

Nottinghamshire Clinical Commissioning Group
Safeguarding Policy
(Incorporating PREVENT and Safeguarding Training Strategy)

Reader information

Document purpose	To ensure adherence to best practice
Version	V4. Revised policy
Title	Nottinghamshire Clinical Commissioning Group Safeguarding Policy 2017 (Including PREVENT and Safeguarding Training and Supervision Strategy)
Author/Nominated Lead	Val Simnett - Designated Nurse Safeguarding Children
Approval Date	
Approving Committee	Safeguarding Committee
Review Date	
Groups/staff Consulted	Clinical Commissioning Groups including: - Newark & Sherwood Nottingham North & East Nottingham West Rushcliffe Mansfield and Ashfield Bassetlaw
Target audience	All CCG staff
Associated Documents	<ul style="list-style-type: none"> • CCG Safeguarding Strategy 2015 • CCG PREVENT Strategy (See appendix 1) • CCG Safeguarding Training Strategy (See appendix 2) • CCG Safeguarding Supervision Strategy Appendix 3 • Nottinghamshire Safeguarding Children Board and Nottinghamshire Safeguarding Adult Board Policies and Procedures • Policy And Procedure For Dealing With Allegations And Concerns of Abuse Made Against an Employee, Agency Worker, Volunteer or Student (2016)

Version	Date	Author	Status	Comment
Final version 2	July 2015	Val Simnett	Designated Nurse	Updated Safeguarding policy
3	December 2015	Gail Colley-Bontoft	Named professional	Update definition of adult to comply with Care Act and contact details
3.1	July 2017	Val Simnett	Designated Nurse	Addition of Safeguarding Supervision Strategy
3.2	Aug 2017	Val Simnett	Designated Nurse	Revision of Training Strategy and update of references

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1. Introduction

The framework for CCGs safeguarding responsibilities

1.1 This policy applies to five of the Nottinghamshire Clinical Commissioning Groups which fall within Nottinghamshire Local Authority Area, (subsequently referred to as the CCGs.) They include: -

Mid Nottinghamshire

- Mansfield and Ashfield CCG
- Newark and Sherwood CCG

South Nottinghamshire

- Nottingham North and East CCG
- Nottingham West CCG
- Rushcliffe CCG
- Bassetlaw CCG

1.2 This policy describes how the CCGs discharge their safeguarding responsibilities for commissioning health services. It should be read in conjunction with: -

- Memorandum of Understanding for Transfer of Commissioning Functions (Aug 2012)
- CCG Safeguarding Strategy 2015
- Nottinghamshire Safeguarding Children Board and Nottinghamshire Safeguarding Adult Board Policies and Procedures

1.3 This policy outlines how the CCGs fulfil their statutory duties to safeguard adults with care and support needs and children. It complements the NHS Nottinghamshire "Safeguarding Strategy" 2015 and incorporates Nottinghamshire CCGs PREVENT strategy (Appendix 1) Nottinghamshire CCGs Safeguarding Training Strategy (Appendix 2) and Nottinghamshire CCGs Safeguarding Supervision Strategy (Appendix 3) and is underpinned by legislation and best practice guidance, including amongst others: -

- The Children Act 1989 & 2004
- The Care Act 2014
- Working Together to Safeguard Children 2015
- The Sexual Offences Act 2003
- Common Core Skills and Knowledge Framework For the Children's Workforce Intercollegiate Document: Roles and Competencies for Health Care Staff 2015
- Government's Prevent strategy: guidance for healthcare workers
- The Mental Capacity Act 2005
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015 NHS England
- Care Quality Commission Fundamental Standards

2. Definitions

2.1. Children and young people are defined in law as up to the age of 18 years.

2.2 Safeguarding duties apply to adults who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or at risk of, abuse or neglect;
- As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse and neglect (as defined: Care Act 2014)

3. Equality and Diversity Statement

a) In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics

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as outlined in the Equality Act 2010. The 9 protected characteristics are:

- Age
 - Gender
 - Race
 - Disability
 - Marriage/civil partnership
 - Maternity /pregnancy
 - Religion/belief
 - Sexual orientation
 - Gender reassignment
- b) Nottinghamshire CCGs are committed to ensuring that employees are treated fairly equitably and reasonably and that individuals or groups are not discriminated against on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

4. Aim of the Policy

- 4.1. To promote the safety and welfare of children and adults with care and support needs across all commissioned and contracted services and to ensure their voices are taken into account.
- 4.2. To promote a “Think Family” approach to promote connectivity between the commissioning of adult and children’s services
- 4.3. To clarify safeguarding responsibilities of staff at all levels including contracted staff.

