NHS
Greater Manchester

NHS Greater Manchester Safeguarding Policy – Children, Young People and Adults

Part of Greater Manchester Integrated Care Partnership

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1.0 Introduction

1.1 NHS Greater Manchester Integrated Care Board (NHS GM), with all other NHS organisations, has a statutory duty to ensure that it plans to safeguard and promote the welfare of children, young people and adults at risk and to protect them from abuse or neglect. This policy details the safeguarding arrangements that must be in place to ensure the Integrated Care Board (ICB) fulfils its statutory duties and responsibilities to safeguarding children, adults at risk and looked after children.

1.2 Safeguarding is central to the quality of care and the NHS Outcomes Framework 2021/22 (Dept. of Health, 2021), particularly:

- Domain 4: Ensuring people have a positive experience of care.
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

1.3 NHS Greater Manchester will ensure that arrangements are in place for the commissioning, and quality monitoring, of appropriate health services for Looked After Children of the Local Authorities and care leavers in accordance with statutory requirements.

1.4 The functions of this policy are as stated:

- It details NHS GM safeguarding statutory responsibilities and the duties of NHS GM as a commissioning organisation and that of its staff.
- It provides clear service standards against which healthcare providers, including independent providers and voluntary, community and faith sector will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

1.5 Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission, ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

2.0 Statutory Duties

In discharging these statutory duties/responsibilities, the following legislation and guidance must be considered:

Links to Legislation and Guidance:

Health and Care Act 2022 (legislation.gov.uk)

Human Rights Act 1998

Care Act 2014

Care and Support Statutory Guidance (DH, 2017)

Children Act 1989

Children Act 2004

Working together to safeguard children 2023: statutory guidance

Mental Capacity Act (2005)

Mental Capacity (Amendment) Act 2019

Modern Slavery Act 2015 (legislation.gov.uk)

Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism

Children and Social Work Act 2017

Domestic Abuse Act 2021

Criminal Justice and Courts Act 2015

Equality Act 2010

Mental Health Act 1983 / 2007

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Mental Capacity Act Code of Practice (2005)

Modern slavery: how to identify and support victims - GOV.UK (www.gov.uk)

Statutory Guidance on Promoting the Health and Well-Being of Looked After Children

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications

Looked after children: Roles and competences of health care staff

Greater Manchester Safeguarding Partnership - Safeguarding Children Procedures Manual

NHS England » Serious Incident framework

2.3 Any other legislation, guidance, and Code of Practice relevant to safeguarding children, Looked After Children and adults at risk should also be considered.

2.4 This policy must be read in conjunction with the ten local area Safeguarding Children Partnerships and Safeguarding Adults Boards Multiagency Policies and procedures. GM Safeguarding Children Partnerships and Safeguarding Adults Boards Multi- Agency Policies and Procedures links are in Table 2 below.

Table 1 Links to GM Safeguarding Children Partnerships and Safeguarding Adults Boards Multi- Agency Policies and Procedures

Locality Area	Safeguarding Adult Board	Safeguarding Children Partnership
Bolton	Bolton Safeguarding Adults Board	Bolton Safeguarding Children
Bury	Bury Safeguarding Partnership	Bury Safeguarding Partnership
HMR	Rochdale Safeguarding Partnership	Rochdale Safeguarding Partnership
Manchester	Manchester Safeguarding Board	Manchester Safeguarding Boards
Oldham	OSAB | Welcome	OSCP | Welcome (olscb.org)
Salford	Salford Safeguarding Adults Board	Salford SG Children Partnership
Stockport	Safeguarding Adults in Stockport	Safeguarding Children in Stockport
Tameside	Tameside Adults SG Partnership Board	Tameside SG Children Partnership
Trafford	Trafford Safeguarding Partnership	Trafford Safeguarding Partnership
Wigan	Wigan Safeguarding Adults Board	Wigan Safeguarding Childrens Board

3.0 Purpose And Scope

3.1 This policy aims to ensure that no act of commission or omission on behalf of NHS GM or by the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

3.2 Where the ICB is identified as the lead commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy or of any serious untoward incident that has compromised the safety and welfare of a child / adult resident within their population.

3.3 Where the Integrated Care Board delegates its commissioning duties to the Lead Provider Collaboratives then the Lead Provider Collaborative must comply with the requirements in this policy.

3.4 This policy applies to all staff working within the Integrated Care Board, whether directly employed or contracted. It applies to clinical and non-clinical staff whether they work with children, young people or with adults and regardless of whether they have direct contact with children and families. This also applies to volunteers.

This policy aims to ensure that all managers must ensure that their staff are aware of and are able to access this policy.

3.6 This policy should be read in conjunction with the following NHS GM Policies:

- Disciplinary Policy
- Recruitment and Selection Policy
- Mental Capacity Act Policy
- Freedom to speak up & raise concerns Policy.
- Social media policy
- Domestic abuse policy for staff
- Managing Allegations Policy

4.0 Principles

4.1 In developing this policy, NHS GM recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective partnership working and recognition that agencies and professionals will have differing roles and expertise working with vulnerable groups in society.

4.2 In order to achieve effective partnership working, there must be constructive relationships at all levels, promoted and supported by:

- The commitment of Integrated Care Board senior managers and executive members to safeguarding children, young people, adults at risk and looked after children.
- Clear lines of accountability within the organisation for work on safeguarding and Looked After Children.
- Service developments that take account of the need to safeguard all service users, which is informed, where appropriate, by the views of service users.
- Staff training and continuing professional development so that staff understand their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and adults at risk and looked after children.
- Appropriate supervision and support for staff in relation to safeguarding practice.
- Safe working practices including recruitment and vetting procedures. The Recruitment Policy sets out safer recruitment requirements that should be followed.
- Effective interagency working, including effective information sharing at the earliest point.
- Working with other public sector bodies as a key partner in helping to protect vulnerable individuals and those around them from exploitation or harm, including from exploitation through radicalisation and harm outside of the home and family environment.
- The commitment of senior leaders to seek continuous improvement with regards safeguarding both within the work of NHS GM and within those services commissioned.
- Promoting effective partnership working (Working Together to Safeguard Children 2023) whilst building strong, positive, trusting, and co-operative relationships to working with Local Authorities, and other key stakeholders, to improve health

outcomes for Looked After Children and care leavers, and subsequently care experienced adults.

The above principles reflect the expectations of the Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2022) and statutory guidance as referenced within this policy.

The NHS GM Safeguarding Service provides assurance against the expected standards via the Integrated Care Board Quality Performance Committee which will report into the Integrated Care Board.

5.0 Roles And Responsibilities

5.1 The Health and Care Act 2022 transferred all relevant statutory duties from Clinical Commissioning Groups to Integrated Care Boards from 1st July 2022. This means Integrated Care Boards have a statutory duty to safeguard children, Looked After Children and adults at risk as set out in Working Together to Safeguard Children, 2023; Promoting the Health and Well-being of Looked After Children, 2015; and the Care Act, 2014.

5.2 Integrated Care Boards are held to account by NHS England through annual performance assessments, which will assess how well each Integrated Care Board has discharged its functions. The ICB are also held to account for how they discharge their safeguarding duties through inspections including joint targeted area inspections (conducted by Care Quality Commission, the Office for Standards in Education, Children's Services and Skills and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. Inspections will assess how well local agencies work together to protect children, young people, and adults at risk.

Integrated Care Boards are required:

- To report annually on how well they are delivering their duty to safeguard children as a statutory lead and designated partners in local child safeguarding arrangements, together with the police and local authorities.
- To set out how they have discharged duties in relation to safeguarding and Looked After Children in their annual report.
- Ensure that statutory duties in relation to safeguarding and Looked After Children receive sufficient focus with responsibility for functions delegated to an Integrated Care Board executive lead.
- Apply the NHS England Safeguarding Assurance and Accountability Framework (2022) safeguarding roles and responsibilities.

5.4 The NHS England Safeguarding Assurance and Accountability Framework (2022) clearly sets out safeguarding roles and responsibilities and will apply to all Integrated Care Boards. The framework sets out the outcomes and corresponding indicators that will be used to hold NHS commissioners and providers to account for improvements in health outcomes.

