

Safeguarding Strategy 2017-19

Adults, Children and Young People at the Heart of Commissioning

Document author:	Chief Nursing Officer
Document type:	Strategy
Document library section:	Safeguarding
Document status:	Final
Approved by:	Quality and Performance Committee
Can document be published to the internet (publicly available)	Yes
Brief Summary of document	This Safeguarding Strategy sets out the strategic approach required to ensure safe and effective services for safeguarding adults and children are in place, whilst exploring the scope for increased collaboration and joint working through 'shaping our future'.
This document replaces	
Approved Equality Impact Assessment attached:	
Cross Referenced to:	Safeguarding policy, training strategy and other relevant NHS Kernow policies, such as whistleblowing policy and recruitment policy.
Ratified by:	Governing Body
Date of Ratification:	28 November 2017
Date to be reviewed:	November 2020

Version control

Date	Version number	Summary of changes	Changes made by
07/2017	1.0	Development of strategy	J Carter
09/2017	2.0	Revisions as identified by Quality & Performance Committee	J Carter
12/2017	2.1	Addition as identified by internal audit	J Carter
12/2017	3.0	Final	

Consultation	Response received	Comments accepted	Comments rejected

Dissemination methods: Document Library, NHS Kernow website: Staff Zone

Contents

Commissioning Safeguarding Strategy	3
1. Introduction	3
2. Purpose.....	4
3. Background and context	4
4. Legislative framework	5
4.1 National drivers of safeguarding.....	5
4.2 Local drivers of safeguarding	7
5. Governance	8
CCG representation at key multi-agency Safeguarding Boards	9
6. Vision	9
7. Values.....	10
8. Aims	10
Mainstream safeguarding children, young people and adults to commission safe services	10
Effective safeguarding structures and governance	10
Learning through experiences and development of knowledge and skills	10
Working in partnership.....	10
9. Key objectives	11
Mainstream safeguarding children, young people and adults to commission safe services	11
Effective safeguarding structures and governance	11
Learning through experiences and development of knowledge and skills	12
Working in partnership.....	13
10. Assurance process.....	13
11. Monitoring and delivering the safeguarding strategy	14
Appendix A: Safeguarding leads contact details	15
Appendix B: Six step safeguarding and Quality Assurance (QA) approach.....	16
Appendix C: Equality Impact Assessment.....	20

Commissioning Safeguarding Strategy

NHS Kernow Clinical Commissioning Group (NHS Kernow) through the implementation of this safeguarding strategy aims to ensure that adult, children and young people safeguarding is at the heart of the commissioning cycle including the CCG's commissioning and contracting decisions for prospective services.

This Safeguarding Strategy sets out the strategic approach required to ensure safe and effective services for safeguarding adults and children are in place, whilst exploring the scope for increased collaboration and joint working through 'shaping our future'. The CCG, providers and local authority are all working together to develop a countywide approach which will set out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the 'Five Year Forward View' (2015) vision.

In term of safeguarding, this means ensuring that despite major change to how local people live, access care and how care is delivered, this is a major consideration to ensure that people continue to receive high quality and safe care.

It is not the remit of a strategy to detail procedure and operational policies required for the management of safeguarding children and adults. Rather, these are developed in partnership with, and available through, the multi-agency operational policies approved by Cornwall and Isles of Scilly Safeguarding Children's Partnership Board (SCP) and Safeguarding Adults Board (SAB).

1. Introduction

- 1.1 NHS Kernow holds the value that living a life that is free from harm and abuse is a fundamental right of every person. It acknowledges its statutory responsibility to promote the welfare of children and young people and to protect adults from abuse and risk of harm.
- 1.2 NHS Kernow will embed safeguarding within the wider duties of all organisations across the health and social care system but most notably providers' responsibilities to provide safe and high quality care and support; and commissioner' responsibilities to assure ourselves of the safety and effectiveness of the services we have commissioned.
- 1.3 NHS Kernow will work with the Safeguarding Boards statutory agencies and its provider organisations to ensure the effectiveness of multi-agency arrangements to Safeguarding and promote the well-being of children, young people and adults at risk from harm or abuse.

