



Policy Type		Policy Name
Information Governance		CO15: Safeguarding Children Policy
Corporate	X	
Standard Operating Procedure		
Human Resources		

Status	Final
Committee approved by	Executive Committee
Date Approved	22/5/18
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Distribution	All CCG staff
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Document History

Version	Date	Significant Changes
1	28/02/2013	<ul style="list-style-type: none"> Existing North East CCG Safeguarding Adults Policy
1.1	01/10/2014	<ul style="list-style-type: none"> The main amendments are: Updating of the relevant documents and references Moving the 'reporting concerns flowchart' to the front of the document in order to provide a quick guide for staff Adding in the definition of 'looked after children and young people' (section 2.5) Expanding the principles section to provide up to date references to training documents and looked after children guidance (sections 3.5 and 3.7) New section on governance and accountability (section 4) to strengthen assurance, reporting arrangements and the monitoring of the safeguarding and looked after functions of provider services Strengthening of the safeguarding children standards (section 5) which outlines specific service standards for safeguarding and looked after children in all commissioning arrangements

2	08/03/2016	<ul style="list-style-type: none"> • The main amendments are: • Updating of the relevant documents and references to reflect updated national guidance • Changes to the principles in section 3 to reflect revised Working Together 2015 and the updated NHDSE Accountability and Assurance Framework 2015
3	May 2017	<ul style="list-style-type: none"> • Addition of e-safety reference in section 5
3.1	May 2018	<ul style="list-style-type: none"> • Extension request. No amendments required.

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure that they are consulting the currently valid version of the documentation.

Approval

Role	Name	Date
Approval (1)	Policy Partnership Group	28/02/2013
Approval (1.1)	Executive Committee	01/10/2014
Approval (2)	Executive Committee	08/03/2016
Approval (3)	Executive Committee	04/07/2017
Approval (3.1)	Executive Committee	22/05/18

