



North East London

# Safeguarding Standards for NHS North East London Integrated Care Board

<b>Document History</b>	
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<b>Version History</b>				
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Status</b>	<b>Description of change/comments</b>
17 November 2022	1.0	Sadie McClue Stephen Hynes	Draft	New policy – Transition from NEL Clinical Commissioning Group to Integrated Care Board
5 January 2022	2.0		Draft	Change to document title. Minor changes to wording of Appendix B in section 1.0; 1.1; 3.2; 3.3; 3.5; 3.9; 6.6; 7.1; 8.2; 14.1
12 January 2023	3.0		Draft	Updates reflect comments from safeguarding children team to Appendix B in section 4.1; 9.1; 12.1.
13 March 2023	4.0		Draft	Updates reflect comments from system partners following pilot of the tool on 27 Jan 2023. Changes to layout of section 1; 6.8.

9 May 2023	5.0			Minor changes to document format and wording in section 14 of Appendix B.
24 May 2023	6.0		Draft	Updates reflect comments made by safeguarding adults' team in section 1.1; 1.2; 2.1-2.3; 3.3; 3.11-3.15; 4.1; 6.3; 6.8; 7.1; 8.1; 10.1 of Appendix B.
<b>26 September 2023</b>	7.0	Gemma Shadbolt Timothy Bull Stephen Hynes Dorothy Karikari Boateng	Draft	Update reflect comments made by designated nurses for Looked after children in section 1.5; 13.3; 14.1-14.5 of Appendix B; Change to reflect PSIRF framework section 3.5 of Appendix B.
<b>6 October 2023</b>	8.0	Korkor Ceasar Associate Director for Safeguarding children and Celia Jeffreys Associate Director for Safeguarding Adults	Final Draft	Review for factual accuracy, editing to include merging of v 7.0 of Appendix B with Standards document.

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## 1. Introduction

- 1.1 NHS North East London Integrated Care Board (NHS NEL) fully recognises its responsibility to safeguard and protect babies, children/young people, Children Looked-after and Adults at risk from harm, abuse or exploitation. To ensure that NHS NEL continues to commission high quality, safe and effective care this Safeguarding Standards Policy has been developed.
- 1.2 This policy sets out the safeguarding framework for strategic planning and commissioning provider services, that are compliant with legislation and statutory guidance. See section 5.
- 1.3 NHS NEL has developed an overarching Safeguarding Strategy encompassing both Safeguarding Children and Safeguarding Adults. The strategy sets out the strategic direction, includes lines of accountability and roles and responsibilities for all employees. This policy supports the strategy giving specific clarity around commissioning of services and contract monitoring.

## 2. Scope

- 2.1 This policy applies to all staff within NHS NEL (permanent staff, agency workers, locums and other temporary staff, students, trainees and/or volunteers) who are commissioning and/or decommissioning services; in order to comply with national safeguarding children and adult requirements. NHS Commissioners have a duty to ensure that safeguarding is reflected within all partnership agreements, contracts (NHS and Private) and service specifications developed for and used by the NHS NEL

## 3. Purpose

- 3.1 This policy sets out the responsibilities of NHS NEL as commissioners of services for safeguarding and promoting the welfare of babies, children/young people and adults throughout the commissioning cycle. This policy also sets out the safeguarding standards and arrangements for provider organisations and independent contractors. Adherence to these standards will be monitored collaboratively through a variety of fora. It is important to note that NHS NEL staff need to follow statutory guidance if they have concerns about a child, young person or adult at risk.
- 3.2 The key objectives of this policy are:
- To support NHS NEL, provider organisations and independent contractors in their duty to promote the welfare and health outcomes of babies, children/young people and Adults at Risk.
  - To improve and sustain effective partner agency working e.g. Local Authorities, Police and Education.
- 3.3 Organisations that commission healthcare should make certain, through their service specifications and contracts, that the safeguarding arrangements of their providers, including GP practices, are effective:

- To provide awareness for all staff on the importance of prompt and effective action in response to child protection or adult safeguarding concerns
- To promote good inter-agency co-operation at all levels.
- To ensure that agreed multi-agency procedures are followed in dealing with cases of child or adult abuse.
- To promote the sharing of information in order to promote and safeguard the welfare of children or adults at risk.
- To ensure safeguarding training commensurate with staff roles.
- Safer recruitment arrangements are embedded across all levels of an organisation.

#### **4. Accountability**

4.1 The Chief Executive Officer for NHS NEL has responsibility for ensuring that the health contribution to safeguarding is discharged effectively across NHS NEL through its governance arrangements. Safeguarding leadership is provided by the Chief Nursing Officer, Associate Directors for Safeguarding, Designated and Named Professionals.

4.2 Working Together to Safeguard Children (2018) and NHS England Safeguarding Vulnerable Children, Young People and Adults at Risk (2022) gives statutory guidance to commissioners on their responsibilities for the protection of babies, children and young people.

#### **5. Governance Arrangements**

5.1 The Provider organisations and independent contractor's performance in relation to safeguarding will be managed primarily through collaborative arrangements and in addition, various quality, safety and safeguarding fora. NHS NEL may require providers to produce additional information with regards to their safeguarding work in order to monitor compliance with this policy (Appendix A).

5.2 Each commissioned service/independent contractor must set up systems to ensure routine information is gathered and provided to NHS NEL as part of the monitoring arrangements. (Appendix B, Audit tool to monitor safeguarding arrangements for Providers and independent contractors).

5.3 In addition to the standards required by this policy, legislation or statutory guidance, NHS NEL may also use local quality and incentive schemes to identify additional safeguarding standards or related targets for providers. NHS NEL may receive and use information from other agencies and organisations where this is relevant to the performance management of the provider in relation to safeguarding.

5.4 Additional assurance regarding Provider compliance with Section 11, Children Act 2004 responsibilities will be sought from quarterly dashboards reported to the NHS NEL Strategic Safeguarding Forum and the annual Children Act 2004, Section 11 audit undertaken by Local Safeguarding Children Partnerships (LSCPs). Performance

around safeguarding adults' activity is also reported in the dashboards and will demonstrate how our Provider organisations/Integrated Care Partnerships are working in line with the Care Act 2014.

