****

**Safeguarding Policy**

**February 2025**

|  |  |
| --- | --- |
| **Authorship:** | Designated Professionals Safeguarding Humber and North Yorkshire ICB  |
| **Committee Approved:** | ICB Quality Committee |
| **Approved date:** | March/ 2025 |
| **Equality Impact Assessment:** | February/ 2025 |
| **Target Audience:** | ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract |
| **Policy Number:** | Insert |
| **Version Number:** | 0.1 |

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

**AMENDMENTS**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New Version Number** | **Issued by**  | **Nature of Amendment** | **Approving body** | **Approval date** | **Date published on website** |
| 0.1 | HNY ICB | This new combined Safeguarding Policy replaces the previous ICB policies for Safeguarding Children (ICB 30) and Safeguarding Adults (ICB 28) | ICB Quality Committee | March 2025 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Contents

[1 Introduction 4](#_Toc185513475)

[2 Purpose 4](#_Toc185513476)

[3 Definition / Explanation of Terms 4](#_Toc185513477)

4 Scope of the Policy………………………………………………………………… 6

[5 Duties/ Accountabilities and Responsibilities 7](#_Toc185513478)

[6 Safeguarding procedure 9](#_Toc185513479)

[7 Consultation 12](#_Toc185513481)

[8 Training 12](#_Toc185513482)

[9 Monitoring Compliance 12](#_Toc185513483)

[10 Arrangements for Review 13](#_Toc185513484)

[11 Dissemination 14](#_Toc185513485)

[12 Associated Documentation 14](#_Toc185513486)

[13 References 1](#_Toc185513487)4

[14 Impact Assessments 1](#_Toc185513488)5

# Introduction

This policy sets out the statutory requirements for safeguarding that apply to NHS Humber and North Yorkshire Integrated Care Board (the ICB), its staff, and all of its commissioned services across the health economy of the Humber and North Yorkshire area. Safeguarding duties and responsibilities apply to adults at risk, children, children in care and care leavers.

Safeguarding is everyone’s responsibility and aims to protect people's health,

wellbeing, and human rights, and enable them to live free from abuse and neglect. The safety and well-being of those in vulnerable circumstances is at the forefront of our business.

In discharging safeguarding duties in this policy, account must be taken of:

* Local Multi-Agency Safeguarding Board/Partnership Policies and Procedures links listed in section 6.
* Associated NHS Humber and North Yorkshire ICB policies which promote the welfare and wellbeing of staff, service users and patients in section 12.
* All the legislation and guidance listed in section 13.

# Purpose

**2.1** The purpose of this policy is to outline how the ICB will discharge its statutory

safeguarding duties in order to protect the safety and well-being of adults at risk, children, children in care and care leavers.

**2.2** The Children Act 1989 and 2004 and associated statutory guidance, Working Together to Safeguard Children 2023, set out the principles for safeguarding and promoting the welfare of children and young people across all agencies.

**2.3** The Care Act 2014 and associated statutory guidance set out the principles for safeguarding and promoting the well-being of adults.

**2.4** Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework 2024 describes the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations – this is an iterative document, and the online version should be accessed to ensure accuracy.

**2.5** It is the responsibility of commissioners of new and existing services to ensure they gain necessary assurance regarding a commissioned service's arrangements for safeguarding in line with the NHS Standard Contract (section 32 Safety and Safeguarding).

# Definition / Explanation of Terms

 **Children**

**3.1** A ***child*** is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989. For the sake of simplicity, we use the term ‘child’ to refer to anyone under the age of 18. Whilst ‘unborn babies’ are not included in the legal definition of children, interventions to ensure their future well-being is encompassed within safeguarding children practice.

**3.2** A ***child* or *children in care*** (CiC) or ***'looked after'*** is defined as anyone who has not yet reached their 18th birthday and is in the care of the local authority for more than 24 hours. They may be living with foster carers; another relative; at home with their parents under the supervision of children's social care; in a residential home; in a residential setting e.g. school or secure facility. The definition also includes unaccompanied asylum-seeking children (UASC).

