

Safeguarding Adults, Children and Young People Policy

Policy number	
Version	1
Approved by	Quality and Clinical Governance Committee
Name of author/originator	Amanda Boodhoo Deputy Director for Safeguarding Surrey Wide
Owner (director)	Eileen Clark – Chief Nurse
Date of approval	
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Version control sheet

Version	Date	Author	Status	Comment
1	14.12.16	Amanda Boodhoo	Draft	
2	18.07.17	Eileen Clark	Final Draft	Reviewed and amended to meet Surrey Downs CCG requirements

Equality statement

Surrey Downs CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality Analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Name of Policy: Safeguarding Adults, Children and Young People	Policy Ref:	Is this New? [Yes] Or Existing? []
Assessment conducted by (name, role): Amanda Boodhoo Deputy Director for Safeguarding		Date of Analysis: 23.11.16
Directorate: Quality & Safeguarding	Director's signature:	
Who is intended to <u>follow</u> this policy? Explain the aim of the policy as applied to this group. All staff in the CCG. The aim is to ensure that the CCG upholds all elements of safeguarding adults, children and young people legislation and ensure staff are aware of their responsibilities to safeguard and promote the welfare of adults, children and young people.		
Who is intended to <u>benefit from</u> this policy? All CCG staff. Adults, children and young people residing in Surrey Downs CCG Explain the aim of the policy as applied to this group. This policy aims to ensure that no act or omission by Surrey Downs CCG as a commissioning organisation, or via the services it commissions, puts adults at risk, children and young people at risk and rigorous systems are in place to proactively safeguard adults at risk, children and young people and to support staff in fulfilling their statutory responsibilities		
1. Evidence considered. <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i> Legislation, national and local guidance. Lessons from local and national Serious Case Reviews, Safeguarding Adults Reviews and DHR's.		
2. Consultation. <i>Have you consulted people from protected groups? What were their views?</i> No		
3. Promoting equality. <i>Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?</i> The policy has a positive impact on equality because it is intended to support and raise the profile of adults at risk, children and young people and those at risk of harm		

4. Identifying the adverse impact of policies

Identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.

a) People from different age groups:

No adverse impact. Older people, children and young people can be at greater risk of abuse and harm. To mitigate this, the CCG works closely with commissioned providers, primary care and local authorities to ensure risks have been highlighted and mitigated.

Under the collaborative hosting arrangements for safeguarding the Surrey CCGs have an integrated approach to safeguarding to ensure that adult, children, young people and those entering transition into adulthood are able to access appropriate support

b) Disabled people:

No adverse impact. People with sensory disability need to be able to access information in different ways e.g. via Braille, audio text, large font, black on yellow background etc. The CCG undertakes to provide this policy in the format required on request

The policy ensures that adults, children and young people at risk and those with disabilities are safeguarded.

c) Women and men:

No adverse impact. Policy ensures adults at risk are safeguarded against gender hate crimes/incidents.

d) Religious people or those with strongly held philosophical beliefs:

No adverse impact. Policy ensures adults; children and young people at risk are safeguarded against religious abuse and hate crimes/incidents and risk of radicalisation. Cultural blindness is the incapacity to comprehend how specific situations may be seen by individuals belonging to another culture. Subsequently there is a risk that the behaviour of those adults, children and young people, at risk, might become normalised. These risks have been mitigated and are highlighted within this policy and safeguarding adults and children training.

e) Black and minority ethnic (BME) people:

No adverse impact. Policy ensures adults, children and young people at risk are safeguarded against hate crimes / incidents

f) Transgender people:

No adverse impact. It is recognised that transgender adults and young people can experience barriers to services. It is important that this equality group feel able to raise safeguarding concerns and to ensure such situations are resolved. The policy ensures that concerns are dealt with confidentially and securely. Safeguarding training addresses the different forms of abuse and provides resources on how these should be reported.

g) Lesbians, gay men and bisexual people:

No adverse impact. Policy ensures adults, children and young people at risk are safeguarded against hate crimes / incidents

h) Women who are pregnant or on maternity leave:

No adverse impact predicted from this policy. The same applies to fathers taking paternity leave.

i) People who are married or in a civil partnership:

No adverse impact predicted from this policy.

5. Monitoring *How will you monitor the impact of the policy on protected groups?*

There is a Safeguarding Adults, Children and Young People standing item at each CCG Quality & Clinical Governance Committee meeting that provides regular assurances to the Governing Body demonstrating how Surrey Downs CCG is discharging its safeguarding responsibilities. There is no formal process in place that monitors the impact on protected groups. The safeguarding dashboard is reported on within the Annual and 6 months Interim Board Report.

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1 Introduction and Policy Objective

Safeguarding is firmly embedded within the wider duties of all organisations across the health system but there is a distinction between providers' responsibilities to provide safe and high quality care and support, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.

This policy represents the safeguarding responsibilities for NHS Surrey Downs Clinical Commissioning Group (CCG) to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people and adults at risk.

All adults, children and young people have the right to live lives free from abuse and neglect. Clinical Commissioning Groups (CCG's) have particular responsibilities to safeguard patients who may be unable to protect themselves from abuse or neglect.

NHS Guildford and Waverley Clinical Commissioning Group (G&W CCG) supports the six CCG's across Surrey in discharging these responsibilities through a hosted arrangement. Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult, child or young person's wellbeing is promoted.

The safety and welfare of adults, children and young people at risk is of paramount importance to Surrey Downs CCG and works closely with other CCG's across Surrey to ensure that all of its commissioned services deliver high quality safe effective care and that all organisations commissioned or contracted to provide services will in the discharge of their functions, have regard to the duty to safeguard and promote the welfare of adults, children and young people at risk. Organisations should always promote the adults, children and young people's wellbeing, views, wishes and beliefs in their safeguarding arrangements.

2. Legislative Framework/Core Standards

Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some apply only to adults, and some apply to both.

Children and Young People

The corporate responsibilities for Safeguarding Children are explicit and are predominantly informed by legislation and national directives. The CCG is required to fulfil its legal duties under the Children Act 1989, and Section 11 of the Children Act 2004. Essential to corporate business is attention to the requirements of Working Together to Safeguard Children *Chapter 2* (2015), and Statutory Guidance Promoting the Health and Wellbeing of Looked after Children (2015).

The Mandate from the Government to the NHS England for April 2013 to March 2015 (published in November 2012) states:

“We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

‘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.’

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- **Safeguarding is everyone’s responsibility:** for services to be effective each professional and organisation should play their full part.
- **A child-centred approach:** The child’s welfare and needs are paramount – an effective safeguarding system is child-centred with a clear focus on ascertaining the needs, wishes and feelings of each child regardless of their age or stage of development. (*Working Together to Safeguard Children, HM Government 2015*)

The following key guidance and legislation informs how the CCG will discharge its function and duties to safeguard and promote the welfare of adults and children and young people and should be read in conjunction with Surrey Safeguarding Children Board Procedures Manual (SSCB) and Surrey Safeguarding Adults Board Procedures Manual (SSAB)

This policy sets out arrangements for safeguarding and promoting the welfare of children. It should be read in conjunction with the

- **Children Act 1989 and 2004.**
- **Working Together to Safeguard Children (2015) – statutory guidance.**
- **Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)**
- **Promoting the Health and Well-being of Looked After Children - statutory guidance (2015)**

- **Safeguarding children and young people: roles and competences for health care staff, intercollegiate document (updated 2014).**
- **Surrey Safeguarding Children Board Procedures**
www.SSCB.proceduresonline.com
- **Children and Families Act 2014**
- **Information Sharing: Advice for practitioners providing safeguarding services (2015)**
- **Data Protection Act 1998.**

A full exposition of statutory provisions relating to children's safeguarding can be found in appendix B of the statutory guidance document *Working Together to Safeguard Children*. This document focuses on those which are relevant to the NHS.

