NHS
Harrogate and Rural District
Clinical Commissioning Group

SAFEGUARDING CHILDREN POLICY

July 2015

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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Intranet
2	Designated Nurses for Safeguarding Children	Updated and amended policy	QCGC 14 July 2015	16 July 2015
3	Designated Nurses for Safeguarding Children	Updated to include: 6.6 CONTEST and PREVENT (Radicalisation of vulnerable people)	QCGC 8 March 2016	24 May 2016

CONTENTS

1 INTRODUCTION

The Children Acts of 1989 and 2004 and the associated statutory guidance, 'Working Together to Safeguard Children' (HM Gov,2015) and 'Promoting the Health and Well-being of Looked After Children' (DH, 2015) set out the principles for safeguarding and promoting the welfare of children and young people. This policy outlines how, as commissioning organisations, the CCGs across North Yorkshire and York will fulfil their legal duties and statutory responsibilities effectively, both within their own organisations and also across the local health economy via their commissioning arrangements. This will also be in accordance with safeguarding children procedures of City of York Safeguarding Children Board (CYSCB) and North Yorkshire Safeguarding Children Board (NYSCB).

2 ENGAGEMENT

This policy was developed by the Designated Professionals for Safeguarding Children on behalf of the four North Yorkshire and York Clinical Commissioning Groups.

3 ANALYSES

3.1 Equality

In line with the CCG's Equality and Diversity Policies, this policy aims to safeguard all children and young people who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. Approaches to safeguarding children must be child centred, upholding the welfare of the child as paramount. (Children Acts, 1989 and 2004).

All CCG staff must respect the alleged victim's (and their family's/ carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity department within the Commissioning Support Unit.

All reasonable endeavours must be used to establish the child, young person and family's / carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

3.2 Sustainability

A sustainability impact assessment has been completed. The impact of this policy is neutral.

3.3 Bribery Act 2010

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

4 SCOPE

This policy applies to all staff employed by the CCG, this includes all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.

All CCG personnel have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being abused or neglected.

5 POLICY PURPOSE AND AIMS

The CCG adopts a zero tolerance approach to child abuse and neglect, and will work to ensure that its policies and practices are consistent with agreed local multi-agency procedures, and meet the organisations legal obligations.

This policy outlines how, as commissioning organisations, the four North Yorkshire and York CCGs will fulfil their legal duties and statutory responsibilities effectively both within their own organisations and across the health economy in North Yorkshire and York via commissioning arrangements. As such the CCGs will ensure that there are in place robust structures, systems and quality standards for safeguarding children, and for promoting the health and welfare of Looked After Children, which are in accordance with the legal structure and with the Safeguarding Children Boards of both City of York and North Yorkshire.

6 DEFINITIONS

Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2015):

6.1 **"Child" or "young person" -** in this document, as in the Children Acts 1989 and 2004, a 'child' is anyone who has not yet reached their 18th birthday. For disabled children this will be inclusive of those up to and including 18 years of age. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989. Where 'child' or 'children' is used in this document, this refers to children and young people.

6.2 **"Safeguarding" and "promoting the welfare of children" -** is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring children are growing up in circumstances consistent with the provision of safe and effective care so as to enable them to have optimum life chances and to enter adulthood successfully.

6.3 **"Child Protection" –** This is one element of safeguarding children practice and promoting children's welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

6.4 **"Abuse" and "Neglect" –** Statutory guidance defines four categories of abuse (HM Government, 2015) :

- **Physical abuse –** this may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. A parent or carer fabricating the symptoms of illness in a child or deliberately inducing illness in a child may also cause physical harm.

- **Emotional abuse –** this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Emotional abuse may involve conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or' making fun' of what they say or how they communicate. Emotional abuse may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Sexual abuse** – this involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It may not necessarily involve a high level of violence. The sexual activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Women can also commit acts of sexual abuse, as can other children.

- **Neglect** – this is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to :
  - provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - protect a child from physical and emotional harm or danger;
  - ensure adequate supervision (including the use of inadequate care-givers);
  - ensure access to appropriate medical care or treatment.

  It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

6.6 **CONTEST and PREVENT** (Radicalisation of vulnerable people)

- Contest is the Government's Counter Terrorism Strategy, which aims to reduce the risk from international terrorism, so that people can go about their lives freely and with confidence.

