

## CCG Board

Date of meeting		28 November 2019	
Agenda Item	<b>10</b>	Paper No	<b>WHCCG19/117</b>

### CCG Corporate Governance : Update (November 2019)

<b>Key issues</b>	<p>This month's update on corporate governance matters relates to the following:</p> <ul style="list-style-type: none"> <li>• Policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board.</li> <li>• The approval of the new Modern Slavery Policy CLIN/012/V1.00</li> <li>• The review of the Clinical Governance Committee Terms of Reference.</li> </ul>
<b>Actions requested / Recommendation</b>	<p><b>The West Hampshire Clinical Commissioning Group Board is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board.</b></li> <li>• <b>Ratify the approval of the new Modern Slavery Policy CLIN/012/V1.00</b></li> <li>• <b>Approve the Terms of Reference for the Clinical Governance Committee.</b></li> </ul>
<b>Principal risk(s) relating to this paper</b>	There are no risks relating to this paper.
<b>Other committees / groups where evidence supporting this paper has been considered</b>	Policy Sub Group Clinical Governance Committee
<b>Financial and resource implications / impact</b>	There are no financial or resource implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.

<b>Public involvement – activity taken or planned</b>	Not applicable
<b>Equality and Diversity – implications / impact</b>	All approved policies have been assessed for equality impact.
<b>Report Author</b>	Jackie Zabiela, Governance Manager
<b>Sponsoring Directors</b>	Mike Fulford, Chief Operating Officer Ellen McNicholas, Director of Quality & Nursing (Board Nurse)
<b>Date of paper</b>	14 November 2019

## CCG CORPORATE GOVERNANCE: UPDATE (NOVEMBER 2019)

### 1. INTRODUCTION

1.1 This month's update on corporate governance matters relates to:

- The policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board.
- The approval of the new Modern Slavery Policy CLIN/012/V1.00
- The review of the Clinical Governance Committee Terms of Reference.

### 2. POLICIES / GUIDELINES / PROCEDURES

2.1 The Policy Sub Group has delegated responsibility for the review and recommendation for approval of non-clinical and Health & Safety policies, guidelines and procedures and reports directly to the Board. Work is ongoing through this group on the policy review programme for the CCG. Clinical / service user facing policies are reviewed by the Clinical Governance Committee.

2.2 The following is a summary of the numbers and status of the documents currently listed on the policy / document schedule.

Status	Number
Individual policies approved (not under review)	62
Existing policies currently under review process	2
New policies in draft / in development	1
Policies to be developed (not yet commenced)	1
Other documents / procedures / guidelines approved (not under review)	16
Other existing documents currently under review process	2
Other documents to be developed	0
<b>Total</b>	<b>84</b>

2.3 The Board is asked to note that the following documentation has been reviewed and where necessary amended in accordance with policy / document review processes and recommended for approval by the Policy Sub Group:

- **Corporate Emergency Preparedness, Resilience and Response Policy COR/037/V3.03.** The purpose of this policy is to have a robust and transparent process for managing emergency preparedness, resilience and response. The policy has been reviewed in accordance with the policy management process, with minor changes to names of the CCGs accountable / responsible officers for EPRR, the change in responsibility of NHS England / Improvement to coordinate

the identification of vulnerable patients through liaising with primary care which will now be completed by the CCG and to reflect the establishment of a new Internal Emergency Planning Resilience and Response and Business Continuity Group which will report directly to the Executive team.