Adults

- **Care Act 2014. (statutory)**
- **Care and Support Statutory Guidance (Chapter 14 – Safeguarding)**
- **Mental Capacity Act (MCA) 2005 (statutory)**
- **Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)**
- **Deprivation of Liberty Safeguards 2007**
- **Surrey Safeguarding Adults Board Procedures**
<https://www.surreycc.gov.uk/social-care-and-health/safeguarding-boards/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/surrey-safeguarding-adults-multi-agency-procedures-information-and-guidance>

The Government has issued a policy statement on adult safeguarding which sets out six principles for safeguarding adults. Whilst not legal duties, these do represent best practice and provide a foundation for achieving good outcomes:

- **Empowerment** - presumption of person led decisions and consent.

- **Protection** - support and representation for those in greatest need.
- **Prevention** of harm or abuse.
- **Proportionality** and least intrusive response appropriate to the risk presented.
- **Partnerships** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** and transparency in delivering safeguarding.

Policy relevant to Safeguarding Adults at Risk

Two high profile inquiries during 2012/13 have had a major impact on learning and government policy and are fundamental to safeguarding adults; Winterbourne View and The Francis Inquiry. Also relevant are the Prevent agenda and the Surrey Multi Agency Safeguarding Adults Procedures

Winterbourne View

Winterbourne View was an independent hospital operated by Castlebeck Care that was commissioned to provide care to people with learning disability and autism. In May 2011, BBC Panorama reported the findings from an undercover investigation that revealed shocking levels of sustained and widespread abuse to the patients of Winterbourne View. Subsequent criminal investigations led to 11 individuals being prosecuted and sentenced, 6 were imprisoned.

Francis Report

A Public Inquiry was called into the serious failings at Mid-Staffordshire NHS Foundation Trust between 2005 and 2008. Building on the report of the first inquiry, the report tells of the appalling suffering of many patients primarily caused by a serious failure on the part of the provider Trust Board.

The Trust failed to listen to patients and staff concerns about the care provided. The Trust also failed to tackle a culture that accepted poor standards and a disengagement from management and leadership responsibilities. The inquiry highlighted that this was in part due to a focus on targets, finance and achieving foundation status, to the cost and disregard of the care of the quality of care provided to patients. The Trust was seen to have a closed culture that ascribed more weight to positive

information and sought to find alternative interpretations of information implying concerns.

In line with the principles of Clinical Commissioning, the CCG maintains a robust scheme of contract and quality monitoring of all services provided by organisations commissioned by the CCG. They also have clinical governance processes in place that inform the scheme of contract and quality monitoring.

3. Scope

Effective safeguarding arrangements seek to protect individuals from harm caused by abuse or neglect occurring regardless of their circumstances. The arrangements set out within this framework will apply whenever a child or an adult is at risk of abuse or neglect, regardless of the source of that risk.

The CCG is committed to the promotion of children's and adults at risk welfare and to protecting adults at risk, children and young people from abuse and neglect. This policy outlines the governance structures in place to ensure that all members of staff are clear about their roles and responsibilities and are competent in safeguarding and promoting the welfare of children and adults at risk.

CCGs are charged with ensuring that they commission good quality services on behalf of their population. Although CCGs are not directly responsible for commissioning Primary Medical Care, they have a duty to support improvements in the quality of Primary Medical Care.

The policy provides support to CCGs and their Commissioning Support Services and strengthens local safeguarding assurance arrangements for services commissioned for local children and families and adults at risk. The Safeguarding Adults and Children Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

This Policy is applicable to all staff employed by the CCG (permanent, temporary and voluntary) working in any location who may come into contact directly or indirectly with children and young people and adults at risk including pregnant women and those working in settings whose main client / patient is an adult. The key principles are also applicable to all services commissioned by the CCG.

All employees of the CCG have an individual responsibility for the protection and safeguarding of adults at risk, children and young people.

All managers must ensure their staff are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.

The CCG is committed to all processes that safeguard adults at risk, children and young people and promote their welfare and aims to commission

safeguarding services that will ensure equal access to all adults at risk, children and young people, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status

4. Definitions

The definition of safeguarding is necessarily broad as there is a wide range of risks of abuse or neglect that can result in harm to children and adults, details can be found in Appendix 1.

Children and Young People

For the purpose of this Policy a child (including the unborn) is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

Adults

For the purpose of this Policy an 'adult' is defined as a person who is aged 18 or over

Adult Safeguarding is about protecting a person's right to live in safety, free from abuse and neglect. It is the promotion of the welfare of individuals and refers to the activity that is undertaken to protect specific adults who are at risk of harm or abuse as described in the Care Act 2014, which came into effect in April 2015 and which may affect an individual at different times during their lives.

An adult at risk (previously referred to as a vulnerable adult), is defined as 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 and neglect” (Care Act 2014)

An adult at risk may be a person who:

- is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol

Neglect and abuse may occur within individual’s homes and communities. Neglect and abuse may also occur through care provided by regulated health and social care services.

5 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children and adults are outlined in the following guidance:

Children:

‘Working Together to Safeguard Children’ (HM Government 2015). All staff and managers should be aware of those responsibilities.

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that:

- Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)

Adults:

Care Act 2014

Under the Care Act 2014 the lead for adult safeguarding is the Local Authority, with a multi-agency approach, whereby health services are required to investigate and act to prevent harm.

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)

The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. People have complex lives and being safe is only one of the things they want for themselves.

5.1 NHS England

NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children and adults at risk. NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS

5.2 The Governing Body and Committees

The Chief Executive Officer of the CCG is the accountable officer having responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of vulnerable adults and children and young people is discharged effectively across the local health economy through the CCGs' commissioning arrangements.

Within the CCG this role is supported through the Safeguarding Lead Director, the Safeguarding Deputy Director and Designated professionals. The CCG Board will regularly receive information relating to:

- Safeguarding performance of commissioned services
- Serious Case Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews from The Surrey Safeguarding Children Board and the Surrey Safeguarding Adult Board
- Local and national safeguarding issues
- Reports and papers regarding any specific issues requiring Board approval or decision.

5.3 The Chief Executive

The Accountable Officer has overall responsibility to ensure that NHS Surrey Downs CCG complies with all legal, statutory and good practice guidance requirements in relation to Safeguarding Adults and Children at Risk. The Accountable Officer delegates operational responsibility for Safeguarding Adults and Children to the CCG Chief Nurse who holds the Executive lead for Safeguarding

5.4 Executive Director of Nursing, Quality and Safeguarding

The Chief Nurse is responsible for Safeguarding Adults and Children within the CCG. As the Executive Lead for safeguarding, the Chief Nurse will liaise with other senior members of the CCG and service providers as required.

The Executive Lead for safeguarding adults and children meets regularly with the Deputy Director for Safeguarding to review child and adult safeguarding.

The Guildford and Waverley CCG Executive Lead for safeguarding adults and children represents Surrey CCG's at the Full Board of the Surrey Safeguarding Children Board and the Surrey Safeguarding Adults Board and is accompanied by the Deputy Director for Safeguarding and the Designated Nurse for Safeguarding Adults to ensure the designated professional expertise is effectively linked into the safeguarding arrangements.

5.5 All Deputy Directors and Heads of Departments

The Deputy Directors and Heads of Department of the CCG within their service areas/ teams are responsible for ensuring that all staff act in accordance with the CCG's Safeguarding Policy, the Surrey Safeguarding Adults Board Procedures and Guidance and the Surrey Safeguarding Children's Board Procedure and guidance. Deputy Directors and Heads of Department should advise the Executive Director of Nursing, Quality and Safeguarding on any risk issues in relation to safeguarding adults and children

5.6 All Staff

All CCG staff, whether clinical or non-clinical have the responsibility to ensure they adhere to the Surrey Safeguarding Adults Board Procedures and Surrey Safeguarding Children Board Procedures and any policies and guidance laid down to ensure compliance.

All CCG staff should attend Level 1 induction training and should be able to:

- Understand what constitutes an adult and child at risk and adult and child abuse and neglect
- Know the relevant procedure to follow and who to contact when they are concerned that an adult or child is at risk of being abused

The CCG is required to ensure that it clearly identifies the standards expected from its staff members with regard to ensuring the safety and welfare of adults, children and young people is promoted. Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of an adult, child or young person, are expected to ensure that they act in accordance with the SSAB and SSCB Procedures, statutory and national guidance.