## 6. Key Legislation and Statutory Guidance

### Legislation/Statutory Guidance

- [Care Act 2014](#)
- [Care Standards Act 2000](#)
- [Children Act 1989](#)
- [Children Act 2004](#)
- [Children Leaving Care Act 2000](#)
- [Children and Social Work Act 2017](#)
- [Counter-Terrorism and Security Act 2015](#)
- [Criminal Justice Act 2003](#)
- [Crime and Disorder Act 1998](#)
- [Data Protection Act 2018 \(General Data Protection Regulation\)](#)
- [Domestic Abuse Act 2021](#)
- [Equality Act 2010](#)
- [Female Genital Mutilation Act 2003 \(amended 2015\)](#)
- [Health and Care Act 2022](#)
- [Human Rights Act 1998](#)
- [Immigration and Asylum Act 1999](#)
- [Mental Capacity \(Amendment Act\) 2019 and Liberty Protection Safeguards](#)
- [Modern Day Slavery Act 2015](#)
- [Promoting the Health and Welfare of Looked-after Children: statutory guidance for local authorities, clinical commissioning groups and NHS England 2015](#)
- [Protection of Freedoms Act 2012](#)
- [Public Interest and Disclosure Act 1998](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Sexual Offences Act 2003](#)
- [The Data Protection Act 1994 and 1998](#)
- [United Nations Convention on Rights of a Child 1989](#)
- [Working Together to Safeguard Children 2018](#)
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1125001/Final\\_Serious\\_Violence\\_Duty\\_Statutory\\_Guidance\\_-\\_December\\_2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1125001/Final_Serious_Violence_Duty_Statutory_Guidance_-_December_2022.pdf)

### Workforce Requirements

- [Children and Young People: roles and competences for health staff – Intercollegiate Document 2019](#)
- [Adult Safeguarding: roles and responsibilities for health staff – Intercollegiate Document 2018](#)
- [Looked-after Children: Knowledge, skills and competences of health care staff 2015](#)

- [NHSE England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2022](#)
- [NHS Standard Contract Service Conditions SC32 Safety and Safeguarding Fabricated, Induced and Perplexing Illnesses 2021](#)
- [London Safeguarding Children Procedures, 7<sup>th</sup> Edition](#)
- [Prevent Duty Guidance: for England and Wales \(revised 2021\)](#)

## **7. Contracts and Service Level Agreements**

7.1 [The NHS Standard Contract Service Conditions SC 32 \(full length\)](#), relates specifically to safeguarding children and adults. Provider organisations must ensure that Service Users are protected from abuse, exploitation, radicalisation, serious violence, grooming, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of any such behaviours in accordance with the Law.

7.2 The Designated/ Named Safeguarding Professionals for Children, Adults and Children Looked-after (as applicable) must be involved in all stages of the commissioning cycle - procuring, redesigning or decommissioning services. This will ensure commissioning staff receive expert safeguarding advice, whilst developing robust service specifications and collaborative contract oversight within the ICB/ICS. Thus, underpinning a direct link between commissioning and high-quality safeguarding practice at the frontline within provider organisations (NHS and Independent).

7.3 All service level agreements and service specifications should have this Safeguarding Standards Policy embedded within it.

## **8. NHS Safeguarding Accountability & Assurance Framework (SAAF)**

8.1 The [NHS England \(NHSE\) Safeguarding & Accountability Framework \(SAAF\)](#), sets out the national safeguarding priorities for ICBs and provider organisations. The SAAF helps to underpin safeguarding across all levels and workstreams within organisations (Figure 1).



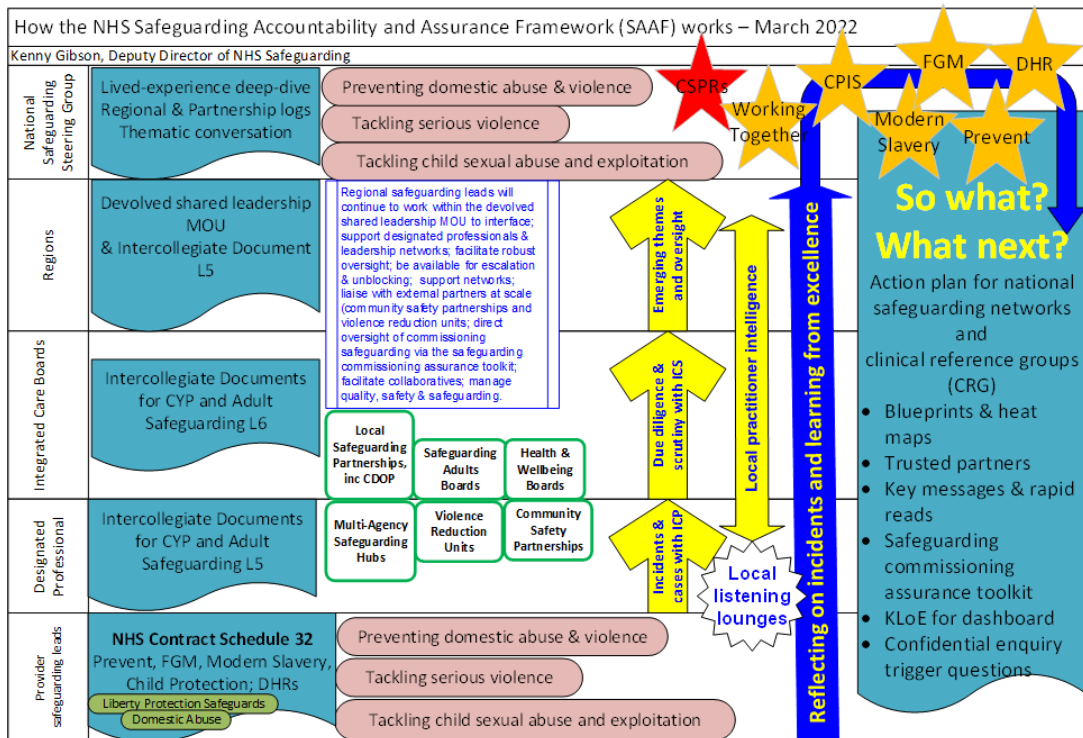


Figure 1, NHS Safeguarding Accountability and Assurance Framework (SAAF). Kenny Gibson, Deputy Director of Safeguarding NHSE.

## 9. Monitoring Compliance

9.1 Monitoring of adherence to this policy is required to ensure compliance with:

- NHSE Safeguarding and Assurance Framework
- NHS NEL governance arrangements, contracts and service specifications
- Local Safeguarding Children Partnerships
- Local Safeguarding Adult Boards
- Children Act 2004 Section 11 Audit
- Safeguarding Dashboards
- Outcome 7 Care Quality Commission Essential Standards.
- Joint Targeted Area Inspections (JTAI)

Appendix B, has a monitoring audit tool which assists commissioners to monitor safeguarding arrangements for Providers and independent contractors.

