NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Safeguarding Adult and Children Policy

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Equality Statement

Frimley Integrated Care Board 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.

Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

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.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

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Summary

This policy sets out the statutory responsibilities of the Frimley Integrated Care Board (ICB) to ensure effective safeguarding of adults, children and young people at risk within the population they serve. This includes responsibilities for children and young adults who are placed as children in care and looked after by the Local Authority. This duty extends to children and adults who are cared for in placements commissioned by the ICB out of area.

The ICB is responsible in law for the safeguarding element of services they commission and collaborate with. The ICB needs to assure that organisations from have effective safeguarding arrangements in place. The ICB needs to demonstrate that their Designated experts (for children, children in care and adults), are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies and partners to influence strategic direction, local thinking and practice and they must have the capacity to do so.

Providers of services and provider collaboratives have statutory duties to ensure that adults and children accessing their service are safeguarded. The ICB must gain assurance via contractual arrangements that these are high quality services and safeguarding processes are in place within all provider sectors.

All adults and children have the right to live their lives free of abuse and neglect and have the right processes in place to ensure they are safeguarded and free from harm.

Safeguarding is everyone's responsibility. It 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 wellbeing, views, wishes and beliefs of adults and children are actively heard and promoted within safeguarding arrangements.

NHS England recognises that;

'Safeguarding adults at risk of abuse or neglect is a collective responsibility. Whilst individuals and organisations have distinct roles, the system cannot operate effectively unless the different individuals and organisations work together. The hand of safeguarding helps all children and adults who are at risk of harm or abuse. It touches the lives of children when it protects them from harm and neglect from wherever that comes; and it helps to provide them with all the chances needed to achieve the best a life can bring. To vulnerable adults it brings kindness, respect, dignity and support however short the hand that life has dealt them, and it protects them from harm and misuse from all and any quarter. It falls to us all in the NHS to give our hands to these endeavours." (Hilary Garrett, Dr Peter Green)

Learning and development is a crucial component of safeguarding that enables all staff to be alert to the potential indicators of abuse or neglect and people at risk (either through direct contact with adults, children and their families or through the contracting process) and know how to act on those concerns.

Another crucial component of safeguarding is the legislative frameworks that provide guidance for all partner agencies regarding the requirements for safeguarding adults and children at risk.

1 INTRODUCTION AND PURPOSE

Frimley ICB, alongside all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people and adults. This policy pulls together statutory guidance for safeguarding adults and children, incorporating principles from the Safeguarding Partnership Boards for children and adults across the geography of NHS Frimley (includes Local Authority areas of Slough, Royal Borough of Windsor and Maidenhead, Bracknell Forest, NE Hampshire and Surrey Heath) to incorporate a 'think family' approach and shared responsibility when considering safeguarding arrangements.

The ICB is committed to ensure all staff recognise that safeguarding is everyone's responsibility and that there are processes in place to safeguard individuals that access services across the Frimley ICB area. The ICB is required to ensure that all health providers with NHS contractual agreements (both public and independent) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse and the risk of abuse. The ICB should also be assured that health providers are partnered with the local Safeguarding Children and Safeguarding Adult boards and that health workers contribute to and engage with effective multi-agency working and information sharing.

The ICB is committed to all policy, procedures and practice which safeguards children and protects vulnerable adults and promotes their welfare.[1] The ICB aims to work with safeguarding services that will ensure equal access to all children and vulnerable adults, regardless of:

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

1.1 Legal Framework

There are significant legislative frameworks that set out guidance for safeguarding adults, children and young people (to include children and young people who are in the care of the Local Authority). These frameworks such as the Children Act 1989, 2004 and 2017, Working Together to Safeguard Children 2018

[1] See related polices page 1-2

and the Care Act 2014, informs the work of the ICB. This policy should be read in conjunction with the following national and local guidance:

- Health and Care Act 2022: by 1.7.22 42 ICBs will be formed across England
- Children Act (2004)
- Mental Capacity Act (MCA) (2005)
- Deprivation of Liberty Safeguards (2007)
- Care Act (2014)
- Children and Families Act (2014)
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2019)
- Promoting the Health and Well-being of Looked After Children - statutory guidance (2015)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- General Data Protection Regulation (GDPR) & Data Protection Act (2018)
- Safeguarding Adults: roles and competencies for Healthcare Staff: 2018
- Safeguarding Children: roles and competencies for Healthcare Staff: 2019.
- Looked After Children. Knowledge, skills and competencies of health care staff. Intercollegiate Role Framework Document (2015)

2 SCOPE

This policy aims to ensure that no act or omission by the ICB as an NHS organisation, puts a service user at risk. Those robust systems are in place to safeguard and promote the welfare of children and to protect adults at risk of harm and set out a framework to underpin monitoring of safeguarding arrangements across the health economy.

An ICB will notify associate commissioners of a provider's non-compliance with the standards or of any serious incident requiring investigations that are considered to be a safeguarding issue.This policy applies to all staff working for the ICB. It applies to clinical and non- clinical staff whether they work with children or with adults and regardless of whether they have direct contact with children and families.

All provider health organisations within NHS Frimley must have their own polices for safeguarding children and adults, which must be consistent with current statute and professional duties and regulations.

3 DEFINITIONS[2]

There are various definitions for safeguarding adults and children within legislation and there are also situations that can put adults and children at risk.

[2] Working Together 2018

This section of the policy highlights some of these definitions and situations. More detailed information can be found in Appendix 1.

It is important to appreciate that adults and children can be vulnerable to abuse due to their circumstances at different points in their lives.[3] In addition, in relation to the Equalities Act (2010) people with a protected characteristic may be more vulnerable to abuse at times and at certain stages of their life.