**3.3** A ***care leaver*** is a young person aged 16-25 years old who have been in care at some point since they were 14-years old and were in care on or after their sixteenth birthday. These young people are statutorily entitled to some ongoing help and support from the local authority after they leave care.

**3.4** ***Safeguarding and promoting the welfare*** of children includes: protecting children from maltreatment, preventing impairment of children's health or development ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

**3.5** ***Child abuse*** is 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. Children may be abused by an adult or adults, or another child or children.

**3.6** ***Child Protection*** is one element of safeguarding children practice and refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.

**3.7 *Significant harm*** was introduced as a concept in The Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of the child or children. It

includes the ill-treatment or the impairment of the health or development of a child. Harm can be determined significant by comparing a child's health and development by what might reasonably expected of a similar child. Local authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is currently suffering, or likely to suffer, significant harm.

**3.8** ***Types of child abuse*** are categorised in the Children Act 1989 and 2024 under the headings as:

* Physical abuse
* Emotional abuse
* Neglect / failure to meet basic needs
* Sexual abuse

This is not a finite list and there are many emerging and contextual patterns of abuse, particularly within circles of criminal activity and gang processes for example, serious knife crime, county lines, child sexual exploitation, child criminal exploitation, radicalisation.

In addition, the Domestic Abuse Act 2021 defines children who see, hear, or experience the effects of domestic abuse as victims in their own right. Further information on the types and indicators of abuse experienced by children can be accessed through this link: [Types of Child Abuse & How to Prevent Them | NSPCC](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/)

**Adults**

**3.9** An ***adult at risk*** is defined as a person aged 18 years and over who:

has needs for care and support (whether or not the local authority is meeting any of those needs) is experiencing, or at risk of, abuse or neglect 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.

**3.10** ***Principles of adult safeguarding*** underpinning adult safeguarding work are defined as:

* Empowerment – adults are supported and encouraged to make their own decisions and informed consent.
* Prevention – it is better to act before harm occurs.
* Proportionality - use the least intrusive response appropriate to the risk presented.
* Protection - support and representation for those in greatest need.
* Partnership - local solutions through services working with their communities, who play their part in preventing, detecting, and reporting neglect and abuse.
* Accountability – responsibility and transparency in delivering safeguarding.

**3.11 *Making Safeguarding Personal*** (MSP) supports the six key principles of adult safeguarding and an outcome focused approach. A response in a safeguarding situation should be about involvement, choice and control as well as improving quality of life, wellbeing, and safety of the adult at risk. Making Safeguarding Personal is about seeing people as experts in their own lives and working alongside them.

**3.12** ***Types of adult abuse*** are categorised under the headings as:

* Physical abuse
* Domestic abuse
* Sexual abuse
* Psychological or emotional abuse
* Financial or material abuse
* Modern Slavery
* Discriminatory abuse
* Organisational or institutional abuse
* Neglect or acts of omission
* Self-neglect

Information on the types and indicators of abuse experienced by adults can be accessed through this link: [Types and indicators of abuse: Safeguarding adults - SCIE](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/)

The list is not exhaustive and other forms of abuse include forced marriage; honour-based abuse; adult sexual exploitation.

**4 Scope of the Policy**

The policy applies to NHS Humber and North Yorkshire and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, Health and Care Partnerships, those on temporary or honorary contracts, secondments, pool staff, contractors and students. It applies to clinical and non- clinical staff whether they work with children or with adults and regardless of whether they have direct contact with children and families.

Due to the statutory responsibilities of safeguarding, the consequence of non‐compliance with this policy could result in disciplinary action being taken.

**5 Duties/ Accountabilities and Responsibilities**

NHS Humber and North Yorkshire staff have responsibilities for the implementation, development and management of this policy as follows:

**5.1 Chief Executive**

The Chief Executive has ultimate accountability for ensuring that robust arrangements are in

place to demonstrate compliance with safeguarding in line with legislation/policy and statutory guidance.

**5.2 Executive Director of Nursing and Quality**

The Executive Director of Nursing and Quality has delegated responsibility for ensuring that robust arrangements are in place to demonstrate compliance with safeguarding in line with legislation/policy and statutory guidance.