## **APPENDIX A Summary of Commissioning and Provider Responsibilities**

As part of this Policy there is an expectation that commissioners will have in place a range of processes to ensure service users receive good quality and safe care. They must assure themselves that a provider is capable and competent in responding to allegations of abuse or neglect, including having robust processes in place to investigate the actions of members of staff.

### **COMMISSIONERS RESPONSIBILITIES**

Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult. Commissioners will be transparent and proportionate in any decisions and actions taken to safeguard service users and specifically it will:

- Place service users' well-being, quality of life and safety at the centre of all commissioning activity.
- Regularly assuring themselves of the safety and effectiveness of the services commissioned.
- Respond promptly and robustly to concerns about possible abuse or neglect arising in regulated care and support settings, adopting a person-led and outcome-focused approach.
- Make available a continuum of responses to ensure responses are proportionate to the nature and level of concerns raised and that these are undertaken by the appropriate body or organisation. Inform providers at the onset about the nature of any concerns and share minutes of meetings as appropriate.
- Request the provider to lead a section 42 enquiry when the concern relates to the actions or conduct of staff. However, the local authority will have to satisfy itself that the provider's response has been sufficient to deal with the safeguarding issue and, if not, to undertake an enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators). There may be circumstances when it is inappropriate or unsafe for the provider to lead a section 42 enquiry. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police.
- Work in partnership with care providers ensuring responses are proportionate and based on a clear assessment and evidence of risk.
- Focus on service development and the achievement of sustained improvement within services.
- Maintain up to date, accurate information on all safeguarding adults' concerns arising in regulated care settings to ensure informed decision making and risk assessment.

- Clearly document any actions or decisions taken under safeguarding babies/children and adults' arrangements. Local authority and NHS commissioning organisations, other funding organisations and partner agencies will work in partnership with each other regarding appropriate sharing of information as appropriate.
- Work in partnership with NHS NEL in respect of its commissioner functions and its overview of the health economy.
- Inform CQC of safeguarding activity and progress so as to inform the regulatory process.
- Make decisions to suspend and/ or terminate a placement(s) independently of any enforcement action CQC may be taking and/ or criminal justice action that may be in progress. Ensuring that appropriate processes are in place to respond swiftly and appropriately in the event of a home closure.
- Adhere to legal requirements in relation to information sharing and where it is appropriate sign up to the partnership Information sharing agreements.

## PROVIDER RESPONSIBILITIES

There is an expectation that commissioned and grants funded services must have in place a range of processes to enable them to meet their duty of care to safeguard their service users. In addition to providing high quality and safe care, service providers are expected to:

- Have an up-to-date clear internal babies, children/young people and adult's safeguarding policy and procedure consistent with the local Multi Agency Safeguarding Adults and Children Policy and ensure all staff are aware of, and can act on, concerns and allegations in accordance with the policy.
- Have clear governance arrangements in place to prevent abuse or neglect.
- Have robust reporting mechanisms from the point of care to the senior management/ Board and from the management/ Board to the point of care to proactively monitor the risk of abuse and neglect in the care setting.
- Adopt robust recruitment and employment practices, with checkable references, checkable ID, and appropriate DBS checks in place at the commencement of employment.
- Ensure all staff receive training on the nature of abuse and neglect, recognising the signs and how to report concerns.
- Ensure all staff have training in the Mental Capacity Act, Deprivation of Liberty Safeguards, and the Prevent Agenda commensurate with their roles and responsibilities.

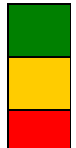
- Have a whistle blowing policy to enable staff to raise concerns outside their own chain of line management, including outside their organisation to the local authority where necessary.
- Have robust mechanisms for service users, relatives and visitors to raise concerns including how to make a complaint and the contact number for the local safeguarding adults' team.
- Ensure where necessary, all service users are supported by an advocate.
- Ensure staff governed by professional regulation, understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.
- Ensure all Job Descriptions include a clear statement on the responsibility to prevent abuse and neglect and to report concerns. This statement must be commensurate with the responsibilities of the post.
- Ensure that disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.
- Correct abuse or neglect in their organisation and protect babies/children or adults from further harm as soon as possible. The local authority must be informed as well as the CQC and also the ICBs where the latter is the commissioner.
- Respond to allegations of abuse, neglect or misconduct, including having robust processes in place to investigate the actions of members of staff.
- Lead (at the request of the local authority) a section 42 enquiry providing any additional support the adult may need. This may be when the safeguarding enquiry relates to the conduct or actions of a staff member. Information relating to the action taken and what the outcome is must be made available to the local authority in line with s67 or s68 Care Act 2014.
- Fully cooperate with section 42 safeguarding enquiries being made by or on behalf of the local authority and to provide access to premises, staff and service users and relatives (including people funding their own care). Records should also be made available any independent advocate supporting the adult.
- Report allegations against staff to the Safeguarding Lead in their organisation i.e. named nurse for statutory health organisations.
- Ensure that the person who is alleged to have caused harm is appropriately informed and supported during the process and that information, advice and support is provided to the babies/children or adult(s) harmed or their representative.
- Recognise transition between children and adult services in relation to safeguarding.
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## APPENDIX B - Audit tool to monitor safeguarding arrangements for Independent Contractors/Providers

### NEL ICB Safeguarding Standards

Version	Changes	Date
V1	Original	13 Jan 2022
V2	Change to document title. Minor changes to wording in section 1.0; 1.1; 3.2; 3.3; 3.5; 3.9; 6.6; 7.1; 8.2; 14.1	05 Jan 2023
V3	Updates reflect comments from safeguarding children team in section 4.1; 9.1; 12.1. Change to document title.	12 Jan 2023
V4	Updates reflect comments from system partners following pilot of the tool on 27 Jan 2023. Changes to layout of section 1; 6.8.	13 Mar 2023
V5	Minor changes to document format and wording in section 14	09 May 2023
V6	Updates reflect comments made by safeguarding adults team in section 1.1; 1.2; 2.1-2.3; 3.3; 3.11-3.15; 4.1; 6.3; 6.8; 7.1; 8.1; 10.1; Change to document title.	24 May 2023
V7	Update reflect comments made by designated nurses for looked after children in section 1.5; 13.3; 14.1-14.5; Change to reflect PSIRF framework section 3.5	26 Sep 2023

**Name of Delivery Partner/Independent Contractor:**



Green – Fully compliant (but remains subject to continuous quality Improvement)

Amber – Action plans in place to ensure full compliance and progress is being made within agreed timescales

Red – Non-compliance against standards and actions have not been completed within agreed timescales