2. Purpose

The purpose of the safeguarding strategy is to support the CCG address how it prevents and proportionate responds to neglect, harm and abuse by:

1. Commissioning services and ensuring first and foremost that adults, children and young people at risk of abuse are safe.
2. Raising awareness of safeguarding and making it everyone's business
3. Encouraging, embedding and maintaining the best safeguarding practice across the county
4. Encouraging continuous improvement is maintained in compliance with national and local policies.
5. Developing and implementing systems for quality monitoring that are robust, auditable and effective.
6. Ensuring that lessons learnt from serious case review, significant enquires at both local and national levels are embedded into the commissioning cycle.
7. Effectively contributing to multi-agency approaches such as MAPPA (multi agency public protection arrangements) and MARAC (multi agency risk assessment conference) processes.
8. Effectively engaging with the local safeguarding forums, to ensure robust processes are in place, and to establish roles and responsibilities across the commissioning functions.
9. Ensuring the domestic violence agenda is embedded across the clinical commissioning group, and ensuring links to the safeguarding agenda are recognised.

3. Background and context

The NHS Outcomes Framework 2015/16 identifies that sustainable quality improvements are achieved when the focus is on outcomes, rather than being process driven. The DH NHS Outcomes Framework sets out five overarching high-level outcome domains for quality improvements, in terms of safeguarding the CCG must assure commissioned services:

- Domain four: Ensuring people have a positive experience of care.
- Domain five: Treating and caring for people in a safe environment and protecting them from avoidable harm.

- 3.1 NHS Kernow will need to demonstrate assurance to NHS England for the services it commissions through compliance with the NHS England CCG Outcomes Indicator Set (2015).
- 3.2 NHS Kernow will evidence that their commissioned services achieve local priorities and demonstrate progress on improved quality and safety outcomes year on year through the use of specific contractual arrangements and metrics

with provider organisations. This would include having in place key performance indicators (KPI), CQUIN targets, quality schedules, systems to embed learning from incidents and complaints, comprehensive single and multiagency safeguarding policies and procedures and a safeguarding training strategy and framework.

- 3.3 In addition, NHS Kernow will support the recommendations from public such as the Francis Inquiry (2013), Independent Inquiry into Child Sexual Exploitation in Rotherham (2014) and the Lampard Inquiry (2015 regarding openness, transparency, duty of candour and leadership being integral to service delivery and outcomes across the health economy.
- 3.4 This safeguarding strategy will be underpinned by the NHS Kernow safeguarding policy, safeguarding, training strategy and other relevant NHS Kernow policies, such as whistleblowing policy and recruitment policy.
- 3.5 Any NHS Kernow employee, who identifies a safeguarding concern about a child, young person or adult must discuss their concern immediately with their line manager and/or the designated nurse or contact the Multi Agency Referral Unit (MARU) to get appropriate advice and support. Contact details for the Designated Nurses and MARU (both in and out of hours) are listed in appendix one of this strategy.
- 3.6 NHS England Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework (2015) identifies that: robust information sharing practice is at the heart of good safeguarding practice, with legislation (Data Protection Act 1998) and case law to clarify issues of confidentiality and privacy.
- 3.7 The NHS Kernow Caldicott Guardian and designated professionals can advise CCG staff and partner agencies sharing proportionate 'health' information so as to protect specific children or adults if it is in the wider public interest to do so.

4. Legislative framework

4.1 National drivers of safeguarding

- 4.1.1 The "Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework (NHS England, 2015) identifies mandated objectives which CCGs must assure in relation to safeguarding:
 - Objective 13: CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care.
 - Objective 23: CCG to demonstrate progress against the Governmental

priorities:

- continuing to improve safeguarding practice in the NHS;
- contributing to multi-agency family support services for vulnerable and troubled families;
- contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime;