- Contest has four strands which encompass;
  - PREVENT; to stop people becoming terrorists or supporting violent extremism.
  - PURSUE; to stop terrorist attacks through disruption, investigation and detection.

- PREPARE; where an attack cannot be stopped, to mitigate its impact.
- PROTECT; to strengthen against terrorist attack, including borders, utilities, transport infrastructure and crowded places.

- Prevent focuses on preventing people becoming involved in terrorism, supporting extreme violence or becoming susceptible to radicalisation. Alongside other agencies, such as education services, local authorities and the police, healthcare services have been identified as a key strategic partner in supporting this strategy.

- CCG staff may identify children and young people who are vulnerable to radicalisation because they may have a heightened susceptibility to being influenced by others.

- The key challenge for the health sector is to be vigilant for signs that someone has been or is being drawn into terrorism.

- CCG staff who have concerns that children may be becoming radicalised should seek advice and support from the Designated Professionals for Safeguarding Children or dedicated PREVENT Lead.

- The Designated Professional for Adult Safeguarding acts as the PREVENT lead for CCGs and advises on concerns following the referral pathway in line with the policy and procedure.

7 DUTIES AND RESPONSIBILITIES

7.1 CCGs

Statutory guidance states that CCGs are required to demonstrate compliance with Section 11 of the Children Act, 2004. This places a duty on organisations and individuals for ensuring their functions and any services they contract out to others, are discharged with the regard to the need to safeguard and promote the welfare of children.

As the major commissioners of local health services, CCGs are responsible for quality assurance of safeguarding children standards through contractual arrangements with all provider organisations. (HM Government, 2015) See Appendix 1 for the safeguarding children standards for CCG commissioned services.

CCGs have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs), working in partnership with local authorities to fulfil their safeguarding responsibilities.

CCGs are required to secure the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Doctor for Deaths in Childhood. (NHS CB, 2013)

7.2 CCG Governing Body

The Clinical Commissioning Group Governing Body is responsible for the safeguarding of children arrangements within the CCG; and is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children.

7.3 CCG Chief Officer

The Chief Officer is accountable and responsible for ensuring that the CCG's contribution to safeguarding and promoting the welfare of children is discharged effectively. The Chief Officer is also responsible for ensuring the CCG is compliant with Section 11 of the Children Act 2004; this is discharged through the Executive Lead for Safeguarding Children.

7.4 Executive Lead for Safeguarding

The Executive Lead for Safeguarding Children is the Executive Nurse / Chief Nurse, and is responsible, along with the Chief Officer, for ensuring that the CCG discharges its duties in relation to safeguarding children.

7.5 Designated Professionals Team

The Designated Professionals Team should be taken as referring to the Designated Nurses and Doctors for Safeguarding Children, the Designated Doctor for Deaths in Childhood and the Nurse Consultant for SafeguardingChildren and Vulnerable Adults in Primary Care.

The Designated Professionals are clinical experts and take a strategic and professional lead on safeguarding children across the health economy of North Yorkshire and York. They are also required to act as a vital source of advice and expertise to the CCGs, NHS England, the local authorities and the LSCBs. (HM Government, 2015).

The Designated Professionals work closely with all Named Doctors and specialist nurses for safeguarding children across the health economy to support the implementation of this agenda: ensuring safe processes, up to date internal procedures, and training strategies to meet the learning and development needs of staff.

The Designated Professionals will access advanced training and supervision commensurate with their roles as per national guidance (RCPCH, 2014).

The Designated Professionals report to Executive Leads for Safeguarding within each CCG and to relevant quality structures.

7.6 **Named GP**

The named GP's role is to act as safeguarding champion for General Practice in their locality. They take a strategic and professional lead on ensuring that safeguarding children is embedded in the practice, training policies and procedures of General Practices. They work closely with the Nurse Consultant and Designated Professionals to act work as a source of expert advice to Primary Care.

7.7 **CCG Personnel**

All CCG personnel have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being abused or neglected.

Advice regarding individual cases can be accessed from the Designated Professionals Team who will also record and store information in accordance with information governance requirements.