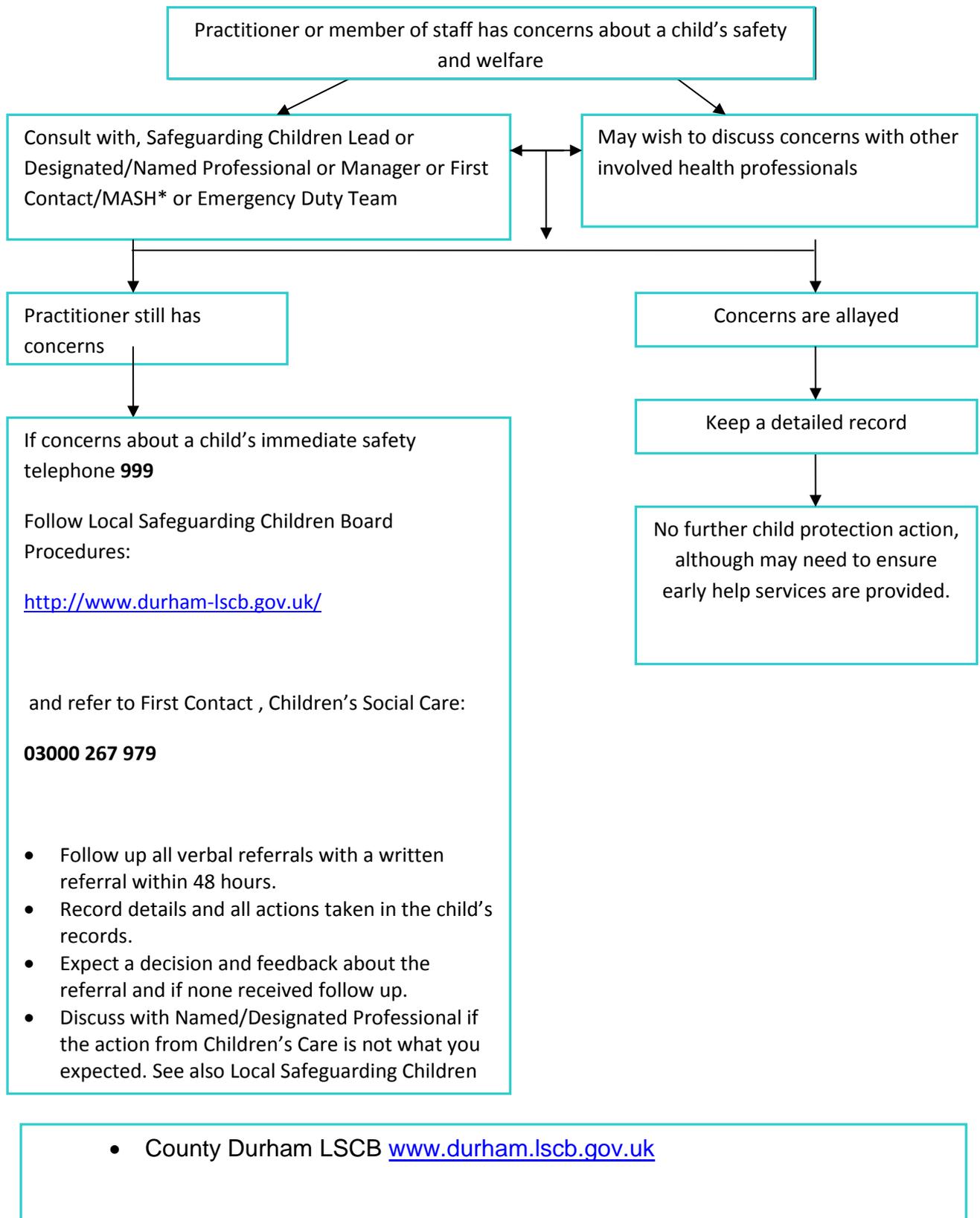
Review

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Reporting concerns about a child



*Multi-Agency safeguarding Hub (MASH)

1. Introduction

Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources.

DDES CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, Statutory Guidance on promoting the health and well-being of Looked After Children (DH, 2015) and statutory responsibilities in *Working Together to Safeguard Children*, (HM Government, 2015). All staff working within the CCG's health economy that commission or provide children's services must make safeguarding and promoting the welfare of children an integral part of the care they offer to children and their families.

This policy outlines how, as a commissioning organisation, DDES CCG will fulfil its legal duties and statutory responsibilities effectively, both within its own organisation, and across the health economy in County Durham via its commissioning arrangements. DDES CCG will ensure there are in place robust structures, systems, standards and an assurance framework for provider organisations in respect of safeguarding and promoting the health of looked after children, which are in accordance with the legal structure and with Durham Local Safeguarding Children Board (LSCB) requirements. DDES CCG will also ensure that it complies with the requirements of the NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (NHSE 2015), providing assurance to NHS England of such compliance as part of the CCG assurance framework

DDES CCG's arrangements will ensure that both its own functions and those services provided on its behalf are discharged with regard to the need to safeguard and promote the welfare of children, including looked after children.

DDES CCG champions the rights of all children and young people to be protected from abuse, neglect and exploitation and to have the right to be happy, healthy, safe and productive in their contributions to society.

This policy should be read in conjunction with the CCG Safeguarding Declaration, Safeguarding Children and Looked After Children Strategic Plan and the Safeguarding Training requirements as outlined in Safeguarding Children and Young People: roles and competencies for health care staff (2014)

1.1 Status

This is a corporate policy.

1.2 Purpose and scope

- 1.2.1** This policy aims to ensure that no act or omission by DDES CCG as a commissioning organisation, or via the services it commissions, puts a child at risk and rigorous systems are in place to proactively safeguard and promote the welfare of children and to support staff in fulfilling their obligations.
- 1.2.2** This policy describes how DDES CCG will discharge the responsibility for ensuring its own organisation, and the health services it commissions, fulfil their duty to safeguard and promote the welfare of children, including looked after children. DDES CCG will ensure compliance with the requirements of Section 11 of the Children Act 2004, *Statutory Guidance on promoting the health and well-being of Looked After Children* (DH, 2015) and *Working Together to safeguard children*, (HM Government, 2015).
- 1.2.3** This policy applies to all staff employed by DDES CCG, including any agency, self-employed or temporary staff.
- 1.2.4** All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation within their line of responsibility and accountability.
- 1.2.5** All DDES CCG staff have an individual responsibility for the protection and safeguarding of children and must know what to do if concerned that a child is being abused or neglected.

'What to do if you are worried a child is being abused,' HM Government 2015.

2. Definitions

The following terms are used in this document:

2.1 Child or young person:

A *'child'* is defined as anyone who has not yet reached their 18th birthday (HM Government, 2015). For the purpose of this document *'children'* means *'children and young people'*. The fact that a child has reached their 16th birthday, is living independently, is in further education, is a member of the armed forces, is in hospital or is in custody, does not alter his or her status or entitlement to protection under the 1989 (HMSO, 1989) or 2004 Children Acts (HMSO, 2004).

2.2 Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004 and Working Together 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.

(HM Government, 2015).

2.3 Child Protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. *Working Together* (HM Government, 2015) defines four categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

(See Appendix 1 for full definitions of each category)

2.4 The Concept of Significant Harm: some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

2.5 The term '**Looked after children and young people**' refers to those children looked after by the local authority where the Children Act 1989 applies, including those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. This applies to children and young people from birth to the age of 25 years (NICE, 2013).