5. Roles and Responsibilities

How CCGs take responsibility for safeguarding children and adults with care and support needs

5.1. Clinical Commissioning Groups: -

- a) Will identify an executive Governing Body lead for safeguarding children young people and adults with care and support needs, to listen to their views and promote their needs across service planning and delivery.
- b) Will comply with S10 and S11 of the Children Act 2004 and S 42-46 of the Care Act 2014 and any subsequent statutory guidance relating to vulnerable groups.
- c) Will contribute to the effective functioning of the Local Safeguarding Children Board and the Safeguarding Adults Board.
- d) Will promote the commissioning of services which prioritise the safety and welfare of children and adults with care and support needs through local partnership arrangements and discharge their functions having regard to the need to safeguard and promote the welfare of vulnerable individuals.
- e) Will promote the planning and provision of a range of safeguarding training to enable staff to recognise and report safeguarding issues. The CCGs will identify leads for the following functions: -
 - i. Governing Body lead for safeguarding children and adults
 - ii. Named Senior Officer for Allegations Against Staff who will inform the Local Authority of any allegations and concerns of abuse made against an employee, agency worker, volunteer or contracted staff as per Local Safeguarding Children and Adult Board (LSCB and LSAB) procedures
 - iii. Lead for Multi Agency Public Protection Arrangements (MAPPA)
(this role is undertaken by the Executive Lead Mid Notts CCGs on

behalf of the Nottinghamshire CCGs)

- iv. Lead for PREVENT the Government counter terrorist strategy (*this role is undertaken by the Executive Lead South CCGs on behalf of the Nottinghamshire CCGs)*
- v. Designated Senior Manager Safeguarding Adults
- vi. Lead for the Mental Capacity Act
- vii. Designated Nurse and Doctor for Safeguarding Children
- viii. Designated Nurse and Doctor for Looked after Children
- ix. Designated Paediatrician for Unexpected Child Deaths

5.2. **How the CCGs monitor safeguarding quality and performance of provider organisations**

As part of their quality monitoring and scrutiny role, CCGs will monitor the following across all organisations/services which they have a commissioning role: -

- a) Provider organisations have Named Professionals Safeguarding Children/Safeguarding Adult Leads in place to take lead responsibility for safeguarding and who report to the CCG Designated Professionals as outlined in "Working Together 2015"
- b) Safe recruitment policies are in place as set out in 6 NHS standards of recruitment which include recommendations relating to relevant checks with the Disclosure and Barring Scheme.
- c) Comprehensive and effective single and multi-agency policies and procedures to safeguard children, children in care, and adults with care and support needs are in place, which are in line with Local Safeguarding Board (Adult and Children) policies and procedures.
- d) Comprehensive and effective staff training and supervision policies in place which equip staff with core competencies to recognise and respond to children and adults at risk of abuse neglect and exploitation.
- e) Compliance with Care Quality Commission Fundamental Standards
- f) Co-operation and compliance with performance indicators and inspections required by Local Safeguarding Children Board (LSCB), the Local Safeguarding Adult Board (LSAB) and by any other national regulatory bodies, such as the Care Quality Commission, Ofsted or Monitor.
- g) Compliance with the Government PREVENT anti-terrorist strategy and Counter Terrorism Act 2015.
- h) Compliance with the Mental Capacity Act and deprivation of liberty safeguards.
- i) Effective incident reporting which links to LSCB and LSAB serious case review processes where appropriate.
- j) Lessons learned from serious incidents, individual management reviews or serious incidents inform practice and result in improved outcomes.
- k) Service Specifications which promote quality standards around the safety and welfare of children and adults with care and support needs including a "Think Family" approach between children and adult services and compliance with the "Dignity in Care" initiative.
- l) Providers offering residential care for children and young people have appropriate standards in place and a policy to inform the Local Authority if a child is resident in hospital or hospice care under Section 85/86 of the Children

- m) Providers of mental health in-patient care have policies to inform NHS England if children under 18 are housed in the same wards as adults, to ensure that they are transferred to more suitable accommodation within 48 hours, and have an appropriate policy regarding children visiting in-patients onwards.

