

Corporate	CCG CO33; Safeguarding Adults and Children Supervision Policy
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Version Number	Date Issued	Review Date
V1	February 2021	February 2023

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Consultation Process:	Executive Committee
Formally Approved:	February 2021
Approved By:	Executive Committee
Policy Adopted From:	New Policy

EQUALITY IMPACT ASSESSMENT

Date	Issues
January 2021	See appendix 4

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact tvccg.enquiries@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	February 2021	Head of Quality and Adult Safeguarding and Senior Adult Safeguarding Officer; NHS Tees Valley CCG.	New Policy Template

Approval

Role	Name	Date
Approval	Executive Committee	February 2021 (1)

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1. Introduction

For the purposes of this policy, Tees Valley Clinical Commissioning Group will be referred to as “the CCG”.

The CCG fully recognises its responsibility for protecting and safeguarding the welfare of children and adults at risk. We acknowledge our responsibility to take all reasonable steps to promote safe practice and to protect people from harm, abuse or exploitation.

CCGs have a duty under Section 11 of the Children Act (2004)¹ to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The CCG should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including the provision of appropriate supervision and support, to fulfil their child welfare and safeguarding responsibilities effectively.

The CCG is committed to ensure that the risks of abuse and neglect to adults, children and young people are minimised and that children, young people and adults achieve their optimal life chance in accordance with Working Together to Safeguard Children (2015)² and The Care Act (2014)³.

Working Together to Safeguard Children (2015)² provides the statutory framework for safeguarding and promoting the welfare of children and highlights the importance of safeguarding supervision.

The Care Act (2014)³ and accompanying Statutory Guidance (2016)⁴ provides the statutory framework for safeguarding and promoting the welfare of adults. This guidance has replaced previous guidance in the document ‘No Secrets’ (2000).

Safeguarding children and adults is a collective responsibility across the health economy. The CCG, as a commissioner of local health services needs to be assured that the provider organisations have effective safeguarding arrangements in place which includes arrangements for the supervision of Named and Designated Professionals and other staff working with children and vulnerable adults. The CCG also needs to ensure safeguarding supervision arrangements are in place for its own safeguarding specialist staff.

This policy supports the overarching Safeguarding Strategy, Safeguarding Adults Policy and Safeguarding Children Policy, giving specific clarity around safeguarding supervision within the CCG. Commissioned provider organisations are required to have their own separate Supervision Policies.

¹ [Children Act 2004](#)

² [Working Together to Safeguard Children \(2015\)](#)

³ [Care Act \(2014\) HMSO:London](#)

⁴ [Care and Support Statutory Guidance Chapter 14](#)

1.1 Status

This policy is a Corporate policy.

1.2 Purpose and scope

In accordance with the statutory frameworks for both children and adults Designated Nurses are required to provide safeguarding supervision across the health economy for Named/Lead Professionals.

This policy primarily applies to all nursing staff working within the CCG Safeguarding Team.

As commissioning organisation employees of the CCG will not be responsible for a caseload; however “ad hoc” supervision may be provided to any CCG employee who is involved in a complex case where advice and guidance may be required.

The aims and objectives of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision.

2. Definitions

In this policy, a child refers to anyone who has not yet reached their 18th birthday regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Act 1989⁵ and 2004⁶.

Safeguarding children and young people and promoting their welfare means:

- Protecting children from maltreatment.
- Preventing wherever possible impairment of children’s health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and;
- Taking action to enable all children to have the best outcomes⁷.

For those young people 16-17 years of age the Mental Capacity Act (2005)⁸ may also apply where there is a disorder or impairment of the mind or brain.

⁵ [Children Act 1989](#)

⁶ [Children Act 2004](#)

⁷ [Working Together to Safeguard Children \(2015\)](#)

⁸ [Mental Capacity Act \(2005\) HMSO: London](#)

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances⁹.