- **Health and Safety Policy H&S/001/V1.10.** The purpose of this policy is to ensure as far as is reasonably practicable, the health, safety and welfare of West Hampshire CCG staff and other persons. The policy had been reviewed in May 2019 in accordance with the policy review / management process, with minor amendments to reflect current roles / responsibilities, however a number of comments and queries were raised during discussion. The majority related to arrangements for Continuing Healthcare teams bases at sites other than Omega House, alignment with the Managing Stress Policy and training / induction requirements; these have now been clarified within the policy.
- **Remote Working and Portable Devices Security Policy COR/049/V3.00.** This policy supports staff in compliance with Data Protection legislation, achieving best practice in processing information remotely in a secure way using portable devices. Key amendments relate to bringing in line with latest Data Protection legislation (including General Data Protection Regulation) and legal compliance guidance, more information on encryption, data transfer, access control, antivirus and protection, roles and responsibilities and to update the equality impact assessment.
- **Maternity, Paternity, Adoption Leave & Shared Parental Leave and Pay Policy.** This document provides managers, parents, expectant parents and adoptive parents with clear guidelines to paid and unpaid absence from work with regard to a new dependent child. It includes information on pay and leave arrangements for maternity; paternity; adoption; parental; fostering and fertility treatment provision. The Equality Impact Assessment (EIA) has been reviewed with amendments to the policy to reflect that: an Omega House parking permit can be requested during the final weeks of pregnancy or earlier if a pregnancy related health need should arise; and to recognise that individuals with other non-binary gender identities can apply for maternity / paternity leave (for example Trans male employee asking for maternity leave).
- **Leave & Flexible Working Policy.** This policy applies to all employees and covers the provision of paid or unpaid leave. The EIA has been reviewed with amendments to the policy to reflect leave and flexible working arrangements that can be requested to accommodate different religions / beliefs e.g. visit family abroad, religious festivals, fasting.
- **Conduct, Performance, Grievance and Absence Management Policy: Grievance Procedure.** This policy outlines actions to be taken by the manager or a member of staff when a concern arises in relation to conduct, performance, grievance or absence management. The Grievance Procedure has been updated to reflect that there is not always a requirement for a full investigation to take place.
- **Learning & Development Policy HR/020/V3.00.** This policy sets out the different ways in which West Hampshire CCG staff are supported to access

ongoing learning and development opportunities. The policy has been re-written having undergone consultation through Learning & Growth and the Executive team with arrangements such as refunding of fees being in line with those within the Hampshire CCG Partnership. *N.B. The final version of this policy will be approved via Policy Sub Group Chair's Action and published during December following any final comments from Staff Forum.*

### **Clinical Governance Committee**

2.4 The Board is asked to ratify the approval of the following new policy which has been reviewed and approved by both the Clinical Governance Committee and the Policy Sub Group:

- **Modern Slavery Policy CLIN/012/V1.00 (Policy for the 5 Hampshire CCGs).** West Hampshire CCG hosts safeguarding adult services for three of the Hampshire CCGs (North Hampshire CCG, North East Hampshire and Farnham CCG and West Hampshire CCG). South Eastern Hampshire CCG manages the adult safeguarding services for South Eastern Hampshire and Fareham and Gosport CCGs however the other four Hampshire CCGs retain the statutory responsibilities for their population in regards to safeguarding adults and this new Modern Slavery Policy will be adopted by all five CCGs in Hampshire.

The Modern Slavery Act 2015 condemns modern slavery and human trafficking and consolidates and simplifies existing offences into a single act to ensure that perpetrators receive suitable severe punishments for modern slavery crimes. The Act puts new statutory requirements onto the NHS and requires all statutory bodies to work together to tackle modern slavery. The purpose of this new policy is to ensure that the five Hampshire CCGs uphold the human rights of individuals and reduces harm by reducing modern slavery in a wide range of employment sectors. Section 54 of the Act also requires CCGs to produce an annual Modern Slavery Statement setting out what steps have been taken to ensure that modern slavery is not occurring in their supply chains and in their own organisation.

The Safeguarding Adults Team has ensured that the CCGs are compliant with the requirement for an annual Modern Slavery Statement for the last two years. Last year the commitment in relation to this statement was to develop a Modern Slavery Policy and to source robust Level 1 Training suitable for all CCG staff and this training is cited in the policy. Once the policy has been approved required training will be embedded through the Commissioning Support Unit mandatory e-learning system and compliance will be monitored.

2.5 The Board is asked to note that the following policy has been reviewed and recommended for approval by the Clinical Governance Committee:

- **Policy for the Management of Concerns and Complaints.** This policy describes the controls in place to effectively manage complaints and concerns and outlines the procedures within West Hampshire CCG for receiving, investigating and resolving complaints and concerns. The policy has been amended to bring it in line with new improved processes for example a new process for commissioning / service manager local resolution of concerns and

complaints as agreed with the client, change in the standard CCG response time for internal complaints from 25 working days to 30 working days and strengthening / clarifying of the protocol for managing persistent or unreasonable complainants, including the addition of an appeals process.

2.6 Approved policies / documents are available on the CCG [website](#).

### **3. CLINICAL GOVERNANCE COMMITTEE: TERMS OF REFERENCE**

3.1 The Terms of Reference for the West Hampshire CCG Clinical Governance Committee were reviewed and approved by the Committee in March 2019 in accordance with the annual review programme. Further clarity was requested on the role of the Committee in supporting the development of the quality and safeguarding governance arrangements within the emerging Integrated Care Partnerships and where oversight of the emerging Primary Care Networks sits.