5.5 There is an expectation that commissioners and providers will have strong safeguarding leadership that provides expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures,

as a statutory partner with the local authorities and police at the local Safeguarding Children Partnerships and Safeguarding Adults Boards.

5.6 All NHS GM contracts for services include NHS Contractual Safeguarding Standards for adults, children, and looked after children. Performance monitoring of these standards is via our contracting mechanisms with oversight from the Designated Nurse/Professionals teams.

5.7 An annual programme of audit and assurance work is completed through the self-assessment commissioning standards, safeguarding dashboards and visits undertaken by the ICB Safeguarding team and via the Local Safeguarding Adults Boards and Safeguarding Children Partnerships.

5.8 In addition to the reporting arrangements above a quarterly safeguarding report is submitted to the Quality and Performance Committee with exception reporting on issues of significance e.g., findings from statutory reviews, local inspections or updates on national policy/guidance.

5.9 NHS GM must demonstrate that there are appropriate systems in place for discharging its responsibilities in respect of safeguarding, including:

- Plans to train its staff in the recognition and reporting of safeguarding issues.
- A clear line of accountability for safeguarding reflected in NHS GM Board governance arrangements.
- Appropriate arrangements to co-operate, as a statutory key partner, in the operation of Safeguarding Adults Boards, Children's Safeguarding Partnerships, and Health and Wellbeing Boards.
- Effective arrangements for information sharing with all partner agencies.
- Secure the expertise of Designated Doctors and Nurses/Professionals for Safeguarding; Children and looked after Children; Designated Nurse/Professionals for Safeguarding Adults, Named GPs for Safeguarding and Designated Paediatricians/Neonatologists for Child Deaths.
- Clear safeguarding policies, including safe recruitment practices and arrangements for
- dealing with allegations against people who work with children and adults.
- Demonstrate that the Designated Professionals and Named GPs are involved in the
- safeguarding decision-making of the organisation, with the authority to work within local Place systems or and care to influence local thinking and practice.
- Ensure that adult and children's services work together to commission and provide health services that ensure a smooth transfer into adult services for young people and Looked After Children.
- Working with our local authorities to ensure access to community resources that can reduce social and physical isolation for children, young people, families and adults at risk.

6.0 NHS GM Executive Team

6.1 Integrated Care Boards are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, Integrated Care Boards need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place, in particular:

- Training their staff in recognising and reporting safeguarding issues, appropriate supervision as per the safeguarding supervision policy, and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with Local Authorities, the Police and third sector organisations.
- Ensuring effective arrangements for information sharing.
- Effective systems for responding to abuse and neglect.
- Supporting the development of a positive learning culture across partnerships for safeguarding to ensure that organisations are not unduly risk averse.

The Greater Manchester Integrated Care Board Chief Executive is the Accountable Officer with the responsibility for ensuring that the health contribution to safeguarding and looked after children is discharged effectively across the local health economy through the Integrated Care Board commissioning and monitoring arrangements. The Integrated Care Board has an identified Non-Executive Board Member with responsibility for safeguarding scrutiny.

This role is supported through the Chief Nurse who holds delegated accountability and is the Executive Lead for Safeguarding. The Chief Nurse will be supported to discharge those duties through the Associate Director of Quality in each locality and Integrated Care Board Deputy Director of Nursing and Associate Director of Safeguarding.

7.0 General Roles And Responsibilities Of The ICB For Implementation Of The Mental Capacity Act (2005) (Refer To The ICB Mental Capacity Act Policy).

7.1 NHS GM Chief Executive

The Chief Executive of the Integrated Care Board is the accountable officer with overall responsibility for ensuring that strategic direction and operational performance complies with all legal, statutory, and good practice guidance requirements. The Chief Executive is accountable for ensuring that the health contribution to safeguarding and Looked After Children and promoting the welfare of children is discharged effectively across the health economy through Integrated Care Board commissioning arrangements. This role is supported by the Chief Nurse who holds delegated accountability as the Executive Lead for Safeguarding.

7.2 NHS GM Chief Nursing Officer (CNO)

The Chief Nurse is the delegated Executive Lead for Safeguarding and is responsible for the governance and organisational focus on safeguarding. They will work closely with the Place Based Executive Leads, supported by the locality Associate Directors of Quality and Senior Safeguarding Leaders to ensure safeguarding duties are being delivered. The CNO responsibilities:

- Provide strategic NHS leadership for safeguarding.

- Are accessible to the Designated Nurses/Professionals, Place Associate Directors of Quality and Senior Safeguarding Leads to discuss safeguarding risks and review the safeguarding systems.
- Ensure the Quality Performance Committee is appraised of appropriate safeguarding issues.
- Ensure senior Lead Practitioner Integrated Care Board representation at the Safeguarding Adult Boards and Safeguarding Children's Partnerships, contributing to its statutory functions, through delegation to the Designated Lead – Locality Associate Directors of Quality and Designated Nurses/Professionals.
- Ensure Integrated Care Board representation at the Child Death Overview Panel meetings contributing to its statutory functions, through the Designated Nurses for Safeguarding Children, Designated Doctors for Child Death and Named GP's Safeguarding. Maximise opportunities for learning across the two Child Death Overview Panels.
- Ensure Integrated Care Board representation to the Corporate Parenting Boards contributing to its statutory functions, through the Designated Nurses/Professionals for Looked After Children.
- Ensure that safeguarding and Looked After Children agendas are integral to the Integrated Care Board commissioning functions, governance, and audit arrangements.
- Ensure that contract specifications include clear service standards for safeguarding and are monitored through established quality assurance processes within the Integrated Care Board.

8. ICB Board Lead With Responsibility For Safeguarding

- Ensures that the ICB have management and accountability structures that deliver safe and effective services in accordance with statutory, national, and local guidance for safeguarding and Looked After Children.
- Ensures that service plans / specifications / contracts / invitations to tender etc. include reference to the standards expected for safeguarding children and adults.
- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensures that staff who are in contact with children and / or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

9.0 Designated Professionals

9.1 Designated professionals are clinical experts and strategic leaders for safeguarding. As such they are a vital source of safeguarding advice and expertise for all relevant agencies and other organisations, but particularly to health commissioners in NHS GM, the Local Authority and NHS England, other health professionals in provider organisations,

System Quality Groups (SQGs), regulators, the Safeguarding Children Partnership and Adult Board Arrangements, Corporate Parenting Boards, Community Safety Partnerships and Health and Wellbeing Boards.

9.2 Designated Professionals take responsibility for the strategic delivery of statutory responsibilities to ensure NHS GM is compliant with statutory requirements as well as those stipulated within the NHS SAAF (2022).

9.3 The Executive Lead for safeguarding should meet regularly with the designated professionals for children, looked after children and adults to review NHS functions in the local area.

9.4 Designated Professionals must be consulted and able to influence at all points in the commissioning cycle from procurement to quality assurance. This will ensure that allcommissioned services meet the statutory requirement to safeguard and promote the welfare of children and adults at risk.

9.5 Designated Professionals must have regular, direct access to the NHS GM Executive Lead, to ensure that there is the right level of influence of safeguarding on the commissioning process.

10.0 Named General Practitioner (GP) for Safeguarding

10.1 Named GPs for children and adults have a key role in promoting good professional practice, providing advice and expertise to professionals, and ensuring appropriate safeguarding training is in place.

10.2 NHS GM must secure the services of a named GP for safeguarding to ensure that primary care services can meet their obligations to both adults and children and support contextualised safeguarding (SAAF, 2022).

10.3 Training, experience and qualification requirements for named GPs are set out in the children's and adults intercollegiate documents and should be complied with. Appropriate Job Descriptions and specifications should be used.

11.0 Commissioners

11.1All Commissioners are responsible for ensuring that service specifications, invitations to tender and service contracts fully reflect safeguarding requirements and have safeguarding oversight from the designated professionals/nurses irrelevant of contract size or type. They are also required to ensure that any identified concerns about provider safeguarding arrangements are reported to the Designated Professional in the local area.