6. How individuals within the CCGs fulfill their responsibilities (See appendix 2 for safeguarding lead responsibility map)

6.1. Chief Nurse (CCG Governing Body Executive Leads for Safeguarding)

- a) Is the overall lead officer for Safeguarding for the CCG within their portfolio of responsibility.
- b) Represents the Nottinghamshire CCGs within their portfolio of responsibility on Nottinghamshire Safeguarding Children and Adult Boards and relevant strategic partnership groups and ensure robust membership and terms of reference monitor safeguarding activities and risks.
- c) Represent the CCGs within their portfolio of responsibility on the Nottinghamshire CCG Safeguarding Children and Adult Committees
- d) Are responsible for the execution of all safeguarding responsibilities on the behalf of the Chief Operating Officers and the Governing Bodies within their respective areas.
- e) Are responsible for the roles outlined in S5 of this document or for delegating as appropriate.
- f) Promote the safeguarding of children and adults with care and support needs within commissioning arrangements to meet identified quality standards through quality scrutiny processes.
- g) Commission and sign off Individual Management Reviews for serious case reviews or Domestic Homicide Reviews and ensure attendance at relevant multi agency panels in relation to these.
- h) Monitor the progress of recommendations and outcomes from Serious Untoward Incidents, Individual Management Reviews, Serious Case Reviews and Domestic Homicide Reviews.
- i) Oversee the performance management of the Designated Professionals and Safeguarding Adult Leads.
- j) Commission safeguarding annual reports on behalf of the CCG Governing Body.
- k) Report any safeguarding risks and/or achievements to the Chief Operating Officers and the Governing Bodies through the Safeguarding Committee
- l) Keep the Chief Operating Officers and the CCG Governing Bodies informed of any immediate concerns or media interest regarding safeguarding issues.
- m) Ensure providers and contracted services are aware of their responsibilities in relation to reporting safeguarding incidents.
- n) To delegate responsibilities to Deputy Chief Nurse as appropriate

6.2. **CCG Governing Body Members (executive and non-executive)**

- a) Maintain a continued awareness of current safeguarding issues and CCGs responsibilities/accountability.
- b) Maintain a knowledge base through mandatory training, reviewing reports, newsletters and updates.
- c) Promote the welfare of children and adults with care and support needs in both personal and CCG activity and comply with all organisational and LSCB and LSAB multi agency policies and procedures.
- d) Consider the requirement of safeguarding in all activities both professionally and personally, in particular through contracting and performance monitoring.

6.3. **Designated and Associate Designated Nurses and Doctors for Safeguarding Children and Safeguarding Adult Leads**

- a) Are identified within the health economy as clinical leads with statutory roles and responsibilities for safeguarding children.
- b) Take a strategic, professional advisory lead on all aspects of the health service contribution to safeguarding across the CCG area, which includes all providers.
- c) Advise on the planning and delivery of an organisational programme of safeguarding training which includes the Mental Capacity Act and PREVENT.
- d) Provide clinical advice on the development and monitoring of the safeguarding aspects of CCG contracts.
- e) Provide supervision, advice and support to the Named professionals and safeguarding leads in provider organisations.
- f) Provide expert professional advice on matters relating to safeguarding to other professionals, the CCGs, Local Authorities, the Local Safeguarding Boards and associated sub-committees and partner agencies.
- g) Advise on serious incidents or individual management reviews which arise as part of the Serious Case Review, Safeguarding Adult Review or Domestic Homicide Review Process, and monitor implementation and outcomes of agreed actions.
- h) Advise on the development of organisational and multi-agency strategy, policy procedures audits and projects relating to safeguarding children and adults.
- i) Attend the LSCB, LSAB and relevant Sub-committees in a professional advisory capacity for the CCGs and communicate positively CCG values and strategic vision to stakeholders and partners as appropriate.
- j) Alert the CCGs to situations which compromise organisational ability to discharge safeguarding responsibilities.
- k) To challenge decisions in multi-agency arena, where children or adults with care and support needs are believed to remain at risk via escalation processes outlined in local procedures.
- l) Are responsible for planning and undertaking quality assurance processes to include visits to care settings and review of investigations and outcomes following serious incidents

- m) The Designated Nurse Safeguarding Children is responsible for the operational management and performance monitoring of the Multi Agency Safeguarding Hub Health team.
- n) Produce an Annual Report on Safeguarding

6.4. Designated Nurse and Doctor Looked After Children

- a) Provide specialist knowledge in all aspects relating to children in care across the Nottingham City and County (including Bassetlaw) health economy.
- b) Provide strategic and clinical leadership to the service and to the Specialist Children in Care Health Teams, ensuring that NHS Nottinghamshire fulfils its statutory duties for Looked after Children and care leavers.
- c) Lead the performance management of the Looked after Children Health Service and ensure effective overall performance management systems and processes are in place to deliver comprehensive statutory health assessment reviews for Looked after Children.
- d) Work closely with Nottinghamshire County and City Children and Young People's Social Cares Services to promote an integrated care approach in the best interests of Looked after Children and care leavers.
- e) Attend annual Corporate Parenting Board meetings representing health.
- f) Promote integrated working with Child and Adolescent Mental Health (CAMHS) Looked after Children teams to advance emotional health and well-being outcomes for children in care.
- g) Engage with public health colleagues to ensure that service development is evidence based and that Looked after Children and care leavers are considered across the health economy.
- h) Report to and provide specialist knowledge to commissioners
- i) Work in partnership with Designated and Named safeguarding colleagues to ensure Looked after Children and care leavers are safeguarded
- j) Provide specialist knowledge advice and leadership to CCGs in all aspects relating to Looked after Children and care leavers.
- k) Work with Nottingham City and County Children in Care Councils ensuring the voice of the child is captured when designing services.