- 4.1.2 The designated safeguarding professionals have a key function across the commissioning cycle, from procurement to quality assurance, to support the CCG in assuring effective safeguarding arrangements that support the delivery of improved outcomes and life chances for the most vulnerable, in all CCG commissioned services.
- 4.1.3 The key legislation for children and young people includes the Children Act (1989) And the Children Act (2004). Section 10 of the 2004 Act creates a statutory Framework for local co-operation between local authorities, partner agencies and other bodies including the voluntary and community sector in order to improve the wellbeing of children in a local area. Statutory guidance such as 'Making arrangements to promote the welfare of children under section 11 and the Children Act 2004 reinforces and describes the duties of health services. The revised Working Together to Safeguard Children vii (2015) recognises the changing commissioning arrangements within the NHS and need for more robust arrangement manage allegations against staff the thresholds for serious case reviews.
- 4.1.4 From April 2015, the Care Act (2014) provides a statutory footing to safeguard adults, thereby replacing previous guidance such as No Secrets (2000). The Care Act creates a legal framework to promote a shared approach with responsibilities for adult safeguarding to work together to keep adults at risk safe.
- 4.1.5 The Care Act promotes a fundamental shift in the provision of the adult safeguarding process; emphasis is firmly placed upon promoting the wellbeing of the victim through Making Safeguarding Personal. The shift in safeguarding practice is from process to personalization. This statute expands the categories of abuse, adding organisational abuse, domestic abuse, modern slavery and self-neglect, but equally focuses on the individual's well-being. The legislation operates in tandem with Human Rights Act (1998) Mental Capacity Act (2005), Deprivation of Liberty Safeguarding (2009) and Domestic Violence Crime and Victims Act (2004) to protect the rights, freedoms and wellbeing of children as they transition into adult services as well as adults and carers.
- 4.1.6 While the safeguarding frameworks for adults and children are managed separately, nationally they do often link/crossover or can run concurrently, for

example in Domestic abuse concerns, the MAPPA and MARAC.

4.1.7 Cornwall Council (the local authority) is the lead agency for safeguarding children and adults. The National Probation Service leads on MAPPA, the police lead on MARAC and community safety partnerships lead on domestic abuse and commission domestic homicide reviews. Health commissioners and providers are expected to contribute to all safeguarding processes and to identify lead persons to support both the MAPPA and MARAC processes and have policies in place to respond to domestic abuse.

4.2 Local drivers of safeguarding

4.2.1 Safeguarding Children Partnership Priorities (2017-18)

In the light of the Wood Review of Local Safeguarding Children Boards, and the Government's Response, the Cornwall and Isles of Scilly Safeguarding Children Board has agreed to amend its arrangements and to establish a Safeguarding Children Partnership.

The SCP set the following 6 key priorities for 2017/18 which provide the focus of the Quality and Assurance Scrutiny Panels, the Section 11 audits and the independent case file audit:

- **Priority one:** To prevent and respond to child sexual exploitation
- **Priority two:** To prevent and mitigate the impact on children from domestic abuse and sexual violence
- **Priority three:** To prevent and respond to child sexual abuse
- **Priority four:** To prevent and respond to the neglect of children
- **Priority five:** To provide a multi-agency response to children and young people with emotional / mental health difficulties
- **Priority six:** To develop the support, scrutiny and challenge role of the SCP

4.2.2 Safeguarding Adult Board Priorities (2017-19)

The SAB have agreed to focus on five key priorities over the next eighteen months as set out in this Business Plan. The priorities reflect previously known local needs and they underpin statutory agency priorities whilst developing the theme of partnership working. This will mean working with people who are at risk, the wider public and between the partners of the SAB to demonstrate in practical ways how the partnership has improved safeguarding across Cornwall and the Isles of Scilly.

Priority one: The SAB will ensure commissioners and providers are successfully working together to continually improve the availability and quality of care and support in provided services and to prevent harm

Priority two:

- a) Safeguarding services will be informed and improved by the views of adults at risk, other service users and carers.
- b) Organisations will seek to raise the awareness of people with care and support needs about potential risk situations, and how to develop strategies to avoid or reduce risks.

Priority three:

- a) The SAB will promote organisations working together to use resources effectively and efficiently to prevent, minimise and respond to harm.
- b) Innovations in partnership work are promoted through the development and dissemination of best practice guidance.

Priority four: SAB structure and governance arrangements:

- a) The SAB will review and clearly define its business and the interfaces with other partnerships.
- b) The SAB will review its structure in order to benefit from the experience and knowledge of stakeholders, including people who have care and support needs and operational staff.
- c) The SAB will establish how to hold partners to account and gain assurance of the effectiveness of its arrangements.
- d) The SAB will review its arrangements of peer review and self-audit.

Priority five: The SAB will seek quality assurance for learning and development activities and seek assurance that agencies have trained all their staff using programmes which meet the SAB quality standards.

5. Governance

Safeguarding is embedded within the infrastructure of the CCG including governance and quality assurance processes. It is able to fulfil its obligations with the support of an expert safeguarding team. The CCG safeguarding team seek to improve outcomes across the local health economy by working with multiagency partners, providing expert advice, support and guidance and developing innovative practice.