All managers are to ensure their staff are aware of, and adhere to, the Safeguarding Policy. They are also responsible for ensuring that all staff are updated with regards to any changes in the Safeguarding Policy

All employees of the CCG, partner practices and contracted support services e.g. CSU, must be mindful of their responsibility to safeguard adults and children.

5.7 Surrey Wide CCG Safeguarding Adult and Children Team (Appendix 2)

The Surrey Wide CCG Safeguarding Adults and Children Team are hosted by Guildford and Waverley CCG but have a role across all Surrey CCG's.

Designated Nurses Safeguarding Children, Designated Nurses Safeguarding Adults and Designated Doctor for Safeguarding Children

Designated Professionals are clinical experts, in either children's or adults safeguarding dependent on their designate, and strategic leaders for safeguarding and as such are a vital source of advice and support to health commissioners in CCGs, the local authority, NHS England, other health professionals in provider organisations, quality surveillance groups (QSG), regulators, the SSCB/SSAB and the Health and Wellbeing Board.

The role of Designated Professionals for safeguarding children and adults is explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their safeguarding responsibilities across the wider system effectively.

The Deputy Director for Safeguarding has direct access to the Executive Lead for Safeguarding to ensure that there is the right level of influence of safeguarding on the commissioning process.

Designated professionals provide advice to ensure the range of services commissioned by the CCG take account of the need to safeguard and promote the welfare of adults and children and young people. They are consulted and able to influence at all points in the commissioning cycle and provide advice on the monitoring of the safeguarding aspects of CCG contracts to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of adults at risk and children.

Designated professionals also:

- Provide clinical advice, e.g. in complex cases or where there is dispute between practitioners.
- Provide advice, support and clinical supervision to the named professionals in each provider organisation
- Play an important role in promoting, influencing and developing relevant safeguarding training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed.
- Provide skilled professional involvement in adult and child safeguarding processes in line with SSAB and SSCB procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCGs, as part of Serious Case Reviews, Safeguarding Adults Reviews, Domestic Homicide Reviews and other multi agency or single agency health reviews following serious incidents. Take forward any learning for the health economy.
- Inform the SSAB and SSCB of any relevant serious incidents.
- Work with Local Authorities to improve the outcomes for these groups.

- Provide annual, 6 monthly, and exceptions reporting to the CCGs.
- Provide advice to commissioned services on how to improve systems for safeguarding adults and children.
- Provide guidance on identifying adults and children at risk from different sources and in different situations.

5.8 Designated MCA (Mental Capacity Act) Lead

The CCG has a Designated MCA lead that is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex.

The CCG has designated the role of MCA Lead to the Designated Nurse Safeguarding Adults

They should also have a role in highlighting the extent to which their own organisation, and the services that they commission, are compliant with the MCA through undertaking audit, reporting to the governance structures and providing or securing the provision of training.

5.9 Designated Professionals for Looked After Children

The Designated professionals for Looked After children are part of the Surrey wide CCG Designated Safeguarding Adults and Children Team and provide a strategic lead in the health aspects of children in care, including:

- Advising commissioners regarding the needs of this population
- Monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people
- Work with the local authorities to improve the outcomes for Looked After Children.

Contribute to the annual, 6 monthly, and exceptions reporting to the CCGs.

5.10 Designated Paediatrician for Unexpected Child Deaths

Working Together to Safeguard Children (2015) Chapter 5 sets out the procedure to be followed when a child dies. There are two inter-related processes for reviewing child deaths:

- A rapid response by a group of key professional who will come together for the purpose of enquiring into and evaluating each unexpected death of a child.
- The SSCB is responsible for ensuring that a review of each death of a child normally resident in their area is undertaken by a Child Death Overview Panel (CDOP).

Contribute to the annual, 6 monthly, and exceptions reporting to the CCGs.

Responsibilities and functions of the CDOP include:

- Reviewing all child deaths up to the age of 18 years, excluding babies who are stillborn and planned terminations of pregnancy carried out within the law.
- Collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members.
- Discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family.
- Determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths.
- Making recommendations to the SSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible.
- Identifying patterns or trends in local data and reporting these to the SSCB.
- Where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the SSCB Chair for consideration of whether an SCR is required.
- Agreeing local procedures for responding to unexpected deaths of children
- Cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

5.11 Named GP Safeguarding Children

The Named GP works closely with the CCG to ensure through this role local practices are supported to develop effective safeguarding children arrangements.

The named GP Safeguarding Children works closely with designated professionals and the CCG and:

- Provides specific expertise on child health and development and in the care of families in difficulty as well as children who have been abused or neglected
- Provides expert advice and support to GPs and other primary care staff in child protection issues.
- Offers advice on local arrangements with provider organisations for safeguarding children.
- Promotes, influences, and develops relevant training for GPs and their teams.
- Provides input as a skilled professional to child safeguarding processes, in line with the procedures of Surrey Safeguarding Children Board.
- Takes a lead in writing the general practice components of serious case reviews, independent management reviews, SAAF, and multi-agency audits
- Supports processes required by regulator unannounced and announced single and multi-agency inspections.
- Supports and encourages collaborative working across the local safeguarding system with a particular role to work with the nominated safeguarding leads in GP practices.

5.12 Independent Contractors

Any independent contractors who deliver services directly to adults at risk, children, young people and their families should ensure that they:

- Access safeguarding adults and children training in accordance with national and local guidance and competency frameworks.

- Act in accordance with the Surrey Safeguarding Children Board's procedures and the Surrey Safeguarding Adults Boards Procedures.

5.13 NHS Trusts, Foundation Trusts and Private Healthcare Providers

Children and adults at risk

All provider health organisations are required to have effective arrangements in place to safeguard adults at risk and children and to assure themselves, regulators and their commissioners that these are working.

Key examples of health work to support the safeguarding of adults at risk and children include:

- Identifying children and families who would benefit from early help. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment
- Routine enquiry regarding domestic abuse in adult settings
- Assessment of impact of adult health problems on children in the household i.e. needs of young carers

Specific arrangements

- Adhere to National, local SSCB, SSAB policies and procedures
- A Board executive lead for safeguarding who takes responsibility for governance, systems and organisational focus on safeguarding adults at risk and children.
- Named Doctor and Nurse safeguarding children (Named Midwife for maternity services) and a Lead Professional for safeguarding adults at risk who have a key role in promoting good professional practice within

their organisation, and provide advice, expertise and training strategy within their organisation.

- All providers are required to have an MCA lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex
- Safe recruitment including compliance with the Disclosure and Barring system; job descriptions which reflect requirements for staff to have due regard for safeguarding and promoting the welfare of children and adults at risk.
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with adults at risk and children.
- Have a training strategy and plan in place informed by a training needs analysis with regard to safeguarding, safe recruitment and specific areas of need such as domestic abuse, child sexual exploitation, FGM and Prevent. Evidence of the effectiveness of all training delivered must be evaluated. The training programme must comply with the safeguarding children training levels in the intercollegiate document (2014), Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016) and NHS England Prevent Training & Competency Framework.
- Arrangements for the provision of safeguarding adults and children supervision for staff to promote good practice. Named and Lead professionals must access safeguarding supervision from the appropriate CCG Designated Safeguarding Professionals.
- Inform appropriate Designated Nurses or Doctor of any serious incidents involving adults at risk and children and confirm that the incident has been reported in accordance with the NHS England and CCG requirements.

- Comply with the SSCB SSAB and Designated Nurse requests for information or reports in relation to serious case reviews, Safeguarding Adults Reviews or other multi agency reviews
- Work with the Designated Professionals SSAB and SSCB in developing and implementing an audit programme to provide evidence of improved outcomes for adults at risk and children.
- Ensure staff understand their responsibilities in identifying and respond to risk factors in abuse or neglect

5.14 GP Safeguarding Children Practice Leads

GP practices must have a lead for safeguarding children who must work closely with the CCG Named GP and Safeguarding Children Designated Professionals to address quality issues in relation to safeguarding children. GP practices must maintain an up to date list of staff training in relation to safeguarding. GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.

