assessment

(COMPLETION SUBJECT TO OUTCOME OF APPENDIX A; IF NOT REQUIRED DELETE APPENDIX B)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

**This document is to be completed following the STEP 1 – Initial Screening Assessment**

### Step 2 Evidence Gathering

Name of person completing EIA: Bev Walker
Title of policy/strategy/guidance: CCG CO33 Safeguarding Adults Policy
Existing: <input checked="" type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims The policy sets out how as commissioning organisations the CCGs will fulfil their statutory duties and responsibilities effectively both within its own organisation and across the health economy via its commissioning arrangements. That staff employed by or seconded to, the CCG are aware of their roles and responsibilities in relation to the safeguarding and protection of adults at risk of abuse and neglect.
Who will be affected by this policy/strategy /guidance? (please tick) <input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors  <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other  If other please state:

Current Evidence/Information held	Outline what current data/information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	

### Step 3 Full Equality Impact Assessment

<p><b>The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful.</b> Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p><b>Age</b> <i>A person belonging to a particular age</i></p>
<p>There is no impact on any staff member belonging to a particular age group</p> <p>If training is required for this policy each CCG has accessible venues with good IT facilities for presentations</p>

## Disability

*A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities*

This policy is available on the internet and will be made available in other formats where required such as Braille, Audio, easy read etc.

Communication of the policy will be made available available in other formats where required such as Braille, Audio, easy read etc.

If training is required for this policy each CCG has accessible venues with good IT facilities for presentations

Arrangements would be made to use venues that are accessible e.g ramps or wheelchairs, disabled toilets, hearing loops, signing, interpreters/translators (where requested)

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people with a disability?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>

What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'?

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Are there any discriminatory practices/processes outlined within the document that may impact this group?

If training is required for this policy/strategy/guidance/process – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.

Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required.

Are websites accessible for all and/or have information available stating how people can access information in alternative formats if required?

Has the Accessible Information Standard been considered?  
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure,**

**consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

## Gender reassignment (including transgender) and Gender Identity

*Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.*

The content of this policy does not include vocabulary that could cause offense.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Please see useful terminology website for info:

<https://www.transgendertrend.com/transgender-terminology/>

Are there any discriminatory practices/processes outlined within the document that may impact this protected group?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

## Marriage and civil partnership

*Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters*

With safeguarding adults references may be made to partners ( there is no distinction between married and civil partners.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination>

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Are there any discriminatory practices/processes outlined within the document that may impact this protected group?

Do all procedures treat both single and married and civil partnerships equally?

Is there equal access to recruitment, personal development, promotion and retention for staff?

If there is an adverse impact, can it be justified on the grounds of promoting equality of



opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### **Pregnancy and maternity**

*Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.*

There are no implications for pregnancy of those members of staff on maternity or paternity leave.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Are there any discriminatory practices/processes outlined within the document that may impact this group?

Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.

Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc.

Is there equal access to recruitment, personal development, promotion and retention for staff?

Are processes in place to update people that may currently be on maternity leave on their return?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### **Race**

*It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.*

This policy does not negatively impact on race. There are however issues that are associated with race and culture that need to be considered e.g where interpreters may be required due to language barriers or where information may need to be provided in other languages. These issues are addressed in the Local Safeguarding Adults Partnership arrangements/procedures.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have a particular race?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination>

Has the content within the document been checked for any potential offensive/discriminatory language of people from a particular race?

Are there any discriminatory practices/processes outlined within the document that may impact a particular race?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### Religion or Belief

*Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.*

The policy does not negatively impact on people on the grounds of religion or belief but there may be issues associated with religion or belief that need to be considered e.g. Forced Marriage, Modern Day Slavery, Honour Based Violence.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination>

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Are there any discriminatory practices/processes outlined within the document that may impact a particular religion or belief?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### Sex/Gender

*A man or a woman.*

This policy does not discriminate between males and females

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against either men or women?

<https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination>

Has the content within the document been checked for any potential offensive/discriminatory language against men and/or women?

Are there any discriminatory practices/processes outlined within the document that may impact men or women?

Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance?

Are men or women treated differently as a result of the information set out within the document?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### Sexual orientation

*Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes*

Appropriate language used no additional considerations are required

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>

Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation?

Are there any discriminatory practices/processes outlined within the document that may impact this group?

NHS Employers guide: <https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation>

Sexual orientation monitoring guidance (to be used as appropriate):

<https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

## Carers

*A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person*

The policy is available on the internet

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Are there any discriminatory practices/processes outlined within the document that may impact this group?

Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### Other identified groups relating to Health Inequalities

*such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.*

*(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”*

*Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)*

As the policy is for staff there are no additional impacts on health equality.

Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

Could the policy discriminate, directly or indirectly against people who have this characteristic?

Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

Are there any discriminatory practices/processes outlined within the document that may impact this group?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

### Step 4 Engagement and Involvement

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

The CCG Designated Nurse and Head of Quality and Safeguarding have been involved with the revision of the Safeguarding Adults Policy

List the stakeholders engaged

What was their feedback?

List changes/improvements made as a result of their feedback

List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

If no engagement has taken place, please state why:

### Step 5 Methods of Communication

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Verbal – meetings | <input type="checkbox"/> Verbal - Telephone                   |  |
| <input type="checkbox"/> Written – Letter             | <input type="checkbox"/> Written – Leaflets/guidance booklets |  |
| <input type="checkbox"/> Written - Email              | <input type="checkbox"/> Internet/website                     | <input type="checkbox"/> Intranet page |
| <input type="checkbox"/> Other                        |   |  |

If other please state:

### Step 6 Potential Impacts Identified – Action Plan

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
	None Identified					

### Sign off

Completed by:	Bev Walker
Date:	05.11.2019
Signed:	
Presented to: (appropriate committee)	Combined Management Group
Publication date:	

1. Please send the completed Equality Impact Assessment with your document to: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net).
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)