The NHS Kernow Governing Body is accountable for driving and delivering the safeguarding agenda.

- 5.1 Overall accountability for safeguarding within NHS Kernow CCG rests with the Chief Officer (CO). The Governing Body Champion is the Deputy Chair and Lay Member for Governance. The Chief Nursing Officer (CNO) is the Caldicott Guardian and is responsible for senior clinical leadership and advocating for vulnerable groups across the CCG health economy.
- 5.2 The CO and CNO are responsible for ensuring that robust constitution and governance arrangements are in place and maintained, and include succession planning, to ensure the delivery of all safeguarding duties and

objectives.

CCG representation at key multi-agency Safeguarding Boards

The CCG contribute to the work of SCPB and SAB and their Safeguarding Strategic Business plans and priorities and provide support to ensure that the boards meet their statutory responsibilities:

- SCP Executive Board: Chief Nursing Officer
- SCP sub-groups: Designated Nurse and Designated Doctor as required
- SAB Executive: Chief Nursing Officer
- SAB Board: Chief Nursing Officer
- SAB sub-groups: Safeguarding Adults Lead as required

The roles and responsibilities of designated groups and individuals are set out in more detail in the separate child safeguarding and adult safeguarding policies. These can be found at

- www.cornwall.gov.uk/health-and-social-care/childrens-services/cornwall-and-isles-of-scilly-safeguarding-children-partnership/policies-procedures-and-referrals/
- www.cornwall.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/information-for-professionals/local-adult-safeguarding-policies-standards-and-guidance/

6. Vision

- 6.1 The CCG vision is a whole organisation approach to commission services that protect individual human rights, promote dignity, independence and well-being, hear and respond to the needs of children, young people, adults and carers and demonstrate assurance that any child, young person or adult thought to be at risk, is safeguarded and protected from harm or abuse.
- 6.2 The strategy is clear that safeguarding is everyone's responsibility embedded across all directorates and services in every aspect of its work with mechanisms in place to proactively monitor and triangulate information/soft intelligence to ensure continuous improvement is crucial.
- 6.3 Our vision as a Safeguarding partner is to work together to prioritise the safety and welfare of adults or children and young people experiencing, or at risk of abuse or neglect across all commissioned and contracted services. Residents should experience a continuous improvement in the quality of care that is delivered with patients and service users being treated with dignity and respect, and ensuring their voice is heard.

7. Values

- We believe in being honest
- We want to be innovative, agile and brave
- We will listen to people and understand their needs
- We believe in strong relationships and supporting champions
- We are passionate about making a difference to people's lives

8. Aims

Mainstream safeguarding children, young people and adults to commission safe services

- 8.1 NHS Kernow aims to commission services that promotes and protects individual human rights and which effectively safeguards against abuse, neglect, discrimination or poor treatment.

Effective safeguarding structures and governance

- 8.2 Safeguarding children, young people and adults will be contributed to by everyone. However there will be staff employed in dedicated roles and structures within the organisation. This will provide a framework that supports best practice and allows the CCG to fulfil its key responsibilities. All business and activity relating to safeguarding will follow NHS Kernow governance processes for oversight, monitoring and assurance purposes.

Learning through experiences and development of knowledge and skills

- 8.3 We will systematically learn through experience and ensure that services are developed and monitored through these opportunities. Staff will demonstrate the values and competence required to effectively developed and monitored through these opportunities. Staff will demonstrate the values and competence required to effectively safeguard and promote the welfare of children, young people and adults.

Working in partnership

- 8.4 NHS Kernow recognises that safeguarding children and adults is a shared responsibility and will ensure appropriate arrangements are in place to co-operate with the local authority in the operation of the safeguarding boards.
- 8.5 We will work professionally and in partnership with families and key agencies to protect, promote and provide services that meet all statutory regulations

and local requirements of the population we serve.