For the purposes of Adult Safeguarding, an adult is anyone over the age of 18. The Care and Support Act Statutory Guidance (2016)⁹ ¹⁰ defines safeguarding adults criteria as safeguarding duties apply to an adult who:

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

When there is concern that an adult may lack capacity in relation to protecting themselves from harm and/or abuse the Mental Capacity Act (2005)¹¹ should be adhered to, in conjunction with the Care Act Statutory Guidance (2016)⁹.

Whilst many of the processes are similar within safeguarding adults and safeguarding children it is important to recognise that the differing legislation frameworks applicable to safeguarding adults means it could not and should not implicitly follow the children's approach.

3. Safeguarding Supervision

Supervision is defined as:

'A process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users'¹².

⁹ [Care and Support Statutory Guidance Chapter 14](#)

¹⁰ [Care Act \(2014\) HMSO: London](#)

¹¹ [Mental Capacity Act \(2005\) HMSO: London](#)

¹² Morrison, T. (2005) 3rd edn. Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users.

The objectives and functions of supervision have been described as:

- Competent, accountable performance.
- CPD (developmental or formative function).
- Personal support (supportive or restorative function).
- Engaging the individual with the organisation (mediation function)

Working to ensure children and adults at risk are protected from harm requires sound professional judgements to be made. It is demanding work that can be both distressing and stressful¹³. Staff involved must have access to advice and support from professionals experienced in the field of safeguarding children and adults at risk.

Safeguarding Supervision usually takes place on a one to one basis however group supervision may be appropriate in some instances¹⁴.

Safeguarding Supervision will be delivered by an appropriately qualified, experienced Safeguarding Professional who will be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults¹⁵. In accordance with contractual arrangements they are accountable for the advice they provide and action they may have to take following the supervision session.

Supervision will be delivered to staff working within the CCG, in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). The table below outlines the type of safeguarding roles that require supervision.

Table 1: Frequency of Supervision

Safeguarding Role	Frequency of supervision
Designated Nurse Safeguarding Children	Quarterly
Named GPs Safeguarding Children	Quarterly
Designated Nurse Looked After Children(LAC)	Quarterly
Designated Nurse Safeguarding Adults	Quarterly
Named GP Safeguarding Adults	Quarterly
Safeguarding Adults Officers	Quarterly
Clinical staff from other CCG teams	As required

¹³ [Working Together to Safeguard Children \(2015\)](#)

¹⁴ Morrison, T. (2005) 3rd edn. Staff Supervision in Social Care: Making a Real Difference for Staff and Service Users.

¹⁵ [NHSE Accountability and Assurance Framework](#)

Safeguarding Supervision will be agreed using the Supervision contract (Appendix 1) and recorded using the Safeguarding Supervision Discussion form (Appendix 2). All documentation will be stored securely and a central record maintained of when supervision sessions were undertaken.

The Designated Doctors for Safeguarding Children and LAC are currently hosted by local NHS Foundation Trusts. As such, the expectation is that they will adhere to their employers Safeguarding Supervision Policy. However, the CCG will seek assurance from the organisations that their systems and processes are robust and will form part of their individual appraisal process.

4. Duties and Responsibilities

The CCG will ensure that staff are allowed appropriate time and support to fulfil the requirements of the supervision process and to ensure that staff who provide safeguarding supervision (Supervisor) have received the relevant training, are appropriately qualified, in receipt of continual professional development and have arrangements in place for their own supervision.

The CCG will ensure that staff receiving supervision (Supervisee) have had the relevant awareness training.

It is essential that both the Supervisor and Supervisee are well prepared for the safeguarding supervision session, ensuring that the relevant documentation is completed. The process of supervision is underpinned by the principle that each practitioner remains accountable for their own practice and as such their own actions within supervision.

It is the responsibility of the Supervisee to contact their Supervisor to arrange safeguarding supervision and ensure that their attendance meets the mandatory requirements of this policy.

Should supervision be cancelled it is the responsibility of the professional cancelling the supervision to rearrange a convenient date for both Supervisor and Supervisee. Any re-arranged meeting should be done so within two weeks of the original meeting date.

Safeguarding supervision will be held in a safe place, either face to face or virtual for both Supervisor and Supervisee.