12.0 Line Managers

12.1 Line Managers are responsible for ensuring:

- Safeguarding responsibilities are reflected in all job descriptions for staff they manage, relevant to the job role.
- That staff are compliant with mandatory safeguarding training in line with this policy

as part of annual Professional Development Reviews.

- Any staff in contact with children, and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators ofabuse or neglect and know how to act on those concerns in line with this policy.
- Managing allegations against staff should be brought to the attention of the NHS GM CNO and Associate Director of Safeguarding in accordance with the NHS GM Managing Allegations Policy which should be followed in all cases. The Designated Professional in the local area will support any referrals to the appropriate Local Authority Designated Officer (LADO) for matters relating to safeguarding children; and for matters relating to safeguarding adults' referrals can be made in line with Persons in a Position of Trust (PIPOT)/Managing allegations process in locality.

13.0 Individual Staff Members

13.1 Individual Staff Members should:

Be cognisant of potential indicators of abuse or neglect for children and adults at risk and know how to act on those concerns in line with this policy - see Appendices 3 and 4

Take part in mandatory training, in line with this policy and wider intercollegiate directives as appropriate, to ensure their competency in this area and contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect children and adults at risk in line with their scope of practice.

Understand the principles of confidentiality and information sharing in line with local and government guidance (Appendix 6)

14.0 Guidance On Appropriate Behaviours

14.1 The ICB is committed to valuing all employees and has a responsibility to establish requirements in standards of work to be achieved by its staff. All staff have a responsibility to maintain public confidence and must uphold high standards of

personal conduct both within and outside of their work setting. Staff must not act in a way which could bring the ICB into disrepute and must act in accordance with their relevant professional bodies where appropriate.

14.2 The ICB expects that all staff are:

- Professional and honest.
- Work in partnership with others to achieve our goals.
- Listen and learn and be willing to change based on what we hear.
- Respect and care for our staff, the people we work with and our local community.
- Protect and invest the public funds that are given to us in a well-managed way.

14.3 Staff are advised to take precautions with their use of social media in a personal capacity and are advised that expectations set out within the Information Governance Handbook apply whether using it for a work purpose or at home for personal use.

14.4 All staff must follow the guidance outlined within the safeguarding policy and it must be read in conjunction with the Information Governance Handbook, Complaints and Freedom to Speak Up Policies (formerly Whistle Blowing policy).

15.0 Safe Recruitment

15.1 People Services are responsible for ensuring that all staff in contact with children, parents/carers, and adults at risk in the course of their normal duties undergo Disclosure and Barring Service checks in line with national and local guidance and that references are always verified before any offer of employment is made.

15.2 In line with the Recruitment and Selection Policy, NHS Employment Check standards apply to all applications for NHS positions and staff in ongoing NHS employment; this includes permanent staff, staff on fixed-term contracts, volunteers, students, trainees, contractors, highly mobile staff, temporary workers, GP Clinical Leads and other workers supplied by an agency.

15.3 This policy recognises that on occasion, official visitors, celebrities, VIP guests or other high-profile individuals may request to visit services and are organised as one-off events, standard safeguarding arrangements such as DBS checks may not be appropriate.

15.4 Provider organisations are required to follow their own policy and guidance on visit requests.

16.0 Managing Allegations Against Persons Who Work With Adults At Risk (PIPOT) Or Children (LADO)

16.1 Where there are concerns that a member of staff, either directly or indirectly employed by the ICB, is behaving in a way that demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity this must be reported to the appropriate ICB Designated Lead for Safeguarding.

16.2 The allegation or concern may arise either in the employees / professional's work or private life. Examples include:

Commitment of a criminal offence against or related to children, young people or adults at risk.

- Failing to work collaboratively with social care agencies when issues about care of children, young people, or adults at risk for whom they have caring responsibilities are being investigated.
- Behaving towards children, young people, or adults, in a manner that indicates they are unsuitable to work with this client group.
- Where an allegation or concern arises relates to the individuals' private life such as perpetration of domestic abuse; behaviours to his / her own children; or behaviour to others which may impact upon the safety of children / adults to whom they owe a duty of care.
- Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect

16.3 All concerns and allegations will be considered in line with the relevant Safeguarding Adult Board or safeguarding Children Partnership policies relevant to managing allegations against persons who work with children, young people or adults. The designated safeguarding lead will inform the Local Authority Designated Officer (LADO) and Person in a Position of Trust (PiPOT) of all allegations that come to their attention, that meet the criteria outlined in local policy.

16.4 NHS GM Managing Allegations Against Staff Policy and Disciplinary Policy should be followed as appropriate if NHS GM staff members become aware of any such concerns.

16.5 Following the outcome of any enquiry, consideration will need to be taken whether to refer an employee to a regulatory body e.g., General Medical Council, Nursing and Midwifery Council and Health Professions Council as required.

17.0 Freedom To Speak Up & Raising Concerns (Whistleblowing)

17.1 NHS GM acknowledges that Speaking Up about any concerns staff have at work is imperative.

17.2 All NHS GM staff members have a responsibility to disclose suspected “malpractice” or concerns about the organisation. Although there is currently no legal definition “whistleblowing” has come to be accepted as the disclosure by an employee of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace. These concerns may be in relation to the organisation or the employees of the organisation.

17.3 It has been recognised that actively encouraging staff to raise concerns about health care, probity, and quality matters responsibly and without delay ensures that the interests of patients are always put first.

17.4 Public Interest Disclosure Act 1998 ensures protection for employees who have concerns about the organisation they work for provided that staff are acting in good faith, reasonably believe that the matter being disclosed is either happening now, took place in the past, or is likely to happen in the future and is making a "qualifying disclosure".

The NHS GM Freedom to speak up & raising concerns Policy should be followed if staff members become aware of any such concerns. Where staff are concerned about matters of safeguarding nature they should consult with the relevant Designated Professional or approach the Freedom to Speak Up Guardian.

18.0 Quality Assurance And Monitoring Of Commissioned Services

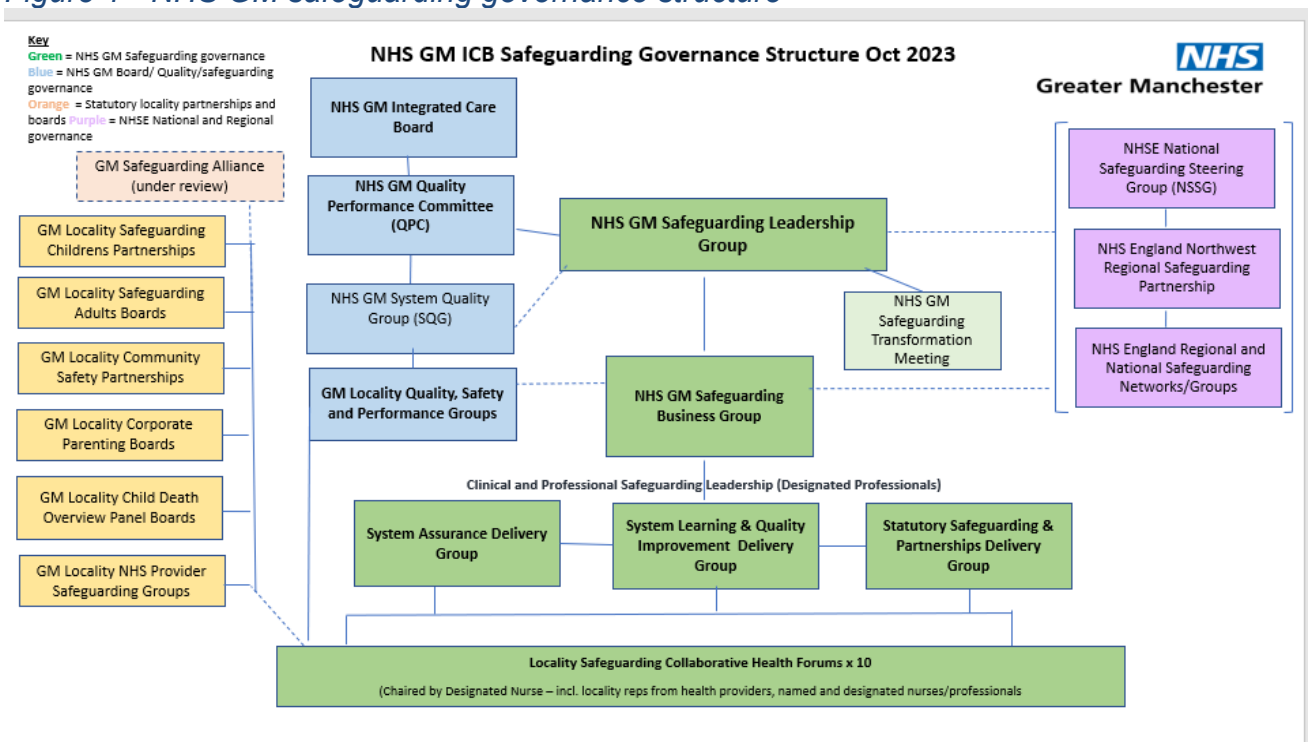
18.1 The Integrated Care Board has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services. This will inform the wider quality assurance monitoring of the Integrated Care System. Providers must evidence statutory compliance through the localised

assurance processes. Contracts leads should seek the advice of the safeguarding team if they have any concerns regarding compliance.