3. Principles

In developing this policy DDES CCG recognises that safeguarding children is everyone's responsibility and that there is the need for effective joint working between agencies and professionals who have different roles and expertise if those vulnerable children in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels. Under Section 11 of the Children Act 2004, there are key arrangements that both DDES CCG, and the organisations from whom the CCG commissions services, should have in place to maintain a culture that reflects the importance of safeguarding and promoting the welfare of children (HM Government, 2015; Department of Education, 2012; NHS England 2015):

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings both in individual decisions and the development of services;
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

- arrangements which set out clearly the processes for sharing information with other professionals and with the Local Safeguarding Children Board (LSCB)
- a designated professional lead (or, for provider organisations, a named professional) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse and neglect. Designated professional roles should always be clearly defined in job descriptions and given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- Appropriate supervision and support for staff including undertaking safeguarding training. Employers are responsible for ensuring their staff competent to carry out their responsibilities, that staff have a mandatory induction outlining such responsibilities and the procedures to be followed where staff have concerns about a child, and that staff have regular reviews of their practice to ensure they improve over time.
- Clear policies in line with those from the Local Safeguarding Children Board for dealing with allegations against people who work with children.

Working Together to Safeguard Children (HM Government 2015 pg 53)

- 3.1** The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the act is that the welfare of the child is paramount.
- 3.2** DDES CCG has a statutory duty under the Children Act 2004 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard and promote the welfare of children.
- 3.3** NHS England, via the Area Team (AT) and DDES CCG are required to review their arrangements with organisations from which they commission services so as to improve their oversight of safeguarding. Under delegated co-commissioning arrangements CCGs are responsible for ensuring that the GP services commissioned have effective safeguarding arrangements and will be required to provide assurance to NHS England that their processes are effective. (NHSE 2015)
- 3.4** *Working Together to Safeguard Children* (HM Government, 2015) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and provides clear direction for those responsible for commissioning and providing health services.

- 3.5** *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, (RCPCH, 2014) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN,RCPCH, 2015) set out levels of competencies, which all staff working in health care settings are expected to achieve. All staff must ensure they have the required skills, knowledge and competency for their role as set out in the respective documents. These competencies are the minimum requirement for safeguarding children training and are used by the Care Quality Commission when inspecting health services.
- 3.6** The National Institute for Clinical Excellence (NICE) *Guidance 89 When to Suspect Child Maltreatment*, 2009 gives guidance about when health staff should consider and when they should suspect child maltreatment and what to do about it.
- 3.7** *Statutory Guidance on Promoting the Health and well-being of Looked After Children* (DH, 2015) outlines the roles and responsibilities which should be complied with by health staff. In addition, NICE Guidance 28, *Looked After Children and Young People* (NICE, 2013) sets out the expectations of both commissioners and providers in meeting the needs of looked after children.
- 3.8** This CCG Policy should be used in conjunction with the Local Safeguarding Children Board's safeguarding children procedures, which outline what staff must do where child abuse or neglect is considered, suspected or alleged.

4. Governance and accountability

- 4.1** DDES CCG must gain assurance from all commissioned services, both NHS and independent healthcare providers, that each has effective safeguarding arrangements in place. Such assurance consists of performance reporting against both standard contract and local quality requirements in place across all main providers via the Clinical Quality Review Group, commissioner visits attendance at provider steering groups/committees where in existence, and via provider assurance to Local Safeguarding Children Board in the form of a section 11 audit.

DDES CCG governing body is provided such assurance via regular reporting from the designated nurse referencing the outcomes of the above processes, reporting on the progress and learning from any serious case reviews in progress and on the implications for the CCG of any changes in national or local policy. The safeguarding and looked after children reporting arrangements to the CCG are as follows:

- quarterly assurance reports to Quality, Performance and Finance Committee which in turn to reported to the Governing Body
- annual reports to Governing Body for both safeguarding and looked after children
- exception reporting to management executive in the event of serious case review initiation/publication and/or major changes to legislation/ government policy.

4.2 DDES CCG will ensure effective leadership, commissioning and governance of safeguarding children services across the local health community by:

- ensuring a robust governance structure is in place to support the work of Durham Local Safeguarding Children Board and DDES CCG governing body in delivering safeguarding and looked after children responsibilities. The CCG Executive Lead for Safeguarding Children and Looked After Children is the Director of Nursing. She is supported in this role by the Designated Professionals.
- ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding and looked after children and that DDES CCG's commissioning, contracting, contract monitoring and quality assurance processes fully reflects this
- ensuring that safeguarding and looked after children is a standing agenda item on the provider services' Clinical Quality Review Groups
- ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding and looked after requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- monitoring safeguarding and looked after children compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.
- reviewing Serious Case Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- ensuring a system is in place for escalating risks.
- ensuring there is commitment to the Multi-Agency Safeguarding Hub (MASH) and information sharing

4.3 Durham Local Safeguarding Children Board has the lead responsibility for keeping children safe, as set out in the guidance under the Children Acts of 1989 and 2004. This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every child's welfare is safeguarded. The Director of Nursing and the designated nurse and designated doctor for safeguarding children are members of the local Safeguarding Children Boards. The designated nurse and doctor are either both or singly members of the respective sub groups. The designated nurse and designated doctor for looked after children are also members of the Multi Agency Looked After Children Strategic Committee.