5. Implementation

This policy will be available to CCG staff for use in relation to Safeguarding Supervision as described in section 3.0.

All managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are

competent to carry out their duties in accordance with the procedures described.

6. Training Implications

Safeguarding Supervision will be delivered by an appropriately qualified Safeguarding Nurse who has been trained in supervision skills.

Supervisees will have received relevant awareness of safeguarding supervision training.

7. Related Documents

7.1 Other related policy documents

- Tees Valley CCG Safeguarding Children Policy
- Tees Valley CCG Safeguarding Adults Policy
- NHSE Accountability and Assurance Framework

7.2 Legislation and statutory requirements

- Children Act (1989)
- Children Act (2004)
- Mental Capacity Act (2005)
- Care Act (2014)
- Department for Education (2015) Working Together to Safeguard Children. London: HMSO
- Department of Health (2016) Care and Support Statutory Guidance. Chapter 14. London: HMSO
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)
- Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)

8. Monitoring, Review and Archiving

8.1 Monitoring

Monitoring of adherence with this policy is a statutory responsibility of the CCG. Implementation of the Safeguarding Supervision Policy will be monitored via the internal audit process.

Evidence of the supervision arrangements will be provided on request to NHS England, Safeguarding Children Boards, Safeguarding Adult Boards and CQC where required to provide assurance that the CCG is complying with its statutory requirements.

8.2 Review

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

9. Equality Analysis

A full Equality Impact Assessment (EIA) to be completed and attached as Appendix

Safeguarding Supervision Contract

CONTRACT BETWEEN:	
SUPERVISOR:	
SUPERVISEE:	
ARRANGEMENTS AGREED FOR SUPERVISION: Venue/Room/Facilities/On-line	
FREQUENCY:	
LENGTH:	
LOCATION:	
RECORDING OF SUPERVISION:	
BOUNDARIES OF CONFIDENTIALITY: (are there any occasions when the supervision record would be shared outside of the supervision session?)	
STORAGE OF SUPERVISION RECORD:	
MAKING SUPERVISION WORK: what each agrees to contribute:	
WHAT I EXPECT FROM YOU AS MY SUPERVISOR:	
WHAT I WILL CONTRIBUTE AS THE SUPERVISEE TO MAKE THIS WORK:	
WHAT I WILL CONTRIBUTE AS THE SUPERVISOR TO MAKE THIS PROCESS WORK:	
SIGNED:	
SUPERVISOR:	
SUPERVISEE:	
CONTRACT TO BE REVIEWED ANNUALLY	

Safeguarding Supervision Case Discussion Form

PRACTITIONER NAME:	DESIGNATION:
ESTABLISHMENT BASE:	
SUPERVISOR'S NAME:	DESIGNATION:
ISSUES:	
AGREED ACTION:	

SIGNATURE OF SUPERVISOR:	DATE :
SIGNATURE OF SUPERVISEE:	DATE:

Schedule of Duties and Responsibilities

<p>Council of Members</p>	<p>The Council of Members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p>
<p>Accountable Officer (AO) / Chief Officer (CO)</p>	<p>The Chief Officer / Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p>
<p>Executive Lead for safeguarding adults</p>	<p>The Director of Nursing and Quality, as executive lead, will take responsibility for governance and organisational focus on safeguarding adults and will also ensure that the CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and supervision to support the designated and named professionals. The Director of Nursing will also ensure:</p> <ul style="list-style-type: none"> • The safeguarding adults and children supervision process is robust and adhered to. • The necessary training required to implement this policy is identified and resourced. • The CCG has in place assurance processes to ensure compliance with adult safeguarding legislation, guidance, policy and procedures • The Designated Doctors for Safeguarding Children and LAC are currently hosted by local NHS Foundation Trusts. As such, the expectation is that they will adhere to their employers Safeguarding Supervision Policy. However, the Director of Nursing will seek assurance from the organisations that their systems and processes are robust and will form part of their individual appraisal process. • Identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in statutory requirements.
<p>CO33: Safeguarding Supervision OFFICIAL</p>	<p>Policy (1)</p>