3.1 Children and Young People

The legal definition of **'children'** applies to those under 18 years of age. For the purpose of this policy the term 'children' applies to all children and young people (to include children and young people who are in the care of the Local Authority). This is significant as young people aged 16 and 17 years with safeguarding needs may be accessing or transitioning into adult services. It is important to note that the 'Mental Capacity Act 2005' applies from the age of 16.

Whilst **'Unborn Children'** are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice and within the Berkshire wide child protection procedures.[4] Working Together to Safeguard Children 2018 defines the promotion of welfare of children as:

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

Child protection is an important part of safeguarding but refers specifically to the actions undertaken to protect children who are at risk of or suffering from significant harm. Categories of child abuse are defined as;

1. Physical
2. Emotional
3. Neglect
4. Sexual

However, it must be noted, this is not a finite list, there are many emerging and contextual patterns of abuse, particularly within circles of criminal activity and gang processes for example, serious knife crime, county lines, child sexual exploitation, criminal exploitation, radicalisation – for fuller definitions see Appendix 1.

3.2 Adults

For the purpose of this policy an '**adult'** is someone aged 18 years of age and above. Adult safeguarding means protecting a persons' right to be free from abuse and neglect ensuring good outcomes based on the key principles set out within the Care Act 2014, which came into effect in April 2015.

[3] WH ICB Equality, Diversity & Human Rights Policy

[4] **http://www.proceduresonline.com/berks/**

These principles are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

Abuse and neglect of adults can take many forms and it is crucial that this is reviewed and assessed on an individual basis. Abuse can be in the form of the following:

- Physical Abuse
- Sexual Abuse
- Domestic Violence
- Psychological Abuse
- Modern Slavery
- Financial and Material Abuse
- Neglect and acts of omission and self-neglect
- Discriminatory Abuse
- Organisational Abuse

See Appendix 1 for full definitions. Equal access to a safeguarding response is ensured by the 'three-part test' within Care and Support Statutory Guidance (2018) which determines that the duty to safeguard applies to an adult when the person:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- 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.

3.3. Capacity, Consent and Safeguarding Adults – The Mental Capacity Act 2005

One of the overriding principles in Safeguarding Vulnerable Adults is capacity and consent. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the definitions of the Mental Capacity Act (2005). However, when there is a duty of care when the adult does ***not*** have the capacity to protect him/ herself, the matter must be discussed with the ICB Safeguarding Team to determine and agree how best to proceed. If a person who lacks mental capacity in relation to agreeing to be in a harmful situation is subject to abuse or neglect a safeguarding alert would be necessary as this is potentially a criminal offence (S. 44 Mental Capacity Act).

Guidance on the Mental Capacity Act can be found at:

http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice- 0509.pdf and http://berksadultsg.proceduresonline.com/index.htm

3.4. Choices and Risk

On occasions, vulnerable adults are left in situations, which leave them seriously at risk of abuse. Sometimes attempts to justify this are made on the grounds of a person's right to make choices about their lifestyle, which may involve risk. Decisions about risk at this level should *never* be taken by individual staff but through a properly constituted professionals meeting and by involving risk assessments in order to share the risk among the multiagency collaboration. Any patient affected by abuse, who has capacity, should be consulted as to whether or not they wish action to be taken in relation to their own situation. However, their response will be viewed in the context of the need for any intervention in order to protect other service users and/or staff from harm or risk of harm. If the individual does not wish to report the abuse a discussion must take place with the ICB Safeguarding Team as to the appropriate course of action to safeguard other service users and staff or in the public interest.

3.5. Deprivation of Liberty (DoLs) and Liberty Protection Standards (LPS)

This amendment to the Mental Capacity Act (MCA) 2005 (introduced by the Mental Health Act 2007) is to provide for procedures to authorise the deprivation of liberty of a person in a hospital or care home who lacks capacity to consent to being there. These are known as the MCA Deprivation of Liberty Safeguards (MCA DOLS). Unauthorised restriction/restraint may constitute a deprivation of liberty and therefore abuse, as it breaches of Article 5 Human Rights. (See Appendix 2 for DoLs checklist). Further guidance on DoLS can be found at: http://berksadultsg.proceduresonline.com/index.htm.

During 2022 it is expected new liberty protection standards will replace the DoLs process and the ICB will become a signatory for the applications. The MCA lead will be part of the ICB safeguarding team and will work with the LPS lead to ensure safe implementation.

3.6. Prevent Counter Terrorism Strategy

Prevent is part of a national strategy led by the Home Office, which focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Radicalisation is a form of abuse. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.

The ICB will ensure that there are robust Prevent arrangements in place across the health economy. This will be monitored through safeguarding assurance processes and form part of local and national quality contracting monitoring

The ICB will ensure a named Prevent lead within the ICB Safeguarding Team. This will be delegated from the Director of Safeguarding. All concerns within the ICB regarding both Staff and Patients in relation to counter terrorism will be discussed with the ICB Safeguarding Team or Prevent Lead/appropriate

manager who will escalate accordingly. Urgent concerns should be reported directly to the police.

3.7. Domestic Abuse

Domestic abuse covers a range of types of abuse, including, but not limited to, psychological, physical, sexual, financial or emotional abuse. 'Domestic abuse' can be prosecuted under a range of offences and the term is used to describe a range of controlling and coercive behaviours, used by one person to maintain control over another with whom they have, or have had, an intimate or family relationship. Victims of Domestic Abuse are defined from the age of 16 years.
Domestic abuse is rarely a one-off incident and is the cumulative and interlinked types of abuse that have a particularly damaging effect on the victim. The 'domestic' nature of the offending behaviour is an aggravating factor because of the abuse of trust involved. Many safeguarding reviews, enquiries and referrals have an element of domestic abuse concern.