3.2 The terms of reference have now been updated to reflect the role of the Committee:

- To oversee the transition and integration of assurance and quality improvement mechanisms of the CCG with those of commissioned providers – specifically to ensure that they continue to provide robust assurance around outcomes for the West Hampshire CCG population
- To review the development of the quality and safeguarding governance arrangements in the developing Integrated Care Partnerships (Southampton and South West, and North and Mid Hampshire) – to ensure that the Committee has assurance around how systems will self-govern in the future.

3.3 The oversight of Primary Care Networks was clarified in the September 2019 Clinical Governance Committee and sits within the Primary Care Steering Group portfolio.

3.4 These Terms of Reference will be reviewed again in March / April 2020.

### **4. ACTION**

4.1 **The West Hampshire Clinical Commissioning Group Board is asked to:**

- **Note the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, as detailed in the paper**
- **Ratify the approval of the new Modern Slavery Policy CLIN/012/V1.00**
- **Approve the updated Terms of Reference for the Clinical Governance Committee.**



**West Hampshire**  
Clinical Commissioning Group

# **MODERN SLAVERY POLICY**

**(Version 1)**

<b>Subject and version number of document:</b>	Modern Slavery Policy Version 1
<b>Serial number:</b>	CLIN/012/V1.00
<b>Operative date:</b>	1 December 2019
<b>Author:</b>	Safeguarding Adults Nurse
<b>CCG owner:</b>	Director of Quality & Nursing (Board Nurse)
<b>Links to other policies:</b>	Safeguarding Adults and Children Policy
<b>Review date:</b>	November 2020
<b>For action by:</b>	All line managers and all staff in the CCGs
<b>Policy statement:</b>	The purpose of this policy is to ensure that CCGs are compliant with their duties under the Modern Slavery Act 2015.
<b>Responsibility for dissemination to new staff:</b>	Line manager at induction.
<b>Mechanisms for dissemination:</b>	All new and updated policies are published on the CCG website and are promoted to staff through the CCG staff newsletter and the policy page on the website. The Director of Quality & Nursing will ensure that the CCG Board are familiar with their duties under this policy.
<b>Training implications:</b>	All CCG staff must undertake the mandatory training cited in this policy.
<b>Resource implications</b>	There are resource implications regarding all staff undertaking the training within this policy.
<b>Further details and additional copies available from:</b>	CCG website. Consultant Nurse for Adult Safeguarding
<b>Equality analysis completed?</b>	Yes, see Appendix A.  This policy aims to have a positive impact for victims of modern slavery and human trafficking by raising awareness amongst employees of the CCG, so that they can identify victims and respond effectively. Also, so that the CCG is not complicit in any supply chain activity.

<b>Consultation process</b>	Consultant Nurse for Safeguarding Designated nurse for safeguarding Safeguarding team Equality and Diversity Manager
<b>Approved by:</b>	Clinical Governance Committee (CGC) and Policy Sub Group and approved for ratification by CGC Chair's Action – 18 November 2019 Ratified by Board – 28 November 2018
<b>Date approved:</b>	28 November 2018

**Website upload:**

Website	Location in FOI Publication Scheme	
Keywords:	<i>Modern Slavery Human Trafficking Forced Labor</i>	

**Amendments summary:**

Amend No	Issued	Page(s)	Subject	Action Date
1				
2				
3				

**Review log:**

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes

# MODERN SLAVERY POLICY

## SUMMARY OF KEY POINTS TO NOTE

The Modern Slavery Act 2015 condemns modern slavery and human trafficking. It consolidates and simplifies existing offences into a single act to ensure that perpetrators receive suitably severe punishments for modern slavery crimes. Modern Slavery is a breach of Article 4 of the Human Rights Act 2004 so the purpose of this policy is to ensure that the five Hampshire CCG's uphold the human rights of individuals and reduces harm by reducing modern slavery in a wide range of employment sectors.