	Standard	Components of Standard	Evidence	RAG
<p><b>1.0 Leadership, Governance and Assurance</b></p> <p><b>Accountability for and ownership of safeguarding is recognised and evidenced by the delivery partner’s Executive Body. The delivery partner has a clear line of accountability and governance for safeguarding, with a definitive safeguarding governance structure that can be provided as a structure chart.</b></p>				
1.1	<p>Delivery partners must have the following operational and executive leads in place to discharge their responsibilities for the welfare and safeguarding of children, young people, children looked-after and adults at risk:</p> <ul style="list-style-type: none"> <li>▪ Provider Board Lead</li> <li>▪ Named Nurse and Named Dr for Safeguarding Children &amp; Young People (CYP)</li> <li>▪ Named Nurse and Named Dr Children Looked-after</li> </ul>	<p>The delivery partner’s Board will be fully sighted on all aspects of safeguarding and will ensure that safeguarding is embedded in every interaction and service delivery of the organisation.</p> <p>It is expected that in line with statutory guidance the following roles are in place:</p> <ul style="list-style-type: none"> <li>▪ Named Nurse and Named Dr Safeguarding CYP</li> <li>▪ Where the delivery partners provide a Looked-after CYP Service a Named</li> </ul>		

	<ul style="list-style-type: none"> <li>▪ Named Midwife Safeguarding Children &amp; Young People</li> <li>▪ Named Nurse / Professional for adult safeguarding, including responsibility for the Mental Capacity Act (MCA) / DoLS and Prevent</li> </ul> <p>These roles and responsibilities are reflected in job descriptions, and have protected time and support (including safeguarding supervision and Continuing Professional Development).</p>	<p>Nurse and a Named Dr for Looked-after CYP are in post.</p> <ul style="list-style-type: none"> <li>▪ Where the delivery partners provide a maternity service, a Named Midwife for Safeguarding</li> </ul> <p>Where the provider subcontracts or delivers the service in partnership, the main provider will ensure that accountability and governance apply to all parts of its service.</p>		
<p>1.2</p>	<p>Organisations should have a safeguarding policy which demonstrates a commitment to keeping children and adults at risk safe, makes clear what is required in relation to safeguarding responsibilities and how the organisation will support this commitment. The policy should be compliant with the Local Safeguarding Children Partnership and Local Safeguarding Adult Board (These may be combined into one overarching policy).</p> <p>Risks to particularly vulnerable children and young people:</p> <ul style="list-style-type: none"> <li>▪ Sexual/criminal exploitation</li> <li>▪ Serious Youth Violence</li> </ul>	<p>The policy is clear, accessible and written in language or format that is understandable to all children, young people, adult service users, carers, volunteers and staff:</p> <ul style="list-style-type: none"> <li>▪ The policy is approved by the relevant management group</li> <li>▪ The policy is publicised and promoted widely</li> <li>▪ Staff and volunteers receive training on the policy and its implementation</li> <li>▪ The policy is checked annually for accuracy and formally reviewed every three years and revised as required by legislation and government guidance</li> <li>▪ All staff should know how to act on concerns that a child or adult may have been abused</li> </ul>		

	<ul style="list-style-type: none"> <li>▪ Forced marriage and ‘honour-based’ violence</li> <li>▪ Children with SEND</li> <li>▪ Children living away from home, including children looked-after</li> <li>▪ Transition from using children’s services to adult services</li> </ul> <p>Risks to adults:</p> <ul style="list-style-type: none"> <li>▪ Sexual/criminal exploitation</li> <li>▪ Neglect and acts of omission</li> <li>▪ Forced marriage and ‘honour-based’ violence</li> <li>▪ Adults with learning disability, Autism and other neuro diversity needs</li> <li>▪ Adults living out of borough, including residential, nursing home &amp; those detained under MHA</li> <li>▪ Transition throughout adulthood</li> </ul>	<p>or is at risk of abuse or neglect in line with local guidance</p> <ul style="list-style-type: none"> <li>▪ Policy should include Prevent and organisational requirements as set out in the Prevent Duty Guidance for England and Wales (2015)</li> <li>▪ People who are known to pose a risk to others within the community, including those covered by the Safeguarding Policy, are the subject of a plan drawn up under the Multi-Agency Public Protection Arrangements (MAPPA).</li> <li>▪ Policy should include Prevent and organisational requirements as set out in the Prevent Duty Guidance for England and Wales (2015)</li> <li>▪ Policy should reflect duty to report responsibilities regarding FGM (2015)</li> <li>▪ Policy include its duties in line with Mental Health Act 1983</li> <li>▪ Policy include its duties in line with Mental Capacity Act 2005</li> <li>▪ Policy include its duties in line with the Care Act 2014</li> <li>▪ Policy should include its duties to comply with the requirements of statutory enquiries including Safeguarding Adults Reviews,</li> </ul>		
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		<p>Child Safeguarding Practice Reviews and Domestic Homicide Reviews</p> <ul style="list-style-type: none"> <li>▪ Policy should include requirement to adhere to appropriate Information Governance Policies.</li> <li>▪ Policy should outline how the organisation will implement the child protection information sharing service (CP-IS)</li> </ul>		
1.3	The delivery partner's Annual Board Report must have a section on safeguarding children, safeguarding adults and children looked-after.			
1.4	Delivery partners work collaboratively with the Designated Professionals/Named GPs to develop outcomes-focused safeguarding metrics based on NHS NEL delivery partners and LSCP/LSAB safeguarding priorities.			

<p>1.5</p>	<p>Organisations have named person(s) responsible for Looked After Children at a senior executive level and supported by Designated and / or Named professionals to effectively discharge their responsibilities for promoting the welfare and safeguarding of Looked After Children.</p> <ul style="list-style-type: none"> <li>▪ Board Level Executives</li> <li>▪ Named Nurse for Looked After Children (Delivery Partner)</li> <li>▪ Named Doctor for Looked After Children (Delivery Partner)</li> <li>▪ Medical Advisor for adoption (Delivery Partner)</li> <li>▪ Designated Nurse for Looked After Children (ICB)</li> <li>▪ Designated Doctor for Looked After Children (ICB)</li> </ul>	<p>Lines of accountability for Looked After Children are reflected clearly within delivery partner/ICB governance arrangements.</p> <p>An annual report for Looked After Children is prepared and submitted to the Trust/ICB Board and Corporate Parenting Board for assurance. Or at a minimum a dedicated section within the delivery partner's/ICB Children and Adult Safeguarding Annual report.</p> <p>Leaders ensure they have mechanisms in place to seek and listen to the views of Looked After Children (and their parents / carers) at every level of the organisation to promote their welfare and safety.</p> <p>Board level executive's role and responsibilities for Looked After Children are explicitly defined in their job descriptions.</p> <p>Arrangements for Named and Designated Professionals including Medical Advisor for Adoption Professionals are consistent with Intercollegiate Guidance.</p> <p>Leaders within the organisation consider Looked After Children when planning a new service or considering how to improve a service.</p> <p>Leaders ensure commitment to interagency/collaborative working at every level</p>		
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		<p>and support the work of the Corporate Parenting Board</p> <p>Leaders ensure they have systems and processes to support oversight, improvement and innovation of Looked After Children service performance/activity.</p> <p>Leaders ensure that organisations they subcontract to delivery services on their behalf also have arrangements in place to safeguard and promote the welfare of children.</p>		
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**2.0 Equal rights of all to be safe**