6.5. Designated Paediatrician for Unexpected Child Deaths

- a) Undertakes lead responsibility for medical responses to unexpected deaths of children which occur within an identified area as outlined in Ch5 Working Together to Safeguard Children 2015
- b) Oversee and contribute to a rota to provide a "rapid response" to unexpected child deaths
- c) Work with the Police and Children's Social Care to co-ordinate responses to unexpected child deaths
- d) In partnership with the Police and Children's Social Care, undertake appropriate investigations and enquiries and evaluate the reasons and circumstances of the death in agreement with the Coroner

- e) Liaise with those who have on-going responsibility for other family members providing support to the bereaved family, and where appropriate referring on to specialist bereavement services following the death.
- f) Maintaining contact at regular intervals with family members and professionals who have on-going responsibilities for family members, to keep them up-to-date with information about the child's death
- g) Act as clinical medical advisor as a member of the LSCB Child Death Overview Panel

6.6. CCG Quality Assurance Managers (This title may vary between CCGs)

- a) Work in close partnership with the CCG Safeguarding Children and Adult Leads
- b) Must maintain a continued awareness of safeguarding issues and CCG responsibilities/accountability, and maintain a knowledge base by reviewing reports, newsletters and attending training/development sessions.
- c) Monitor that all commissioned services have robust policies and procedures embedded to safeguard and promote the welfare of children and adults with care and support needs which are in accordance with the LSCB and LSAB Procedures. (See S5.2 around performance monitoring standards)
- d) Promote the safeguarding and welfare of children and adults with care and support needs in all activities related to their role.
- e) Comply with safe recruitment of staff in line with HR processes.
- f) Inform the CCG safeguarding lead of any deficits in health services which may impact on inter-agency working, and potentially put vulnerable people at risk.

6.7. Employees (including contracted staff)

- a) Comply with all CCG and LSCB and LSAB policies procedures and guidance on safeguarding children and adults with care and support needs.
- b) Attend safeguarding training at the appropriate level to their role as outlined in the CCGs Safeguarding Training Strategy (appendix 2 and maintain a level of knowledge and skills appropriate to their role
- c) Protect adults and children at risk by recognising and responding to abuse and neglect, and know what action to take to make appropriate referrals, and where appropriate contribute to multi-agency activity as per LSCB & LSAB procedures. (See S7 What to do if you are worried)
- d) Access safeguarding advice and supervision at the appropriate level for their role as outlined in the Intercollegiate Document: - Safeguarding Roles and Competencies for Health Care Staff 2014
- e) Take part in surveys audits and evaluations regarding safeguarding as appropriate.
- f) Take immediate and appropriate action regarding allegations against people who work with children as outlined in the CCG Voicing your Concerns (Whistleblowing) policy.
- g) Seek advice from Designated Professionals or Safeguarding Adult Leads where they are unhappy with a response to a child or adult at risk as outlined in the

6.8. Governance Arrangements (See appendix 4 for safeguarding governance and reporting arrangements)

- a) A memorandum of understanding is in place which describes the statutory relationship between the CCGs. Safeguarding governance arrangements for Nottinghamshire are monitored through the Safeguarding Adult and Children Committees which are discharged through Newark and Sherwood Clinical Commissioning (CCG) group on behalf of all Nottinghamshire CCGs.
- b) The Safeguarding Committees for adults and children will meet at least quarterly and report directly to the CCG Governing Bodies. The following items on the agenda will be considered as a minimum:
 - Safeguarding policy and procedure monitoring and ratification
 - Performance and quality monitoring around safeguarding
 - Monitoring of safeguarding governance arrangements
 - Feedback from safeguarding meetings e.g. NSCB, NSAB, NHS England safeguarding network
 - Children in Care
 - Domestic Violence
 - Multi-agency Public Protection Arrangements (MAPPA)
 - PREVENT arrangements
 - New documents, legislation and research in safeguarding
 - Identified risks in relation to safeguarding
- c) In the confidential section
 - Serious incidents which relate to identifiable individuals
 - Serious Case Reviews and independent management reviews which relate to identifiable individuals
 - Cases being actively managed through police investigations
- d) The minutes of the safeguarding Committee meetings are reported to all CCG governing bodies following each meeting. A risk register will be maintained outlining significant risks and mitigation plans identified at the Safeguarding Sub-Committee
- e) The Governing Bodies will receive as a minimum
 - The CCG Annual Reports relating to Safeguarding and Children in Care
 - Reports and papers regarding any specific issues requiring Governing Body approval or decision