The term 'Modern Slavery' describes anyone forced into labour, owned or controlled by an 'employer', treated as a commodity (i.e. bought or sold) or physically constrained. Human trafficking describes the practice of illegally transporting someone from one area or country to another, usually for the purposes of being sold into modern slavery. Other types of Modern Slavery are: Forced Labour, Sexual exploitation, Criminal exploitation, and Domestic Servitude

Modern Slavery is a Hidden Crime – Exploiters and gangs are practised in how to subdue, break, control and get economic return from the individuals they have enslaved. They may use a number of methods including financial indebtedness, psychological and physical violence, and threats of violence, isolation and withholding victims' identification documents. Victims may be unwilling or unable to make formal complaints due to fear of retribution and psychological damage done by their abusers. Sometimes the abusers will threaten to harm the person's family if they do not continue to comply with the slavery situation.

The Modern Slavery Act (2015) puts new statutory requirements onto the NHS and requires all statutory bodies to work together to tackle modern slavery.

- All CCG staff have a responsibility to be alert to the potential indicators of Modern Slavery and know how to act on those concerns in line with local and national guidance
- Concerns can be reported via the Hampshire Multi Agency Safeguarding Hub (MASH) on 0300 555 1386
- All staff who have patient contact, face to face, or on the phone must attend Level 3 safeguarding training which incorporates Modern Day slavery within it
- All CCG staff will be required to undertake specific training on Modern Slavery.

**MODERN SLAVERY POLICY**

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## MODERN SLAVERY POLICY

### 1. INTRODUCTION AND PURPOSE

- 1.1 The Modern Slavery Act 2015 condemns modern slavery and human trafficking. It consolidates and simplifies existing offences into a single Act to ensure that perpetrators receive suitably severe punishments for modern slavery crimes.
- 1.2 This Act states that Clinical Commissioning Groups (CCGs) as part of the National Health Service (NHS) have a duty of care to cooperate with the Anti-Slavery Commissioner.
- 1.3 This Act also requires businesses over a certain size to disclose each year what action they have taken to ensure there is no modern slavery in their business or supply chains
- 1.4 Modern Slavery is defined as a category of abuse within the Care Act 2014.
- 1.5 This policy is delivered on behalf of all the five Hampshire CCG's, including North Hampshire, North East Hampshire and Farnham, West Hampshire, South Eastern Hampshire and Fareham & Gosport CCGs.
- 1.6 Modern Slavery is a breach of Article 4 of the Human Rights Act 2004 so the purpose of this policy is to ensure that the five Hampshire CCG's uphold the human rights of individuals and reduces harm by reducing modern slavery in a wide range of employment sectors.

### 2. SCOPE AND DEFINITIONS

#### 2.1 Scope

- 2.1.1 This policy applies to all CCG staff both employed and voluntary and recognises the five Hampshire CCGs' responsibility to be compliant with the Modern Slavery Act 2015 and to not be complicit with modern slavery as an employer either directly or via supply chains.

#### 2.2 Definitions

- 2.2.1 The term '**Modern Slavery**' describes anyone forced into labour, owned or controlled by an 'employer', treated as a commodity (i.e. bought or sold) or physically constrained. **Human trafficking** describes the practice of illegally transporting someone from one area or country to another, usually for the purposes of being sold into modern slavery.

- 2.2.2 **Modern Slavery** is an international crime, affecting an estimated 29.8 million slaves around the world. It is a global problem that transcends age, gender and ethnicities, including here in the UK. Victims found in the UK come from many different countries. Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are some of the key drivers that contribute to trafficking of victims. What's more victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation. Forms include;
- 2.2.3 **Forced labour** - Victims are forced to work to pay off debts that realistically they never will be able to achieve. Low wages and increased debts mean not only that they cannot ever hope to pay off the loan, but the debt may be passed down to their children. Victims are forced to work against their will, often working very long hours for little or no pay in dire conditions under verbal or physical threats of violence to them or their families. It can happen in many sectors of our economy, from mining to tarmacking, hospitality and food packaging.
- 2.2.4 **Sexual exploitation** - Victims are forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or another penalty.
- 2.2.5 **Criminal exploitation** - Often controlled and maltreated, victims are forced into crimes such as cannabis cultivation or pick pocketing against their will.
- 2.2.6 **Domestic servitude** - Victims are forced to carry out housework and domestic chores in private households with little or no pay, restricted movement, very limited or no free time and minimal privacy often sleeping where they work.
- 2.2.7 **Human trafficking** - Defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.
- 2.2.8 **A Hidden Crime** – Exploiters and gangs are practised in how to subdue, break, control and get economic return from the individuals they have enslaved. They may use a number of methods including financial indebtedness, psychological and physical violence, threats of violence, isolation, and withholding victim's identification documents.