Contact details:

Designated Nurses:
Karen Hedgley (07946 337290)
Elaine Wyllie (07917 800793)

Nurse Consultant Primary Care:
Jacqui Hourigan (0792026640)

Designated Doctors Safeguarding Children:
Natalie Lyth (01845 521681)
Barbara Stewart (01904 631313)

If you consider that a child is in immediate danger you should call the police (999)

Guidance may also be found in "What *to do if you're worried a child is being abused, Advice for practitioners*" 2015, accessible at:

https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

Where abuse or neglect is suspected or known, staff are required to make a referral to Children's Social Care in accordance with relevant LSCB procedures.

Procedures can be accessed via the following websites :

City of York : http://www.saferchildrenyork.org.uk/

North Yorkshire : http://www.safeguardingchildren.co.uk/

East Riding of Yorkshire : http://erscb.org.uk/

7.8 Partnership Commissioning Unit

On behalf of the CCG the Partnership Commissioning Unit will :

- Be fully compliant with Section 11 of the Children Act, which requires that their functions are discharged with due regard to the need to safeguard and promote the welfare of children.
- Support the CCGs to fulfil their statutory obligations as major commissioners of local health services.
- Ensure that services commissioned on behalf of the CCGs are monitored via contractual arrangements with regard to quality assurance of safeguarding children standards. (See Appendix 1 for safeguarding children standards for CCG commissioned services).

7.9 Commissioning Support Unit

On behalf of the CCGs, the Commissioning Support Unit will ensure that :

- Safe recruitment policies and practice are in place that meet with current NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees.
- Post- recruitment employment checks are repeated in line with all contemporary national guidance and legislation.
- Employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring.

- All contracts of employment (including staff on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees) include an explicit reference to staff responsibility for safeguarding children and adults.

The CCGs, via the Designated Professionals, the Commissioning Support Unit and relevant LSCB personnel, will ensure that all safeguarding children concerns relating to a member of CCG staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases. The CCGs Allegations against People Who Work with Vulnerable Persons Policy should be followed along with multi-agency procedures from the relevant LSCB.

The CSU will work with the Designated Professionals to support the CCGs regarding the reporting and management of Serious Safeguarding Incidents notified by CCGs and provider organisations.

8 IMPLEMENTATION

Staff will be advised of the policy through staff briefings. The Safeguarding Children Policy will be available via the CCG website and intranet.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

9 TRAINING AND AWARENESS

All CCG staff must be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with LSCB procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH, 2014)

All CCG staff will complete the level of training commensurate with their role and responsibilities.

The CCG will keep a training database detailing the uptake of all staff training so that Line Managers can be alerted to unmet training needs.

Staff will be made aware of this policy through briefing within the staff newsletter.

10 MONITORING AND AUDIT

Audit of awareness of safeguarding children processes will be undertaken via agreed personnel appraisal processes.

Breaches to this policy will be exception reported to CCG quality structures.

11 POLICY REVIEW

This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy.

12 REFERENCES

Children Act 1989 http://www.legislation.gov.uk/ukpga/1989/41/contents

Children Act 2004 http://www.legislation.gov.uk/ukpga/2004/31/contents

HM Government (2015) *Working Together to Safeguard Children* www.workingtogetheronline.co.uk/index.html

NHS Commissioning Board (2013) *Safeguarding Vulnerable People in a reformed NHS: Accountability and Assurance Framework.* (Published in electronic format only) http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf

DH (2015) *Promoting the Health and Wellbeing of Looked After Children* https://www.gov.uk/government/publications/promoting-the-health

RCPCH (2014) *Safeguarding Children and Young People: Roles and competences for health care staff. Intercollegiate Document Third Edition* http://www.rcpch.ac.uk/child-health/standards-care/child-protection/updates/child-protection-updates

13 ASSOCIATED DOCUMENTATION

- Recruitment and Selection Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Training and Development Policy
- Allegations Against People Who Work with Vulnerable Persons Policy

APPENDICES

Appendix 1 :	Safeguarding Children Standards for CCG Commissioned Services
Appendix 2 :	Equality Impact Analysis
Appendix 3 :	Sustainability Impact Assessment
Appendix 4 :	Bribery Act 2010

Appendix 1

SAFEGUARDING CHILDREN STANDARDS FOR CCG COMMISSIONED SERVICES

In accordance with statutory guidance *Working Together* (2015) the CCG has safeguarding children standards for all commissioned services, these include :

Leadership and Accountability

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding and promoting the welfare of children.

- A senior lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.