4.4 DDES CCG Director of Nursing is also a member of the Safer Durham Partnership (SDP) which has the statutory responsibility for undertaking Domestic Homicide Reviews (DHR) and monitoring the implementation of recommendations. The Director of Nursing has a responsibility to ensure that the lessons learned from the DHRs are disseminated. This responsibility is shared with the Designated Nurses and the CCG Safeguarding Adults Lead.

5 Safeguarding and Looked After Children Standards

5.1 Clear service standards for safeguarding children and promoting their welfare will be included in all commissioning arrangements, as appropriate to the service, in accordance with the key requirements of:

- the Children Act 2004, as described in the statutory section of Working Together to Safeguard Children (HM Government, 2015),
- Promoting the Health of Looked After Children (DH, 2015),
- the National Service Framework (NSF) specifically standard 5 (HM Government, 2005),
- standards outlined by the CQC (CQC, 2009 and 2013),
- and the Accountability and Assurance Framework (NHSE , 2015)

These include:

i. **Leadership and Accountability**

- Health providers are required to demonstrate that they have safeguarding leadership , expertise and commitment at all levels in their organisation and that they are engaged in local accountability and assurance structures.
- Safeguarding children is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

ii. **Policies / Strategies**

- Each provider must have comprehensive up to date safeguarding and looked after children policies and procedures, which are in line with Government, CQC and LSCB guidance and take account of guidance from any relevant professional body. The policy should include a child's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. These policies must be accessible to staff at all levels.
- Each provider must have in place an up to date e-safety and internet acceptable use policies and procedures for staff. Setting out the rules governing the sending, receiving and storing of e-mail, establishing user rights and responsibilities for the use of systems, promoting adherence to current legal requirements and NHS information governance standards.
- Clear priorities for safeguarding and promoting the welfare of children should be explicitly stated in providers' key policy documents and strategies.
- Clear principles should underpin direct work with children and families, which are child centred, focused on positive outcomes, informed by evidence and rooted in child development.

iii. Staff training and Continued Professional Development

- Staff should be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with their Local Safeguarding Children Boards requirements.
- A staff training strategy and programme should be in place that includes the levels of safeguarding children training appropriate to staff's roles and responsibilities and is compliant with the *Safeguarding Children and Young People Roles and Competencies for Health Care Staff* (RCPCH, 2014) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN,RCPCH, 2015)
- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews/learning lessons reviews and internal management reviews with regards to safeguarding children.

iv. Safe Recruitment and Vetting Procedures

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

v. Managing Allegations Against Staff

- Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority Designated Officer (LADO) must be in place. The procedures should clearly reference following LSCB procedures in particular referral to the LADO.

vi. Effective Inter-agency Working

- Staff should be aware of and, where relevant, trained to use the Durham Single Assessment Framework and the 0-19 level of need model
- Staff should work together with other agencies in accordance with their LSCB policies and procedures

vii. Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information where there are concerns for the welfare of a child.
- Senior Managers should promote good practice in information sharing according to the published national guidance; *Information Sharing; Guidance for Practitioners and Managers* HM Government 2008.

viii. Supervision

- Each provider should have a safeguarding and looked after children supervision policy in place, which has been agreed with the Designated Nurses Safeguarding and Looked After Children and meets the requirements of national guidance and the Local Safeguarding Children Board.
- Staff should be aware how to contact their own Named Professional(s) for safeguarding or Safeguarding Children Lead for supervision/consultation.

ix. Response to Incidents and Complaints

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

x. Serious Case Review (SCRs)

- Providers will cooperate with any Local Safeguarding Children Board conducting a Serious Case Review and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

xi. Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with LSCB procedures for unexpected deaths in childhood.
- They must have arrangements in place to respond to the death of a child and the review process, including providing staff with the time and resources to fully engage in the process

5.2 Recruitment and Personnel Processes

DDES CCG will ensure that safe recruitment processes are adhered to in accordance with the NHS employers' regulations and Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act 2006.

5.3 Allegations against staff and volunteers

5.3.1 DDES CCG as well as ensuring providers have policies in place for managing allegations against staff, are required to have policies in place to manage allegations against CCG staff. This policy must be read in conjunction with the DDES CCG managing allegations policy currently being ratified.

5.3.2 Designated Officer for Allegations Against Staff

DDES CCG has nominated the Director of Nursing as the Designated Officer to whom allegations or concerns should be reported and the Designated Nurse for Safeguarding and looked after children as the deputy for the designated officer.

5.3.3 Whistle Blowing

The CCG Whistle blowing Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding children issues should continue to be referred through LSCB procedures.

5.4 Incidents, Near Misses and Serious Case Reviews (SCRs)

5.4.1 DDES CCG will ensure that all providers have in place policies, by which employees record any near misses, incidents, unmet needs or serious incidents in relation to safeguarding children on their incident management forms and systems.