7. What to do if you are worried about the safety of a child or vulnerable adult

- 7.1. If someone is danger and in immediate need of safety and protection ring the police or emergency services as appropriate on **999**
- 7.2. If you have general concerns around the safety or welfare of a child or adult with care and support needs, follow the NSCB and NSAB procedures by following the links in S9 below and seek advice as necessary from your line manager. Additional advice is available if needed from the CCG safeguarding adult and children leads, who are located within the Quality Governance and Patient Safety Directorate of the CCG. (**See appendix 3**)
- 7.3. If you have concerns that a child or vulnerable adult is being abused, call Nottinghamshire Multi Agency Safeguarding Hub (MASH) on **0300 500 8090** during the following hours:

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8.30 am - 5.00 pm - Monday to Thursday
8.30 am - 4.30 pm - Friday

To submit an on line concern form, log onto:
www.nottinghamshire.gov.uk/MASH in an emergency, outside of these hours
contact: -

Emergency Duty Team (EDT) on **0300 456 4546**

Always discuss any referrals to the MASH with your line manager and keep a written
copy of your referral.

8. Review and Maintenance of the Policy

- 8.1. This policy will be subject to annual review and, if revised, all stakeholders will be alerted to the new version.
- 8.2. This policy is issued and maintained by the CCGs Quality and Governance Directorate on behalf of all stakeholders.

9. References to Local Policies and Procedures

CCG Strategies, Policies, Procedures and Practice Guidance

CCG Safeguarding Strategy 2015

[Nottinghamshire Safeguarding Children Board Procedures](#)

[Nottinghamshire Safeguarding Adult Policy and Procedures](#)

Nottinghamshire Multi-Agency Public Protection Arrangements Guidance

CCGs PREVENT Strategy 2015

CCG Policy and Procedure for Managing Allegations and Concerns that an Employee or Those Who Act in the Capacity of Employees may be Harming a Child, Young Person or an Adult in Need of Safeguarding 2013

10. References and Bibliography

HM Government: 2015, Working Together to Safeguard Children

HMSO London

HM Government; The Children Act 1989,

HMSO London

HM Government; The Sexual Offences Act 2003

HMSO London

HM Government: The Children Act 2004

HMSO London

HM Government: The Care Act 2014

HMSO London

Intercollegiate Document 2014: Roles and Competencies for Health
Care Staff

RCPCH

HM Government: The Mental Capacity Act 2005

HMSO London

NHS England: Safeguarding Vulnerable People in the Reformed NHS *Accountability and Assurance Framework* 2015

APPENDIX 1

PREVENT Strategy

Building Partnerships, Staying Safe The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers

Implications for the NHS

Background

As part of the Government's counter terrorism strategy (CONTEST) which was revised in March 2015, NHS England has committed to support initiatives to reduce the risk of terrorism. Nottinghamshire clinical commissioning groups are committed to ensuring vulnerable individuals are safeguarded from supporting terrorism or becoming terrorists themselves as part of the Home Office counter-terrorism strategy *Prevent*.

CONTEST aims to reduce the risk from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:

Protect – strengthening our borders, infrastructure, buildings and public spaces

Prepare – where an attack cannot be stopped, to reduce its impact

Pursue – to disrupt or stop terrorist attacks

The fourth P is **Prevent** which aims to stop people becoming terrorists or supporting terrorism. It has been described as “the only long term solution” to the genuine threat we currently face from terrorism. The *Prevent* strategy will specifically focus on three broad objectives:

- Respond to the ideological challenge of terrorism and the threat from those who promote it;
- Prevent individuals from being drawn into terrorism and ensure that they are given appropriate advice and support;
- Work with **institutions** where there are risks of radicalisation that we need to address.

It is known that individuals who are most likely to engage in terrorist activities have vulnerabilities which often, as a result, put them into contact with health staff.

The *Prevent* strategy places an onus upon the health sector to support the work of counter-terrorist activity because of the volume of people who come into contact with healthcare workers on a daily basis and high profile cases associated with the NHS. *Prevent* delivery for each provider organisation is now included within the NHS Standard Contract within Service Condition.

The rollout of the revised *Prevent* strategy intends to improve channels of communication across the public sector and other partners in order to counter terrorism in the UK mainland and its interests abroad.

Key Themes

Healthcare workers have the potential to:

- Prevent someone from becoming a terrorist or supporting terrorism as it is substantially comparable to safeguarding in other areas;
- To receive information that allows them to correctly identify signs that someone has been or is being drawn into terrorism;
- Identify people who could be considered “at risk”;

- Need to be aware of the support which is available and be confident in referring people for support;
- Meet and treat people who are vulnerable to radicalisation; and
- Be working in the public sector have taken part in terrorist acts in the past.