- Safeguarding children is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

Policies / Strategies

- Each provider must have comprehensive up to date safeguarding children policy and procedures, which are in line with Government, CQC and LSCB guidance and take account of guidance from any relevant professional body. The policy should include a child's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.

- Clear priorities for safeguarding and promoting the welfare of children should be explicitly stated in providers' key policy documents and strategies.

- Clear principles should underpin direct work with children and families, which are child centred, focused on positive outcomes, informed by evidence and rooted in child development.

Staff Training and Continued Professional Development

- Staff should be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with their Local Safeguarding Children Boards requirements.

- A staff training strategy and programme should be in place that includes the levels of safeguarding children training appropriate to staff's roles and responsibilities. And compliant with the *Safeguarding Children and Young*

People Roles and Competencies for Health Care Staff, Intercollegiate Document (RCPCH, 2014)

- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.

- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews and internal management reviews with regards to safeguarding children.

Safe Recruitment and Vetting Procedures

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

Managing Allegations Against Staff

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

Effective Inter-agency Working

- The provider policies and procedures should be in line with and conducive to work together with other agencies in accordance with their LSCB policies and procedures.

Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information about children and young people in line with legislation.

Supervision

- Each provider should have a safeguarding children supervision policy in place, which has been agreed with the Designated Nurse Safeguarding Children and meets the requirements of national guidance and the Local Safeguarding Children Board.

- Staff should be aware how to contact their own Named Professional(s) for safeguarding or Safeguarding Children Lead for supervision/consultation.

Response to Incidents and Complaints

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding children and it should include the requirement to inform the Named or Safeguarding lead within the organisation/practice.

- Procedures are in place for reporting Serious Incidents to the CCG via the Incident Reporting and Investigation Policy and Procedure and Policy and Procedure for the Management of Complaints.

Serious Case Review (SCRs)

- Providers will cooperate with any Local Safeguarding Children Board conducting a Serious Case Review and Learning Lessons Reviews ensuring any lessons coming out of the Review are clearly identified, implemented .and embedded in practice.

Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with Local Safeguarding Children Board procedures for unexpected deaths in childhood.

- They must have arrangements in place to respond to the death of a child and the review process, including providing staff with the time and resources to fully engage in the process.

Appendix 2

1. Equality Impact Analysis	
Policy / Project / Function:	Safeguarding Children Policy
Date of Analysis:	12 June 2015
This Equality Impact Analysis was completed by: (Name and Department)	Designated Nurses for Safeguarding Children
What are the aims and intended effects of this policy, project or function?	This policy describes how the CCG will fulfil statutory duties in respect of safeguarding children.
Please list any other policies that are related to or referred to as part of this analysis?	Recruitment and Selection Policy Disciplinary Policy Whistle Blowing Policy Training and Development Policy Allegations Against People Who Work with Vulnerable Persons Policy
Who does the policy, project or function affect? Please Tick ✔	Employees ✔ Service Users ☐ Members of the Public ☐ Other (List Below) Provider organisations Yorkshire and the Humber CSU

2. **Equality Impact Analysis: Screening**					
	Could this policy have a positive impact on…		Could this policy have a negative impact on…		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	☐	No	☐	No	
Age	Yes	☐	☐	No	This policy explicitly pertains to how CCG staff should respond when they have concerns for the welfare of children according to statutory requirements.
Sexual Orientation	☐	No	☐	No	
Disabled People	☐	No	☐	No	
Gender	☐	No	☐	No	
Transgender People	☐	☐	☐	No	
Pregnancy and Maternity	Yes	☐	☐	No	This policy explicitly pertains to how CCG staff should respond when they have concerns for the welfare of unborn children according to statutory requirements.
Marital Status	☐	No	☐	No	
Religion and Belief	☐	No	☐	No	
Reasoning	As above				
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7					