**5.3** **Executive Director of People**

The Executive Director of People will ensure that:

* Safe recruitment policies and practice are in place which meet current NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees.
* Post-recruitment employment checks are repeated in line with all contemporary national guidance and legislation.
* Employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated.
* All contracts of employment including staff on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees include an explicit reference to staff responsibility for safeguarding children and adults.
* Via the Designated Professionals and relevant HR personnel and within the multi-agency safeguarding partnership procedures any allegations of abuse received about a member of ICB staff are fully investigated and that any disciplinary processes are concluded irrespective of a person's resignation, and that compromise agreements are not accepted where harm or risk of harm from abuse or neglect has been established. Please refer to the ICB Managing Allegations Against Staff Policy

## 5.4 Director of Nursing (Core Statutory Partnerships)

The Director of Nursing (Core Statutory Partnerships) has overall portfolio responsibility for leading and managing the ICB safeguarding strategic designated and operational team. They deputise for the Executive Director of Nursing and Quality.

**5.5 ICB Safeguarding Team**

 The ICB Safeguarding Team incorporates the following specialist roles:

**5.5.1 Deputy Director of Safeguarding**

The Deputy Director of Safeguarding has delegated responsibility for leading and managing the ICB safeguarding strategic functions. They take a leadership role in delivering the ICB strategy for safeguarding and multi-agency partnership working alongside the Designated Safeguarding Team.

**5.5.2 Safeguarding Hub**

The Safeguarding Hub is the team of: Designated Nurses and their deputies for Safeguarding Children; Designated Doctors for Safeguarding Children; Designated Doctor for the child death review process; Designated Nurses for Children in Care and Care Leavers; Designated Professionals for Safeguarding Adults (registered nurse, social worker, or allied health professional) and their deputies; Named Nurse/Specialist Practitioner/Safeguarding Officers; and Safeguarding Support Administrators.

The team provide safeguarding expertise and take the strategic and professional lead on safeguarding across the health economy of the ICB area. This includes strategy and policy development; leading statutory enquiry and review processes; providing specialist advice; delivering training; and working closely with Local Safeguarding Partnerships and Boards; Corporate Parenting Boards and Community Safety Partnerships and their respective sub-groups.

Named GPs for Safeguarding have a specific role in supporting GP Practices; working closely with the Designated Team they provide expert advice, training and clinical expertise, in addition to developing and promoting safeguarding practice in Primary Care.

The functions are detailed in the [NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/)

**5.5.3 Line Managers**

Line Managers have a responsibility to ensure their staff are supported to maintain safeguarding training and competence commensurate with their role and responsibilities; ensure that staff who work directly with children and adults have access to appropriate safeguarding supervision; and ensure that their own safeguarding knowledge and skills enable them to respond and support staff to raise a safeguarding concern; or support staff in their employment and signpost for help where they are a victim of abuse.

**5.5.4 All Staff**

All staff have a duty to safeguard and promote the welfare of children and adults. If any member of staff believes **a child or adult is at immediate risk of harm**, or is in need of urgent medical attention, they should not delay or wait for discussions and should **dial 999**, requesting police or ambulance assistance as appropriate.

Each staff member has a responsibility to:

* understand and adhere to the requirements of this policy.
* be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with this policy and local safeguarding partnership guidance.
* complete safeguarding training to the appropriate level in accordance with their role and responsibilities.
* understand the principles of confidentiality and appropriate information sharing in line with local and government guidance.
* maintain accountability for their practice and seek specialist safeguarding advice, supervision and support when necessary.

**5.6 Responsibilities for approval**

The ICB Safeguarding Committee and ICB Quality Board are responsible for approval of this policy.

# Safeguarding procedure

# 6.1 What to do if you are worried a child is being abused.

Advice may be sought from the Safeguarding Team who will record and store the discussion in line with information governance requirements, but this should not delay action being taken where a child is known or suspected to be at immediate risk.

 Child abuse concerns: guide for practitioners - GOV.UK (www.gov.uk)

**6.1.1 Consent**

It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required.

The Data Protection Act 2018 specifies “safeguarding of children and individuals at risk” as a processing condition that allows practitioners to share information, including without consent. See section 6.3 for further information.