Implications for NHS Provider Services

Provider organisations must include Prevent in policies and procedures and comply with the principles contained in Prevent and the Prevent Guidance and Toolkit which include:

- Nominating a *Prevent* Lead;
- Provide Workshops to Raise Awareness of *Prevent* (WRAP) for staff and increase numbers of staff being trained to identify potential risks;
- Having systems in place to record how many referrals the organisation makes to multi-agency *Prevent* Groups/Channel groups;
- Joining local networks that exist with the Local Authorities and Police to support counter-terrorism and share information; and
- Being alert to the risk of attack on the Trust.
- Notifying the Co-ordinating Commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable and no later than 10 Operational Days after the change.

The following staff groups have been identified as priority groups for training

- Staff who predominantly work with mental health and learning disability patients
- Staff working in emergency departments, minor injuries units and walk in centres, Ambulance staff
- Staff working in chaplaincy services
- School Nursing services
- Drug and Alcohol NHS services
- Safeguarding leads

Roles and Responsibilities of the Clinical Commissioning Groups

Nottinghamshire CCGs are committed to: -

- Scrutinising and quality monitoring provider organisations compliance with the Prevent strategy
- Raising staff awareness so that they can recognise exploitation of vulnerable individuals being drawn towards terrorist-related activity
- Ensuring staff are aware of Prevent contacts within their organisation
- Working with partners to develop and strengthen safeguarding of vulnerable individuals

Further Information

<https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent>

If you have concerns about an individual patient or member of staff who may be susceptible to radicalisation and/or violent extremism or suspect of being engaged in terrorist activity, please contact the Chief Nurse for Nottingham North and East CCG on 0115 883 1849. You will be supported to share your concerns and CCG will work with partners to share information in order to reduce the risk of terrorism in Nottinghamshire

Appendix 2 – CCG Safeguarding Training Strategy

Mandatory Safeguarding Training Strategy for Nottinghamshire CCGs

This training strategy outlines the responsibilities and commitment of the Nottinghamshire CCGs in discharging their functions as commissioners of health care, to ensure that all staff employed by the CCG are competent in carrying out their responsibilities to safeguard and promote children and young people* and adults with care and support needs in all areas of service provision.

Level of Training required. (See training recommendation grid)

Level 1

The level required by all staff within a month of appointment as part of the organisational induction programme. This includes e-learning introduction to safeguarding children level 1 and vulnerable adults awareness level a) through ESR or the LSCB online training module (for employees without access to ESR).

Level 2

Required by all clinical staff who have any direct contact with children, young people vulnerable adults and/or parents/carers in the course of their work. This includes pharmacists, patient experience teams, public engagement teams, clinical advisors, and lay members undertaking quality visits.

Training required: -

- Completion of level 1 and 2 training safeguarding children.
- Safeguarding adults level a) and b) training
- PREVENT which can be accessed through e-learning Mental Capacity Act
- 3 yearly refreshers of all of the above

Level 3

Required by all clinical staff working with children, young people vulnerable adults and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating need or risks. This includes safeguarding leads, clinical leads and GP members.

Training required: -







- Level 1 and 2 as outlined above (only need to be completed once)
- Additional multi-agency training available through Safeguarding Children and Adult Board Training Programmes
- Evidence of annual updates at level 3

Level 5 (Children's specialists)

Specialist training modules as required by Designated Professionals as identified in the RCPCH Intercollegiate Document: *-Safeguarding Children and Young people: roles and competences for health care staff – 2013 including annual updates*