**Organisations should take steps to address the needs of all children & adults at risk to be protected from abuse, and to combat discrimination**

2.1	An Equality Statement or policy is in place.	<ul style="list-style-type: none"> <li>▪ Procedures, guidance and training to help staff and volunteers to recognise the additional vulnerability of some children and adults because of their race, gender, disability, language, religion, sexual orientation or culture.</li> <li>▪ The views of children, young people and adults at risk should be heard as part of decision-making processes.</li> </ul>		
2.2	Complaints procedures are in place.	<ul style="list-style-type: none"> <li>▪ Processes for responding to complaints should be clearly referenced, are fair, and</li> </ul>		

		<p>include clear timescales and a right to appeal</p> <ul style="list-style-type: none"> <li>▪ A child-friendly complaints process is in place.</li> <li>▪ Easy read complaints process needs to be in place to support adults and children with learning disabilities and other neuro diverse needs.</li> </ul>		
2.3	Codes of Conduct are in place.	<ul style="list-style-type: none"> <li>▪ The organisation has a published staff code of conduct which is clear that discriminatory, offensive or violent behaviour or language is unacceptable and complaints will be acted upon.</li> <li>▪ This includes the organisation's commitment to the PIPOT and LADO processes.</li> </ul>		
<p><b>3.0 Systems and Processes:</b></p> <p><b>The organisation has a clear written accountability framework, which covers individual, professional and organisational accountability.</b></p>				
3.1	Identified staff have been assigned key roles and responsibilities set out in LSCP/LSAB multi-agency procedures responsibilities.	<ul style="list-style-type: none"> <li>▪ The policy identifies key roles as set out in the LSCP/LSAB multi-agency procedures and identifies individuals within the organisation who have been assigned these responsibilities.</li> </ul>		

3.2	The delivery partner includes safeguarding risks and mitigation in its organisational Risk Register.	<ul style="list-style-type: none"> <li>▪ The delivery partner must inform the ICB when deciding to subcontract any of their services to a different provider, to ensure a risk assessment and robust oversight of the service from a commissioning perspective.</li> </ul>		
3.3	There is a set of written procedures, compliant with LSCP/LSAB procedures, relating to safeguarding.	<p>The procedures include step by step guidance on the following:</p> <ul style="list-style-type: none"> <li>▪ How to recognise and respond to safeguarding concerns</li> <li>▪ How and who to go to for safeguarding advice and guidance</li> <li>▪ How to report, record and refer concerns</li> <li>▪ The importance of keeping a focus on a child living in a household where there are concerns about parenting capacity, e.g. because of substance misuse/parental mental health concerns/domestic abuse.</li> <li>▪ The importance of keeping a focus on the adult living with care and support needs where there are concerns about care delivery, abuse, neglect / self-neglect</li> <li>▪ The procedures clearly outline the process for resolving professional differences of opinion in safeguarding children and adults at risk.</li> </ul>		

		<ul style="list-style-type: none"> <li>▪ There is a clear recognition supported by training of the Mental Capacity Act (MCA) and DoLS.</li> <li>▪ When it is known that a child is not accessing education this will be referred to the Local Authority in which the child lives</li> </ul>		
3.4	There is guidance that is compliant with the LSCP/LSAB procedures on managing allegations against staff.	This may be contained within the Organisation's Disciplinary Policy.		
3.5	An adverse reporting system is in place which identifies circumstances/incidents which have or could have compromised the safety and welfare of children or adults at risk.	<p>All patient safety incidents reported through the patient safety incident reporting framework (PSIRF) compromising the safety of children or adults are to be reported in line with the PSIRF management process. Cases of concern should be discussed with the Head of Safeguarding.</p> <p>Other safeguarding incidents are recorded in line with the agencies incident reporting processes and managed in a robust manner.</p>		
3.6	Prevention, 'Early Help' and 'Think Family' are evident in the provider's frontline service approach and policy.	The organisation works together with others to implement quality assurance, robust risk identification and risk management processes in order to prevent concerns escalating to a point where intervention is required under safeguarding children or adult procedures.		

<b>The standards below (3.7 – 3.14) apply only to GP practices only</b>				
3.7	Babies, children/young people who are subject to a Child Protection Plan, or are looked after (and their parent(s)/carer(s) should be clearly highlighted on the electronic system.	All those working in the GP Practice will be aware of said child patients and will be able to respond to need, information sharing etc. in a timely manner.		
3.8	The practice provides opportunities to discuss any safeguarding concerns with wider members of the team, e.g. regular MDT discussions/meetings, Team/Practice meetings.	Consistent MDT meetings will ensure that vulnerable children and adults are discussed regularly ensuring good information sharing with the wider team.		
3.9	There is a process for following up children and adults at risk who was not brought/ do not attend an appointment for specialist care.	A 'Was Not Brought Policy' will ensure that both babies, children and vulnerable adults are followed up when not seen and information shared if needed.		
3.10	GPs/Practice Nurses will record weights and heights accurately in the Parent Health record in line with current practice.	Recording the weight and height of all children in the Parent Health record will ensure growth and development is tracked, as well as good information sharing with parents and other professionals.		
3.11	GPs/Practice Nurses will record outcomes of Annual health check appointments in the annual health check document	To follow guidance set out in place based "Direct enhanced services for people with learning disability document".		

		Will progress and referrals needed on completion of the annual health check.		
3.12	Electronic record keeping should be robust and timely. There are plans for patients at practices using TPP and EMIS systems to automatically have access to their prospective records.	<p>In order to protect children, adults at risk and staff GP electronic systems should record/highlight concerns including:</p> <ul style="list-style-type: none"> <li>▪ Previous Safeguarding issues</li> <li>▪ Multi-Agency Risk Assessment Conferences (MARAC)</li> <li>▪ Multi-agency public protection arrangements (MAPPA)</li> <li>▪ Child / Adult Sexual/Criminal Exploitation</li> <li>▪ Domestic abuse</li> <li>▪ Children Looked-after</li> <li>▪ Female Genital Mutilation (FGM)</li> <li>▪ Mental Capacity Act (MCA) / DoLS / Prevent</li> </ul>		
3.13	GPs provide written information into safeguarding processes in accordance with multi-agency procedures and statutory duties and responsibilities.			