**6.1.2 Making a Referral**

Where abuse or neglect of a child or children is suspected or known, staff are required to

make a referral to Children’s Social Care in accordance with local multi-agency procedures.

Local procedures and safeguarding children referral information can be accessed via the following links:

City of York: <https://www.york.gov.uk/ChildProtection>

East Riding: <https://www.erscp.co.uk/>

Hull: <https://www.hull.gov.uk/children/worried-child>

North Lincolnshire: <https://www.northlincscmars.co.uk/children-and-young-people/#worriedaboutachild>

North-East Lincolnshire: <https://www.safernel.co.uk/safeguarding-children-partnership/>

North Yorkshire: https://www.safeguardingchildren.co.uk/about-us/worried-about-a-child/

Each of the six Safeguarding Children Partnerships (SCP) have their own thresholds for multi-agency referrals. It is important that ICB place-based staff who are or may be involved in the protection of children have a working knowledge of the respective SCP arrangements and refer appropriately.

**6.2 What to do if you are worried about an adult at risk of abuse or neglect.**

Advice may be sought from the Safeguarding Team who will record and store the discussion in line with information governance requirements, but this should not delay action being taken where an adult is known or suspected to be at immediate risk.

**6.2.1 Consent**

It is important where possible to gain consent from an adult before raising a safeguarding concern.

There may however be occasions when it will be necessary to raise a concern without the adult’s consent and this will include situations where:

* the person lacks mental capacity to consent (refer to the Mental Capacity Act Code of Practice).
* other adults or children could be at risk from the person causing harm.
* it is necessary to prevent a serious crime, or you are concerned a crime may have been committed.
* gaining consent would put the adult at further risk.

Learning from Safeguarding Adults Reviews indicates that where practitioners have concerns about an adult the threshold for sharing information with other professionals should be low. Data protection should not be used as a barrier for sharing concerns for safety. See section 6.3 for further information.

**6.2.2 Raise a Concern**

When there is a reasonable belief that an adult is experiencing, or at risk of experiencing abuse or neglect and is unable to protect themselves, a safeguarding adults concern should be raised with the relevant local authority where the abuse has taken place, in accordance with local multi-agency procedures.

Local procedures and safeguarding adult referral information can be accessed via the following websites:

City of York: [Working to safeguard adults – Safeguarding Adults York](https://www.safeguardingadultsyork.org.uk/)

East Riding: [Home (ersab.org.uk)](https://www.ersab.org.uk/)

Hull: [Report a concern | Worried about an adult | Hull](https://www.hull.gov.uk/safeguarding/worried-adult/8)

North Lincolnshire: [North Lincs SAB | Policies, Procedures and Guidance - North Lincs SAB](https://www.northlincssab.co.uk/professionals/)

North-East Lincolnshire: [SaferNEL | Report a concern - SaferNEL](https://www.safernel.co.uk/report-a-concern/)

North Yorkshire: [Safeguarding adults | North Yorkshire Council](https://www.northyorks.gov.uk/adult-care/safeguarding/safeguarding-adults)

Each of the six Safeguarding Adult Boards (SAB) have their own thresholds for multi-agency referrals. It is important that ICB place-based staff who are or may be involved in the protection of adults at risk have a working knowledge of the respective SAB arrangements and refer appropriately.

**6.3 Information Sharing**

Effective sharing of information between partner agencies is essential to keep children and adults at risk safe. General Data Protection Regulation, Data Protection Act 2018 and Human Rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately.

 Key rules are:

* Be open and honest with the individual (and/or their family where appropriate) and share with consent where possible unless it is unsafe or inappropriate to do so.
* Ensure that the information shared is necessary and proportionate for the purpose required and is shared only with those who need it.
* Ensure that information is shared in a timely and effective way and that reasons for sharing or for not sharing information are clearly recorded.

The right to confidentiality for adults and children will be respected and information should only be shared in the interests of the adult or child or where required by law. However, confidentiality is not an absolute duty when someone is at risk of or is suffering significant harm. The Data Protection Act 2018 specifies “safeguarding of children and individuals at risk” as a processing condition that allows practitioners to share information, including without consent.