19.0 Governance Arrangements

19.1 All Places have existing clear lines of accountability through established multiagency governance mechanisms for the oversight of place-based Safeguarding Children Partnerships and Safeguarding Adult Boards, Corporate Parenting Boards, Community Safety Partnerships and Health & Wellbeing Boards. This governance structure is supplementary to facilitate reporting on delivery of NHS statutory duties to NHS GM Chief Nursing Officer.

Figure 1 - NHS GM safeguarding governance structure



20.0 Safeguarding Training Requirements

20.1 NHS GM has a responsibility to ensure that all staff are trained and competent to be alert to potential indicators of abuse and neglect. Staff should know how to act on those concerns and to fulfil their roles and responsibilities for safeguarding children and adults at risk in line local safeguarding partnership procedures.

20.2 NHS GM acknowledges the requirements set out within the Intercollegiate Documents and Prevent guidance and will comply with them in respect of its staff across all levels of the organisation. It will also monitor compliance and quality assurance related to safeguarding training within commissioned services.

20.3 The Intercollegiate Documents can be accessed in conjunction with the NHS GM Training Matrix (Appendix 7) to identify appropriate training needs of all employees.

20.4 NHS GM have set as a minimum requirement that Level 1 and 2 safeguarding training for children and adults is mandatory for all staff, additional training requirements are dependent on an individual's roles and responsibilities in accordance with intercollegiate guidance.

20.5 An individual's training needs should form part of their personal development plan which is to be agreed with their line manager.

20.6 The Intercollegiate document has specific guidance for the roles of Chair, Board Executives and Directors, which includes Governing Body members. All Board members/commissioning leads should have Level 1 core competencies in safeguarding additionally, Board members/commissioning leads should have an understanding of:

- The statutory role of the Board in safeguarding including partnership arrangements.
- Safeguarding policies, risks, and performance indicators
- Staff's roles and responsibilities in safeguarding
- Expectations of regulatory bodies in relation to safeguarding

21.0 Implementation

21.1 NHS GM Integrated Care Board will monitor compliance of this policy through exceptions reported in the Integrated Care Board Safeguarding Report. Compliance will also be monitored via self-assessment and exception reporting to NHS England / Improvement against the NHS Safeguarding Assurance Framework.

21.2 The Place Associate Directors Quality, Associate Director of Safeguarding and are responsible for the monitoring, revision and updating of this policy and will act on behalf of the Chief Nurse in this respect and will update them on its implementation.

21.3 This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Integrated Care Board Chief Nurse and Associate Director of Safeguarding so that the level of risk can be assessed, and an action plan can be formulated.

21.4 Contact details see Appendix 1

22.0 Equality Statement

22.1 Equality, diversity and human rights are central to the work of the Greater Manchester Integrated Care Board. This means ensuring local people have access to timely and high-quality care that is provided in an environment which is free from unlawful discrimination. It also means that the Integrated Care Board will tackle health inequalities and ensure there are no barriers to health and wellbeing.

22.2 To deliver this work Integrated Care Board staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. Integrated Care Board staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

22.3 The Integrated Care Boards equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012

22.4 Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- To consider if there are any unintended consequences for some groups.
- To consider if the policy will be fully effective for all target groups.

23.0 Consultation & Approval Process

23.1 This policy has been taken through the NHS GM policy process with ratification by the appropriate committee.

24.0 Dissemination

24.1 NHS GM Safeguarding Policy will be made available to all staff via the staff intranet and published on the safeguarding page of NHS GM website.

Appendix 1: Reporting Safeguarding Concerns, Making a Safeguarding Referral and Locality Contact Details

It is important that all staff who work with adults, children, young people, and their families are able to identify, assess and manage risks when dealing with safeguarding concerns. Furthermore, staff should report and respond to these at the appropriate level.

Table 2 - Generic Safeguarding Email Address for GM Localities

Locality	Generic email address
NHS GM	nhsgm.safeguarding@nhs.net
Bolton	gmicb-bol.safeguardingandlac@nhs.net
Bury	gmicb-bu.safeguarding@nhs.net
Heywood, Middleton and Rochdale	gmicb-hmr.safeguarding@nhs.net
Manchester	mhcc.safeguardingpw@nhs.net
Oldham	gmicb-old.safeguardingoldham@nhs.net
Salford	safeguarding.nhssalford@nhs.net
Stockport	gmicb-sto.Safeguarding@nhs.net
Tameside	gmicb-tameside.safeguarding@nhs.net
Trafford	gmicb-tr.safeguardingadults@nhs.net
Wigan	gmicb-wb.wigansafeguarding@nhs.net

Table 3 - GM Localities Safeguarding Referral Contact Details

Locality	Children's Safeguarding Referral	Adult Safeguarding Referral	Prevent Referral
Bolton	Front Door 01204 331 500 and press option 2 (Mon to Fri) Out of hours/Bank Holidays – Emergency Duty Team 01204 337 777	Adult Safeguarding Team Tel: 01204 337 000 To make a referral www.bolton.gov.uk/sab	Prevent - Bolton
Bury	Child safeguarding MASH team Tel: 0161 253 5678 Office hours, or out of hours 0161 253 6606	Customer Contact Centre Tel: 0161 253 5151 (Mon to Fri 8.45am to 5.30pm) Outside of these hours Tel: 0161 253 6606	Prevent - Bury
Heywood, Middleton & Rochdale	Children's Referral Rochdale Complex Early Help and Safeguarding team. 0300 303 0440 Mon-Fri, 08.30am- 16.45pm	Adult referral - adult care services Tel - 0300 303 8886 Email adult.care@rochdale.gov.uk Mon-Fri, 08.30am-16.45hrs Out of hours 0300 303 8875	Prevent - Rochdale
Manchester	Manchester Childrens social services Tel: 0161 234 5001	Manchester Contact Centre Tel: 0161 234 5001	Prevent - Manchester
Oldham	Oldham MASH Tel: 0161 770 777 (Mon to Fri 9am and 5pm) Out of hours emergency duty team Tel: 0161 770 6936 Child.mash@oldham.gov.uk	Oldham MASH Tel: 0161 770 777 (Mon to Fri 9am and 5pm) Out of hours emergency duty team Tel: 0161 770 6936 Adult.mash@oldham.gov.uk	Prevent - Oldham
Salford	Children Safeguarding referrals link: The Bridge – referral portal Report a Safeguarding Concern Tel: 0161 603 4500 The Bridge Partnership is available Monday to Friday from 8:30am - 4:30pm. Emergency Duty Team (EDT) on 0161 794 8888 is available outside of these times.	Adult Safeguarding referrals link: Report a Safeguarding Concern (salford.gov.uk) Email - salford.socialservices@nca.nhs.uk Phone Number – 0161 631 4777	Prevent - Salford