<p>3.14</p>	<p>When a child registers for the first time basic personal information must be recorded.</p>	<p>This information should include:</p> <ul style="list-style-type: none"> <li>▪ Address</li> <li>▪ Gender</li> <li>▪ Date of Birth</li> <li>▪ School</li> <li>▪ Names of those with Parental Responsibility</li> </ul> <p>This information should be kept up-to-date.</p> <p>A nominated person should liaise with the health visitor, school nurse or midwife when a new child or pregnant woman registers with the practice. In addition, the local Children Looked-after Service/Team.</p>		
<p>3.15</p>	<p>Records should be maintained which provide an accurate, clear picture of all involvement with a child / adult.</p>	<p>Where there are concerns about a baby / child / family / adult all discussions and decisions made must be fully documented.</p>		

**4.0 Safer Recruitment:**  
**Organisations should minimise the risk posed to children, young people and adults at risk from those in a position of trust by operating safe recruitment practices.**

<p>4.1 There is a clear procedure for recruiting staff, Trustees and volunteers who have contact with children, young people and adults at risk and for assessing their suitability. Appropriate Disclosure and Barring (DBS) checks are taken up.</p>	<ul style="list-style-type: none"> <li>▪ All advertisements reflect the commitment to safeguarding, there is a clear job description, and all staff and volunteers are interviewed</li> <li>▪ Written references including at least one professional reference from the current/previous employer are taken up, checked, and proof of identification is required in respect of Trustees, staff, and volunteers</li> <li>▪ There is an induction process for staff, Trustees and volunteers which includes familiarisation with safeguarding procedures and responsibilities</li> <li>▪ The organisation is responsible for ensuring all required checks are in place in respect of staff and volunteers working in the service, even when they come via another organisation or agency. This should include agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception</li> <li>▪ DBS checks should be carried out on employed staff, at a minimum of 3 yearly.</li> </ul>	
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		<ul style="list-style-type: none"> <li>▪ Disciplinary procedures make clear what action is to be taken where there are concerns about staff who do not comply with the safeguarding policy.</li> <li>▪ Systems are in place to ensure all professional qualifications are verified</li> </ul>		
<b>5.0 Code of Practice</b> <b>The organisation provides guidance on appropriate/expected standards of behaviour of adults towards children, young people and adults at risk</b>				
5.1	Written guidance is given about appropriate behaviour of adults towards children, young people and adults at risk.	<p>This must now include the organisation's guidance on the use of the internet and social networking sites and social media.</p> <p>Police, Crime, Sentencing and Courts Act 2022 has extended the definition of Position of Trust within the <a href="#">Sexual Offences Act 2003 section 22A</a></p>		
5.2	There are clear processes for responding to behaviour that is not acceptable.	The Local Authority Designated Officer is contacted within 24 hours for advice in line with the <a href="#">Managing Allegations Against Staff statutory guidance</a> .		
5.3	The consequences of breaking the rules are clear, and are linked to the organisation's disciplinary procedures.			
5.4	Discrimination, oppressive behaviour or language is not acceptable.			

<b>6.0 Safe Service Delivery</b> <b>The health, safety and well-being of all children, young people, adults at risk, families, staff and volunteers is promoted</b>				
6.1	There is an up-to-date Health & Safety Policy with appropriate procedures, including fire safety.	<ul style="list-style-type: none"> <li>▪ Premises are kept clean, hygienic and safe</li> <li>▪ Transportation is adequately insured, adheres to legal requirements and is fit for purpose</li> <li>▪ The organisation undertakes Risk Assessment/Risk Management procedures for both premises and services provided</li> <li>▪ First Aid policy and procedures are adequate and appropriate to the size and work of the organisation.</li> </ul>		
6.2	The organisation has a clear policy on lone working.	Staff undertaking home visits feel supported and have access to personal security devices if requested.		
6.3	Parents/carers are made aware of the purpose and activities of the organisation and have given parental consent to their child/ren attending. The 'Was Not Brought' policy is followed when children or adults dependant on others to bring them do not attend appointments.			
6.4	Parents/ carers have provided details of medical histories, emergency contact numbers etc.			

6.5	The organisation has a clear policy statement on alcohol, tobacco and substance misuse, reflecting legislation and individual liability.			
6.6	The organisation has a clear policy statement on Cybersafety - safe use of technology including internet and social networking sites.	Link to the Local Safeguarding Children Partnership Policy.		
6.7	The organisation has a clear policy statement regarding taking photographs of children, young people and adults at risk who use the service.			
6.8	The organisation has a clear all age / lifelong policy and process for children and young people transitioning to adult services. Policies that will support the adult with future transitions.			

**7.0 Staff Training and Development**

**Staff and Volunteers have access to training and support to assist them in their role**

7.1	There are arrangements for providing regular safeguarding training commensurate to the individuals role and supervision and also support for staff and volunteers.	<ul style="list-style-type: none"> <li>▪ Requirements for the level of Safeguarding Children/Adults and Children Looked-after training appropriate for each role /staff group is set out and shared with individual staff members</li> <li>▪ Staff can access e-learning in the work environment</li> <li>▪ Records are maintained to identify which staff have received training; this will be used to support training needs analysis</li> </ul>		
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		<ul style="list-style-type: none"> <li>▪ Staff have access to the safeguarding lead and discussion forums to share their concerns about children, young people and adults at risk</li> <li>▪ Staff are trained and understand their duties and responsibilities in relation to MCA and DoLS.</li> </ul>		
7.2		<ul style="list-style-type: none"> <li>▪ Staff are aware of where to access additional information, advice and support in relation to Safeguarding Children/Children Looked-after and Adults including:             <ul style="list-style-type: none"> <li>- NHS NEL Designated Professionals (or Named GP)</li> <li>- Lead/named staff within their organisation</li> <li>- Multiagency Safeguarding Hubs (MASHs).</li> </ul> </li> <li>▪ The following areas are to be included in training, supervision and procedures:             <ul style="list-style-type: none"> <li>- Children Looked-after</li> <li>- Contextual Safeguarding</li> <li>- Think Family</li> <li>- Adverse Childhood Experiences</li> </ul> </li> </ul>		