9. Key objectives

9.1 Mainstream safeguarding children, young people and adults to commission safe services

- 9.1.1 Integrate safeguarding within other CCG activities, functions and business arrangements, such as quality and safety, patient experience, healthcare acquired infections and management of serious incidents.
- 9.1.2 Ensure comprehensive service specifications for children and adults' services is evident in all contracts with provider organisations. Service specifications include clear service standards and KPIs (key performance indicators) for safeguarding children and adults and promoting their welfare, consistent with SCPB/ SAB procedures
- 9.1.3 Ensure safeguarding is a standing agenda item in contract review meetings with provider organisations.
- 9.1.4 Designated professionals will monitor commissioned NHS provider organisations safeguarding training compliance and safeguarding systems.
- 9.1.5 Service developments take account of the need to safeguard all patients, and are informed where appropriate, by the views of service users and by a quality impact assessment.
- 9.1.6 Processes in place to ensure that adult care placements (such as care homes, nursing homes or independent hospitals) are based on knowledge of standards of care and safeguarding concerns by utilising intelligence from monitoring partners, such as the local authority and the Care Quality Commission (CQC).
- 9.1.7 Strengthen contractual arrangements for children and adults in 'out of area' provision for LAC, Unaccompanied Asylum Seeking Children (UASC) and or / residential care for adults with some elements of specialist health need
- 9.1.8 Demonstrate compliance with the Mental Capacity Act and the Deprivation of Liberty Safeguards through systems, processes and outcomes.

9.2 Effective safeguarding structures and governance

- 9.2.1 Support designated individuals to contribute to, and influence, the work of the CCG, SCP and SAB subgroups and other national and local safeguarding implementation networks.

- 9.2.2 Safeguarding professionals have appropriate amount of time and support to complete both individual management reviews and health overview report
- 9.2.3 To fulfil the statutory requirement to participate in multiagency case reviews, Serious Case Reviews and Safeguarding Adults Reviews as identified by the respective safeguarding boards and also to Domestic Homicide Reviews (DHR) as identified by Home Office/Community Safety Partnerships (Safer Cornwall Partnership).
- 9.2.4 Through designated professionals, actively work to raise awareness of, and ensure robust arrangements are developed and in place, to address the risk and harm associated with both national and local issues such as: human trafficking, child sexual exploitation, missing children, radicalisation of vulnerable individuals and female genital mutilation.
- 9.2.5 Disseminate national and local publications, alerts, information and data relating to safeguarding adults at risk and children
- 9.2.6 Ensure the library of policies and processes are accessible, relevant, updated and available to staff.
- 9.2.7 Ensure safeguarding is a standing agenda item on the Quality and Performance Committee, and reported to the Governing Body through the Chairs Report.
- 9.2.8 Publicise on the CCG website contact details for staff with specific safeguarding responsibilities, disseminate key learning and themes from local and national inquiries and provide links to signpost CCG staff and members of the public to organisations and support to safeguard adults and children at risk of or who have suffered significant harm.

9.3 Learning through experiences and development of knowledge and skills

- 9.3.1 Processes in place to disseminate, monitor and evaluate outcomes of all multi- agency case reviews, serious case reviews (SCR), serious adults' reviews (SAR) and Domestic Homicide Reviews (DHR) recommendations and actions plan within the CCG and with providers.
- 9.3.2 Training programme in place for CCG staff, including the Governing Body to embed safeguarding within the commissioning process to ensure that staff are able to recognise and report safeguarding concerns. Information about mandatory training is held in HR and monitored on a monthly basis.
- 9.3.3 Effective training programme for Care Act 2014 section 42 investigations and

robust quality assurance process for reports.

- 9.3.4 Further develop the CCG supervision policy to support staff, ensuring all key staff receive supervision in line with the supervision policy.

9.4 Working in partnership

- 9.4.1 Contribute to the delivery of the priorities of the local Safeguarding Boards

- 9.4.2 Ensure that there are effective arrangements for sharing information between designated professionals, health partners and also within the multiagency area to ensure the prevention of and protection from harm and abuse for children, young people and adults.

- 9.4.3 Further develop integrated ways of working as part of an Accountable Care Partnership

10. Assurance process

- 10.1 There are a number of systems, forums and reports that can contribute to performance and quality information regarding safeguarding in the health economy. Inspections will also provide evidence about the quality of provision and commissioning as well as identifying areas for improvement. The CCG will triangulate information from a number of sources to monitor and measure performance and quality:

- Service specifications and service level agreements are reviewed annually to ensure safeguarding and quality elements of care are monitored within provider contracts.
- Contract monitoring is achieved through provider management/performance meetings to provide assurance and/or appropriate exception reporting.
- Quality assurance visits to commissioned services and independent providers and the collation of quality and patient safety data and 'soft' intelligence will facilitate the identification, monitoring and analysis of safeguarding concerns in relation to potential vulnerability, risk and need.