Locality	Children's Safeguarding Referral	Adult Safeguarding Referral	Prevent Referral
Stockport	MASSH (Mon to Fri 8.45am – 5.00pm) Tel: 0161 217 6028 Emergency Duty Team - Tel: 0161 718 2118 (Out of hours)	Adult safeguarding referral Tel: 0161 217 6029 (Mon to Fri 8.00am – 8.00pm) Stockport Council Emergency Duty Team (out of Hours) Tel: 0161 718 2118	Prevent - Stockport
Tameside	Worried about a child?	Adult Safeguarding referral	Prevent - Tameside
Trafford	Trafford Childrens first response Tel: 0161 912 5125 (Mon to Fri 8.30am to 4.30pm) Out of hours Emergency duty team Tel: 0161 912 2020	Trafford safeguarding hub Tel: 0161 5135	Prevent – Trafford
Wigan	Children First Partnership Hub Tel: 01942 82830 (Monday to Friday, 8:45am to 5.00pm) Outside of these hours - Tel: 01942 828777 Professional Referral Form must be completed: Professional Referral Form	Refer to Adult Social Care Central Duty Team: T: 01942 828777 Referral Form Adult	Prevent - Wigan

Appendix 2: Glossary

ICS - Integrated Care System

ICP - Integrated Care Partnership

ICB - Integrated Care Board

CCE - Child Criminal Exploitation

CHIMAT - Child and Maternal Health Observatory

CSE - Child Sexual Exploitation

DH - Department of Health

DoLS - Deprivation of Liberty Safeguards

FGM - Female Genital Mutilation

GM - Greater Manchester

GP - General Practitioner

LAC - Looked After Children

LADO - Local Authority Designated Officer

LPS - Liberty Protection Safeguards

LSCPR - Local Child Safeguarding Practice Review

SAR - Safeguarding Adult Review

LSP - Local Safeguarding Partnership

MCA - Mental Capacity Act

MHHR - Mental Health Homicide Review

PIDA - Public Interest Disclosure Act

PIPOT - Person's in Position of Trust process

RCPCH - Royal College of Paediatrics and Child Health

RCGP - Royal College General Practitioners

SAB - Safeguarding Adult Board

SI - Serious Incident – an incident involving a patient or their carers, staff or contractor where death, permanent harm or injury resulted.

Appendix 3: Definitions

For the purpose of this document the following definitions provide clarity of terms.

Commissioning - the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes. A link to the NHS England website: https://www.england.nhs.uk/commissioning/

Children - defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

Looked After Children - the term 'looked after children and young people' is generally used to mean those children who are 'looked after' by the state. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

Safeguarding Children - Safeguarding and promoting the welfare of children is defined for the purpose of this document as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes. (Working Together to Safeguard Children, 2018)

Adult At Risk - The Care Act (2014) identifies an adult at risk as being: "A person who has needs for care and support (whether or not the local authority is meeting any of those needs), who is experiencing or at risk of experiencing abuse and as a result of those needs the person is unable to protect him/herself against abuse".

Six key principles underpin all adult safeguarding work:

1. Empowerment - People being supported and encouraged to make their own decisions and informed consent;
2. Prevention - It is better to take action before harm occurs;
3. Proportionality - The least intrusive response appropriate to the risk presented;
4. Protection - Support and representation for those in greatest need;
5. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse;
6. Accountability - Accountability and transparency in delivering safeguarding.

Mental Capacity Act 2005 And Mental Capacity (Amendment) Act 2019 - The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity. The Mental Capacity (Amendment) Act 2019 (MCAA) amends the Mental Capacity Act 2005 and introduces the Liberty Protection Safeguards (LPS) – a new process for authorising deprivations of

liberty for persons of 16 years old, who lack capacity to make a particular decision.

Prevent (Counter Terrorism) - The healthcare sector is a key partner in delivering the HM Government's Prevent strategy (2011) Prevent strategy 2011 - GOV.UK (www.gov.uk) and promotes a non- enforcement approach to support the health sector in preventing people becoming radicalised. Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities. NHS GM is committed to safeguarding and supporting vulnerable individuals, including staff, who may be at risk of being radicalised by violent extremists. NHS GM will ensure appropriate systems are in place for staff to raise concerns if they are aware of this form of exploitation taking place and to promote and operate a safe environment where violent extremists are unable to operate.

The Channel Process - The Channel process is a key element of the 'Prevent' strategy and is a multi-agency approach to receiving referrals from agencies to protect and prevent vulnerable people at risk from radicalisation. In GM (where appropriate) all Prevent referrals go through the Channel process in the locality.

Prevent Referral Process- you can contact the NHS GM Prevent Lead in the relevant locality (appendix 2) for more information, advice and support. Once you have provided the relevant information and it is felt this is a Prevent referral you will be asked to complete a Prevent referral form. Appendix 5 provides a procedural flowchart for Prevent referrals for NHS GM staff.

Radicalisation - This refers to the process by which people come to support, and in some cases to participate in terrorism.

Violent Extremism - Is defined by the Crown Prosecution Service (CPS) as: the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Foment, justify or glorify terrorist violence in furtherance of particular beliefs.
- Seek to provoke others to terrorist acts.
- Foment other serious criminal activity or seek to provoke others to serious criminal acts.
- Foster hatred which might lead to inter-community violence in the UK.

More recently in 2015 the Home Office asserted that: 'Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist'.

Categories Of Abuse:

1. **Abuse Of Children -** For **children's** safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (2023).
    a. **Abuse**: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet). They may be abused by an adult or adults, or another child or children.
    b. **Physical abuse**: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

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

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

   i. Provide adequate food, clothing and shelter (including exclusion from home or abandonment);

   ii. Protect a child from physical and emotional harm or danger;

   iii. Ensure adequate supervision (including the use of inadequate care-givers);

   iv. Ensure access to appropriate medical care or treatment.

Adults At Risk Of Abuse

f. Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.

g. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of relevance are the following descriptions of the forms that abuse may take:

h. Physical abuse: including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

i. **Sexual abuse**: including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

j. **Psychological abuse**: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

k. **Financial or material abuse**: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

l. **Neglect and acts of omission**: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also results in bodily harm and/or mental distress. It can involve failure to intervene in behaviour which is likely to cause harm to a person or to others. Neglect can occur because of lack of knowledge by the carer. Possible indicators of neglect include:

   i. Malnutrition
   ii. Untreated medical problems
   iii. Pressure sores
   iv. Confusion
   v. Over-sedation

2. **Self-neglect:** including a wide range of behaviour neglecting to care for one's personal hygiene, health, or surroundings, and includes behaviour such as hoarding.
3. **Discriminatory abuse:** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs, or similar treatment.
4. **Institutional/Organisational Abuse:** including neglect and poor care practice within a specific care setting. This could be a hospital or a care home, but also the care a person receives in their own home.
5. **The Care and Support Statutory Guidance (2014)** specifies that abuse or neglect includes modern slavery, which encompasses: slavery; human trafficking; forced labour; domestic servitude; and where traffickers use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Modern Day Slavery - Modern slavery targets the vulnerable and marginalised. Modern slavery takes many forms. The most common are:

1. **Human trafficking** is the process of trapping people through the use of violence, deception or coercion and exploiting them for financial or personal gain. People can be trafficked and exploited in many forms, including being forced into sexual exploitation, labour, begging, crime (such as growing cannabis or dealing drugs), domestic servitude, marriage or organ removal.
2. **Forced labour.** Any work or services people are forced to do against their will under threat of punishment.
3. **Debt bondage/bonded labour**. The world's most widespread form of slavery. People trapped in poverty borrow money and are forced to work to pay off the debt, losing control over both their employment conditions and the debt.

4. **Descent–based slavery**. Most traditional form, where people are treated as property, and their "slave" status was passed down the maternal line.
5. **Slavery of children**. When a child is exploited for someone else's gain. This can include child trafficking, child soldiers, child marriage and child domestic slavery. The trafficking and exploitation of children is child abuse, and any such concerns must be managed by following local child protection referral processes.

Domestic Abuse - In 2021 the new Domestic Abuse Act (2021) highlights that domestic abuse is not just physical violence, but also encompasses emotional, controlling or coercive, and economic abuse.

1. The act defined domestic abuse as the following;

   "Behaviour of a person (A) towards another person (B) is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. Behaviour is "abusive" if it consists of any of the following: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse;"It does not matter whether the behaviour consists of a single incident or a course of conduct."