		<ul style="list-style-type: none"> <li>- Trauma-informed care</li> <li>- Transition</li> <li>- Modern Day Slavery</li> <li>- Prevent</li> <li>- Mental Capacity Act</li> <li>- Cultural competency</li> </ul>		
7.3	There is an appropriate induction process for all staff and volunteers which includes reference to safeguarding procedures, roles and responsibilities.			
<b>8.0 Communication</b> <b>The organisation communicates its policies and procedures to staff, volunteers and service users, and involves them in development and review</b>				
8.1	Information about the organisation's commitment to safeguarding is available to everyone and in a format and language that is understandable.	<ul style="list-style-type: none"> <li>▪ Children, young people and Adults at Risk are made aware of their right to be safe from abuse</li> <li>▪ Information is made available about where to go for help and advice in relation to abuse, including bullying</li> <li>▪ Information to be made available in plain language &amp; easy read</li> </ul>		

8.2	Everyone in the organisation knows who has lead responsibility for safeguarding children/Children Looked-after and for safeguarding adults.			
8.3	Contact details for the local children's services department, adult services, police and emergency medical help is readily available.			
8.4	Children, young people, adults at risk and their families are consulted on the implementation and review of policies and procedures, how they are working and how information is made available.	The views and experiences of children, young people and adults at risk are captured to inform quality of services and quality of frontline safeguarding practice.		
8.5	There is a policy on appropriate information sharing which complies with the <a href="#">Information Sharing Guidance 2018</a>	Staff understand what to do if they have safeguarding concerns and when to share information.		



**9.0 Sexually Active Young People under 18 years**  
**The organisation provides appropriate support and treatment to sexually active young people (this standard only applies to GPs and Pharmacists)**

9.1	Staff working with children and young people will adhere to the LSCP procedure for working with sexually active young people and risk assess young people for possible child sexual exploitation in line with LSCP procedures.	<ul style="list-style-type: none"> <li>▪ All sexually active under 13s must be discussed with the Named Safeguarding Lead and reported to the police.</li> <li>▪ There is an expectation that all such cases will be discussed with Children’s Services.</li> </ul>		
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**10.0 Domestic Abuse (DA). Including Honour Based Violence (HBV) and Forced Marriage (FM)**  
**The organisation recognises DA, HBV and FM as abusive and understands their role and responsibility when they are suspected**

10.1	The organisation considers national and local guidance to safeguard children and adults experiencing Domestic Abuse (DA).	<ul style="list-style-type: none"> <li>▪ Information on local services for victims of DA is available to all</li> <li>▪ Staff contribute to the Multi Agency Risk Assessments Conference (MARAC)</li> <li>▪ Staff understand who to contact and how to refer should concerns be identified.</li> <li>▪ Learnings from DHRs to be made available to practitioners.</li> <li>▪ All gender and all age impact of DA, honour based violence and forced marriage to be considered.</li> </ul>		
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**11.0 Recognising and referral of adults at risk and children at risk of radicalisation**  
**The organisation co-operates with its statutory duties regarding Prevent**

11.1	Staff will understand their responsibility to refer any suspicions of vulnerability to radicalisation in accordance with their safeguarding children and adults' policies.	<a href="#">Revised Prevent Duty Guidance: for England and Wales (2021)</a>		
<b>12.0 Responding to actual cases of FGM and those potentially at risk of FGM</b>				
12.1	Staff understand their responsibilities to report concerns about actual or potential Female Genital Mutilation (FGM) in line with their safeguarding children and adults' policies. This includes the mandatory reporting duty.	<a href="https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare">https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare</a>		
<b>13.0 Partnership Working (standards 13.1 – 13.3 apply to GP Practices only)</b>				
<b>The organisation cooperates with other agencies to meet its safeguarding responsibilities</b>				
13.1	The practice has access to staff who are competent to complete a Common Assessment Framework (eCAF) in their work with babies, children and families.	Staff understand the early intervention and prevention model of working with babies, children and families and thresholds for referral to Children's Services.		
13.2	The Practice establishes and maintains effective working relationships with health visiting, school nursing and midwifery services.	The Primary Health Care Team should have good links with other health professionals in order to share concerns about children and families.		

<p>13.3</p>	<p>GPs work with partners to protect babies, children and adults at risk and participates in reviews as set out in statutory, national and local guidance.</p>	<ul style="list-style-type: none"> <li>▪ GPs provide, when requested, information on their involvement with a child, family and adult at risk of abuse or neglect to inform the case discussion in relation to Local Child Safeguarding Practice Reviews (LCSPRs), MARAC, MAPPA and Child Death Review processes.</li> <li>▪ GPs invited to a multi-agency safeguarding meeting must make every effort to attend, but if unable, must provide a written report.</li> <li>▪ GPs must ensure adult medical assessments are undertaken in a timely manner when requested.</li> <li>▪ Chronologies will be provided for cases where fabricated or induced illness is suspected.</li> </ul>		
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**14.0 Looked After Children. The needs of “looked after” children are assessed and referrals made in a timely manner. This standard only applies to partners who provide a looked after children’s health service.**