5.4.2 All providers and commissioners will notify the Designated Nurse Safeguarding Children of serious incidents when the child/children could become the subject of a Serious Case Review or Learning Lessons Review. DDES CCG has a statutory duty to work in partnership with the LSCB concerned with conducting a Serious Case Review/ Learning Lessons Review in accordance with Chapter 4 of *Working Together to Safeguard Children* (HM Government, 2015) and the LSCB procedures.

5.4.3 The CCG must ensure that all actions following the review are carried out according to the timescale and terms of reference set by the LSCB Serious Case Review Panel. The monitoring of primary care recommendations will be reported in the designated nurse quarterly report or if necessary via exception reporting.

5.4.4 The CCG will monitor the relevant recommendations for provider organisations arising from Serious Case Reviews/Learning Lessons Reviews, via the respective Clinical Quality, Review Groups.

6. Duties and responsibilities

6.1 Clinical Commissioning Group

DDES CCG has delegated responsibility by the Governing Body for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

6.2 The Accountable Officer (AO)

The CCG accountable officer has overall responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice guidance requirements.

The accountable officer is accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through CCG commissioning arrangements.

This role is supported by the Director of Nursing who holds delegated responsibility and is the executive lead for Safeguarding Children. The Designated Nurses and the respective designated doctors for Safeguarding and Looked After Children advise the governing body on safeguarding children matters.

6.3 The Executive Lead for safeguarding children

DDES CCG Director of Nursing, as executive lead will take responsibility for governance and organisational focus on safeguarding children and will represent the CCG at Durham Local Safeguarding Children's Board and the Safe Durham partnership. DDES CCG Director of Nursing will work closely with, and performance manage, the Designated Nurses for Safeguarding and Looked After Children and the Designated Doctor for Child Protection, along with the Designated Doctors for Unexpected Death in Childhood and Looked After Children.

DDES CCG Director of Nursing will also ensure DDES CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the designated professionals

The Director of Nursing is the Sponsoring Director for this policy and is responsible for ensuring that:

- this policy is drafted, approved and disseminated in accordance with the Policy for the Development and Approval of Policies (Corporate Policy CO.001, version 5).
- the necessary training required to implement this document is identified and resourced.
- mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.

6.4 Designated Professionals

The Designated Nurses for Safeguarding and Looked After Children and the Designated Doctor for Safeguarding Children will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding and looked after children across the CCG area, which includes all commissioned providers. They will:

- work with the Director of Nursing to ensure robust safeguarding and looked after children assurance arrangements are in place within the CCG and provider services
- provide advice and expertise to the CCG's governing body and to the Local Safeguarding Children Board and to professionals across both the NHS and partner agencies
- provide professional leadership, advice, support and professional supervision to the named professionals in each provider organisation
- be responsible for the development, monitoring and reviewing of safeguarding and looked after children practice by all provider trusts/services and independent contractors.
- take the strategic health lead for Serious Case Reviews and Learning Lesson Reviews and take responsibility for ensuring that lessons learned are disseminated across the CCG's health economies.
- take a strategic lead in ensuring all safeguarding and looked after children policies are in place and are current.
- be responsible for ensuring that the Serious Case Review process links in appropriately with the Serious Incident reporting process and governance arrangements.
- have close working relationships with the Safeguarding Adults Team to ensure that there are effective information flows where there are issues in relation to vulnerable children and adults.

The Designated Doctor for unexpected deaths in childhood is responsible for:

- providing expert medical advice to the Child Death Review Process, commissioning advice on required medical services and the organising of such services.
- evaluating the lessons learnt from the Child Death Overview Panel and ensure that recommendations are disseminated and shared across the health economy.
- ensuring there is a programme of safeguarding children training for health professionals across all health providers (including independent contractors) that meets CQC requirements

The Designated Doctor for Looked After Children and the Designated Nurses for Safeguarding and Looked After Children will:

- ensure the health needs of the population of looked after children in the CCG area are identified and services are commissioned and provided to meet their needs in accordance with legislation and government policy.
- advise the CCG Governing body on the implementation of national policy and legislation as it relates to the health service contribution in promoting the health of looked after children.
- provide advice to local health providers on questions of planning, strategy, performance monitoring and audit in relation to health services for looked after children.
- advise and assist local commissioning bodies in fulfilling their responsibilities to improve the health of looked after children.

The Designated Nurses for Safeguarding Children and Looked After Children are responsible for:

- generating and formulating this policy document
- identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives
- establishing mechanisms for regular the monitoring of compliance
- notifying the Director of Nursing should any revision to this document be required.

6.5 Managers and Children's Leads

Executive leads, Managers and Children's Leads have responsibility for:

- ensuring they are aware of their responsibilities to safeguard children within Section 11 of the Children Act 2004 and that they carry out their responsibilities in relation to safeguarding children.
- ensuring staff are aware of the contact details of the Designated Nurses for Safeguarding and Looked After Children and the Safeguarding Children Team.
- identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in practice and advising the Designated Nurses for Safeguarding and Looked After Children and Looked After accordingly.
- ensuring that all staff undertake mandatory safeguarding children training at the appropriate level for their role, in accordance with government guidance and CQC requirements and that a record of this training is maintained.