6 Procedure

All staff and volunteers, whatever the setting, have a key role in preventing abuse or neglect occurring and in taking action when concerns arise. Findings from Serious Case Reviews and Safeguarding Adults Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

Where an adult at risk or child is experiencing, or at risk of being abused, neglected or where an adult may be being harmed by others usually in a position of trust, power or authority, this must always be reported immediately. The concern may arise by:

- a direct disclosure by the adult
- a concern raised by staff or volunteers, others using the service, a carer or a member of the public
- an observation of the behaviour of the adult, of the behaviour of another person(s) towards the adult at risk or of one adult towards another

If you think that someone you know, adult, child or young person, is being abused or is at risk of abuse you must inform a Manager of the organisation, and your Line Manager and/or the Designated Lead Adults or Children responsible for receiving concerns of abuse within the CCG.

It is not for staff or volunteers to second-guess the outcome of an enquiry in deciding whether or not to share their concerns.

All CCG staff and all NHS Commissioned provider services **MUST** adhere to this policy in conjunction with Surrey Safeguarding Adults Procedures and Surrey Safeguarding Children procedures, information and guidance, details of which can be accessed via the following link:

- [Surrey Safeguarding Children Board Procedures Manual.](#)
- [Surrey safeguarding adults multi agency procedures, information and guidance](#)

6.1 MCA

Adults who lack capacity

The Mental Capacity Act 2005 (MCA) provides a statutory framework which empowers and protects people aged 16 or over, who may lack capacity to make decisions for themselves. The MCA clearly states that there is a presumption of mental capacity unless an assessment of capacity shows otherwise. Adults who have capacity have the right to make their own decisions irrespective of how unwise that may appear to others. However, staff will need to be aware of the safeguarding implications around MCA and how this relate to situations where the person may lack capacity, and unable to protect themselves, therefore, at risk of harm and abuse.

Staff must ensure that any systems and processes in place demonstrate that the rights of people who lack capacity are protected and there is evidence of an MCA assessment completed and any care implemented should be in the person's best interest. Therefore, under the MCA decisions will need to be made on the person's behalf if they lack capacity.

6.2 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards 2009 (DoLS) were introduced to protect a person who refuses care and treatment and has been deemed to lack capacity under the MCA. Therefore, staff will need to be aware that these provisions require a more detailed assessment, to determine if the person meets the criteria for a Deprivation of Liberty Safeguard (DoLS) authorisation. The DoLS authorisation will require more restrictive

interventions to be implemented to protect the person. 11 However, prior to doing this, the rights of the person need to be protected and any restrictive treatment deemed to be in their best interest should demonstrate that the least restrictive options were considered first before applying for a DoLS authorisation.

Additional Guidance on **Mental Capacity Act** and the **Deprivation of Liberty Safeguards** is available on the Surrey County Council website, details of which can be accessed via the following link: [MCA and DOL's](#)

6.3 MASH (Multi-Agency Safeguarding Hub) (Appendix 3)

The Surrey MASH is the single point of contact for reporting concerns about the safety of a child, young person or adult at risk. It aims to improve the safeguarding response for children and adults at risk of abuse or neglect through better information sharing and high-quality and timely responses.

The Surrey MASH achieves this by co-locating agencies. It brings together Surrey County Council social care workers for children and adults, early help services, health workers and police as well as a vast array of virtual partners across Surrey. By being able to share relevant information between the co-located agencies, the MASH aims to identify need, risk and harm accurately to allow timely and the most appropriate intervention. If you are concerned that you have not been believed or taken seriously refer to the Surrey Downs CCG Whistleblowing Policy.

6.4 Duty of Candour

The Care Act 2014 sets out that the CQC registration requirement places a duty on providers to be open with patients and their families about failings in their care. The CCG will ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multiagency safeguarding policies and procedures

The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. The Duty requires providers to offer an apology and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with

customers when things go wrong with their care and treatment. To meet the requirements a provider must:

- Make sure it has an open and honest culture across and at all levels within its organisation
- Tell service users in a timely manner when particular incidents have occurred
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out
- Supply the customer or representative with the results of any further enquiries into the incident and to keep records of all correspondence and notifications in person
- Offer an apology in writing
- Provide reasonable support to the person after the incident For NHS bodies, the incidents covered by the Regulations include not only cases of death and severe harm, but also "moderate harm" in line with providers' existing contractual duty under the NHS Standard Contract.

7 Local and National Safeguarding Issues for Children and Adults:

7.1 Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of sexual abuse. There is increasing awareness nationally and locally of the risks posed to children from sexual exploitation, missing from care/home/education and trafficking. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see himself or herself as a victim of exploitation.

Local arrangements for reducing the risk of CSE include the Multi-agency Sexual Exploitation, Missing & Exploited Children's Conference meetings (MAECC). These meetings are held to share information and intelligence to develop a detailed profile of CSE in Surrey. The CCG representation is provided through the Designated Doctor for Safeguarding Children and Designated Nurse Looked After children.

CCG's will also need to ensure that its commissioned services have in place effective arrangements to identify and support young people at risk of CSE

CCG's identified lead officer for CSE is the Designated Doctor for Safeguarding Children. The lead officer for CSE monitor's information to identify when more than one child in the community may be being targeted for sexual exploitation.

Further information on CSE and can be accessed on the SSCB website:
<http://www.surreyscb.org.uk/professionals/guidance-protocols/>

7.2 Female Genital Mutilation

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM is an illegal practice that causes significant physical, mental and emotional harm.

In March 2015 the Department of Health published “Commissioning Services to support women and girls with Female Genital Mutilation” sets out some elements that make up a successful and safe service to support women and girls with female genital mutilation (FGM)

Mandatory Reporting duty for FGM came into force as of 31st October 2015 as part of the Serious Crime Act 2015. All regulated health and social care professionals and teachers in England and Wales have a duty to report ‘known’ (visually identified or verbally disclosed) cases of FGM in under-18s to the police. The duty will not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, professionals need to follow existing local safeguarding procedures. A Department of Health leaflet has been developed that professionals can use with patients and or families, to help when discussing making a report to the police. Please click on the link to view FGM mandatory reporting resources [FGM mandatory reporting resources.](https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare)

On the 1st April 2016 the government published new national statutory multiagency guidance on FGM. Please click on the link to for full details [statutory multi-agency guidance on FGM](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)

7.3 Domestic Abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- physical
- sexual
- financial

- emotional

To protect adults who experience domestic abuse and their children will require inter-agency working and information sharing. The use of Multiagency Risk Assessment Conference (MARAC) process should be part of the multi-agency working framework. The MARAC is an information sharing process that focuses on developing safety planning for adults assessed to be at high risk of domestic violence. The CCG will need to ensure that arrangements are in place across the health economy to support the work of MARACs.

The CCG recognises that staff may experience domestic abuse in their personal relationships and will take steps to provide support and onward referral through the relevant line manager(s).

7.4 The Prevent Agenda

Contest is the UK's counter-terrorism strategy that aims to reduce the risk we face from terrorism so that people can go about their lives freely and with confidence. The Prevent strategy is one work stream within this agenda and it aims to stop people becoming terrorists or supporting terrorism. Prevent is different from the other work streams as it operates in the pre-criminal space. Prevent is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals are susceptible to radicalisation.

There is no single profile of a terrorist and it is not about race, religion or ethnicity. The many contacts staff have with people through their work in the NHS mean that they may well come across someone who is being exploited for terrorism. There are factors which can make individuals susceptible to the terrorist message, including factors personal to the individual, such as low self-esteem and rejection, and external factors such as foreign policy and group identity.

Radicalisation is a process and not an event and at points through the process it is possible to intervene. Frontline staff in the NHS can potentially make a difference to supporting and redirecting individuals who are being exploited in this way.