Seek advice from the ICB Safeguarding Team, the ICB Information Governance Team or the ICB Caldicott Guardian if you are in any doubt about sharing information. This can be done without disclosing the identity of the individual.

For more information, please see [a 10-step guide to sharing information to safeguard children | ICO](https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing/a-10-step-guide-to-sharing-information-to-safeguard-children/) and the [DfE Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers (2024)](https://assets.publishing.service.gov.uk/media/66320b06c084007696fca731/Info_sharing_advice_content_May_2024.pdf)

**6.4 Freedom to Speak Up and Whistleblowing.**

**6.4.1 *Freedom to Speak Up*** is the definition used to describe the process and arrangements in place within the NHS for staff to be able to raise concerns safely. Freedom to Speak up is also about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.

Raising a Freedom to Speak Up concern can be about anything that gets in the way of patient care or affects working life. That could be something which doesn’t feel right to you, for example, a way of working or a process that isn’t being followed; unsafe working conditions; you feel you are being discriminated against; or you feel the behaviours of others is affecting your wellbeing, or that of your colleagues or patients/service users. Speaking up is about all of these things. Please refer to the ICB Freedom to Speak Up policy for further details.

**6.4.2*****A whistleblower*** is a worker who reports certain types of wrongdoing. This will usually be something that has been witnessed at work, although not always. The wrongdoing disclosed must be in the public interest. This means it must affect others, for example the general public.

As a whistleblower, the individual is protected by law. They should not be treated unfairly because they have ‘blown the whistle.’ A concern can be raised at any time, about an incident that happened in the past, is happening now, or is believed could happen in the near future.

Further information can be found: [Whistleblowing for employees: What is a whistleblower - GOV.UK (www.gov.uk)](https://www.gov.uk/whistleblowing)

If concerns are identified regarding a member of staff and related to safeguarding, then the ICB Safeguarding Managing Allegations Against Staff policy must also be considered.

# Consultation

 The following have been consulted in the development of this policy:

* ICB Safeguarding Team members
* ICB Safeguarding Committee
* HR will be consulted as part of the finalisation of the policy

# Training

All staff will undertake safeguarding training to the appropriate level required in accordance with their role and responsibilities as outlined in Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document (2019) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2024). Please refer to the ICB Learning Strategy for further details.

NHS England provide an agile guide on safeguarding and trauma-informed practice and local contacts on their Safeguarding platform [NHS Safeguarding Agile Guide 2024](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsafeguarding-guide.nhs.uk%2F&data=05%7C02%7Cchristine.pearson15%40nhs.net%7Cda97a79f7c7a469064de08dd36d7c8e9%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638727022639327271%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=LMkYcx6mNVmABEd9C1UtJLnrcVQxVkZQSAVRqYPfn3A%3D&reserved=0). The guide also includes the context of safeguarding, raising concerns, types of abuse, multi-agency safeguarding arrangements, and safeguarding commissioning assurance in the NHS.

# Monitoring Compliance

* Monitoring of safeguarding training compliance will be undertaken via the Electronic Staff Register (ESR) and through annual staff appraisal.
* Identification of non-adherence to the policy captured through safeguarding reporting and enquiry processes will be escalated through appropriate channels.

# Arrangements for Review

This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change, or relevant changes in legislation or statutory guidance.

# Dissemination

This policy will be available via the ICB website and will be brought to the attention of all new employees as part of the induction process.

Revisions of the policy will be highlighted in staff bulletins.

# Associated Documentation

This policy replaces the previous separate Safeguarding Children and Safeguarding Adults Policies and should be read in conjunction with the following ICB policies:

 Operational:

* Data Protection and Confidentiality Policy
* Prevent Policy
* Safeguarding Managing Allegations Against Staff Policy
* Staff Experiencing Domestic Abuse Policy
* Safeguarding Supervision Policy

 Governance:

* Freedom to Speak Up Policy

# References

 **13.1.1 References and Legislation for children and adults**

* [The Crime and Disorder Act 1998](https://www.legislation.gov.uk/ukpga/1998/37/contents)
* [Female Genital Mutilation Act 2003](https://www.legislation.gov.uk/ukpga/2003/31/contents)
* [Sexual Offences Act 2003](https://www.legislation.gov.uk/ukpga/2003/42/contents)
* [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents)
* [UN Convention on the Rights of Persons with Disabilities 2006](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html)
* [Mental Health Act 2007](https://www.legislation.gov.uk/ukpga/2007/12/contents)
* [Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted)
* [Modern Slavery Act 2015](http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted)
* [Serious Crime Act 2015](http://www.legislation.gov.uk/ukpga/2015/9/contents)
* [Mental Capacity (Amendment) Act 2019](https://www.legislation.gov.uk/ukpga/2019/18/enacted/data.htm)
* [NHS Constitution and Values](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#contents)
* [Domestic Abuse Act 2021](https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted)
* [Serious Violence Duty 2023](https://www.gov.uk/government/publications/police-crime-sentencing-and-courts-bill-2021-draft-guidance/serious-violence-duty-draft-guidance-for-responsible-authorities-accessible-version)
* [Prevent duty guidance: for England and Wales 2024](https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible)

 **13.1.2 Safeguarding Children and young people**

* [United Nations Convention on the Rights of the Child 1989](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/)
* [Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents) and [Children Act 2004](http://www.legislation.gov.uk/ukpga/2004/31/contents)
* [Promoting the Health of Looked After Children Statutory Guidance 2015](https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2)
* [Children and Social Work Act 2017](https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted)
* [Working Together to Safeguarding Children 2023](https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)
* [Children Social Care Reforms](https://www.gov.uk/government/publications/childrens-social-care-reform-statement)
* [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019](https://www.rcn.org.uk/professional-development/publications/pub-007366)
* [Looked After Children: Roles and Competencies of healthcare staff 2020](https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486)

 **13.1.3 Safeguarding Adults**

* [European Convention on Human Rights](https://www.echr.coe.int/Documents/Convention_ENG.pdf)
* [The Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)
* [Care and Support Statutory Guidance- Section 14 Safeguarding](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)
* [Adult Safeguarding: Roles and Competencies for Health Care Staff 2024](https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256)

# Impact Assessments

 **14.1 Equality**

NHS Humber and North Yorkshire ICB is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. It aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It is required that a Quality and Equality Impact Assessment (QEIA) is carried out on a

new policy that is likely to impact on patients, carers, communities, or staff.

The QEIA toolkit can be found at (and insert link).

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

## Bribery Act 2010

The ICB follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. Under the Bribery Act 2010 there are four criminal offences:

* Bribing or offering to bribe another person (Section 1)
* Requesting, agreeing to receive or accepting a bribe (Section 2).
* Bribing, or offering to bribe, a foreign public official (Section 6).
* Failing to prevent bribery (Section 7).

## General Data Protection Regulations (GDPR)

The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the Data Protection & Confidentiality Policy and related policies and procedures.

**Equality Impact Assessment**

|  |
| --- |
| **1. Equality Impact Assessment**  |
| **Policy / Project / Function:**  | Safeguarding Policy  |
| **Date of Analysis:**  | 17.02.2025 |
| **This Equality Impact** **Assessment was completed by: (Name and Department)**  | Julie Wilburn – Deputy Director of Safeguarding  |
| **What are the aims and intended effects of this policy, project or function?**  | This policy aims to provide guidance to staff working within the ICB with regards to identification and responding to safeguarding concerns for children and adults at risk. |
| **Please list any other policies that are related to or referred to as part of this analysis?**  | * Safeguarding Supervision Policy
* Managing Allegations Against Staff Policy
* Staff Experiencing Domestic Abuse Policy
* Prevent Policy
* Sexual Safety Policy
* Disciplinary Policy
* Freedom to Speak Up Policy
 |
| **Who does the policy, project or function affect?** **Please Tick**  | Type  | Tick those affected  |
| Employees  | 🗹 |
| Service Users  | 🗹 |
| Members of the Public  | 🗷 |
| Other (List Below)  | 🗷 |