2. The Domestic Abuse Act (2021) defines being personally connected as someone who is either married/civil partnership or have previously been married/civil partnership to each other, agreement to marriage or enter civil partnership with each other (even if this agreement has been terminated), intimate relationship with each other (past or present), each had a parental relationship in relation to the same child, or they are relatives.
3. The Domestic Abuse Act (2021) makes reference to children related to A or B as victims of domestic abuse also as a direct result of what they see, hear, or through experiencing the effects of the abuse.
4. Economic abuse" is: any behaviour that has a negative effect on a person's ability to receive, use or maintain money or other property, or obtain goods or services.
5. Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
6. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
7. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Forced Marriage - A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Force can include physical, psychological, financial, sexual and emotional pressure. In the cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced. A link to guidance: forced marriage

Forced Child Marriage - The Marriage and Civil Partnership (Minimum Age) Act 2022 came into force 27th February 2023. It is now an offence to cause a child under the age of 18 to enter a marriage or civil partnership in any circumstances, without the need to prove that a form of coercion was used. This includes non-legally binding 'traditional' ceremonies which would still be viewed as marriages by the parties and their families. It is now illegal and a criminal offence to exploit

vulnerable children by arranging for them to marry, under any circumstances whether or not force is used. The change will crack down on forced marriages which can cause lasting damage on a child.

Female Genital Mutilation (FGM) -The World Health Organisation (WHO) states that female genital mutilation (FGM): "Comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons". A link to the NHS Website: **Female genital mutilation (FGM) - NHS (www.nhs.uk)**

Child Sexual Exploitation (CSE) - The National Working Group has developed the following definition of CSE: "The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources". A link to the GovUk website: Child sexual exploitation: definition and guide for practitioners

County Lines And Child Criminal Exploitation (CCE) - County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.

1. The UK Government (Home Office 2018) defines county lines as: County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
2. Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as: *Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.* (Home Office 2018) A link to the gov.uk website: County lines
3. **Complex Safeguarding** - This is a term that is applied to encompass a range of safeguarding issues that children, young people and adults at risk face in particular those related to criminality and exploitation. This is often extra-familial abuse and can be defined as criminal activity or behaviour associated to criminality, involving vulnerable children/ young people and adults at risk where there is exploitation and/or a clear or implied safeguarding concern. Criminal exploitation can involve cuckooing where the home of a vulnerable person is taken over and used as a base for criminal activity.

Appendix 4 – NHS GM Worried About A Child Flowchart

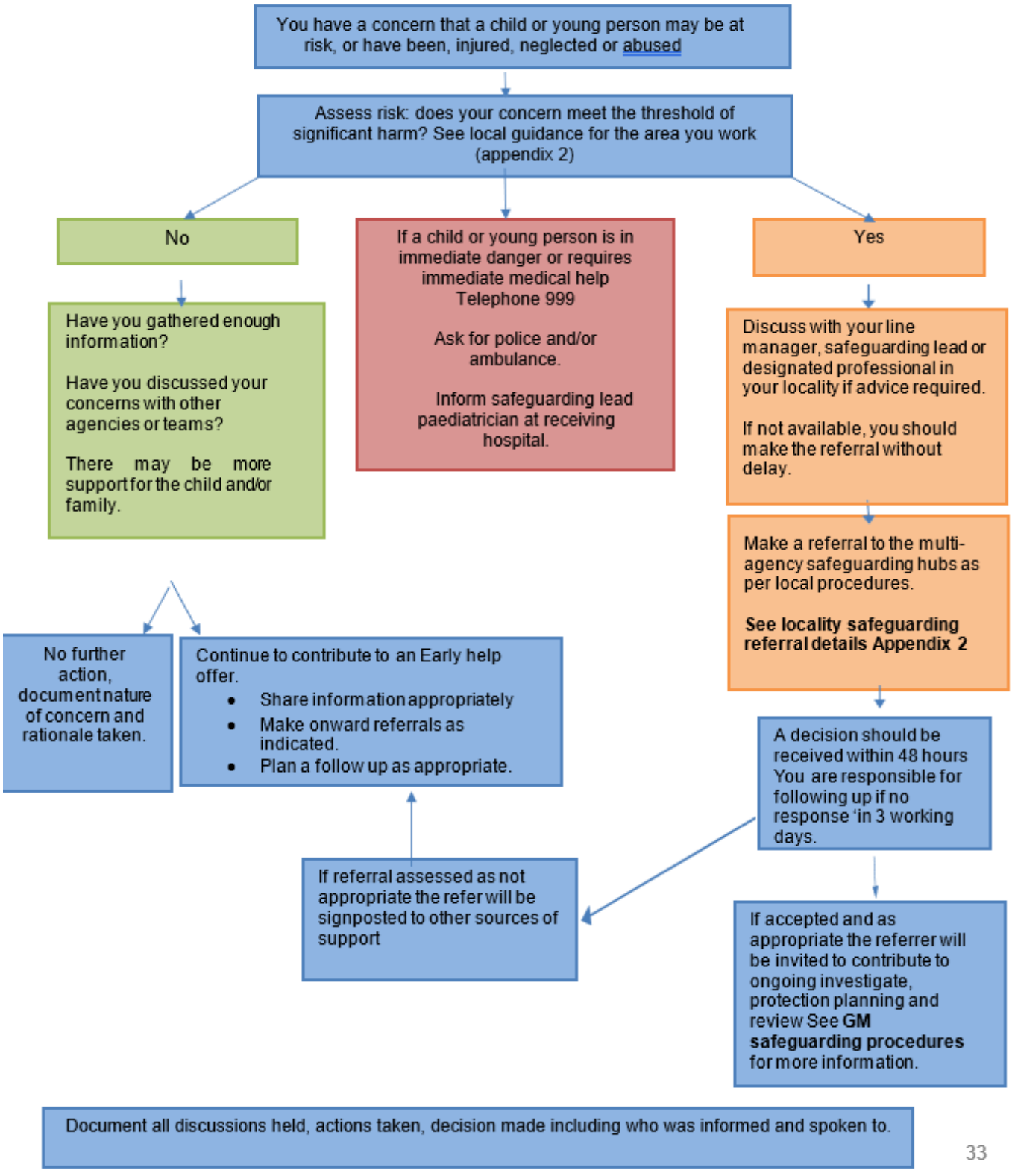
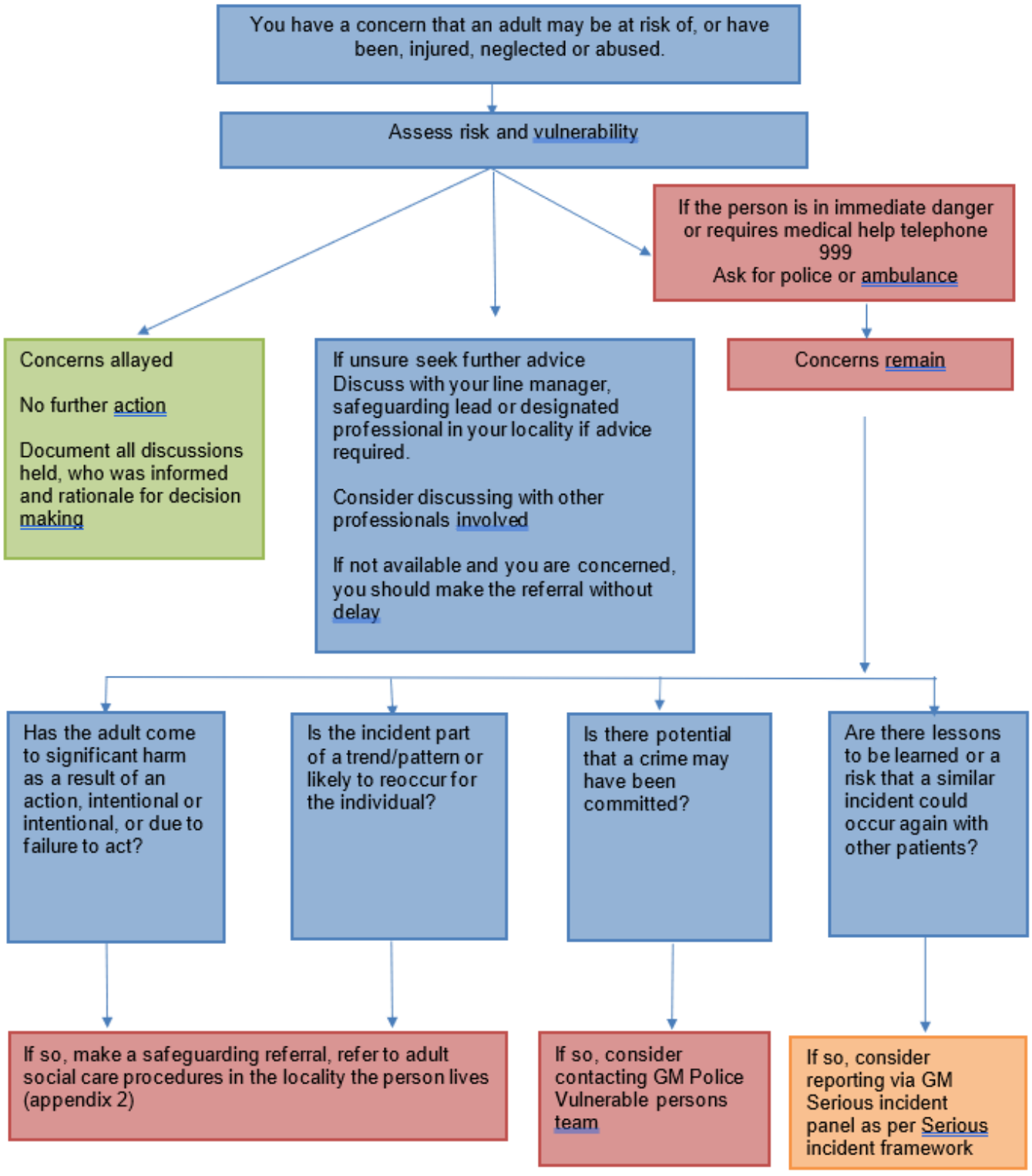