The Prevent strategy aims to stop people becoming terrorists or supporting terrorism. The health sector is involved in two key objectives:

- To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- To work with sectors and institutions where there are risks of radicalisation that we need to address.

Prevent is part of existing safeguarding responsibilities for the health sector, not an additional responsibility. Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space by:

- Recognising adults at risk, children and young people who may be at risk of radicalisation;
- Working in partnership to reduce risk and protect the individual and
- Providing adequate and necessary support as part of a proportionate multi-agency response to any concerns.

On behalf of all CCG's the role of Prevent Lead is delivered by the Designated Nurse Safeguarding Adults Guildford and Waverley CCG

8 Safeguarding Within Commissioning Arrangements

The CCG as a commissioner will:

- Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Surrey Safeguarding Children Board (SSCB) and the Surrey Safeguarding Adults Board (SSAB)
- Ensure there is a senior commissioning lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCG.
- Commission secondary health care for looked after children, including those placed outside of the borough.

8.1 Contract Monitoring

The CCG as a commissioner will:

- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working.
- Include the requirement for sharing information with CCGs and the SSCB and SSAB regarding Safeguarding arrangements and Outcome Frameworks in all commissioning arrangements, contracts and/or service level agreements

- Ensure that Designated Professionals have been consulted on all relevant contracts and service level agreements.

Assurance regarding safeguarding arrangements across the CCG's: annual and 6 month interim reporting including safeguarding children and adult dashboard and exceptions reporting as required.

For safeguarding children as outlined in 'Working Together (2015)' clinical commissioning groups (CCGs) will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations.

The dashboard will be used as a tool to provide commissioners with assurance that providers are compliant with their safeguarding responsibilities, it will ensure that there is both quantitative and qualitative data available which demonstrate how providers are moving towards an outcomes based focus. (Table 1)

Table 1 - Safeguarding in Health Outcomes Framework

<ul style="list-style-type: none"> • Leadership and Workforce • Training • Safeguarding Supervision • Partnership Working • Responding to Wider Social Issues, Vulnerable Groups of Children and adults at risk • Serious adults and children Incidents and Child Deaths • Adult Issues and Early Help

8.2 Annual Reporting

The CCG and all NHS Trusts or Foundation Trusts are required to publish an annual report of safeguarding children and adults and it is expected that the following will be included:

Table 2 - Annual Report components

<ul style="list-style-type: none"> • Safeguarding Structure and Governance • SSCB and SSAB Participation • Education & Training • Safeguarding Children and adult Supervision • Clinical Governance & Risk Management • Compliance with CQC Regulations • Section 11 • Employment Practice
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- Policies & Procedure
- Mental Capacity Act (MCA) 2007 inc Deprivation of Liberty
- SSAB and SSCB Priority areas
- Safeguarding Activity

Table 3 - CCG Safeguarding children and adult reporting schedule

Date presented:	Report	
1st January	Integrated Safeguarding Children, Adults and Looked after Children Exceptions Report	
1st March	Integrated Safeguarding Children, Adults Exception Report Looked after Children Exceptions Report	
1st May	Looked After Children Six month update to the annual report	Safeguarding Children and Adults Annual Report
1st July	Integrated Safeguarding Children, Adults Exception Report Looked after Children Exceptions Report	
1st September	Looked after Children Annual Report	Safeguarding Children and Adults Exception Report
1st November 2017	Looked After Children Exceptions Report	Safeguarding Children and Adults six month update to the annual report

8.3 Safe Recruitment

The CCG has a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employers regulations, including the Safeguarding Vulnerable Groups Act (HM Government, 2006), SSCB and SSAB procedures and the local HR recruitment policies.

The CCG will also ensure commissioned services fulfil their safeguarding requirements.

8.4 Supervision

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working

with all children and young people and adults at risk; supervision is delivered to Named professionals within Surrey Health provider organisations by the appropriate designated professional.

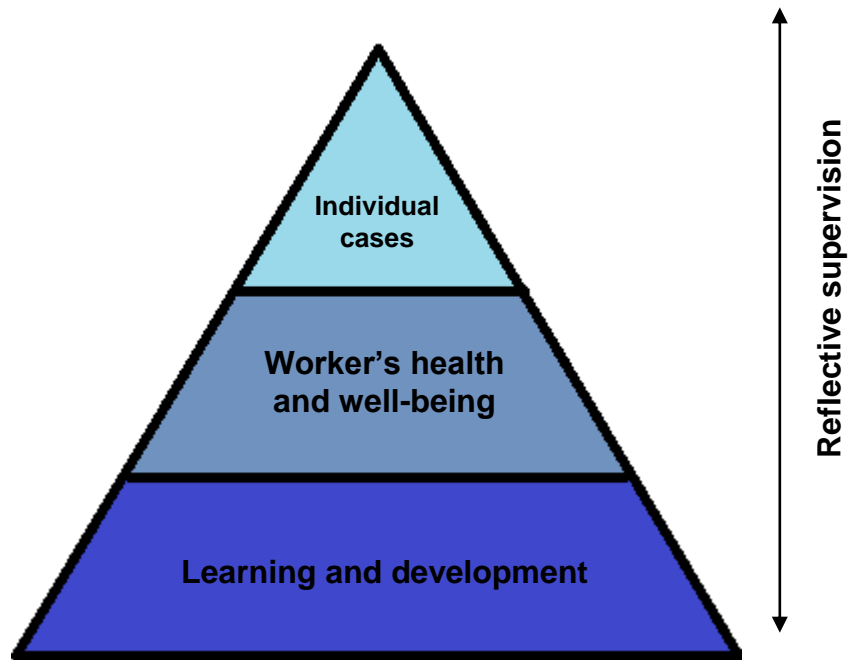
As single subject experts, peer-to-peer supervision is vital to ensuring Designated Professionals continue to develop their practice in line with agreed best practice. Designated Professionals are required to attend supervision meetings regularly.

Each provider commissioned by the CCG is responsible for ensuring a robust safeguarding supervision model is in place.

The appropriate designated professionals provide supervision for named and lead safeguarding professionals. As part of this supervision process evidence submitted through the dashboard, annual assurance and accountability framework and section 11 can be triangulated. A Supervision contract will be agreed between the designated and named/lead professional

There are five main functions of Safeguarding supervision. Difficulties and failure in any area could compromise effective Safeguarding.

- **Clinical/Reflective practice**
Critical evaluation of the assessment and planning for child and family
- **Managerial**
To ensure competent and accountable performance, management and practice appropriate for the professional role.
- **Developmental**
To ensure continuous professional development.
- **Supportive**
To provide personal support for effective performance and offer help to manage any personal impact of their work.
- **Advocacy**
This may involve negotiations around roles and responsibilities and management of resource implications, including escalation of concerns both in relation to individual cases and performance issues.



All supervision sessions should include all levels of the pyramid

8.5 Serious Case Reviews, Case Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews

The CCG has a statutory duty to work in partnership with the Surrey Safeguarding Children Board, The Surrey Safeguarding Adults Board and/or any other Safeguarding Children Board

For Children, Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of SSCBs http://www.workingtogetheronline.co.uk/chapters/chapter_three.html#statutory for adults Section 44 of the Care Act 2014 sets out the requirements for the SSAB <http://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>

A serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future. They are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate. Nor are SCRs part of any disciplinary inquiry or process relating to individual practitioners, the process is detailed in the Surrey Safeguarding Children Board (SSCB) Serious Case Review and Learning Review Practice Guidance and Tool Kit (2016)

<http://www.surreyscb.org.uk/wp-content/uploads/2016/06/SCR-process-March-2016.pdf>

A Safeguarding Adult Review (SAR) is carried out when an adult dies as a result of abuse or neglect whether known or suspected or it is known or suspected that the adult has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult, the process is detailed in the 'SSAB Procedure for Safeguarding Adult Reviews and Multiagency Reviews 2015'

https://www.surreycc.gov.uk/__data/assets/pdf_file/0006/47148/020315-SSAB-SAR-Protocol-final.pdf

Whether a SAR or SCR the appropriate Designated Safeguarding Professional will inform relevant agencies including the Care Quality Commission (CQC) and NHS England Regional Team when a Review is commissioned.