Victims may be unwilling or unable to make formal complaints due to fear of retribution, psychological damage done by their abusers, lack of knowledge of their rights or how to enforce them, fear of retribution and self-blame and shame about the situation they are in.

### 2.2.9 Indicators that are often found in cases of exploitation:

#### Physical signs:

- **Physical appearance** – Victims may show signs including malnourishment, being dirty, frightened, withdrawn and confused or having injuries because of assault or work related injuries, dental conditions such as tooth decay or abscess, untreated infections, or sexually transmitted diseases
- **Few or no personal effects** – No money, no personal items, few or unsuitable clothing or little or no food

#### Psychological signs:

- **Isolation and control** – Workers who are rarely left on their own and appear to be under the influence of others who present their documents and speak for them, book them onto shifts, speak on their behalf or take them to and from work
- **Reluctant to seek help** – Workers who avoid eye contact and appear frightened and are afraid to talk and reject help when offered.

## 3. PROCESS / REQUIREMENTS

- 3.1 The Modern Slavery Act (2015) puts new statutory requirements onto the NHS and requires all statutory bodies to work together to tackle modern slavery.
- 3.2 Clause 42 contains a provision for guidance to be issued to front line professionals (local authority/NHS/Police) to help identification of those subject to modern slavery, but also how to assist and support.
- 3.3 Clause 44 provides a statutory duty for specified public bodies to notify the National Crime Agency about potential victims of modern slavery.
- 3.4 Section 54 requires CCGs to produce an annual Modern Slavery Statement setting out what steps have been taken to ensure that modern slavery is not occurring in their supply chains, and in their own organisation, and must be published prominently on their website. Therefore contracting departments and procurement services have a central role in ensuring that modern slavery is eradicated from supply chains in the NHS. The CCGs' Modern Slavery Statement

must be prominently displayed on their website's front page. In addition compliance in relation to policies is mandatory and all staff who have patient contact, either face to face or on the phone, must have Modern Slavery training.

- 3.5 The Safeguarding Adults Team attached to the relevant CCG within the five Hampshire CCG's are the key contact for Hampshire Constabulary and will act as the conduit for necessary actions to be taken by providers in relation to large scale modern slavery operations.

#### **4. ROLES AND RESPONSIBILITIES**

- 4.1 All staff must adhere to this policy and have a duty to report concerns.
- 4.2 All CCG staff have a responsibility to be alert to the potential indicators of Modern Slavery and know how to act on those concerns in line with local and national guidance.
- 4.3 Concerns can be reported via the Hampshire Multi Agency Safeguarding Hub (MASH) on 0300 555 1386.
- 4.4 NHS Language line can be used for translation in cases where English is a second language.
- 4.4 The National Reporting Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery. Only organisations classed as a first responder can refer a potential victim of modern slavery into the National Referral Mechanism. The NHS however is not deemed to be a first responder. CCG staff and NHS staff must report concerns to the MASH or Police directly, not via NRM.
- 4.5 Consent from the adult is required before reporting to the NRM via a NRM referral form. Referral forms for NRM for both adults and children can be found following this link: <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>. This NRM referral notifies the Home Office of a potential victim of Modern Slavery
- 4.6 If staff believe that an individual suspected to be a victim of Modern Slavery is under 18 years they need to treat them as a child and make an immediate referral to children services
- 4.7 The Safeguarding Adults Teams are the key contact for Hampshire Constabulary and will act as the conduit for necessary actions to be taken by providers for large scale modern slavery operations.

## Recruitment

- 4.8 Experience shows that the recruitment stage is often where workers are most at risk from modern slavery exploitation, especially where third party labour recruiters are involved, and especially where the workers are migrant. It is therefore essential that staff pay particular attention to this element of your management systems. Good practice includes:
- Only working with formal labour providers who are legitimate, registered business entities
  - Having clear Service Level Agreements in place with labour providers
  - Conducting checks on the labour providers' management systems, including agency worker documents (e.g. right to work documents, payslips, contracts)
  - Having regular conversations with agency workers to understand if they have been treated correctly.