3.8 Contextual Safeguarding Adults and Children

It is important to appreciate that abuse and/or neglect takes place in a wide range of contexts for both adults and children. For adults and children abuse may take place outside the family setting and in social contexts which render them vulnerable. This may happen in a range of institutions but also in contexts such as radicalisation to terrorism when an adult has a period of vulnerability in their life. Exploitation of both adults and children also takes place within a range of contexts including modern slavery and trafficking. Adults and children can be vulnerable to abuse due to their circumstances. An example is older people who are isolated and experience loneliness may, become victim to financial scamming and evidence has revealed that due to their loneliness the connection to the scammer provides the individual with 'social contact' which they do not receive in any other form. Individuals in the protected characteristics are more likely to be subjected to verbal abuse and hate crime.

Furthermore, one in four adults will experience anxiety/depression during their lifetime and may be more vulnerable to abuse during this time. This condition constitutes a protected characteristic when it impacts upon daily life for more than twelve months and hence makes explicit the key links between safeguarding and the Equality Act (2010).

Understanding the context in which abuse can occur highlights the need for practitioners to be aware of a range of indicators and vulnerabilities. For example, the links between animal abuse and abuse of people in that household is supported by evidence. The National Society for the Prevention of Cruelty to Children (NSPCC) highlighted increasing research and clinical evidence which suggests that there are sometimes inter-relationships, commonly referred to as 'links', between the abuse of children, vulnerable adults and animals. A better understanding of these links can help to protect victims, both human and animal, and promote their welfare. Fleeing from domestic violence is often thwarted when the victim is concerned about their pet (NSPCC, 2007)

Children in Care may also have increased vulnerability to abuse. These children have usually entered the care system following neglect and/or abuse.

Unsurprisingly, the life circumstances for Children in Care can test their emotional resilience and cause large amounts of anxiety. This frequently manifests itself in emotional health issues, and in 2015, the Department for Education and Department of Health estimated that nearly half of Children in Care had a diagnosable mental health issue and two thirds had special education needs.

3.9 Signs and Indicators of abuse

Staff may become aware of abuse or neglect of an adult, child or young person in various ways to include the following:

- Witness to act (e.g., bullying of a person with learning difficulties)
- It is reported to the member of staff (e.g., by a colleague)
- The person discloses the abuse
- There might be visible signs (e.g., unexplained bruises, black eye or burns)

These may occur in individual's homes, community or workplace. Neglect and abuse may also occur through care provided by regulated health and social care services.

4 ICB STATUTORY SAFEGUARDING ROLES AND RESPONSIBILITIES

4.1. Accountable Officer

Has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to. The Chief Clinical Officer (Accountable Officer) has overall responsibility to ensure that the ICB must comply with all legal, statutory and good practice guidance requirements in relation to Safeguarding Adults and Children. The Chief Clinical Officer delegates operational responsibility for Safeguarding Adults and Children to the ICB Executive Senior Responsible Officer; Chief Nurse, Nursing and Quality.

4.2. ICB Governing Body

Responsible for ensuring that all policies in use in the organisation are ratified by the ICB Governing Body. The ICB has a legal duty to ensure that quality, safety and safeguarding standards are incorporated within services they commission. The Board should seek assurance of compliance to the NHS Accountabilities Framework from the ICB and the providers of services that it commissions. Safeguarding adults and children is a shared responsibility and success depends upon effective joint working between agencies and professionals that have different roles and expertise. The ICB must ensure compliance to safeguarding standards for children and adults, including the Section 11 audit.

4.3. Chief Nurse Quality and Nursing

This role is supported through the safeguarding Senior Responsible Officer (Chief Nurse Quality and Nursing) and the Designated Professionals for Safeguarding and the Designated Doctor for Safeguarding Children. The Board will seek assurance of the information it regularly receives relating to:

- Safeguarding performance of provider collaboratives.
- Child Practice Reviews and Safeguarding Adult Reviews commissioned by NHS Frimley Safeguarding Partnership Boards (adults and children)
- Local and national safeguarding emerging issues and priorities for adults and children
- Reports and papers regarding any specific issues requiring Board approval or decision
- Reports and issues from the Frimley ICS Strategic Safeguarding Group that require Board approval.

The Executive Senior Responsible Officer, the Chief holds the operational leadership for safeguarding within the ICB. They will ensure that there are effective safeguarding arrangements within the ICB health services.

There is a "Service Level Agreement" between Frimley ICB and Hampshire ICB that identifies Hampshire ICB as the host for Child Death Overview Panel (CDOP) for all Hampshire population including North East Hampshire and includes Hampshire Child Death Paediatrician and Designated Doctor for Safeguarding. There is also a "Service Level Agreement between Frimley ICB and Surrey Heartlands as providing ICB safeguarding services by the Surrey wide ICB safeguarding team for safeguarding adults, children and children in care in Farnham and Surrey Heath areas.

Although this agreement is in place, the Chief Nurse for Frimley ICB will retain the responsibilities for safeguarding vulnerable people for the Frimley ICB population.

The executive lead will ensure that there is a culture within the ICB that promotes strength-based practice within the ICB. They will meet regularly with the Director Safeguarding and Designated safeguarding leads to discuss safeguarding risks and respond and review safeguarding systems.

The executive lead will ensure that the ICB fulfil their statutory safeguarding responsibilities to include the following:

- Have a statement on their website in areas such as Modern Slavery.
- Ensures that safeguarding is integral to clinical governance and audit arrangements and is actively promoted as core business for all staff
- Ensures there are clear service standards in relation to safeguarding adults and children in place across health systems and that these are monitored to provide assurance that safeguarding standards are met
- Ensures the ICB co-operates and jointly leads with the local authorities in the operation of the Local Safeguarding Boards.