Appendix 4 illustrates the Serious Case Reviews process for children

Appendix 5 illustrates the Safeguarding Adult Review Process

Commissioners responsibilities as part of the process includes:

- All IMRs commissioned across the health economy will be submitted to the commissioners of service. Designated professionals will have a role in quality assuring on behalf of the CCG.
- The CCG will ensure that designated professionals are given sufficient time and necessary support to contribute to the review process.
- The Designated safeguarding health professionals, on behalf of the commissioners, review and evaluate the practice of all involved health professionals. Designated professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the IMR.
- The CCG must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB Strategic Case Review Group scoping and terms of reference.
- The SSCB Strategic Case Review Group and health and safeguarding sub-group will monitor the progress of

identified recommendations and supporting action plans.

Case Reviews

Where the circumstances of a case are not appropriate for a Serious Case Review but warrant further investigation of safeguarding arrangements a Case Review may be undertaken. The purpose of the case review is similar to the serious case review processes in that it enables agencies and individuals to learn lessons and improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. As with a Serious Case Reviews the lessons learned from a Case Review should also be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.

Domestic Homicide Review (DHR):

Statutory guidance places a duty on Community Safety Partnerships to make arrangements for Domestic Homicide Reviews. Health bodies are required to participate in these as requested (NHSE 2015).

DHR's are statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence (SSAB 2016).

When victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a child Serious Case Review (SCR) and a Domestic Homicide Review (DHR). Where such reviews may be relevant to SAR (for example, because they concern the same perpetrator), consideration should be given to how SARs, DHRs and SCRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case (Care Act 2014).

8.6 Action Plans and Monitoring of Action Plans

For health services there are at least three points at which concerns about the conduct of safeguarding arrangements may result in actions for improvement being identified. These are;

- at a time after the first notification of the case is made, usually but not exclusively, by way of responding to the report of a Serious or Adverse Incident;
- following completion of the IMR and / or the Health Overview report and; on publication of the recommendations of the final SCR report.

Providers are required to submit copies of action plans arising from all safeguarding concerns including IMR, SI's and Adverse Incidents to the relevant CCG. These will be subject to initial scrutiny by the appropriate designated professionals, who will provide advice regarding implementation for contract monitoring purposes.

Providers are also required to report progress against SCR, CR, and IMR action plans to the SSCB and SSAB on request. Progress against all safeguarding action plans will be routinely monitored during the SSCB and SSAB Health and Safeguarding sub-group meeting.

8.7 Managing Allegations against People who Work with Children and adults at risk

Managing allegations against people who work with children and adults is a requirement of 'Working Together to Safeguard Children 2015' (*children*) and The Care Act 2014 (*adults*)

The procedure for managing allegations against people who work with children and adults at risk applies to a wider range of allegations than those in which there is reasonable cause to believe a child or adult at risk is suffering, or likely to suffer, significant harm. They also apply in cases where allegations indicate someone is unsuitable to continue to work or volunteer with children and adults at risk in his/her present position, or in any capacity. The procedures are:

SSAB, Protocol for responding to concerns about a Person in a Position of Trust (PiPoT) Responsibilities, guidance and procedure for all SSAB partner agencies and their contracted service providers 15 June 2016
https://www.surreycc.gov.uk/__data/assets/pdf_file/0006/91914/SSAB-Position-of-Trust-Protocol-ver1.pdf

SSCB Dealing with Allegations against People Who Work with Children
<http://www.surreyscb.org.uk/professionals/dealing-with-allegations-against-people-who-work-with-children/>

The procedures for managing allegations should be read in conjunction with relevant policies of SSCB and SSAB and the CCG. In particular, the Human Resources Business Partner will be responsible for ensuring consistency with the CCG Disciplinary and Capability Policy and where appropriate will support the Trust designated managers.

These procedures are complementary to, and do not replace, any CCG policies and procedures in relation to governance and risk. Where appropriate, adverse Incidents and serious incident reporting will take place in accordance with policy.

In relation to children the CCG have designated the Deputy Director for Safeguarding as the Senior Manager to whom allegations or concerns about employees and contractors such as Primary Care providers. In relations to adults the Designated Nurse Safeguarding Adults should be contacted

8.8 E-Safety (children)

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that they recognise e-safety issues and plan accordingly to help to ensure appropriate, effective and safe use of electronic communications including the internet, mobile phones, games' consoles, handheld technology and social media, including social networking. If there is an issues regarding e-safety this can be discussed with the Designated Professionals.

8.9 Engagement with the Surrey Safeguarding Children Board and Surrey Safeguarding Adults Board

The Guildford and Waverley CCG Executive Lead for safeguarding adults and children represents Surrey CCG's at the Full Board of the Surrey Safeguarding Children Board and the Surrey Safeguarding Adults Board and is supported by the Deputy Director Safeguarding, Designated Nurse for Safeguarding Children, the Designated Nurse Safeguarding Adults and the Designated Doctor for Safeguarding Children.

8.10 Committee with the Overarching Responsibility for this Policy

Overarching responsibility for all aspects of this policy will be with the CCG Board. An assurance report will be submitted by the Deputy Director Safeguarding every 6 months.

8.11 Other Committees / Groups with Responsibility for Aspects of this Policy

Safeguarding and in particular the discharge of responsibilities in respect of serious case reviews, safeguarding adult reviews, audits and managing allegations against people who work with children and adults at risk, will necessarily require engagement with a number of different committees and groups appropriate to each case. This will include the SSCB and SSAB Health Group

8.12 Patient / Carer / Relative / Visitor / Contractor Communication and Support

For staff and independent contractors, personal involvement in a Serious Case Review, Safeguarding Adult Review, Audit and Individual Management Review can be a matter of considerable concern. In particular, it is usual practice for anonymised versions of reports to become publicly available bringing with it a high risk of media exposure. Managers of IMR authors and Designated Managers for managing allegations will be attentive to welfare and will make appropriate arrangements for effective communication with staff including where appropriate, with line managers, occupational health and staff associations. Support for patients, their carers and relatives will be coordinated through the relevant Local Safeguarding Children Board.

8.13 Internal Communication

A fundamental purpose of serious case reviews, safeguarding adult reviews and audits is that organisations and their staff including independent contractors learn from the review and implement changes to practice that aim to prevent the recurrence of any failings identified in the review. Supporting Managers, Designated Safeguarding Professionals as appropriate, ensure that learning is disseminated.

8.14 Safeguarding Training Strategy

All Safeguarding training should be consistent with the *Intercollegiate Document Safeguarding Children and Young people: roles and competences for health care staff* (2014), and *Working Together* (HM Government 2015) and *Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document* (2016).

The Safeguarding Children and Young people: roles and competences for health care staff (Intercollegiate Document 2014) which was produced by the Royal College of Paediatrics and Child Health

[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%20200%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%20200%20%20%20%20(3)_0.pdf)

And the Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016)

http://files.mylmc.co.uk/websitefiles/1/2884/Safeguarding%20Adults%20Roles%20and%20competences%20for%20health%20care%20staff%20Interco....pdf?AW_SAccessKeyId=AKIAJD0VGFMJQAUSYZ2A&Expires=1481315227&Signature=%2BjVbRcLBcRo1gLDzSQnnfub%2BEUY%3D produced by NHS England sets out the minimum requirements for training for all staff are set out in relation to safeguarding

It is the responsibility of managers to evaluate the different roles within their organisation at the recruitment stage to determine the level of safeguarding adults and a child training that is appropriate to the role. Adherence to the levels will be reviewed through the Performance and Development Review process (PDR).

The Prevent Training and Competencies Framework (NHSE 2015) works in conjunction with the Safeguarding Children and Young People: roles and competences for health care staff (Intercollegiate Document 2014) and Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016) in order to ensure a consistent approach within the children safeguarding agenda and develop some parity between the expectations to safeguard both children and adults at risk.