3. Equality Impact Analysis: Local Profile Data		
Local Profile/Demography of the Groups affected (population figures)		
General	All Children and young people in North Yorkshire and York Data sources: http://www.northyorks.gov.uk/media/16645/North-Yorkshire-equality-profile/pdf/Equality_Profile_of_North_Yorkshire.pdf https://www.york.gov.uk/info/20037/statistics_and_information/79/census and see below …	
Age	Policy beneficiary group are children under 18. • For York, the 2011 census indicates that here has been a large increase in the 0-4 population, especially children aged 2 and under	
Race	North Yorkshire	York
	• 94.4% of the population is white British (2011 Census). • 94.1% of the population were born in the UK (2011 Census) • 97.3% of the population is white, 2.7% BME (2011 Census). • 1930 new migrant workers arrived in 2011. • No asylum seekers are housed through Home Office dispersal system. • 2802 pupils don't have English as their first language (2.1% of primary and 1.3% of secondary school pupils.) October 2014 school census	• (86%) residents in England and Wales identified themselves as "White", however this is a 5% point decrease since 2001 • In York the "White British" population was 90.2% • The highest BME group in York was Chinese, at 1.2% of the population • 90.8% of York's population were born within the UK, with 2.7% born in other EU countries and 5.5% born outside the EU • 3,678 arrived in York between 2010 and 2011 which is the highest proportion in the region • 3,678 arrived in York between 2010 and 2011 which is the highest proportion in the region.
Sex	2011 Census • 304,266, 50.8% female. • 295110, 49.2% male. (Total population)	Under 15 = 51% male, 49% female 16-24 = 50 / 50

Gender reassignment	Someone who proposes to, starts to follow a process (transition), or has completed the process, to change his or her gender is protected under this characteristic. The person does not have to be under medical supervision to be protected. The Gender Identity Research and Education Society (GIRES) suggests that across the UK: • 1% of employees and service users may be experiencing some degree of gender variance. • At some point, about 0.2% may undergo transition (i.e. gender reassignment). • Around 0.025% have so far sought medical help and about 0.015% have probably undergone transition. In any year 0.003% may start transition.	
Disability	• The day to day activities of 17.5% of North Yorkshire residents are limited by disability or a long term health problem (Census 2011). • 15.7% of under 65s on Disability Living Allowance were aged under 16 in May 2014	• The 2011 Census shows that 31 619 children (0-15) have a long term health problem or disability and 26 596 within the 16 – 24 age group.
Sexual Orientation	The government estimates that 5 – 7% of the population are gay, lesbian or bisexual. We have no evidence to suggest that this is not the case in North Yorkshire	
Religion, faith and belief	Christian : 69.4% None : 22.2% Not stated : 7.1% Muslim : 0.4% Buddhist : 0.3% Hindu : 0.5% Jewish : 0.2% Pagan : 0.1% Other : 0.3%	Christian : 64.3% None : 26.4% Not Stated : 7.4% Muslim : 0.7% Buddhist : 0.4% Hindu : 0.3% Jewish : 0 .1% Sikh : 0.1% Other Religion : 0.3%
Marriage and civil partnership	N/A	
Pregnancy and maternity	Conception rate per 1000 for 15 – 17 year olds was 13.8 at Quarter 3 2013. This is below the rate for England (22.2) and Yorkshire and Humberside (24.2).	Conception rate per 1000 for 15 – 17 year olds was at 21.6 (Health Profile 2015

….

https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0CCwQFjAC&url=http%3A%2F%2Fwww.apho.org.uk%2Fresource%2Fview.aspx%3FRID%3D171682&ei=7auKVf7CC4KU7AbhoRQ&usg=AFQjCNHD__-KVdFaE2uq-oumABxd-XEWtw&sig2=jUM07Ipqv4mfg1FVX3yYyw

4. **Equality Impact Analysis: Equality Data Available**	
Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'.* Examples of *Equality Data* include: (this list is not definitive) 1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* *4.* Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs*	No Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function	N/A
Promoting Inclusivity **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**	This policy supports the welfare and protection of vullnerable children, regardless of race, culture,gender,ethnicity, disability, etc.

5. Equality Impact Analysis: Assessment Test				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Protected Characteristic:	**No Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Gender (Men and Women)	Yes			.
Race (All Racial Groups)	Yes			
Disability (Mental and Physical)	Yes			
Religion or Belief	Yes			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	Yes			
Pregnancy and Maternity		Yes		As per statutory requirement's CCGs are required to have a Safeguarding Children Policy. When appropriately applied this Policy will support effective safeguarding children responses, therefore protecting children from abuse or neglect (for the purpose of this policy children should be taken to mean all those who have not reached their 18th Birthday and Unborn Babies)
Transgender	Yes			
Marital Status	Yes			
Age		Yes		As above