Internal and external	The CCG utilises both internal and external audit functions,.
Designated Professionals	<p>The Head of Quality and Adult Safeguarding and Designated Professionals for Safeguarding Children will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding adults across the CCGs area, which includes safeguarding supervision. They will:</p> <ul style="list-style-type: none"> • Work with the Director of Nursing and Quality to ensure robust safeguarding supervision arrangements are in place within the CCG • Identify the need for a change in policy or procedure as a result of becoming aware of changes to statutory requirements, revised professional or clinical standards and local/national directives.
Named GP	The Named GP will lead and support the development of practice within Primary Care (GPs) which includes supervision standards and compliance with statutory guidance.
All employees	<p>All employees are required to comply with the CCGs policies, procedures and processes and are responsible for:</p> <ul style="list-style-type: none"> • Compliance with the safeguarding supervision policy and identifying when supervision is required. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided
CSU Staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Gordon Bentley

Job Title: Senior Safeguarding Adults Officer

Organisation: NHS Tees Valley CCG

Title of the service/project or policy: Safeguarding Supervision Policy

Is this a;

Strategy / Policy

Service Review

Project

Other N/A

What are the aim(s) and objectives of the service, project or policy:

To provide a safe, supportive opportunity for individuals to engage in critical reflection in order to raise issues, explore problems, and discover new ways of handling both the situation and oneself.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This proposed new policy will provide a framework to support individuals in their role, offer an opportunity to further develop their knowledge and skill base and therefore will not have a negative impact on any equality group.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above have not been implemented, please state the reason: N/A		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Approver	Executive Committee	February 2021

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Gordon Bentley
Job Title: Senior Safeguarding Adults Officer
Organisation: NHS Tees Valley CCG

Title of the service/project or policy: Safeguarding Supervision Policy

Existing **New / Proposed** **Changed**

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

Through a safe and supportive process provide opportunity for individuals to engage in critical reflection in order to raise issues, explore problems, and discover new ways of

handling both the situation and oneself. This policy supports the overarching Safeguarding Strategy, Safeguarding Adults Policy and Safeguarding Children Policy, giving specific clarity around safeguarding supervision within the CCG. The policy will also provide the CCG with assurance staff within the safeguarding team are being supported to discharge the CCGs statutory duties.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** N/A

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	This is a new policy

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

<p>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful. Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p>Age <i>A person belonging to a particular age</i></p>
The safeguarding supervision policy applies to both child and adult safeguarding.
<p>Disability <i>A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities</i></p>
This policy applies to both adults and children at risk which may include individuals with a physical or mental impairment which could make them vulnerable to abuse.
<p>Gender reassignment (including transgender) and Gender Identity <i>Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.</i></p>
This policy makes no reference to gender reassignment or transgender. There is no need for an additional privacy procedure.

Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

This policy applies to all staff and makes no distinction between marriage and civil partnerships.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

There are no implications for pregnancy and maternity. All staff can access the policy through the intranet.

Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

There are no requirements for translation at present within the current staff group. Should this change then versions in other languages can be obtained.

Religion or Belief

Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Safeguarding supervision is delivered flexibly and arranged between the supervisor and supervisee. This will ensure that supervision can be arranged for staff at a time which supports religious or other reasons.

Sex/Gender

A man or a woman.

This policy is non-gender specific. There is no discrimination between males and females.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

This policy makes no reference to sexual orientation - there is no distinction between sexual orientation.

Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

No impact identified

Other identified groups relating to Health Inequalities

such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.

(Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups."

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

No impact identified

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

All staff to whom the Policy applies have been engaged in its development.

If no engagement has taken place, please state why:

N/A

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- Verbal – meetings Verbal - Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Written - Email Internet/website Intranet page
 Other

If other please state: Via management supervision and the CCG Safeguarding Committee

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
- Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
1	Workforce characteristics	Disability	Alternative formats provided if required	All staff can access and use policy	Policy author	On receipt of request

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Approval	Executive Committee	February 2021

Presented to (Appropriate Committee)	Publication Date
Executive Committee	February 2021