4.4 ICB Director of Safeguarding, Designated Professionals and Named Professionals for Safeguarding (known as The Safeguarding Team)

The Frimley ICB Director of Safeguarding holds the Designated professionals for safeguarding adults and children and Children in Care. They will work closely with the Designate Professionals for Hampshire and Surrey as per the Service Level Agreement. The Designated and Named Professionals employed or work on behalf of the ICB have a statutory duty and work together to provide strategic, professional and clinical leadership for safeguarding adults and children within

the ICB and across the health economy. This includes the following:

- Provide advice to ensure the range of health services take account of the need to safeguard and promote the welfare of adults and children at risk and ensure effective monitoring of the safeguarding aspects of ICB contracts
- Provide advice on, and be engaged in, the procurement of services.
- Provide advice, support and supervision to identified safeguarding adults and children named professionals in provider organisations
- Provide skilled advice to the Safeguarding Boards/Partnership on health issues
- Promote, influence and develop relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed
- Provide advice and/or leadership on serious and complex cases.
- Review and evaluate the practice and learning from all involved health professionals and providers across the ICS as part safeguarding adults and children incidents, reviews and statutory reviews and disseminate learning
- Work in partnership with statutory and non-statutory agencies to protect adults and children at risk
- To support the lead for safeguarding adults and children's agendas such as Modern Slavery, Prevent, MCA, DoLs, LPS, Human Trafficking, Sexual Exploitation, Domestic Violence, Female Genital Mutilation.
- Attend Channel Panels / Domestic Homicide Review (DHR) Panels / Mental Health Homicide Review (MHHR) Panels, Child Death Review Panels on behalf of the ICBs
- With the Designated Doctor for child death, lead the governance processes around Child Death and represent the ICB at all child death overview processes (CDOP).
- Ensure ICB compliance with Section 11 duties for children and compliance with adult safeguarding duties under the Care Act.

4.5 Designated Professional for Children in Care

The ICB must have arrangements in place for a Designated Doctor and nurse for Children in Care who have a statutory duty to provide strategic, professional and clinical leadership in the health of Children in Care including:

- Advising partners regarding the needs of this population
- Receiving assurance on the quality of the health assessments, medical, nursing and Child and Adolescent Mental Health Service (CAMHS) services available to the children and young people
- Work with local authorities to improve the outcomes children and young people in care and care leavers.
- Provide advice on, and be engaged in, the procurement of services.
- Provide advice and support to named professionals in provider organisations providing LAC services
- Provide skilled advice to the Safeguarding Boards, corporate parenting panels and Partnerships on Children in Care health issues
- Promote, influence and develop relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are

addressed for Children in Care.

- Work in partnership with statutory and non-statutory agencies to improve the outcomes for Children and Young People in Care.

4.6 Designated Paediatrician for Child Deaths

The publications of Working Together to Safeguard Children, 2018 (chapter 5)1 and the Child Death Review Guidelines 2018 introduced changes to the death review guidelines to strengthen the responsibilities for the ICB to improve the experience of bereaved families and to ensure that local learning from the child death review process is captured through the planned National Child Mortality Database.

The ICB are required to have a designated paediatrician for child deaths. The role of the paediatrician is to:

- Ensure that relevant professionals (i.e., coroner, police and local authority social care) are informed of a child death
- Coordinate the team of professionals (involved before and/or after the death) which is convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team)
- Convene multi-agency discussions after the initial and final post-mortem results are available.

In response to the increased responsibilities, the ICB has ensured a lead professional for CDOP processes.

The local CDOP process in Hampshire and Surrey will continue in accordance with the Service Level Agreements.

4.7. Named GPs for Safeguarding

The named GPs for Safeguarding; one per each place across Frimley ICB, have a crucial role in ensuring that there are arrangements in place within primary care that supports the following;

- Good professional practice
- Access to expert safeguarding advice to colleagues
- Robust training plans for safeguarding across Primary Care
- Gaining assurance of standards within GP practices on behalf of the ICB via 3 yearly safeguarding self-assessments.
- Collaborative working with the Berkshire adult and children Safeguarding Boards via subgroups to ensure GP practices are represented, engage and work with multiagency safeguarding partnerships.
- Undertaking work to support safeguarding serious case reviews for primary care on behalf of the ICB.
- In conjunction with the ICB safeguarding team, co-ordinates and contributes to implementation of action plans and the learning following reviews
- Contributes as a member of the safeguarding team to the development of internal safeguarding policy, guidelines and protocols

4.8 All Directors, Associate Directors and Heads of Departments

The Directors, Associate Directors and Heads of Department of the ICB and Commissioning Support Unit (CSU) within their service areas/teams are responsible for ensuring that all staff act in accordance with the ICB Safeguarding Policy, the Local Safeguarding Adults and Children Board Procedures and Guidance. Directors, Associate Directors and Heads of Department should advise the Director Safeguarding and/or Executive Director of Nursing and Quality on any risk issues in relation to safeguarding adults and children.

All managers will ensure that;

- All staff are appropriately trained in safeguarding in line with ICB training requirements.
- That training records are maintained
- That their departments foster and maintain a culture where safeguarding concerns can be escalated
- That clinical staff on their professional register are given the opportunity to raise any safeguarding concerns in one-to-one meetings and supervision with the line managers and/or the ICB safeguarding team.
- That all staff know how to raise concerns using the ICB Whistleblowing Policy

4.9. Responsibilities of All Employees

All employees of the ICB, partner practices and contracted support services e.g., Commissioning Support Unit (CSU), must be aware of and practice responsibility in relation to safeguarding adults and children statutory duties.

All staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (RCN 2019) and the Intercollegiate Document and Adult Safeguarding Roles and Competencies for Staff (RCN 2018) as outlined in section 7 and the looked after children: Knowledge, Skills and competences of health care staff 2015.

All staff have a responsibility to recognise abuse or neglect of vulnerable adults and children and escalate these concerns appropriately in line with this policy.

It is also important to note that areas such as Domestic Abuse can also involve ICB staff and the ICB will support staff who are experiencing domestic abuse.

For allegations that suggests a child or young person has been put at risk by a member of staff, the ICB safeguarding team supported by the local authority designated officer (LADO) will provide advice and support. For allegations that suggest an adult has been put at risk by a member of staff or person in a position of authority, the ICB Safeguarding Team will seek support from the local authority safeguarding adults designated officer.

The ICB safeguarding team are available for advice, support and supervision. If concerns arise about standards of services or children and/or adults being put at risk, employees should be aware of the escalation process and policies.

Therefore, all employees must:

- Be alert to the potential indicators of abuse or neglect of adults and children at risk and know how to act on those concerns in line with local and national guidance. Take part in training so that they maintain their skills and are familiar with arrangements aimed at safeguarding vulnerable adults and children
- Understand the principles of confidentiality and information sharing in line with local and national guidance
- Seek advice and guidance from the ICB Safeguarding Team if unsure about how to act upon a concern about a child or parent/carer, and/or an adult at risk
- Staff should escalate issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a safeguarding concern.
- All employees must keep accurate, contemporaneous records in accordance with professional and organisational policy

4.10. Independent Contractors

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

- Access safeguarding children training in accordance with national and local guidance and competency frameworks
- Act in accordance with the Local Safeguarding Children's and Adults Boards policies and procedures.

4.11. Primary Care Practices

GP practices must have a lead for safeguarding who must work closely with the ICB safeguarding team and named GPs for safeguarding to address quality issues in relation to safeguarding adults and children.

GP practices must maintain an up-to-date list of staff training in relation to safeguarding adult and children's' training.

GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.

GPs have a statutory duty to safeguard adults at risk of abuse and/ or neglect and practices must have a lead for safeguarding adults who ensures that the practice meets their statutory duties.

GPs and Practice nurses must attend the ICB safeguarding team training delivered annually at level three; this may also be provided via webinars.

Lead GPs for safeguarding must attend or send a representative to a 6 monthly safeguarding lead meeting arranged for each place and chaired by the ICB Safeguarding Team.

Each lead GP must take responsibility for ensuring the safeguarding self-assessment is completed and returned to the ICB Safeguarding Team.

Each practice will work collaboratively with the ICB Safeguarding Team in relation to any actions arising from serious case reviews where there is local or wide learning across the area.

Each practice will work collaboratively with the ICB Safeguarding Team to introduce up to date practice recommendations in relation to safeguarding.

Each practice will work collaboratively with the ICB Safeguarding Team where there are issues arising from CQC inspections about safeguarding requirements and assurance.

4.12. Responsibilities of NHS Trusts, Foundations Trusts and Private Healthcare Providers

All provider health organisations are required to have statutory arrangements in place to safeguard adults and children at risk and to assure themselves, safeguarding boards and regulators that these arrangements are effective. It is not sufficient to just have structures in place, but to create an organisational culture that acknowledges the responsibilities of staff to identify risk factors for children or adults and take appropriate action to reduce the level of harm.

5. SAFEGUARDING PROCESSES

During our lives, each and every one of us may become vulnerable at some point and therefore susceptible to abuse and/or neglect. Promoting equality and addressing health inequalities are at the heart of NHS values. This policy supports the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

It also supports the drive to reduce inequalities between patients in access to, and outcomes from healthcare services by upholding every individual's rights when there are safeguarding concerns about them to support them to live in safety, free from both abuse and/or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.

The ICB Safeguarding Team are happy to discuss any situation with a ICB member of staff where there are safeguarding concerns and a referral may be necessary. The ICB Safeguarding Team will support the member of staff to make the referral and undertake any follow up as part of any subsequent investigation.

5.1. Safeguarding Adults and Advocacy Services

Under the Care and Support Statutory Guidance (2018) individuals receiving a safeguarding adults' response may be entitled to an advocate to support them. Staff have a duty to refer for an advocate when the person is entitled to have this support and the ICB Safeguarding Team will support the staff member to make this referral.

6. SAFEGUARDING LEARNING AND DEVELOPMENT

Staff at all levels of the organisation should undertake relevant safeguarding training in accordance with the RCN Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). This includes counter terrorism basic awareness 'Prevent' training. The ICB training strategy has been published in line with these competencies and according to each staff role.

The ICB, via human resource support and monitoring portals will ensure that all staff undertake essential awareness training through online programmes and maintains records of compliance in line with the ICB Safeguarding children and adults training strategy. All staff receive the mandatory training requirements as part of induction to the organisation. The clinical support unit will supply compliance rates to the ICB Safeguarding Team on request for assurance purposes.

In addition, it is the responsibility of managers in the ICB to monitor and inform the Safeguarding Team of any difficulties in achieving compliance at the earliest opportunity to ensure support to reach compliance.

7. SPECIALIST SAFEGUARDING SUPERVISION

Safeguarding 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 vulnerable adults, children and young people.

Each NHS provider across the ICS is responsible for ensuring a robust safeguarding supervision model is in place.

The ICB safeguarding team provide safeguarding supervision for safeguarding and other professionals within the ICB and the provider sectors. Safeguarding supervision follows reflective restorative models and is tailored to meet the individual or team need. The ICB safeguarding team are flexible in provision of supervision and will carry out regular supervision, team supervision, individual supervision or ad hoc supervision when requested/required.