6. Action Planning				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
N/A				

7. Equality Impact Analysis Findings				
Analysis Rating:	□ Red	□ Red/Amber	□ Amber	□ **Green**
		Actions	Wording for Policy / Project / Function	
Red **Stop and remove the policy**	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Remove the policy** Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed	
Red Amber **Continue the policy**	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	**The policy can be published with the EIA** List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice. ***[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]***	

Equality Impact Findings (continued):			
		Actions	Wording for Policy / Project / Function
Amber **Adjust the Policy**	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.	**The policy can be published with the EIA** The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document. ***[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]***
Green **No major change**	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**The policy can be published with the EIA** Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

Brief Summary/Further comments	

Approved By		
Job Title:	Name:	Date:

Appendix 3

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title: SAFEGUARDING CHILDREN POLICY				
Theme (Potential impacts of the activity)	**Positive Impact**	**Negative Impact**	**No specific impact**	**What will the impact be? If the impact is negative, how can it be mitigated? (action)**
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			N/A	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			N/A	
Reduce the risk of pollution and avoid any breaches in legislation.			N/A	
Goods and services are procured more sustainability.			N/A	
Reduce carbon emissions from road vehicles.			N/A	
Reduce water consumption by 25% by 2020.			N/A	
Ensure legal compliance with waste legislation.			N/A	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			N/A	
Increase the amount of waste being recycled to 40%.			N/A	
Sustainability training and communications for employees.			N/A	
Partnership working with local groups and organisations to support sustainable development.			N/A	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			N/A	

Appendix 4

BRIBERY ACT 2010 GUIDANCE

Introduction

On July 2011 the Bribery Act 2010 came into force, making it a criminal offence to give, promise, or offer a bribe and to request, agree or receive a bribe. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the act introduces a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery.

The Ministry of Justice in its consultation and guidance set out six broad management principles whereby an organisation can demonstrate an effective defence by showing that it had effective bribery prevention measures in place.

Risk Assessment – this is about knowing and keeping up to date with the bribery risks you face in your sector and market;

Top level commitment – this concerns establishing a culture across the organisation in which bribery is unacceptable. If your business is small or medium sized this may not require much sophistication but the theme is making the message clear, unambiguous and regularly made to all staff and business partners;

Due diligence – this is about knowing who you do business with; knowing why, when and to whom you are releasing funds and seeking reciprocal anti-bribery agreements ; and being in a position to feel confident that business relationships are transparent and ethical;

Clear, Practical and Accessible Policies and Procedures – this concerns applying them to everyone you employ and business partners under your effective control and covering all relevant risks such as political and charitable contributions, gifts and hospitality, promotional expenses, and responding to demands for facilitation demands or when an allegation of bribery comes to light.

Effective implementation – this is about going beyond 'paper compliance' to embedding anti-bribery in your organisation's internal controls, recruitment and remuneration policies, operations, communications and training on practical business issues.

Monitoring and review – this relates to auditing and financial controls that are sensitive to bribery and are transparent, considering how regularly you need to review your policies and procedures, and whether external verification would help.

Relevance to the NHS

NHS organisations are included in the Bribery Act's definition of a "relevant commercial organisation". Any senior manager or executive who consents to or connives in any active

or passive bribery offence will, together with the organisation, be liable for the corporate offence under the act.
Any individual associated with an organisation who commits acts or omissions forming part of a bribery offence may be liable for a primary bribery offence under the act or for conspiracy to commit the offence with others – including, for example, their employer.

Risks in breaching the Bribery Act

There are a number of risks entailed in breaching the Bribery Act. These include:

- Criminal sanctions against directors, board members and other senior staff as a corporate offence – Section 7 of the Act.
- Convictions of bribery or corruption may also lead to the organisation being precluded from future public sector procurement contracts.
- Damage to the organisation's reputation and negative impact on patient/stakeholder perceptions.
- Potential diversion and/or loss of resources.

What do NHS organisation's need to do ?

There are a number of steps NHS organisations can take:

- The Board needs to understand its responsibility in respect of the act.
- Be clear that, as NHS organisations, you are covered by corporate liability for bribery on the part of their employees, contractors and agents.
- Take steps to make your employees, contractors and agents aware of the standards of behaviour that are expected of them: this may include training for employees who might be affected – for example, employees with responsibility for procurement.
- Review existing governance, procedures, decisions-making processes and financial controls, introduce them if not already in place and, where necessary, provide appropriate training for staff.
- Record the fact that these steps have been taken, as they provide the defence against corporate liability under the act.