## 5. TRAINING

- 5.1 All staff who have patient contact, face to face, or on the phone must attend Level 3 safeguarding training which incorporates Modern day slavery within it.
- 5.2 In addition, this e-learning is mandatory for all staff in the CCGs [www.e-lfh.org.uk/programmes/modern-slavery/](http://www.e-lfh.org.uk/programmes/modern-slavery/) and is available via the Central Support Unit.
- 5.3 For a few minutes introduction to Modern Slavery the following link gives a short overview [https://www.bing.com/videos/search?q=unchosen+what+do+you+see++slavery&view=detail&mid=13CA4761B2141BCEFE7B13CA4761B2141BCEFE7B&FORM=VIRE](https://www.bing.com/videos/search?q=unchosen+what+do+you+see++slavery&view=detail&mid=13CA4761B2141BCEFE7B13CA4761B2141BCEFE7B&FORM=VIRE;);
- 5.4 Additional resources:
- The Salvation Army <https://www.salvationarmy.org.uk/modern-slavery>
  - Medaille trust <https://medaille-trust.org.uk/>
  - Modern Slavery Act 2015  
<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>
  - National Referral Mechanism (NRM) :  
<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

## 6. EQUALITY ANALYSIS

- 6.1 'Modern Slavery' describes anyone forced into labour, owned or controlled by an 'employer', treated as a commodity (that is bought and sold) or physically constrained. 'Human trafficking' describes the practice of illegally transporting someone from one area or country to another, usually for the purposes of being sold into modern slavery. Other types of modern slavery are: Forced labour, sexual exploitation, criminal exploitation and domestic servitude.
- 6.2 Modern slavery is a hidden crime, where exploiters and gangs are practised in how to subdue, break, control and get economic return from the individuals they have enslaved. Victims may be unwilling or unable to make formal complaints due to fear of retribution and the psychological damage done by their abusers
- 6.3 This policy aims to have a positive impact for victims of modern slavery and human trafficking by raising awareness amongst employees of the CCG, so that they can identify victims and respond effectively. Also, so that the CCG is not complicit in any supply chain activity.
- 6.4 The equality analysis highlights that perpetrators target members of a community that are seen as weak or vulnerable. The vulnerabilities they target may link to a range of factors including the protected characteristics of age and disability:
- Children
  - Mental health
  - Physical disabilities
  - Learning difficulties
  - Poor education
  - Broken backgrounds such as domestic violence, sexual and physical abuse, drug and alcohol dependencies
  - Poverty
  - Areas with low socio-economic infrastructure
  - Financial difficulties.
- 6.5 Local data highlights that the New Hampshire Human Trafficking Collaborative Task Force, which brings together law enforcement and social services, opened 29 new investigations into cases of reported human trafficking in 2018. Of those cases, 79% were sex trafficking, 17% were labour trafficking and 3% involved both.
- 6.5 People with learning disabilities are at significant risk of modern slavery as they can often be isolated within communities, not deemed eligible for support services or simply overlooked due to not being viewed as a high profile concern.

- 6.6 Given this, the policy has been amended to show consideration of difference and incorporates how to address inclusion of those with vulnerabilities.
- 6.7 The effectiveness of the policy will be reviewed, together with the equality impact assessment, after 12 months.

## **7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY**

- 7.1 The success of this policy will be demonstrated by
- The CCGs Modern Slavery Statement produced annually
  - At least 90% of CCG staff will complete the mandatory modern slavery training
  - At least 90% of CCG staff requiring Level 3 Safeguarding Adults Training will have received the training.

## **8. REVIEW**

- 8.1 This document may be reviewed at any time at the request of either the staff forum or management, or in response to changes in legislation, but will automatically be reviewed after twelve months and thereafter on a biennial basis.

## **9. REFERENCES AND LINKS TO OTHER POLICIES**

CCG Safeguarding Adults and Children Policy

[https://www.westhampshireccg.nhs.uk/documents?media\\_folder=188&root\\_folder=Clinical%20and%20service%20user%20related#media-browser](https://www.westhampshireccg.nhs.uk/documents?media_folder=188&root_folder=Clinical%20and%20service%20user%20related#media-browser)

Modern Slavery Act 2015

<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

HM Government. 2017. Transparency in Supply Chains. A practical guide

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/649906/Transparency\\_in\\_Supply\\_Chains\\_A\\_Practical\\_Guide\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/649906/Transparency_in_Supply_Chains_A_Practical_Guide_2017.pdf)

Antislavery.org

<https://www.antislavery.org/slavery-today/slavery-uk/>

Unseen.org

<https://www.unseenuk.org/>

# Equality analysis

<b>Title of policy, project or proposal:</b>
Modern Slavery Policy

<b>Lead manager:</b> Consultant Nurse Safeguarding Adults, West Hampshire, North Hampshire and North East Hampshire and Farnham CCGs
<b>Directorate:</b> Quality and Nursing