Figure 2 - NHS GM Worried about a Child Flowchart

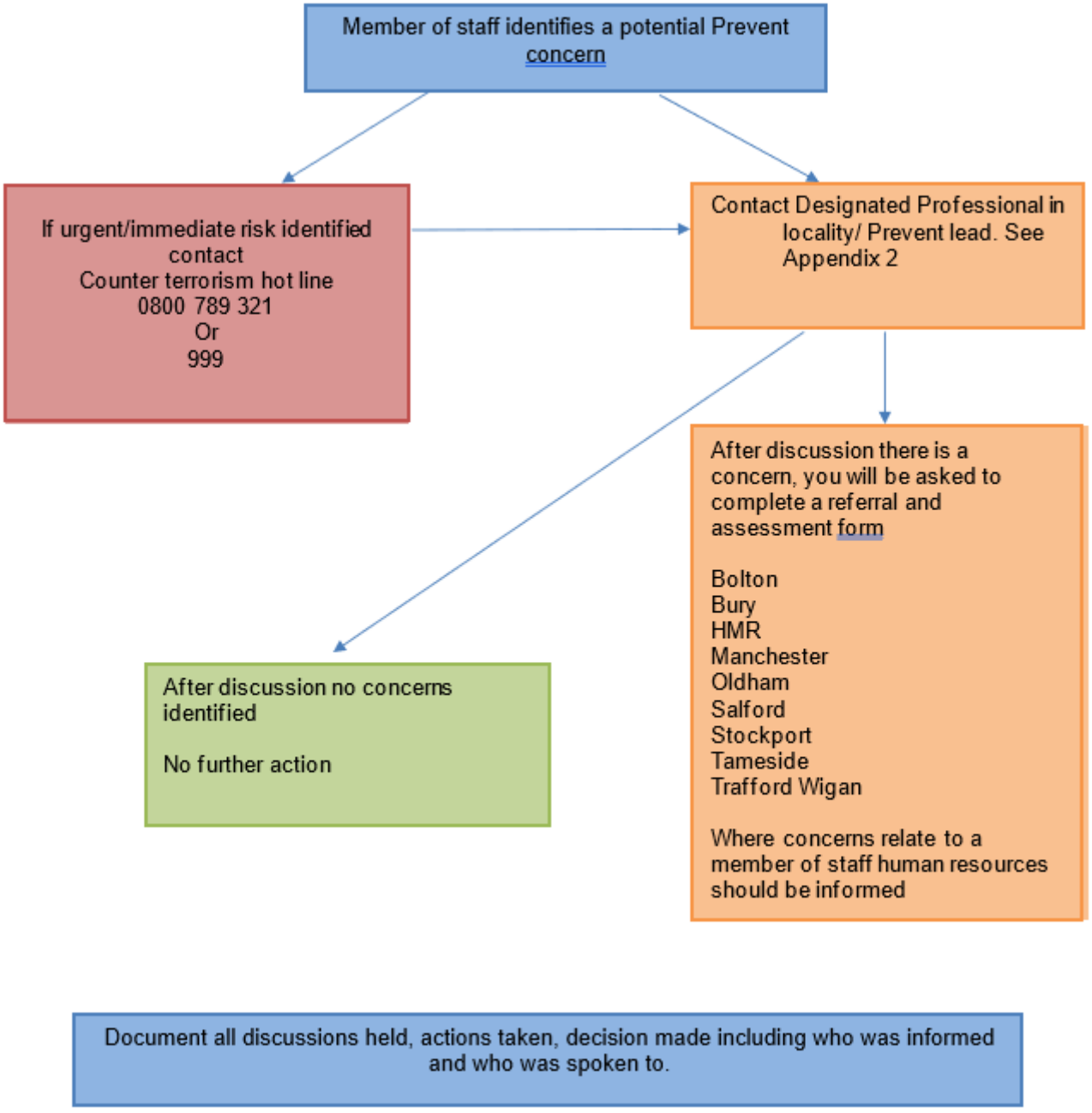
Appendix 5 – NHS GM worried about an adult at risk flowchart