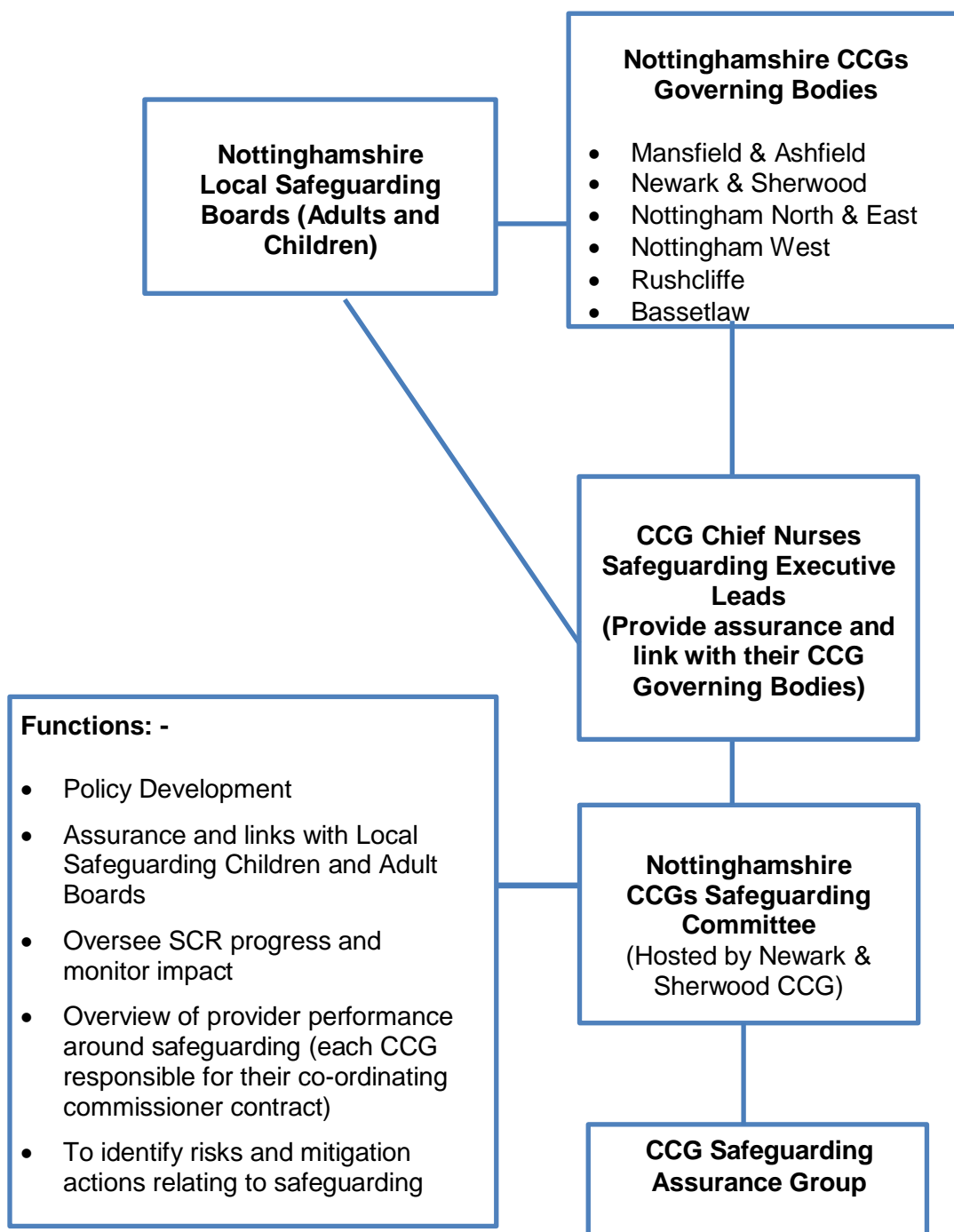
Bespoke training for Governing Body members, individuals with delegated safeguarding responsibilities to be tailored to individual needs as identified by managers through appraisal processes.

Reference to Safeguarding Children and Young People; Roles and competencies for Healthcare Staff Intercollegiate Document 3rd Edition March 2014 RCPCH.AC.UK Final consultation version 0.3 July 2015

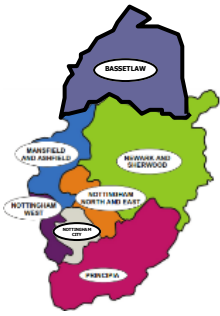
STAFF GROUP	Safeguarding Children & Adults basic awareness and Domestic Abuse awareness	Core Skills in Safeguarding Available through CCG PLT events or external conferences and events	Mental Capacity Act Training	Update Available through CCG PLT, LSCB or other events, practice based learning or evidence of reading journals/articles or briefings	PREVENT
<p>Level 1 For all employees (clinical & non-clinical) Within a month of commencement of employment – online Available through ESR, E-learning for health or NSCB website</p>				<p>3 yearly</p>	<p>PREVENT Home Office E-Learning</p> 
<p>Level 2 For clinical & non-clinical staff with regular contact with members of the public who do not have professional duty of care. (E.g. staff dealing with complaints) Available through ESR, E-learning for health or NSCB website</p>				<p>3 Yearly</p>	<p>PREVENT Home Office E-Learning</p> 
<p>Level 3 For all clinical staff with a professional duty of care for children, young people and vulnerable adults. This includes all GPs and practice nurses. E-learning levels 1 & 2 with additional taught training for level 3</p>		<p>Multi agency taught training from Safeguarding Children and Adult Boards recommended</p>	<p>Yes</p>	<p>A minimum of 6 hours over a 3 year period (2hrs per annum)</p>	 <p>PREVENT Home Office e-learning training</p>