8. ICB MULTI-AGENCY COLLABORATIVE WORKING

Frimley ICB will:

- Work with partner agencies to ensure a coordinated and, where possible, integrated safeguarding services
- Hold equal and shared responsibility with the Local Authorities and Police for ensuring effective safeguarding arrangements for the population they serve.
- Hold and retain statutory membership of the Local Safeguarding Children's Partnership Boards (Working Together 2018).
- Hold and retain statutory membership of the Local Safeguarding Adults Boards (LSAB) following the inception of the Care Act (2014)
- The Director of Safeguarding will be a key member of each safeguarding

board alongside the Executive Director of Quality and Nursing. As per the service level agreement, this may be delegated to Safeguarding Designated Professionals in Hampshire and Surrey.

- Be active partners of any relevant and appropriate subcommittees of the safeguarding children and adult boards and work effectively with other organisations and providers to improve outcomes for the population.
- Will ensure the ICB responsibility for Child Death Overview Processes is fully discharged and according to statute (Working Together 2018) and in collaboration with multiagency partnerships.
- Ensure that appropriate contributions are made to each Safeguarding Board.
- Ensure that relevant NHS health providers are linked to the local Safeguarding Boards and deliver appropriately senior representation.
- Work in collaboration with NHS England to ensure that safeguarding children and adults' arrangements are in place across the health economy.
- Co-operate with the local authorities in fulfilling duties towards looked after children, including health assessments and planning for children and young people in and out of area.
- Work in collaboration with partner agencies to ensure effective services to support the development and effectiveness of multi-agency safeguarding developments.

9. STATUTORY REVIEWS

The ICB has a statutory responsibility to work with partners within the Frimley ICB area to ensure that safeguarding incidents are reviewed in line with legislation and learning from reviews is disseminated to all staff. A member of the ICB Safeguarding Team provides panel membership for all reviews and they will provide oversight of health involvement at panel meetings, ensure that recommendations and actions are achievable, and disseminate learning across the NHS locally and wider if there are national practice implications.

9.1. Child Practice Reviews

Under Working Together 2018, a Child Practice Review (CPR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved and there are issues with multiagency working. 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 to determine as appropriate. Child Practice Reviews are not part of a disciplinary inquiry or process relating to individual practitioners.

9.2. Safeguarding Adult Reviews (SAR)

Section 44 of the Care Act 2014 requires Local Safeguarding Adult Boards to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. These reviews are convened by Safeguarding Adults Boards for every case where an

adult has died from, or experienced serious abuse and neglect, and there is reasonable cause for concern about how agencies and service providers involved worked together to safeguard the person. The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. A member of the ICB Safeguarding Team will be part of each SAR.

9.3. Domestic Homicide Reviews

A Domestic Homicide Review is convened by a local Community Safety Partnership where criteria is met following the death of a person aged 16 or over and has, or appears to have resulted from domestic violence, abuse or neglect. The ICB safeguarding team will provide the panel member for Domestic Homicide Reviews on behalf of the ICB.

10. SAFE RECRUITMENT, WHISTLE BLOWING AND HR PROCESSES

The ICB and any contracted support services must comply with safe recruitment practice including efficient use of the Disclosure and Barring System (DBS) with a system in place to repeat the process on a three yearly cycle, including DBS checks for eligible staff and enhanced level checks where appropriate. Safeguarding adults and children responsibility to be included within all staff job descriptions.

This includes recruitment processes that filter out people who are not suitable or safe to work with children and ensure appropriate regard to the need to safeguard children by a sound process of training staff involved in recruitment. All references should be taken up prior to commencement of employment. There should be stringent and appropriate criminal records bureau disclosure processes based on assessment of risk to children via the Disclosure and Barring service. The ICB should also have in place appropriate management of allegations against staff.

Integrated Care Boards have a statutory duty to ensure that appropriate action is taken, if an allegation is made, or suspicion or concern arises, about harm to a child by an employee. The ICB will apply an allegations management procedure consistent with statutory guidance and Local Safeguarding Boards procedures and consult with the Local Officer Designated Officer asappropriate.

The NHS is committed to the principle of public accountability and welcomes the opportunity to investigate genuine and reasonable concerns expressed by an individual or groups of staff relating to any malpractice. No one will be discriminated against or suffer a detriment as a result of making such adisclosure, as laid down by the Public Interest Disclosure Act 1998 (PIDA) and Bribery Act 2010 and applies to everyone who works in the ICB.

11. CONTRACTUAL ARRANGEMENTS

The ICB must ensure safe safeguarding contractual arrangements by:

- Ensuring these arrangements work in co-operation with each local authority, NHS England and link to the priorities of each Safeguarding Board across the Frimley ICB area.
- Ensuring through contracts with services that health services and healthcare workers contribute to multi-agency safeguarding working
- Ensuring that the ICB safeguarding team have been consulted on all relevant contracts and service level agreements
- Ensuring the ICB safeguarding team will co-produce safeguarding schedules and ensure that provider reports are scrutinised for compliance and learning.
- The ICB safeguarding team will receive annual safeguarding reports and section 11 responses from providers of community and acute health services.

12. STATUTORY REQUIREMENTS

12.1. Equality and quality analysis

See appendix 3.

12.2. Bribery Act 2010

The ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see http://www.justice.gov.uk/guidance/docs/bribery-act2010-quick-start-guide.pdf.

Due consideration has been given to the Bribery Act 2010 in the review of this policy and no specific risks were identified.

12.3. Data protection legislation – (as defined in the Data Protection Act 2018)

The implications of this legislation have been considered in the development of the policy

13. NHS Constitution

The ICB is committed to:

Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

This Policy supports the NHS Constitution as follows:

"The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience;

in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population".

14. DISSEMINATION/PUBLICATION

This policy will be made available on the ICB staff intranet and website and will be disseminated amongst ICB staff.