6.6 DDES CCG Staff

All staff, including temporary and agency staff are responsible for:

- compliance with the Safeguarding and Looked After Children Policy and the LSCB Procedures. **Failure to comply may result in disciplinary action being taken.**
- ensuring they familiarise themselves with their role and responsibility within the safeguarding children procedures and related guidance and being aware of who to contact if they have concerns about a child.
- identifying the need for any change to the procedures and guidance as a result of becoming aware of changes in practice and advising their line manager accordingly.
- identifying training needs in respect of these procedures and guidance and informing their line manager
- attending the mandatory safeguarding children training in accordance with the Safeguarding Children Training Strategy.

7. Implementation

This Policy will be available to all staff within the CCG via the shared intranet and the internet sites.

All Executive Leads and Managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties.

8. Training Implications

- 8.1** All staff in the CCG will be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with LSCB procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH 2014) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2012).
- 8.2** All CCG staff will adhere to the mandatory safeguarding children training programme and complete the level of training commensurate with their role and responsibilities.
- 8.3** The CCGs will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 8.4** The Designated Nurses for Safeguarding and Looked After Children will ensure CCG staff are aware of any new guidance or legislation and any recommendations from Local and National Serious Case Reviews and Internal Management Reviews.

8.5 Supervision

- 8.5.1** Designated Professionals should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required.
- 8.5.2** The Designated professionals for safeguarding children are responsible for provision of safeguarding children supervision and support to the Named professionals within the CCG's health economies both on a formal basis quarterly and on an ad hoc basis.
- 8.5.3** Support and supervision regarding safeguarding children is available from the Designated Professionals to all employees of the CCG. The level of the employee's involvement with children will determine the frequency of the supervision and this will be agreed in discussion with the Designated Professionals.

9. Documentation

9.1 Related Policy documents:

- Confidentiality/Disclosure Policy
- Data Protection Policy
- Education, Learning & Development Policy
- Equality/ Diversity policy, strategy and action plan
- Freedom of Information Act Policy
- Incident Reporting Policy
- Information Classification Policy
- Information Governance Policy
- Information Governance Strategy
- Information Lifecycle (Records Management Strategy)
- Managing Allegations against staff policy
- Safeguarding Children and Looked After Children Strategic Plan

9.2 Relevant Legislation

- Adoption and Children Act (2002)
www.opsi.gov.uk/acts/acts2002/20020038.htm
- Children Act 1989 (1989) London: HMSO
<http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>
- Children Act 2004 (2004) London: HMSO
http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- Children (Leaving Care) Act (2000)
www.opsi.gov.uk/acts/acts2000/00035-a.htm
- Care Leavers (England) Regulations 2010
http://www.legislation.gov.uk/uksi/2010/2571/pdfs/uksi_20102571_en.pdf
- Equality Act 2006
- Provisions relating to Human Rights and discrimination on grounds of race, religion or belief, sexual orientation amend the Disability Discrimination Act 1995.
- Freedom of Information Act 2001

- Trust policies and procedures are subject to disclosure under the Freedom of Information Act.
- Human Rights Act 1998. London: HMSO.
www.opsi.gov.uk/ACTS/acts1998/19980042.htm
- Rights and freedoms protected under the European Convention on Human Rights.
- The Children (Private Arrangement for Fostering) Regulations (2005) S.I.No. 1533.
www.everychildmatters.gov.uk/socialcare/safeguarding/privatefostering

9.3 Statutory Guidance

- Care Quality Commission, 2009 Essential Standards for Quality
http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf
- Department of Education (2009) *Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children*
www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00689-2009

Department of Education (2009) *Statutory guidance on children who run away and go missing from home or care.*
www.education.gov.uk/childrenandyoungpeople/safeguarding/a0066653/young-runaways
- Department of Health et al (2015) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham: DCSF publications
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf
- HM Government (2011) *Safeguarding children who may have been trafficked: Practice Guidance* London: DofE publications
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-00084-2011.pdf>
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004* London: DCSF publications
<https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>
- HM Government (2010) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, London: Forced Marriage Unit
<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/fmu-right-to-choose.pdf>

- HM Government (2015) *Working Together to Safeguard Children*. London: The Stationary Office.
<https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.PDF>