<p>14.1</p>	<p>Organisations must adhere to local and statutory guidance when working with children who are Looked-after (CLA).</p> <p><a href="#">Promoting the Welfare of Children Looked-after Guidance for Local Authorities, Clinical Commissioning Groups and NHS England</a></p> <p>The statutory health assessment should address the areas specified in section 1 of schedule 1 of the care planning regulations 2010.</p>	<p>Children Looked-after (CLA). The needs of “looked after” children are assessed, thus ensuring:</p> <ul style="list-style-type: none"> <li>▪ The clinical record indicates a child is “looked after” so that their needs can be acknowledged. This includes the child’s state of health, including physical, emotional, and mental health and the child’s health history including, as far as practicable, his or her family’s health history.</li> <li>▪ Treatment and monitoring for identified health (including physical, emotional, and mental health), e.g. dental care needs, screening for defects of vision &amp; hearing.</li> <li>▪ Preventive measures such as vaccination and immunisation</li> <li>▪ Referrals for CLA from guardians/partnership agencies are managed consistent with both NICE and Statutory guidance, or 4-week Referral to Treatment (RTT) where contracted, as a minimum standard</li> <li>▪ Referrals, clinical investigations and prescriptions arising from statutory medicals Initial Health Assessments (IHA) and Review</li> </ul>	
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		<p>Health Assessments (RHAs) are both made by the assessing clinician and tracked with appropriate oversight by named professionals, in keeping with statutory guidance</p> <ul style="list-style-type: none"> <li>▪ Summaries are provided of the child's health history, for IHAs &amp; RHAs and as per statutory guidance, or when requested by those with parental responsibility/subject to appropriate consent</li> <li>▪ Previous health records should be requested urgently when a Looked-after child registers with a general practitioner.</li> <li>▪ A robust quality assurance of the whole process of IHAs and RHAs is undertaken regularly e.g. To ensure timeliness, health issues are monitored and action plans are completed.</li> <li>▪ Referrals for looked after children from guardians/partnership agencies are managed consistent with both NICE and statutory guidance, or 4-week referral to treatment (RTT) where contracted, as a minimum standard</li> </ul> <p>Evidence can include:</p> <p>Audit</p> <p>Monthly, data to be shared on Initial Health Assessments (IHAs) completed within and</p>		
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		<p>outside 20 working days of the child entering local authority care (in line with statutory guidelines), Review Health Assessments (RHAs) to be completed within timescales (6 monthly (under 5s) or annually); and did not attend / was not brought and cancellations with a narrative to be included.</p> <p>Note: Local negotiation will take place. However, the expectation will be for the organisation to complete 90% of their referrals each month.</p> <p>Quarterly data to be shared should highlight numbers of looked children that have had their dental, optician, immunisations, GP registration, hearing check, strengths and difficulties questionnaires.</p> <p>Any delays or challenges to be notified in a timely/exception reporting.</p> <p>Figures of care leavers health summary to be shared.</p> <p>To provide quarterly data for unaccompanied asylum-seeking children with regards to blood borne illnesses &amp; TB</p> <p>Public Health interventions for smoke cessation, sexual health, substance misuse and teenage pregnancy, shared monthly with numbers of looked after children seen in clinic.</p>		
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		<p>100% of all Looked after Children should be flagged.</p> <p>Fostering Panel attendance</p>		
<p>14.2</p>	<p>Organisations should ensure the children/young people's participation in service redesign or review and include user feedback on specific LAC services. (NICE Guidance NG205 replaces NICE Guidance NICE Guidance PH 28, 2010 updated 2015)</p>	<p>The voice of children must be recorded and considered, no matter what their age or ability to communicate directly.</p> <p>This can be done by: direct engagement, observation, etc.</p> <p>Evidence can include:</p> <ul style="list-style-type: none"> <li>Assessment records</li> <li>LAC care plans</li> <li>Feedback from children</li> <li>Referral records</li> </ul>		

14.3	<p>Reduced Duplication: Reduce the number of health assessment children with complex health and special educational needs have to go through. (Promoting the health and wellbeing of looked after children 2015).</p>	<p>Where looked after children with complex health and special educational needs present to a service, professionals should work towards, where appropriate, the child having to present only once and all aspects of their care, including looked after children Evidence can include: Audits</p>		
14.4	<p>Medical advisors (AMA-fostering &amp;/or adoption) to quality assure the general practitioner's adult health (AH) form prior to completing their own advice. (Coram- British Adoption and Fostering - Coram BAAF)</p>	<p>The Agency medical advisors (AMA-fostering or/&amp; adoption) should be given time to quality assure the general practitioner's adult health (AH) form prior to completing their own advice. Evidence can include: Audits Quarterly reports on number of: IHAs for Adoption Medicals IHAs for Adoption Out of Area Adult Health Forms Did not attend</p>		



<p>14.5</p>	<p>Child &amp; Young People Mental Health Service (CYPMHS) to have appropriate professionals within the service able to meet the needs of children &amp; young people in a timely way.</p> <p>The Mental Health Act 1983 was amended by the Mental Health Act 2007</p> <p>The child and adolescent mental health services (CAMHS) (Department of Health, 2021a &amp; b).</p>	<p>Waiting times for service to see Child should be stated.</p> <p>The following should be recorded:</p> <ul style="list-style-type: none"> <li>• Qualification of professional who assessed the child (initial)</li> <li>• Protocols in place for professionals</li> <li>• Face to face visits or telephone consultation</li> <li>• Referral to higher tier service</li> <li>• Information available for children, parents and carers.</li> <li>• How children &amp; young people transitioning into adult services are managed</li> </ul> <p>Evidence can include:</p> <p>Audits</p> <p>Children &amp; young people seen at Initial Assessment, by a doctor, e.g. Consultant psychiatrist</p> <p>Paediatric trained staff delivering care.</p> <p>Staff following service protocols.</p> <p>Number of children seen by CYPMHS every quarter.</p> <p>Number of referrals to higher tier services.</p> <p>Number of children transitioning into adult services every quarter.</p>		
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		Any delays or challenges to be notified in a timely/exception reporting		
<b>15.0 Implementation, Monitoring and Evaluation</b>				
<b>The organisation has systems in place to monitor and evaluate the effectiveness of its safeguarding policy and procedures</b>				
15.1	Policies and procedures are checked for accuracy annually and formally reviewed at least every three years and revised as required by legislation, guidance or feedback from service users.	Children, young people, adults at risk and their parents/carers and families are consulted on a regular basis.		
15.2	Management groups receive performance management reports which include reference to safeguarding issues, on a regular basis.			
15.3	The self-audit tool kit should be used by the organisation annually.			

## APPENDIX C

### Equality Impact Assessment Form

Policy authors: Sadie McClue & Stephen Hynes 16 November 2022	Date of assessment: 16 November 2022
Title of policy: Safeguarding Standards for NEL Integrated Care Board	Is this a new or existing policy? New
1. Is there a concern that the policy does or could have a differential impact in any of the following areas?	
	Y/N – delete as appropriate
Age	No
Marriage/civil partnership	No
Disability	No
Religion/beliefs	No
Gender	No
Race	No
Pregnancy/maternity	No
Sexual orientation	No
Gender re-assignment	No
2. If the answer is 'no' for the groups above, please sign and date the form and add this form to the end of the policy.	
3. If the answer is 'yes' for any of the groups above, please explain the reasons and complete box 4 (below). For help please contact the engagement adviser for advice (020 8926 5048).	
4. Are there any additions or actions to be added to the policy which ensure the policy does not have an adverse impact on any of the protected groups? If the answer is "yes", please detail below.	
<b>Signed:</b> (Policy authors) <i>Sadie McClue &amp; Stephen Hynes</i>	<b>Date: 16 November 2022</b>
Your contact details: NEL ICB Safeguarding Team (department; e-mail; telephone number)	<a href="mailto:Sadie.mcclue2@nhs.net">Sadie.mcclue2@nhs.net</a> <a href="mailto:Stephen.hynes@nhs.net">Stephen.hynes@nhs.net</a>