8.15 Assurance and Governance

Assurance will be required by the SSCB and SSAB that **all** staff have been trained to an appropriate level in safeguarding adults, children and young people. In order to provide assurance to the CCG, all contracted practitioners/services will record information including:

Numbers of staff requiring each level of training as stated in Roles and Competencies for Health Care Staff: Intercollegiate Document 2014 and Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).

- Attendance figures for all levels of training.
- Attendance at relevant specialist courses

Spot checks will be carried out by the safeguarding team to assure the commissioner that the knowledge and skills acquired through the training programme are being embedded in practice. Internal and specific service related evaluation and audit of safeguarding practice will be commissioned as appropriate.

8.16 Dissemination and Implementation of Policy

This Safeguarding Adults, Children and Young People Policy is to be circulated to all staff within the CCG. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

8.17 Approval and Ratification Process

The Safeguarding Adults, Children and Young People Policy to be approved by the individual CCG Quality and patient Safety lead and ratified by the Clinical Commissioning Governing Body.

8.18 Policy Review

This policy will be subject to a routine annual review, and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance. If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Safeguarding adult and children team.

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Definitions

Children

Child protection

Is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer significant harm.

Child in need

Children who are defined as being 'in need' under section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided;
- and the likely effect the services will have on the child's standard of health and development

Children in need under section 17 may be assessed by children's services in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. A section 17 assessment should also be undertaken for children whose parents are in prison and for asylum seeking children.

Significant Harm

Some children are in need of protection because they are suffering, or likely to suffer significant harm. The Children Act (1989) section 47 places a duty on a Local Authority children's service to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer significant harm. It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child.

What is Abuse and Neglect?

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults or another child or children. Forms of abuse are:

- **Physical abuse:** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to child.
- **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities including prostitution whether or not the child is aware of what is happening.
- **Neglect:** 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.
- **Emotional abuse:** persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This includes a child witnessing or seeing the ill-treatment of another.

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. We refer to these children as 'children in care'.

Young carers

Young carers are 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.

Adults

Abuse occurs in many forms and can occur in any relationship. It may result in significant harm of the person subjected to it. Abuse or neglect can take many forms and the circumstances of the individual case should always be considered. It can include the following examples:

- **Neglect and acts of omission:** such as ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Physical Abuse:** such as assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

- **Psychological Abuse:** such emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Sexual Abuse:** such as rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- **Domestic Abuse:** which includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Forced Marriage:** when one or both spouses do not consent to the marriage. This differs from an arranged marriage, which has been consented to by both parties.
- **Financial or Material Possessions:** such as theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Discrimination:** includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational Abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Civil Rights:** denial of the right to be treated with dignity and respect, freedom of speech and movement.
- **Hate Crime:** defined as any crime that is perceived by the victim, or another person, to be due to a person's race, religious belief, gender identity or disability. This is based on the perception of the victim or another person and is not reliant on evidence.

- **Mate Crime:** when someone has faked a friendship in order to take advantage of a vulnerable person, committed by someone known to the victim, either for a long time or a more recent friendship.
- **Female Genital Mutilation (FGM):** a procedure that involves the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.
- **Modern Slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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Multi-Agency Safeguarding Hub (MASH)

The Surrey Multi-Agency Safeguarding Hub (MASH) is the single point of contact for reporting concerns about the safety of a child, young person or adult. It aims to improve the safeguarding response for children and adults at risk of abuse or neglect through better information sharing and high-quality and timely responses.

The Surrey MASH achieves this by co-locating agencies. It brings together Surrey County Council social care workers for children and adults, early help services, health workers and police as well as a vast array of virtual partners across Surrey. Its aim is to identify need, risk and harm accurately to allow timely and the most appropriate intervention.

Phone number: 0300 470 9100

Internal email name: Surrey MASH/CAE/SCC

Email: mash@surreycc.gov.uk

Secure email: mash@surreycc.gcsx.gov.uk

Fax: 01483 519862

The MASH will operate Monday to Friday from 9am to 5pm.

Surrey County Council Emergency Duty Team (Out of Hours Service)

PO Box 473, Guildford Surrey GU4 7ZL Telephone: 01483 517898

Fax: 01483 517895 Minicom: 01483 517844

Textphone 07968 833626 Email: edt.ssd@surreycc.gov.uk

Surrey Police

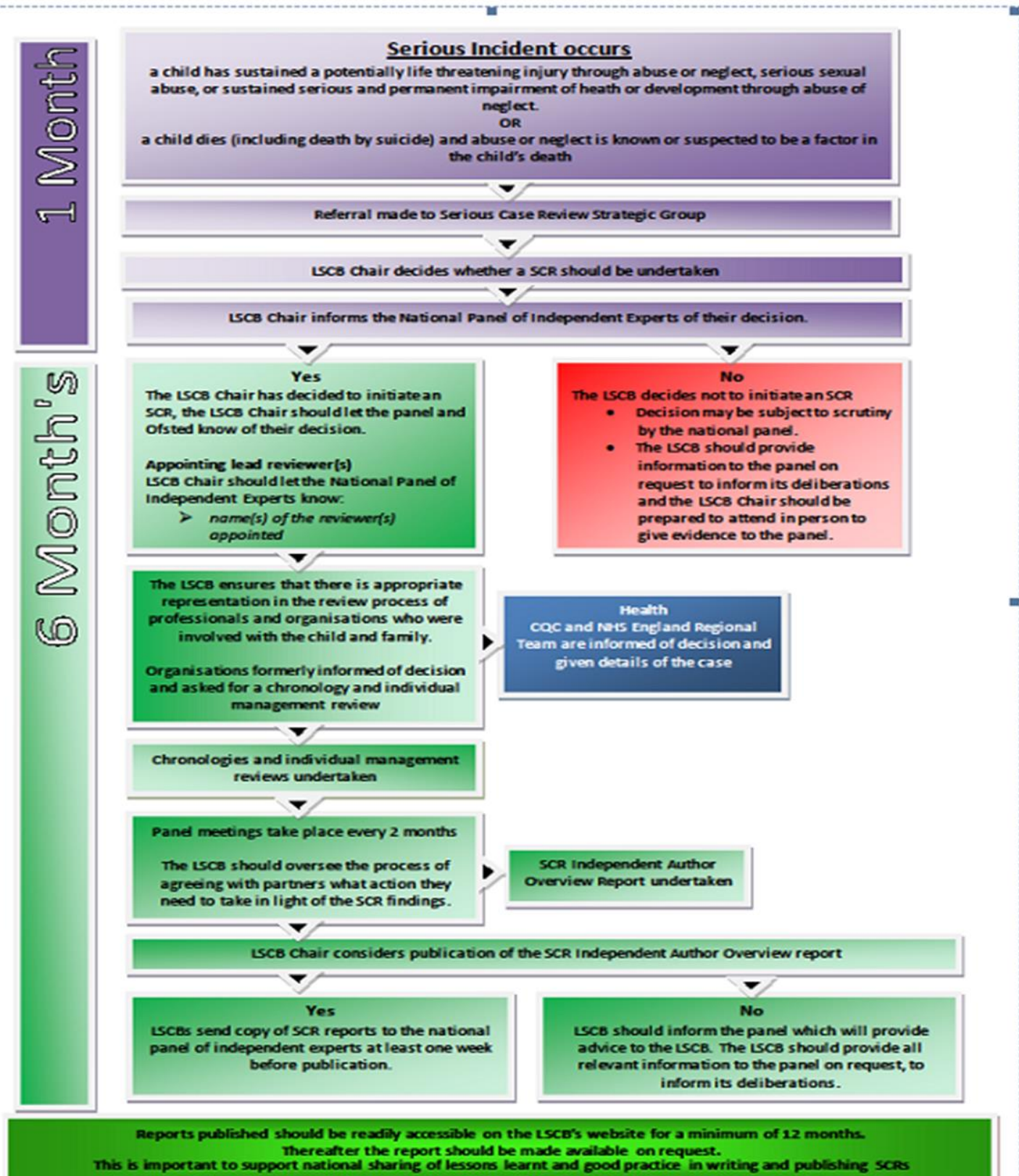
You can contact the police using the **non-emergency number, 101**, or in an **emergency where the safety of a child, young person or adult is at immediate risk, dial 999**.