- 10.2 The CCG's Six Step Quality Assurance Approach adopted for safeguarding has Inter-dependent steps as follows (appendix two):

- Step one: Data gathering and analysis
- Step two: Hard and soft intelligence triangulation with key stakeholders
- Step three: Multi-disciplinary review routes
- Step four: Support improvement
- Step five: Escalation process
- Step six: Learn and share lessons

- 10.3 Annual reports for safeguarding adults, safeguarding children and looked after children will be provided to the NHS Kernow Quality and Performance Committee, Governing Body and also the Cornwall and Isles of Scilly Safeguarding Children and Adults Boards.

11. Monitoring and delivering the safeguarding strategy

- 11.1 The strategy will be delivered through the safeguarding work plan developed for 2017-18. This work will include additional activities as required through any review processes or changes to local and national guidance and requirements.
- 11.2 The safeguarding strategy and work plan based on the key objectives will be monitored through NHS Kernow Quality and Performance Committee.

Appendix A: Safeguarding leads contact details

If worried about a child or young person contact:

Designated Nurse for Safeguarding Children

Email:

Telephone:

Mobile:

If worried about an adult contact:

Designated Nurse for Safeguarding Adults:

Chris Parish

Email: chris.parish@nhs.net

Telephone:

Mobile:

Jo Dolton

Email: joanne.dolton@nhs.net

Telephone: 01726 627534

Mobile: 07766 922010

SCAT email: KCCG.SCATConcern@nhs.net

If worried about a Looked After Child contact:

Designated Nurse for Children in Care

Liz Allan

Email: liz.allan6@nhs.net

Telephone: 01872 254523

Mobile 07795 971670

To speak to a social worker if you are worried about a child, young person or adult contact:

MARU Multi Agency Referral Unit

Telephone: 0300 1231 116

E-mail: MultiAgencyReferralUnit@cornwall.gcsx.gov.uk

Website: www.cornwall.gov.uk/

For urgent referrals after 5.15pm or at the weekend call the Out of Hours Service on 01208 251 300

Adult Safeguarding Triage

Telephone: 01872 326433

Appendix B: Six step safeguarding and Quality Assurance (QA) approach

We believe an integrated approach between the CCGs Quality and Safeguarding team serves to protect those most vulnerable to abuse and helps to identify where safeguarding practice can be improved to prevent and reduce the risk of abuse and neglect to both adults and children. Effective quality assurance will contribute to a culture of continuous learning and improvement.

Step one: Data gathering and analysis

NHS Kernow through joint working with its commissioned provider services and key partners has identified, defined and agreed adult, child and young people safeguarding data (reflected within all commissioned provider services' contracts) that would be monitored and measured to ensure that commissioned provider services are meeting safeguarding standards.

The agreed safeguarding data and standards are reflected with the contracts, quality schedule, service level agreements of all commissioned provider services.

The collated adult, child and young people safeguarding data enables the CCG to use rich sources of information as evidence to understand how well commissioned provider services are being delivered in relation to safeguarding.

Collated information is analysed and triangulated further (step two) for discussion at various commissioned provider services and/or commissioning forum and/or group meetings (step three).

The CCG would use the hard and/or soft data as a 'trigger' to hold its commissioned provider services to account for the delivery of contractual obligations against safeguarding standards and sub-standard performance.

Safeguarding performance data is provided to the local safeguarding boards on a quarterly basis.

Step two: Hard and soft intelligence triangulation with partners

Collated hard intelligence is triangulated with other hard and/or soft intelligence held by stakeholders such as:

- Acute, community and mental health trusts
- Cornwall Council
- GPs
- Safeguarding boards
- Care Quality Commission
- MP enquiries

- Member of the public
- Healthwatch Cornwall

The hard and/or soft data gathered is used by NHS Kernow to ensure that all its commissioned provider services have effective safeguarding practices in place. Triangulation of data takes place in the form of various routes as will be outlined in step three.

Step three: Multi-disciplinary monitoring review meetings

There are different types of multi-disciplinary reviews used by NHS Kernow which allows for a focused approach to discuss, triangulate (step two), challenge and scrutinise available adult, child and young people safeguarding intelligence.