Areas for Action

- Once risks have been assessed the organisation must put in place procedures that are *proportionate* to bribery risks that are identified.
- The checklist below provides details of areas for actions to assist in ensuring proportionate steps to ensure prevention and defence against corporate liability under the act. The checklist is based on best practice guidance documents issued by NHS Protect in May 2011, Ministry of Justice and other anti-bribery and corruption NGOs.
- Internal Audit and Counter Fraud Teams will provide support to the organisation to help ensure that assurance can be given against the points in the following checklist during 2012/13.

Bribery Act 2010 Guidance and Bribery Prevention Checklist

Areas for action	Expected Action	Evidence of Compliance/Assurance
1. Governance and Top Level Commitment	The Chief Executive should make a statement in support of the anti-bribery initiative and this should be published on the organisation's website. The board of directors should take overall responsibility for the effective design, implementation and operation of the anti-bribery initiatives. The Board should ensure that senior management is aware of and accepts the initiatives and that it is embedded in the corporate culture.	
2. Due Diligence	This is a key element of good corporate governance and involves making an assessment of new business partners prior to engaging them in business. Due diligence procedures are in themselves a form of bribery risk assessment and also a means of mitigating that risk. It is recommended that at the outset of any business dealings, all new business partners should be made aware in writing of the organisation's anti-corruption and bribery policies and code of conduct.	
3. Code of conduct	The organisation should either have an anti-bribery code of conduct or a general code of conduct for staff with an anti-bribery and corruption element. The organisation should revise the Standards of Business Conduct Policy (or equivalent) and Declaration of Interests guidance (see point 4 below) to reflect the introduction of the Bribery Act.	
4. Declaration of Interests/Hospitality	The organisation should have in place a declaration of business interests/gifts and hospitality policy which clearly sets out acceptable limits and also a mechanism to monitor implementation.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
5. Employee employment procedures	Employees should go through the appropriate propriety checks e.g. CRB (Criminal Records Bureau) and/or a combination of other checks before they are employed to ascertain, as far as is reasonable, that they are likely to comply with the organisation's anti-bribery policies.	
6. Detection procedures	The organisation should ensure Internal Audit/Counter Fraud check projects, contracts, procurement processes and any other appropriate systems where there is a risk that acts of bribery could potentially occur.	
7. Internal reporting procedures	The organisation should have internal procedures for staff to report suspicious activities including bribery.	
8. Investigation of Bribery allegations	The organisation should have procedures for staff to report suspicions of bribery to NHS Protect (previously NHS Counter Fraud and Security Management Service) and the organisation's Local Counter Fraud Specialist for investigation/referral to the appropriate authorities.	
9. Risk assessment	MoJ (Ministry of Justice) guidance states"…organisations should adopt a risk-based approach to managing bribery risks… [and] an initial assessment of risk across the organisation is therefore a necessary first step". The organisation should, on a regular basis, assess the risk of bribery and corruption in its business and assess whether its procedures and controls are adequate to minimise those risks.	
10. Record keeping	The organisation should keep reasonably detailed records of its anti-fraud and corruption initiatives, including training given, hospitality given and received and other relevant information.	
11. Internal review	The organisation should carry out an annual internal review of the anti-bribery and corruption programme.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
12. Independent assessment and certification	Proportionate to risks identified, the organisation should commission, at least every three years, an independent assessment and certification of its anti-bribery programme.	
13. Internal and External communications	The organisation should publicise the NHS Fraud and Corruption Reporting Line (FCRL) and on-line fraud reporting facility. The organisation should publicise the Security Management role (theft and general security issues) and reporting arrangements. The organisation should work with its stakeholders in the public and private sector to help reduce bribery and corruption in the health industry.	
14. Awareness and training	The organisation should provide appropriate anti-bribery and corruption awareness sessions and training on a regular basis to all relevant employees.	
15. Monitoring: • Overall Responsibility • Financial/Commercial Controls	A senior manager should be made responsible for ensuring that the organisation has a proportionate and adequate programme of anti-fraud, corruption and bribery initiatives. The organisation should ensure that its financial controls minimise the risk of the organisation committing a corrupt act. The organisation should ensure that its commercial controls minimise the risk of the organisation committing a corrupt act. These controls would include appropriate procurement and supply chain management, and the monitoring of contract execution.	