15. MONITORING

The policy will be monitored for effectiveness in accordance to any new statutory requirements and any learning from serious reviews; changes to policy will be made in a timely manner.

Criteria	Measurable	Frequency	Reporting to
New statutory changes or safeguarding recommendations relating to serious case reviews	Update policy	Whenever appropriate	Director of Safeguarding

16. REVIEW AND REVISION

This policy will be reviewed every three years by the Document Author to ensure continued validity and relevance, with a schedule of proposed amendments presented to the Frimley ICB Governing Body for approval.

17. TRAINING CONSIDERATIONS

Attendance at relevant safeguarding training either face to face or eLearning will be available to ICB Staff as a consequence of the policy implementation and must be formally recorded and documented.

18. REFERENCES AND LINKS RELATING TO THIS POLICY

In developing this policy, account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Safeguarding Boards across NHS Frimley.

Statutory Guidance and Best Practice Publications

- Health and Care Act 2022
- Care and Support Statutory Guidance Updated (2016). Department of Health
- Care and Support Statutory Guidance (2014) Department of Health
- Care Act (2014)
- Working Together to Safeguard Children (2018) HMSO
- Safeguarding Vulnerable People in the NHS: Accountability and

Assurance Framework 2019
- Children Acts (1989) and (2004)
- Department for Constitutional Affairs (2007) Mental Capacity Act (2005): Code of Practice, TSO: London
- Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO
- Department of Health, Home Office (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect adults at risk from abuse* (issued under Section7 of the Local Authority Social Services Act 1970)
- Department of Health et al (2015) *Promoting the Health and well-being of Looked After Children*,
- HM Government (2011) *Safeguarding children who may have been trafficked*, DfE publications
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2004)*, DCSF
- publications
- HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications
- HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage,* Forced Marriage Unit: London
- Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act (2005),* London TSO
- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 2019.
- Looked After Children: Knowledge, skills and competencies of Healthcare staff 2015.
- Adult Safeguarding: Roles and Competencies for Healthcare Staff 2018.
- Local Safeguarding Children and Adult safeguarding procedures for Surrey, Hampshire, RBWM, Bracknell Forest and Slough.
- Care Quality Commission (2009) guidance about compliance: *Essential Standards of Quality and Safety*

NHS Frimley Integrated Care Board

APPENDIX 1: DEFINITIONS OF ABUSE

Child Abuse – Working Together 2018.

Item	Definition
Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: a. protecting children from maltreatment b. preventing impairment of children's health or development c. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care d. taking action to enable all children to have the best outcomes
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child articipating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provides adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate care-givers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Extremism	Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

County Lines	As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
Child criminal exploitation	As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Definitions of Adult Abuse

For **adult** safeguarding, the definitions are taken from *No Secrets* (Department of Health and the Home Office, 2000).

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

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including 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.

- **Psychological abuse** – including 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.
- **Financial or material abuse** – including 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.
- **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.
- **Discriminatory abuse** – including 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.
- **Neglect and acts of omission** – including 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
- **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.

NB: Self neglect by an adult will result in the instigation of the adult protection procedures if the situation involves a significant act of omission by the patients or omission by someone else with responsibility for the care of that adult. Possible indicators of neglect include:

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

Appendix 2: Deprivations of Liberty

Deprivation of Liberty Safeguards (DoLS) Checklist

This checklist is intended as a reference guide only and is most useful for those involved in planning meetings, admissions and reviews. Any deprivation of liberty occurring in a care home or hospital must be assessed on a case specific basis.

What is a deprivation of liberty?

Where the care regime and treatment, rather than the person's own health or condition, lead to ongoing restriction and restraint of the person's freedom, you must make sure this is not a deprivation of their liberty. Questions to help indicate if a deprivation of liberty may be occurring include:

- Is restraint, including sedation, necessary for care & treatment of the person?
- Does the person have no, or very limited, choices about their life within the hospital/home (where they can be, what they can do, when & what they can eat, who can visit & when)?
- Is there complete & effective control by professionals over the movement of the person for a significant period?
- Have social/healthcare professionals' control over all assessments, care & treatment?
- Would the person be prevented from leaving if they made a meaningful attempt to do so?
- Has a request by family/friend/carer for the person to be discharged to their care been refused?
- Has the person been unable to maintain social contact because of restrictions placed on access?
- Has the person lost autonomy by being under continuous supervision & control?
- Are any of these factors of sufficient nature, degree or intensity that it would deprive the person of their liberty?
- Where an individual restriction does not deprive liberty, does the cumulative effect of all restrictions constitute complete and effective control over the person to deprive them of their liberty?

More information can be found at Deprivation of Liberty Checklist:

Deprivation of Liberty Safeguards (DoLS)http://berksadultsg.proceduresonline.com/chapters/p_mental_cap_act.html

If a restrictive care plan is clinically agreed to be the only safe and proportionate way to care for a person without capacity, then the care home or hospital manager should request a DoLS assessment unless they are already subject to DoLS. If you have any concerns regarding an unauthorised (i.e., the process has not been followed) deprivation of liberty you must consider a safeguarding alert.

Appendix 3
Equality Impact Assessment template

Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the ICB has a legal duty to do.

The idea is not to prove that there is no impact, but to identify where there are impacts and recommend ways of mitigating or reducing the impact on the affected groups. It is also an opportunity to demonstrate any positive impacts that your proposal may have.