Multi-disciplinary review routes such as:

- Commissioned provider services adult, child and young people safeguarding committees/groups
 - NHS Kernow, Cornwall Council and CQC meetings
- NHS Kernow Quality and Safety Committee
- Cornwall and Isles of Scilly Safeguarding Adult Board: includes sub-groups
- Cornwall and Isles of Scilly Safeguarding Children Partnership: includes sub-groups
- Clinical Quality Review groups
 - NHSE Quality Surveillance Group

Day-to-day conversations: including emails:

- Commissioned provider services and commissioner annual reports
- Commissioning and contracting levers and reviews
- Adult safeguarding alert management meetings (strategy and/or case conferences)
- Child safeguarding case conferences and child death reviews

Step four: Supporting continuous improvement

The CCG and Cornwall Council share all QA assessments and serious incident reports for care home providers. Through multi-disciplinary reviews best practice, improvements, risks and gaps in commissioning and commissioned provider service provision would be identified.

Part of holding its commissioned provider services to account involves the CCG working closely with them to ensure service delivery continually improves adult, child and young people safeguarding standards and they have in place processes to drive this continual improvement including the adoption and sharing of innovation.

As well as supporting improvement within its commissioned services, NHS Kernow recognises that no system can be 100 per cent failsafe. Therefore, any failures or unacceptable breach in standards by an NHS Kernow commissioned provider service would amount to contractual failure, and trigger CCG intervention singlehandedly and/or jointly with external colleagues.

Step five: Escalation process

The Care Act 2014 Section 42 makes a provision for the Local Authority to be able to request other agencies to carry out enquiries /information gathering on their behalf. Statutory providers have systems in place to enable them to undertake such action but for most care homes with nursing or domiciliary care providers this is not the case. The Local Authority can and does request NHS Kernow to undertake such information gathering where the issues of concern are predominantly nursing.

The standard operating procedure and template is used to support the information gathering process to inform the S42 enquiry led by the Local Authority, to support the Individual or Organisational Adult Safeguarding Process. The report will be quality assured within NHS Kernow before sharing with the chair of the safeguarding meeting.

Following consideration of the available evidence triangulated from multi-agency review and completion of standard documentation a decision to suspend placements, limit placements or place with caution to a care home, domiciliary care, community or acute ward can be made if required. This information is updated and communicated through the traffic light system on a daily basis.

Any subsequent action plan is monitored and reviewed by the safeguarding and quality assurance teams. Lifting of suspension is considered by the CCG and Cornwall Council following completion of the action plan and recommendation from the quality assurance team following assurance visit.

Multiagency working is the bedrock of good safeguarding work. However if a concern or disagreement arises over another professional's decisions, actions or lack of actions and this disagreement cannot be resolved for Individual cases the Cornwall and Isles of Scilly Safeguarding Multi-Agency Escalation Procedure will be followed and taken into the multiagency forum of the Safeguarding Board.

Step six: Learn and share lessons

The CCG believes that by sharing the lessons new ways of working can be implemented and potential risks can be minimised. We will systematically learn through experience and ensure that services are developed and monitored through these opportunities.

Processes are in place to disseminate learning, monitor and evaluate multi-agency outcomes from case reviews, serious case reviews (SCR), serious adults reviews

(SAR) through learning sub-groups of the safeguarding boards.

Learning from Domestic Homicide Reviews (DHR) recommendations and actions plan within the CCG and with providers will be monitored through the Safer Cornwall Partnership.



Kernow

Clinical Commissioning Group

Appendix C: Equality Impact Assessment

Equality Impact Assessment

Name of policy to be assessed	Safeguarding Strategy		
Section	Safeguarding	Date of Assessment	13/10/2017
Officer responsible for the assessment	Julieann Carter, Head of Nursing	Is this a new or existing policy?	New
1. Describe the aims, objectives and purpose of the policy.			
To set out the approach required to ensure safe and effective safeguarding services are in place.			
2. Are there any associated objectives of the policy? Please explain.			
Strengthening safeguarding services by working with other statutory and non-statutory organisations within an accountable care partnership			
3. Who is intended to benefit from this policy, and in what way?			
Adults and children at risk of abuse or neglect NHSK staff			
4. What outcomes are wanted from this policy?			
To ensure clarity of requirements and NHS Kernow approach to safeguarding adults and children at risk			
5. What factors/ forces could contribute/ detract from the outcomes?			
Non-adherence to national legislation and guidance			
6. Who are the main stakeholders in relation to the policy?			
Safeguarding staff NHSK staff Safeguarding Adults Board Safeguarding Children's Partnership Provider organisations Adults and children at risk of abuse or neglect			