<p><b>Q1 What are the intended outcomes of this policy, project or proposal?</b></p> <p>The Modern Slavery Act (2015) puts new statutory requirements onto the NHS and requires all statutory bodies to work together to tackle modern slavery and human trafficking.</p> <p>Modern Slavery is a breach of Article 4 of the Human Rights Act 2004 so the purpose of this policy is to ensure that the five Hampshire CCG's uphold the human rights of individuals and reduces harm by reducing modern slavery in a wide range of employment sectors.</p> <p>The policy recognises the five Hampshire CCG's responsibility to be compliant with the Modern Slavery Act 2015 and to not be complicit as an employer either directly or via supply chains.</p> <p>The outcome of the policy will be that all CCG employees understand their responsibility to be alert to the potential indicators of Modern Slavery, and know how to act on concerns in line with local and national guidance.</p> <p>CCG employees also have a responsibility to ensure compliance and uptake of Modern Slavery Training.</p>
<p><b>Q2 Who will be affected by this policy, project or proposal?</b></p> <ul style="list-style-type: none"> <li>• This policy applies to all CCG staff both employed and voluntary</li> <li>• Patients, carers, communities will be impacted by the CCG adherence to the Modern Slavery Act 2015 as they will be protected by the CCG from Modern Slavery via the safeguarding teams and the organisation will not be complicit in any supply chain activity</li> <li>• Victims of modern slavery and human trafficking.</li> </ul>

## Evidence

### Q3 What evidence have you considered?

The government's approach is focused on ensuring all healthcare staff are able to identify individuals who may be victims of trafficking, and to respond in an appropriate manner. This includes understanding ways in which healthcare staff can provide support to those who may be victims.

Evidence from national Modern Slavery guidance has been included both in the use of definitions and the annual statement that is required from the CCG.

Evidence has been taken from the following resources:

- The Salvation Army <https://www.salvationarmy.org.uk/modern-slavery>
- Medaille Trust <https://medaille-trust.org.uk/>
- Modern Slavery Act 2015  
<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>
- National Referral Mechanism (NRM) :  
<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

Definitions have been taken to reflect all the different types of Modern Slavery which might impact those with different vulnerabilities and/or disabilities

During 2016, there were 3,805 potential victims of Modern Day Slavery and Human Trafficking identified and referred into the National Referral Mechanism for support in a number of areas such as psychological and physical support, family support, legal support and a place of safety. During the same year, 108 nationalities were identified and 3,499 potential victims referred from England. In contrast, in 2014 before the Modern Slavery Act 2015 was introduced, there were only 2,340 potential victims identified.

When researching evidence for this equality analysis a range of useful resources were identified:

- [E-learning for Healthcare](#) has produced a 30 minute e-learning package that is free to access for all healthcare professionals
- The Royal College of Nursing has produced a [pocket guide to help nurses and midwives](#) identify victims of slavery and help victims find support
- The [Independent Anti Slavery Commissioner \(IASC\)](#) has produced a video for all health staff, and another for emergency services staff, on spotting the signs of modern slavery
- The Gangmasters and Labour Abuse Authority (GLAA) has produced a range of [videos on how to spot the signs of modern slavery](#), methods used by traffickers to exploit their victims, and victims accounts.

## Age

Figures from the United Kingdom Human Trafficking Centre (UKHTC) in 2016 estimated that children accounted for approximately a third of all trafficked victims. There were 282 child referrals into the National Referral Mechanism (NRM) in the first quarter of 2016 representing 32% of all referrals.

The New Hampshire Human Trafficking Collaborative Task Force, which brings together law enforcement and social services, opened 29 new investigations into cases of reported human trafficking in 2018. Of those cases, 79% were sex trafficking, 17% were labour trafficking and 3% involved both

This policy applies to CCG employees and users of our services of all ages above 18 years. It is accessible to all.

It is clear that in the case of a child (under 18) that there are different processes in place to safeguard these individuals and we have included these referral methods in the policy.

In relation to age, older age can more often mean social isolation and loneliness although those above working age are less likely to be targeted.

### **Disability (physical and mental)**

This policy recognises that disability means a physical or a mental condition, which has a substantial and long-term impact on an individual's ability to do normal day to day activities.

Victims of Modern Slavery are often the most vulnerable members of society and having a disability can be a factor in some cases.