Checklist

Before you complete the EIA you will need the following information:

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- **Evidence about how people and communities will be affected by this policy, project or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics):**

  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation

  You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions:

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

Equality impact assessment

Title of policy, project or proposal:
Safeguarding Adult and Children Policy

Name of lead manager: Debbie Hartrick
Directorate: Safeguarding

What are the intended outcomes of this policy, project or proposal?
This policy sets out the statutory responsibilities of the Frimley Integrated Care Board (ICB) to ensure effective safeguarding of adults, children and young people at risk within the population they serve. This includes responsibilities for children and young adults who are placed as children in care and looked after by the Local Authority. This duty extends to children and adults who are cared for in placements commissioned by the ICB out of area. The ICB needs to assure that they are working collaboratively with NHS organisations to have effective safeguarding arrangements in place across NHS Frimley ICS. The ICB needs to demonstrate that their Designated experts (for children, children in care and adults), are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies and partners to influence strategic direction, local thinking and practice and they must have the capacity to do so.

Evidence

Who will be affected by the policy, project or proposal?

Identify whether patients, carers, communities, ICB employees, and/ or NHS staff are affected.

Safeguarding is **everyone's responsibility**. It 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 wellbeing, views, wishes and beliefs of adults and children are actively heard and promoted within safeguarding arrangements.

NHS England recognises that;

'Safeguarding adults at risk of abuse or neglect is a collective responsibility. Whilst individuals and organisations have distinct roles, the system cannot operate effectively unless the different individuals and organisations work together. The hand of safeguarding helps all children and adults who are at risk of harm or abuse. It touches the lives of children when it protects them from harm and neglect from wherever that comes; and it helps to provide them with all the chances needed to achieve the best a life can bring. To vulnerable adults it brings kindness, respect, dignity and support however short the hand that life has dealt them, and it protects them from harm and misuse from all and any quarter. It falls to us all in the NHS to give our hands to these endeavours." (Hilary Garrett, Dr Peter Green)

Learning and development is a crucial component of safeguarding that enables all staff to be alert to the potential indicators of abuse or neglect and people at risk (either through direct contact with adults, children and their families or through the contracting process) and know how to act on those concerns.

Age

Consider and detail (including the source of any evidence) the impact on people across the age ranges - for example, is there a particular age group that could be impacted upon (either negatively or positively)?

Children and adults of all ages have a right to be protected from abuse and harm.

Disability

Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical, psychological and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.

There is evidence that a person who has a disability is more likely to be abused. This policy is designed to protect the rights of these people.

Dementia

Given the ICBs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people with dementia. There is evidence that a person who has dementia is more at risk of abuse. This policy is designed to protect the rights of these people.
Gender reassignment (including transgender) Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients. There is no evidence to suggest that this is a significant cause for concern.
Marriage and civil partnership Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities). Not relevant as this policy does not cover employment practices.
Pregnancy and maternity Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding. There is evidence that some women are at higher risk of domestic abuse during pregnancy and in the new birth period. This policy is designed to protect the rights of these women and babies.
Race Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of North East Hampshire and Farnham, this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries. People from ethnic minorities may be more likely to face discrimination and abuse. Local community involvement work has found that older women from minority ethnic backgrounds (for example Asian and Nepalese people) are more likely to speak or understand little English.
Religion or belief

Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

People from minority faiths may be more likely to face discrimination or harassment and abuse.

Sex (gender)

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

There is no evidence to suggest that this is a significant cause for concern; people of all genders may be subject to abuse.

Sexual orientation

Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual and asexual people)

There is evidence that lesbian, bi-sexual and gay people may be more likely to face discrimination or harassment and abuse.

Carers

Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.

Carers are also vulnerable to abuse especially if they are hidden carers.

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The ICB has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

There is no evidence to suggest that this is a significant cause for concern

Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. Given the demography of North East Hampshire and Farnham this should include impact of:

- Poverty

- Living in rural areas

- Resident status (migrants and asylum seekers).

All these groups are more vulnerable to experience abuse.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Safeguarding policies are part of a national consultation adaptive process.

How have you involved/ will you involve stakeholders in testing the policy, project or proposals?

The safeguarding professionals are aware and impact upon the policy as appropriate.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

Impact summary (statutory considerations)

Age	Positive
Disability	Positive
Sexual orientation	Positive
Race	Positive
Religion or belief	Positive
Gender reassignment	Positive
Sex	Positive
Marriage and civil partnership	Positive
Pregnancy and maternity	Positive

Other policy considerations	
Poverty	Positive
Place (Rural versus urban living)	Positive
Serving Armed Forces/ veterans	Positive
Other factors	Positive
Have you identified any positive or negative impacts?	Yes If 'Yes' please provide details below

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups. The ICB policy aims to ensure that the early indicators of abuse are detected and appropriately acted upon.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities). Certain groups are more likely to face discrimination or abuse such as people with learning disabilities, dementia or mental illness; safeguarding issues will be captured.

Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further investigation.

Action	Person responsible	By date
Update policy	Director of Safeguarding	End of March 2024

For your records

Name(s) of person who carried out this assessment: Director of Safeguarding

Date assessment completed: 8/04/21

Date to review actions:

Name of responsible Director: Chief Nurse**.** Quality & Nursing

Date assessment was approved:

Procedural Document - checklist for 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: Policy framework for the development and management of procedural documents	**Yes/No/ Unsure**	**Comments/Details**
A	**Is there a sponsoring director?**		
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Rationale**		
	Are reasons for development of the document stated?		
3.	**Development Process**		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders, unions (where appropriate) and users?		
4.	**Content**		
	Is the objective of the document clear?		
	Is the target group clear and unambiguous?		
	Are the intended outcomes described?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		

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**
6.	**Approval**		
	Does the document identify which committee/group will approve it?		
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.		
8.	**Process for Monitoring Compliance**		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to monitor compliance with the document?		
9.	**Review Date**		
	Is the review date identified?		
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?		
Director Approval			
On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			
Committee Approval			
On approval, Chair to sign and date.			

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**
Name		Date	
Signature			