Figure 3 - What to do if an Adult is at risk of harm Flow Chart



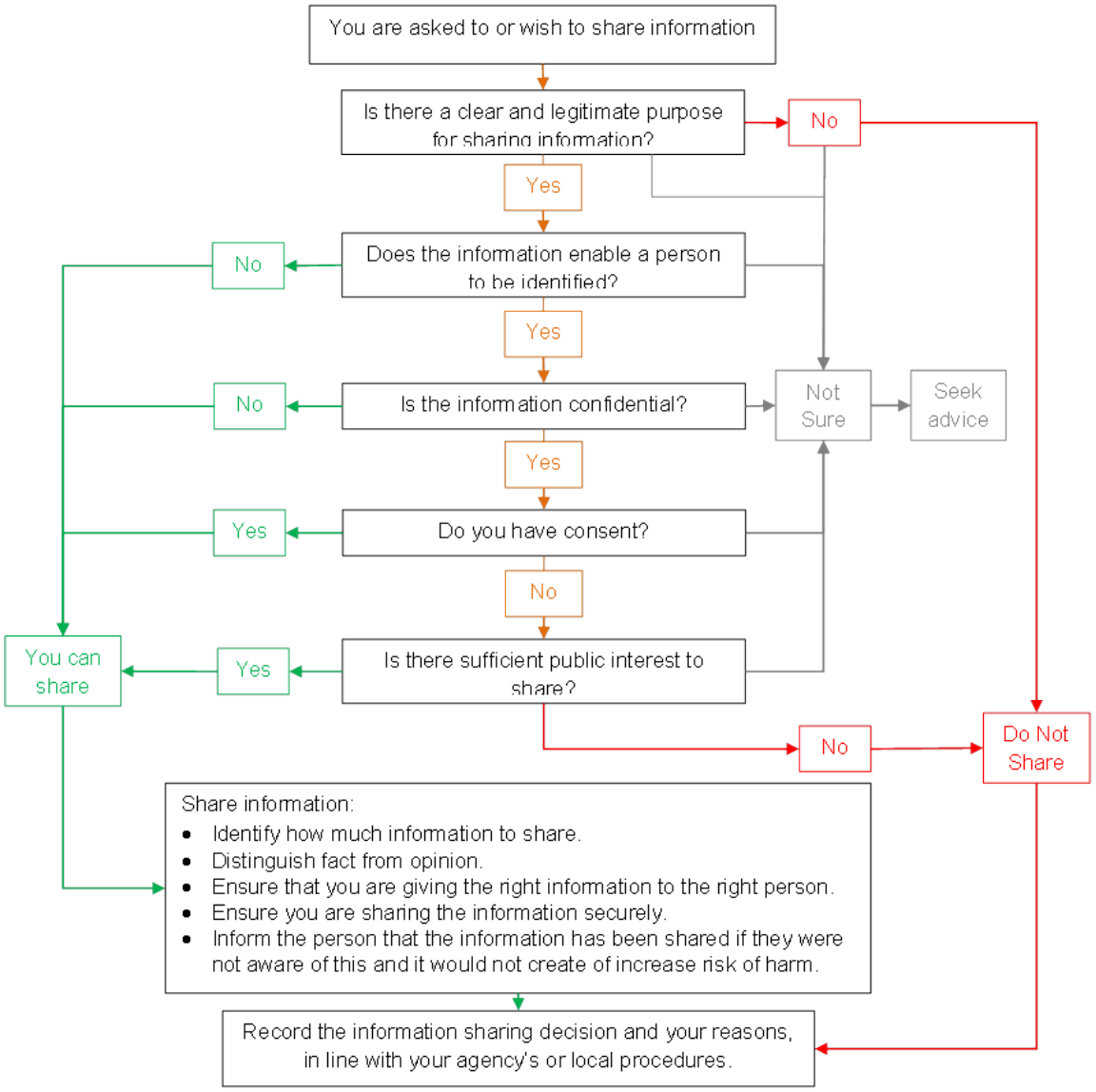
Appendix 6 – NHS GM 'Have A Prevent Concern' Flowchart

Figure 4 - NHS GM 'Have Prevent Concern' Flowchart



Appendix 7 – Information Sharing Guidance And Seven Golden Rules Flowchart For Key Questions For Information Sharing

Figure 5 Information Sharing Guidance Flowchart



If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, the follow the relevant procedures without delay.

Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Extracted from Information Sharing: HM Government Publications 2018

Information Sharing Advice For Safeguarding Children DfE May (2024)

A link to advice on the DfE website: Information Sharing Advice For Safeguarding Children

The General Data Protection Regulation (2018).

"This is an EU law that sets out guidelines for the collection and processing of personal information and aims to give individuals more rights over how their data is used. The GDPR explicitly states that children's personal data merits specific protection. It also introduces new requirements for the online processing of a child's personal data. If a child is mature enough they should begiven the opportunity to decide whether they agree to their confidential information being shared. If a child doesn't have the capacity to make their own decisions, their parent or carer must be consulted (unless this would put the child at risk). However, if there is a child protection concern, information must be shared with the relevant agencies, even if consent to share has not been given. GDPR does not affect this principle". (GDPR 2018)

Appendix 8 – NHS GM Safeguarding Children and Adults Training Needs Analysis

All NHS GM staff have a duty to safeguard and protect the welfare of children and adults at risk. Safeguarding training must be undertaken in order that staff members are able to meet safeguarding responsibilities as required for their specific role. This table outlines the training required by NHS GM staff members. Additional information on the content of Levels 1- 5 Safeguarding Children and Adult training are included within the 2019 Intercollegiate Guidance entitled “Safeguarding Children and Young People: the roles and competences of health care staff” the 2024 Intercollegiate Guidance entitled “Adult Safeguarding: Roles and Competencies for Health Care Staff” and the “Looked After Children: Roles and Competencies of Healthcare Staff “2020.

Table 4 - NHS GM Safeguarding Children and Adults Training Needs Analysis

Level	Staff requirement	Frequency	ICB Staff Group Examples
Level 1 children safeguarding training and Looked after Children training	All staff working in health settings and who do not require other levels of competency. For all new starters induction within 6 weeks of commencing new post within the ICB	Minimum 2 Hours over 3 years	ICB receptionists, administrative staff, domestic and transport staff, maintenance staff, volunteers, board level executives and non-executives
Level 1 adult safeguarding training	All staff working in health settings and who do not require other levels of competency. For all new starters induction within 6 weeks of commencing new post within the ICB	Minimum 2 Hours over 3 years	ICB receptionists, administrative staff, domestic and transport staff, maintenance staff, volunteers, board level executives and non-executives
Level 2 children safeguarding training and Looked after Children training	Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children	Minimum 3 Hours over 3 years	ICB administrators for safeguarding, quality and AACC nonclinical staff, health students, meds management staff, communication staff, complaints teams, patient safety team and all other adult orientated secondary care healthcare professionals, including technicians

Level 2 adults safeguarding training	All practitioners who have regular contact with patients, their families or carers, or the public.	Minimum 3 Hours over 3 years	ICB administrators for safeguarding, quality and AACC nonclinical staff, health students, meds management staff, communication staff, complaints teams, patient safety team and all other children orientated secondary care healthcare professionals, including technicians

Level 3 children safeguarding training and Looked after Children training	All clinical staff • working with children, young people and/or • their parents/carers and/or • any adult who could pose a risk to children and • who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not) Clinical Leads may be accessing their own level 3 training in their GP practice role and will need to evidence this to ESR as to not repeat training requests	**Core** Minimum 8 Hours 8 hours over 3 years **Specialist** Minimum 12-16 Hours over 3 years for those requiring role specific additional knowledge, skills and competencies.	**Core Level** clinical leads (who are not GP's), Health professionals who work with children in learning disability, substance misuse or sexual health services, adult learning disability staff, learning disability nurses (children and adult), dentists, pharmacists undertaking professional care activities and services in care homes, urgent and emergency care settings, GP practices and out of hours services **Specialist level**: Additional knowledge, skills and competencies required for specific professional roles at level 3 include the following roles: children nurses, paediatricians, GPs, GP practice safeguarding leads, health visitors, family nurses, midwives, children, and young people's mental health nurses

Level 3 adult safeguarding training	Registered health care staff working with adults who engaging in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role) Clinical Leads may be accessing their own level 3 training in their GP practice role and will need to evidence this to ESR as to not repeat training requests	Minimum 8 Hours over 3 years	ICB clinical leads, AACC and Quality team registered nurses/midwives, Designated SEND officers, adult learning disability practitioners, mental health practitioners' substance misuse practitioners, sexual health practitioners, dentists, pharmacists undertaking professional care activities and services in care homes, urgent and emergency care settings, GP practices and out of hours services
Level 4 safeguarding children, adult training and Looked after Children training	Named and specialist roles	Minimum 24 Hours over 3 Years	ICB Executive Director with Safeguarding Accountability, Associate Directors of Quality and Safety Improvement (Place), Heads of Safeguarding, Named GPs for Safeguarding, Safeguarding specialist nurses
Level 5 children, adult safeguarding training and Looked after Children training	Designated Professional roles	Minimum 24 Hours over 3 Years	Designated Nurses, Designated Doctors,
Board level safeguarding training	Required to undertake level 1 safeguarding adults and children training as well as bespoke training	Minimum 2 Hours over 3 years	ICB CEO, Executive and non-executive directors, lay members

MCA and DoLS training	All clinical and professionally registered staff	3 yearly	All clinical and professionally registered staff employed in the ICB - clinical leads, GP's, Registered nurses, Pharmacists, Dentists
PREVENT-Level 1 and 2 eLearning Basic Prevent awareness training	Those staff identified as requiring Level 1 and Level 2 safeguarding children and adults training	3 yearly	Those staff who require safeguarding adults and children level 1 &2 training (examples above)
Level 3 Workshop to Raise Awareness of Prevent (WRAP) Training Prevent duty training Or via eLFH Preventing radicalisation Level 3	Staff requiring Level 3 and above safeguarding training	3 yearly	Those staff who require safeguarding adults and children level 3 training (examples above)