Appendix 3

**ORGANISATIONAL EXTERNAL SAFEGUARDING REPORTING ARRANGEMENTS
NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUPS**



Appendix 4



Professionals with Lead Responsibilities for Safeguarding & Children Looked After in Nottinghamshire, & Bassetlaw

Updated Aug 2017

Rushcliffe	Nottingham North & East	Nottingham West	Mansfield & Ashfield	Newark & Sherwood	Bassetlaw
CCG Executive Leads for Safeguarding					
<p>Director of Quality, Governance & Patient Safety South Notts CCGs Lead for PREVENT (whole County) & Allegations Against Staff South CCG's Phone 0115 883 1849</p>			<p>Director of Quality and Governance Mid Notts CCGs MAPPa Lead (whole County) Allegations Against Staff (Mid Notts CCG's)</p>		<p>Chief Nurse Bassetlaw CCG</p>

Rushcliffe	Nottingham NNE	Nottingham W	M&A	N&S	Bassetlaw
<p>Designated Nurse (Children in Care) Nottinghamshire County and City (Hosted by City CCG) Phone 0115 8839524</p>					<p>Nurse Consultant Safeguarding & LAC Phone 01777 863310</p>
<p>Designated Nurse (Safeguarding Children) & Associate Designated Nurse Nottinghamshire County 01623 673175</p>					
<p>Head of Adult Safeguarding and MCA South Notts CCGs 0115</p>			<p>Head of Adult Safeguarding & MCA lead Mid Notts CCGs 01636 594882</p>		<p>Deputy Chief Nurse 01777 863310</p>
<p>Designated Doctor Children in Care South CCGs 0115 9249924</p>			<p>Designated Doctor Children in Care Named Doctor Safeguarding Children Mid Notts CCGs 01623 622515 ext 6458/52</p>		<p>Designated Doctor LAC 01302 366666</p>
<p>Designated Doctor Safeguarding Children South CCGs 0115 9249924</p>			<p>Designated Doctor Safeguarding Children Mid Notts CCGs 01623 622515 ext 2782</p>		<p>Designated Doctor Safeguarding Children 01302</p>
<p>ND South CCGs c/o QMC switchboard 0115 9249924</p>			<p>Named GP Safeguarding Children 01623 673175</p>		<p>Named Safeguarding GP Children & Named Professional Adults 01777 863310</p>

Equality Impact Assessment (EIA) Form

Val Simnett	Val.simnett@nhs.net
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Identifying the aims of the Policy or Service

What is the main purpose and scope of the policy/function? Who is intended to benefit and how?
This policy outlines how the CCGs fulfil their statutory duties to safeguard adults with care and support needs and children. It complements the NHS Nottinghamshire “Safeguarding Strategy” 2015 and incorporates Nottinghamshire CCGs PREVENT, Training and Supervision Strategies and is underpinned by legislation and best practice guidance
What could possibly prevent the successful outcome of this Policy or Service?
Ensuring that all NHS services commissioned by Nottinghamshire CCGs promote the safety, protection and welfare of children and adult in line with Nottinghamshire Safeguarding Children and Adult Board procedures

Assessment of Impact

What consultation with protected characteristic groups, including patient groups, have you carried out?
None
If none, specify the arrangements that you will make to collect the relevant information
Contributing to LSCB and LSAB joint audits and reviews will ensure the views and experiences of protected groups inform this policy.

Taking into account this information, please indicate below whether you think the Policy or Service may have an intended or unintended impact – be that positive or negative - on any of the protected characteristic groups

Where the Policy or Service is not relevant to a particular group or has no potential impact, indicate as neutral. Please give reasons for each outcome:

	Negative Impact	Positive Impact	Neutral Impact	Reason(s)
Age		✓		The policy ensures vulnerable groups of all ages are prioritised
Disability – including physical, sensory or mental		✓		The policy ensures vulnerable groups of all ages are prioritised
Gender - including transgender and issues relating to pregnancy and maternity			✓	
Race/Ethnicity			✓	
Religion or Belief			✓	

Sexual Orientation – including issues relating to marriage and civil partnerships			✓	

Are there any concerns about other minority populations (e.g. travellers, sex workers, single parents, those on low income etc.) who may be disadvantaged by the Policy or Service’s operation, or who may receive unequal treatment?
None identified
If a negative impact has been identified, can it be justified on the grounds of promoting equality of opportunity for one protected characteristic group? Or for any other reason?

Does the Policy or Service directly/indirectly discriminate against any section of the community?		
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Comment

What future actions need to be taken to meet the needs and overcome barriers of the groups identified; or to create confidence that the Policy or Service and its’ implementation is not discriminatory against any group?			
What?	By whom?	By when?	Resources required?