9.4 Best practice guidance

- DofE (2012) *Tackling Child Exploitation: Action Plan* London: DofE
<http://media.education.gov.uk/assets/files/pdf/c/tackling%20child%20sexual%20exploitation%20action%20plan.pdf>
- Department of Health, Department for Education & Employment & Home Office (2003) *Keeping Children Safe*. London: The Stationery Office.
Available on linked site:
www.dfes.gov.uk/everychildmatters.
- Department of Health and Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health: Core Standard 5 plus those elements dealing with safeguarding and promoting the welfare if children
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServicesInformation/fs/en
- Department of Health (2009) *Responding to Domestic Abuse: A Handbook for Health Professionals*. London: Department of Health.
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en
- Department of Health (2009) *Improving Safety, Reducing Harm. Children, young people and domestic violence. A practical toolkit for front-line practitioners*.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110865.pdf
- Foreign and Commonwealth Office & Home Office (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
<http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>
- Foreign and Commonwealth Office (2011) *Female Genital Mutilation. Multi Agency Practice Guidance*.
<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/multi-agency-fgm-guidelines.pdf>
- General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors*. London: General Medical Council.
http://www.gmc-uk.org/static/documents/content/Child_protection_-_English_0712.pdf

- General Medical Council (2009) *Confidentiality: protecting and providing information*. Information available at http://www.gmc-uk.org/static/documents/content/Confidentiality_-_English_0914.pdf
- HM Government (2004) *Every Child Matters: Change for Children programme*. London: Stationery Office www.everychildmatters.gov.uk
- HM Government (2015) *What to do if you're worried a child is being abused* Nottingham: DfES Publications. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281231/DFES-04319-2006-ChildAbuse_Summary.pdf
- HM Government (2008) *Information Sharing: Guidance for practitioners and managers* London: DCSF publications <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf>
- HM Government (2009) *The Vetting and Barring Scheme guidance* www.everychildmatters.gov.uk/socialcare/safeguarding/vettingandbarring/
- National Institute for Health and Clinical Excellence (2009) – When to suspect child maltreatment. London: National Institute for Health and Clinical Excellence. www.nice.org.uk/CG89
- National Institute for Health and Clinical Excellence PH28 (2013) *Looked After Children and Young People*. London: National Institute for Health and Clinical Excellence. <http://www.nice.org.uk/guidance/ph28/resources/guidance-looked-after-children-and-young-people-pdf>
- NMC Guidelines for Records and Record Keeping (2010) <http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>
- Royal College Paediatrics and Child Health et al (2014) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff*. Intercollegiate Document supported by the Department of Health http://www.rcn.org.uk/_data/assets/pdf_file/0004/359482/REVISED_Safeguarding_03_12_10.pdf
- Royal College of General Practitioners (RCGP) & NSPCC (2014) *The RCPG/NSPCC Safeguarding Children and Young People toolkit for General practice* http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/_media/Files/CIRC/Safeguarding-Children-Toolkit-2014/RCGP-NSPCC-Safeguarding-Children-Toolkit.ashx

- Royal College of Nursing (2014) *Safeguarding children and young people: every nurse's responsibility. Guidance for nursing staff*. London: Royal College of Nursing.
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- Royal College of General Practitioners (2012) *Responding to domestic abuse : Guidance for General Practices*
<http://www.rcgp.org.uk/news/2012/may/new-guidance-helps-general-practices-respond-to-domestic-abuse.aspx>
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https://www.rcn.org.uk/_data/assets/pdf_file/0019/451342/RCN_and_RCPCH_LAC_competences_v1.0_WEB_Final.pdf
- **Local Safeguarding Children Board**
Policies, procedures and practice guidance accessible at:
County Durham LSCB
www.durham.lscb.gov.uk

9.5 References

- Care Quality Commission (2009) *Guidance about compliance: Essential Standards of Quality and Safety* London:CQC
- NHSE (2015) *Safeguarding vulnerable people in the reformed NHS Accountability and Assurance Framework* Published in electronic format only
<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

9.6 Useful websites

- Department of Health : www.dh.gov.uk/en/index.htm
- Department of Education : <http://www.education.gov.uk/>
- Home Office : www.homeoffice.gov.uk/
- Private fostering :
www.everychildmatters.gov.uk/socialcare/safeguarding/privatefostering/

10. Monitoring, Review and Archiving

10.1 Monitoring

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

10.2 Review

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

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

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

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

11 Equality Impact Assessment

A full Equality Impact Assessment has been completed (appendix 2);

Categories of Abuse: definitions

- **Physical abuse:** this 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:** this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse:** this involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **Neglect :** this is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
 - provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - protect a child from physical and emotional harm or danger,
 - ensure adequate supervision (including the use of adequate care-givers)
 - ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. *Working Together* (HM Government,2015)

Appendix 2



Partners in improving local health



North of England
Commissioning Support



Equality Impact Assessment

Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Marie Baister Designated Nurse Safeguarding and Looked After Children
Title of service/policy/process:	CCG CO15 Safeguarding and Looked After Children Policy
Existing: <input checked="" type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
That staff employed by, or seconded to, the CCG are aware of their roles and responsibilities in relation to safeguarding and promoting the welfare of children and young people and in the course of their role meet the CCG statutory duties in this area.	
Who will be affected by this policy/service /process? (please tick)	
<input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other	
If other please state:	
What is your source of feedback/existing evidence? (please tick)	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
If other please state:	
NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework	