Equality Impact Assessment

7. Who implements the policy, and who is responsible for the policy?
Implementation lead by NHSK safeguarding team Head of Nursing in role of safeguarding team manager
8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
All people regardless of ethnicity will be treated equally under safeguarding legislation (Care Act 2014)
How will any negative impact be mitigated?
N/A
9. What is the differential impact for male or female people (positive or negative)?
All people regardless of gender will be treated equally under safeguarding legislation (Care Act 2014)
Click here to enter text.
How will any negative impact be mitigated?
n/a
10. What is the differential impact on disabled people (positive or negative)?
All people regardless of whether they are able bodied or have a disability will be treated equally under safeguarding legislation (Care Act 2014)
Click here to enter text.
How will any negative impact be mitigated?
n/a
11. What is the differential impact on sexual orientation?
All people regardless of sexual orientation will be treated equally under safeguarding legislation (Care Act 2014)

Equality Impact Assessment

Click here to enter text.
How will any negative impact be mitigated?
N/A
12. What is the differential impact on people of different ages (positive or negative)?
All people regardless of age will be treated equally under safeguarding legislation (Care Act 2014). However, it is noted that there are anomalies in legislation with regard to care leavers i.e. children in residential care units are ineligible for care at age 18 but young people in foster care can remain with the foster carers until age 21
Click here to enter text.
How will any negative impact be mitigated?
Work within law and implement any changes to legislation and/or good practice
13. What differential impact will there be due religion or belief (positive or negative)?
All people regardless of religion or belief will be treated equally under safeguarding legislation (Care Act 2014)
Click here to enter text.
How will any negative impact be mitigated?
N/A
14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
Click here to enter text.
How will any negative be mitigated?
Click here to enter text.
15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?

Equality Impact Assessment

All people regardless of gender identity will be treated equally under safeguarding legislation (Care Act 2014)
Click here to enter text.
How will any negative impact be mitigated?
Click here to enter text.
16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?
All people regardless of pregnancy or breast feeding will be treated equally under safeguarding legislation (Care Act 2014).
Click here to enter text.
How will any negative impact be mitigated?
N/A
17. Other identified groups:
All people regardless of status, housing, employment, illness or disability will be treated equally under safeguarding legislation (Care Act 2014)
Click here to enter text.
How will any negative impact be mitigated?
Click here to enter text.
18. How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values.
<ul style="list-style-type: none"> • Fairness; • Respect; • Equality; • Dignity; • Autonomy
The premise of the is Strategy is that people have the right to live a life free from harm, abuse or neglect particularly if they are vulnerable or particularly at risk.
19. Which of the Human Rights Articles does this document impact?

Equality Impact Assessment

The right:	Yes / No:
• To life	Yes
• Not to be tortured or treated in an inhuman or degrading way	Yes
• To liberty and security	Yes
• To a fair trial	No
• To respect for home and family life, and correspondence	Yes
• To freedom of thought, conscience and religion	Yes
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No
• To peaceful enjoyment of possessions	Yes
a) What existing evidence (either presumed or otherwise) do you have for this?	
People have died when they have not been adequately safeguarded People have been be tortured or treated in an inhuman or degrading way when they have not been adequately safeguarded People have been imprisoned against their will or have not been free to leave when they have not been adequately safeguarded Peoples family lives have been negatively impacted or harmed when they have not been adequately safeguarded Peoples possessions have been damaged , stolen or withheld when they have not been adequately safeguarded	
20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?	
Awareness raising Training Investigations and lessons learned where appropriate action is not taken to address the issues	
21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.	
Safeguarding has the premise of this as one of its main responsibilities	
22. Describe how the policy contributes towards advancing equality of opportunity.	

Equality Impact Assessment

Safeguarding has the premise of this as one of its main responsibilities
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.
Safeguarding has the premise of this as one of its main responsibilities
24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.
All groups of people are actively protected under safeguarding ethos and policies
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
N/A
26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.
N/A

Signed (completing officer): Head of Nursing

Date: 13/10/2017

Signed (Head of Section): Chief Nursing Officer

Date: 13/10/2017

Please ensure that a signed copy of this form is sent to both the Policies Officer with the policy and the Equality and Diversity lead.