RAIS – Referral, Assessment and Intervention service

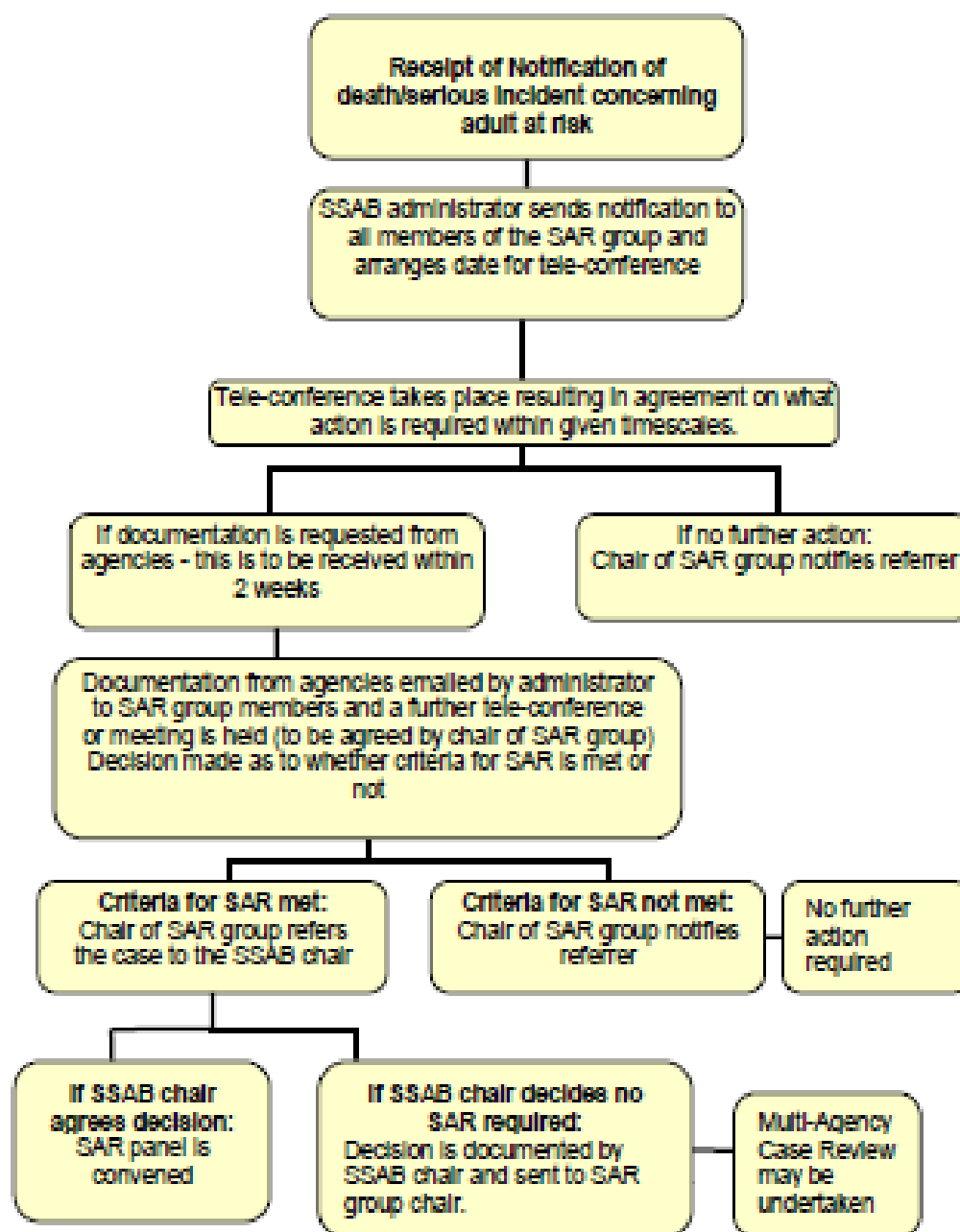
NB The telephone numbers and email addresses for the Children's Social Services RAIS will be replaced by the MASH for reporting a concern about a child. The RAIS numbers will continue to operate for contacting a specific social worker, but will no longer be advertised as a way to report a safeguarding concern for a child or young person.

North East area Spelthorne, Elmbridge and Epsom & Ewell	0300 123 1610*	nerefhub@surreycc.gov.uk
South East area Mole Valley, Reigate & Banstead and Tandridge	0300 123 1620*	serefhub@surreycc.gov.uk
North West area Runnymede, Surrey Heath and Woking	0300 123 1630*	nwrefhub@surreycc.gov.uk
South West area Guildford & Waverley	0300 123 1640*	swrefhub@surreycc.gov.uk

Serious Case Reviews Process:



Safeguarding Adult Review Process:



Managing Allegations against People who Work with Children

Senior Manager to whom allegations or concerns should be reported to
Amanda Boodhoo Deputy Director of Safeguarding
amanda.boodhoo@nhs.net
Mobile: 07799622327

Deputy Senior Manager to who reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern
Linda Cunningham Deputy Designated Nurse Safeguarding Children
Lindacunningham2@nhs.net
Mobile: 07748111917

Local Authority Designated Officer (LADO)

Allegations consultations

Phone number: 0300 470 9100

Internal email name: Surrey MASH/CAE/SCC

Email: mash@surreycc.gov.uk

Secure email: mash@surreycc.gcsx.gov.uk

The MASH operates Monday to Friday from 9am to 5pm.

Surrey County Council Emergency Duty Team (Out of Hours Service)

PO Box 473, Guildford Surrey GU4 7ZL Telephone: 01483 517898

Fax: 01483 517895

Minicom: 01483 517844

Textphone 07968 833626

Email: edt.ssd@surreycc.gov.uk

Procedural Document Checklist for Approval

This must be completed and include a plan regarding how a policy will be implemented.

Procedural document checklist for approval			
To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.			
	Title of document being reviewed: Policy framework for the development and management of procedural documents	Yes/No/ Unsure	Comments/Details
A	Is there a sponsoring director?	Yes	
1.	Title: Chief Nurse		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	Policy developed by G&W CCG as a result of hosting arrangements for Safeguarding Adults, Children & Young People
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target group clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	Evidence Base		

Procedural document checklist for approval

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

	Title of document being reviewed:	Yes/No/ Unsure	Comments/Details
	Policy framework for the development and management of procedural documents		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	Yes	To be cascaded via CCG Communications Team and displayed on public facing website
8.	Process for Monitoring Compliance		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to monitor compliance with the document?	Yes	All managers are to ensure their staff they are aware of, and adhere to, the Policy. They are also responsible for ensuring that all staff are updated with regards to any changes in the Policy
9.	Review Date		
	Is the review date identified?	Yes	
10.	Overall Responsibility for the Document		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. role of author/originator?	Yes	

Director Approval

On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Procedural document checklist for approval

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

	Title of document being reviewed:	Yes/No/ Unsure	Comments/Details
	Policy framework for the development and management of procedural documents		
Name		Date	
Signature			
Committee Approval			
On approval, Chair to sign and date.			
Name		Date	
Signature			

Appendix 8

Compliance & Audit Table

Explain how the procedures will be audited i.e. how you will provide assurance that the policy is being adhered to

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Policy is reviewed and revised by agreed date	100%	Annual	Quality & Clinical Governance Committee	Policy database
All managers are responsible for ensuring that staff are aware of, and adhere to, the Policy and for ensuring that all staff are updated with regards to any changes or amendments to the Policy.	100%	Annual	Quality & Clinical Governance Committee	Directorate Team Meetings
All staff have undertaken the appropriate level of safeguarding training commensurate with their role and responsibilities	100%	Annual	Quality & Clinical Governance Committee SSCB & SSAB	Directorate Team Meetings