|  |
| --- |
| **2. Equality Impact Assessment: Screening**  |
|   | **Could this policy have a positive impact on:** | **Could this policy have a negative impact on:**  | **Is there any evidence which already exists, (eg from previous engagement) to evidence this** **Impact?** |
| **Yes**  | **No**  | **Yes**  | **No**  |   |
| Race  |   |  🗹 |   | 🗹 | Considered neutral impact  |
| Age  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Sexual Orientation  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Disability  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Sex  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Gender Reassignment  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Pregnancy and Maternity  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Marriage and Civil Partnership  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Religion or Belief  |   | 🗹 |   | 🗹 | Considered neutral impact  |
| Reasoning  | No anticipated impact on any groups listed above. |
| **If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings**  |

|  |
| --- |
| Equality Data  |
|  |
| Race  |    |
| Age  |   |
| Sexual Orientation  |   |
| Disability  |   |
| Sex  |   |
| Gender Reassignment  |   |
| Pregnancy and Maternity  |   |
| Marriage and Civil Partnership  |   |
| Religion or Belief  |   |
| Race  |   |

|  |
| --- |
| **3. Equality Impact Analysis: Equality Data Available**  |
| **Is any Equality Data available relating to the use or implementation of this policy, project or function?** Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *‘Equality Groups’.*  Examples of *Equality Data* include: (this list is not definitive) 1. Application success rates *Equality Groups*
2. Complaints by *Equality Groups*
3. Service usage and withdrawal of services by *Equality Groups*
4. Grievances or decisions upheld and dismissed by *Equality Groups*
5. *Previous EIAs*
 |

|  |  |
| --- | --- |
| Yes  |   |
| No  |  x |

 Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).   |
| **List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or** **implementation of this policy, project or function**  | * ICB Safeguarding Team members
* ICB Safeguarding Committee
 |
| **Promoting Inclusivity** **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**  |   |

|  |
| --- |
| **5. Equality Impact Analysis: Assessment Test**  |
|  What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?  |
| **Protected** **Characteristic**  | **No** **Impact**  | **Positive Impact**  | **Negative Impact**  |  **Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**  |
| Race  |   |   |   |   |
| Age  |   |   |   |   |
| Sexual Orientation  |   |   |   |   |
| Disability  |   |   |   |   |
| Sex  |   |   |   |   |
| Gender Reassignment  |   |   |   |   |
| Pregnancy and Maternity  |   |   |   |   |
| Marriage and Civil Partnership  |   |   |   |   |
| Religion or Belief  |   |   |   |   |

|  |
| --- |
| **6. Action Planning**  |
| As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?  |
|  |  |   |
|  |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identified Potential Issue**  | **Recommended** **Actions**  | **Responsible Lead**  | **Completion Date**  | **Review Date**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7. Equality Impact Analysis Findings**  |  |  |  |
| **Analysis Rating:**  | Red |  | Red / Amber |  | Amber |  | Green | XF  |

|  |  |  |  |
| --- | --- | --- | --- |
|    |  | **Actions**  | **Wording for Policy / Project / Function**  |
| **Red** **Stop and remove the policy / stop the project / stop the function**  | **Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.  | **Remove the policy** **Stop the project** **Stop the function**  Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.  | No wording needed as policy / project / function stopped  |

|  |  |  |
| --- | --- | --- |
|    | **Actions**  | **Wording for Policy / Project / Function**  |
| **Red / Amber** **Continue the policy /** **Continue the project /** **Continue the function**  | As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken. | **The policy / project / function can be published with the** **EIA**  List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).  Consider if there are any potential actions which would reduce the risk of discrimination.  Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.  | As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected* *Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice.  ***[Insert what the discrimination is and the justification of the discrimination plus any actions which could help reduce the*** ***risk]***  |
|    | **Actions**  | **Wording for Policy / Project / Function**  |
| **Amber**  Adjust the Policy / adjust the project / adjust the function  | As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.  | **The policy / project / function can be published with the** **EIA**  The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.  Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.  Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.  | As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.  ***[Insert what the discrimination is and what work will be carried out to reduce/eliminate the*** ***risk]***   |
| **Green**  No major change  | As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.  | **The policy / project / function can be published with the** **EIA**  Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date | As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected* *Characteristics* and no further actions are recommended at this stage.  |