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance framework 2015 Working Together to Safeguard Children DFE 2015
Patient Surveys	
Staff Surveys	
Complaints and Incidents	
Results of consultations with different stakeholder groups – staff/local community groups	
Focus Groups	
Other evidence (please describe)	<p>Staff Characteristics for DDES CCG provided by the Equality and Diversity lead: DDES EIA Information (% by headcount) (Information provided from HR)</p> <p>Age 20-25 - 1.89 26-30 - 9.43 31-35 - 5.66 36-40 - 16.98 41-45 - 20.75 46-50 - 9.43 51-55 - 18.87 56-60 - 7.55 61-65 -5.66 66-70 -3.77</p> <p>Gender Female - 71.7 Male - 28.3</p> <p>Disability - Unspecified - 100 Sexual Orientation -Unspecified - 100 Race - unspecified – 100 Religion – unspecified – 100 Pregnancy/Maternity - Information currently unavailable Marriage/Civil Partnership Divorced - 5.66 Separated - 0 Married - 66.04 Single - 15.09 Unknown -1.89 Unspecified -9.43 Widowed -1.89</p> <p>Transgender - Information currently unavailable</p>



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

Training has taken place at Rivergreen for both commissioning managers and the governing body. The venue is easily accessible for an older workforce and there are good IT facilities for presentations with screens at both ends of the room.

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

The training venue has disabled parking and is wheelchair friendly. Although the policy relates to safeguarding children the content is about staff responsibilities and should have minimal impact on any staff member with mental health issues. In the event a member of staff was affected the designated nurses who deliver the training are experienced in providing such training and supporting staff who may be affected by the content.

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

As far as aware there are no members of staff to whom this applies. Should there be a member of staff undergoing gender reassignment/transgender the content does not include vocabulary that should cause offense.

There is no need for an additional privacy procedure

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Within safeguarding children references are made to parents (with no distinction between married and civil partnership) there are however legal implications in respect of parental responsibility that may need to be considered if a member of staff needs to make a referral about a child. .

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

There are no implications for pregnancy or maternity - part-time staff can access the policy whilst at work via the intranet, and have access to a designated nurse should they require further help and assistance.

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

There are no requirements for translation within the current staff group should the staff group characteristics change then versions in other languages can be obtained.

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

Training is delivered either am or pm and not over a lunchtime. Extra sessions can be arranged for staff unavailable due to religious or other reasons.

Sex/Gender A man or a woman.

No discrimination between males and females

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

Policy uses appropriate language no additional considerations are required

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

Further sessions can be offered for those staff that have caring responsibilities as stated above the policy is accessible on the CCG intranet whilst staff are at work. The policy can be discussed in a 1-1 basis with the designated nurse if required.

Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?

Shared with the Director of Nursing.
Engagement with designated nurse colleagues
Version 1 of the policy was on a regional CCG basis however following audit from Audit North there was a recommendation for an individual CCG policy hence V2 onwards have been specific to the CCG.

Please list the stakeholders engaged:

as above



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?

Verbal – stakeholder groups/meetings Verbal- Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Email **Internet** Other

If other please state:

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have considered an agreed process for:

- Asking people if they have any information or communication needs, and finding out how to meet their needs.
- Recording those needs clearly and consistently.
- Sending out correspondence in alternative formats.
- Sending out correspondence in alternative languages.
- Producing / obtaining information in alternative formats.
- Arranging / booking professional communication support.
- Booking / arranging longer appointments for patients / service users with communication needs.
- Communication materials meeting the NHS accessible standard

If any of the above have not been considered, please state the reason:

As this is a staff policy needs have been considered internally and appropriate recommendations made



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1. Workforce characteristics	May require other formats for dissemination such as Braille, size of font etc. May also need to consider training venues for accessibility and facilities for viewing presentations.
2 Part-time working and staff members not in role due to sickness absence or maternity leave	Potential lack of availability for training events



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access or utilize policy due to particular characteristic	Age, disability	Alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment any policy should be adapted by the CCG	All staff can access and use the policy	CCG /MB	On publication and on receipt of individual request
2	Lack of staff availability for training due to carer responsibilities , part-time working or religious belief	Race, carers, pregnancy/mat ernity	Further session to be offered as required. 1-1 discussion with the designated nurse if required training session to avoid prayer times and lunch times	All staff are supported in using the policy	MB	on publication and as additional session requested
3	Staff unable to access training venue	Disability	Venue used has disabled parking and is wheelchair friendly. screens for presentations are suitable and easily seen by participants	All staff are able to participate in training	MB	Complete



SIGN OFF

Completed by:	Marie Baister
Date:	June 2017
Signed:	
Presented to: (appropriate committee)	Executive Committee
Publication date:	July 2017