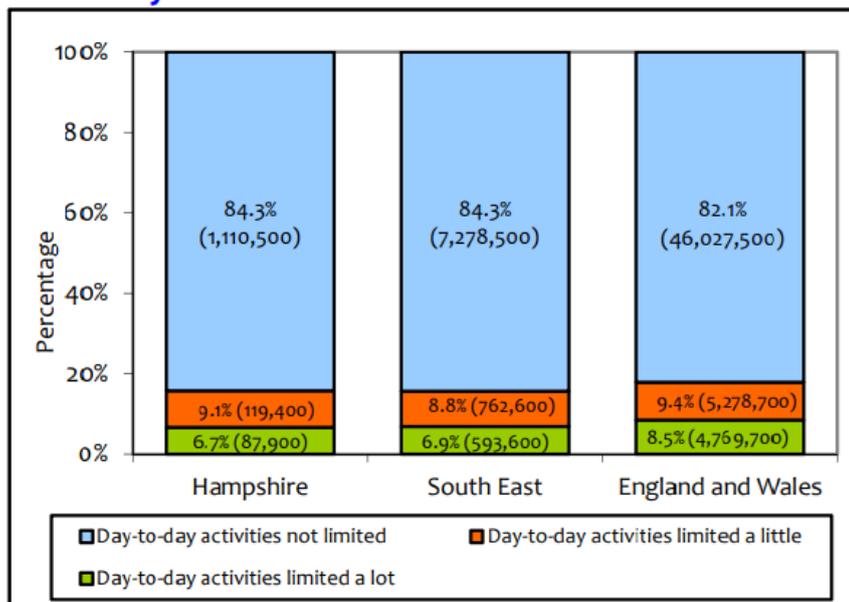
People with learning disabilities are at significant risk of modern slavery as they can often be isolated within communities, not deemed eligible for support services or simply overlooked due to not being viewed as a high profile concern. **Deborah Kitson Ann Craft Trust**

NHS England states that organised crime groups who profit from exploiting a human being, work within a complex structure and will target any member of a community that is seen as weak and vulnerable.

The vulnerabilities they target are mental health, physical disabilities, learning difficulties, poor education, broken backgrounds such as domestic violence, sexual and physical abuse, drug and alcohol dependencies, poverty, areas with low socio-economic infrastructure and financial difficulties.

This policy lists aspects of mental and physical health that can be affected by Modern Slavery and how poverty, disability and ethnicity can contribute to these vulnerabilities.

## Disability



## Dementia

This policy outlines how to help those who may be susceptible to exploitation which is true for those service users and CCG employees who may be living with dementia.

People who lack mental capacity in relation to various decisions can be more vulnerable to abuse in many forms and therefore lacking mental capacity increases vulnerability. Although loss of mental capacity is not necessarily the result of ageing, the increase of the frequency of people living with dementia, both early onset and that associated with older age and co-morbidities means that vulnerabilities can increase.

## Gender reassignment (including transgender)

There is evidence that some victims of modern slavery/ human trafficking have undergone gender reassignment, and are forced into sexual exploitation.

This policy lists the risk factors including the vulnerabilities that may be experienced by transgender individual.

CCG staff responding to victims will need to be mindful of the correct use of pronouns and be aware of any needs that the individual may have in speaking to a staff member of the same gender. They will also be aware of that person's right to privacy regarding their gender identification.

The CCGs equality leads and the Hampshire Safeguarding Children's Board and Hampshire Safeguarding Adults Board work closely with voluntary agencies that support this community (for example, Chrysalis Transgender Charity).

## **Marriage and civil partnership**

The Modern Slavery policy includes those individuals at risk of forced marriage and more recent evidence highlights that people with a learning disability can be at risk of this form of abuse and that this abuse may take place by taking the person with a learning disability out of the country to marry.

## **Pregnancy and maternity**

It is recognised that victims of Human Trafficking and Modern Slavery are controlled and abused, often sexually by their traffickers. Pregnancy in victims may be a trigger for further abuse. The policy reminds staff that they should refer to the relevant partner agencies for protective safeguarding.

## **Race**

The policy upholds the human rights of all, their right to private and family life and a life free from abuse.

Victims of Modern Slavery are transported to the UK from all over the world. CCG staff have access to telephone interpretation services if required NHS language line is recommended 0333 253 8139.

When responding to victims CCG employees may need to take account of cultural sensitivities and ensure staff of the same gender as the victim provide support.

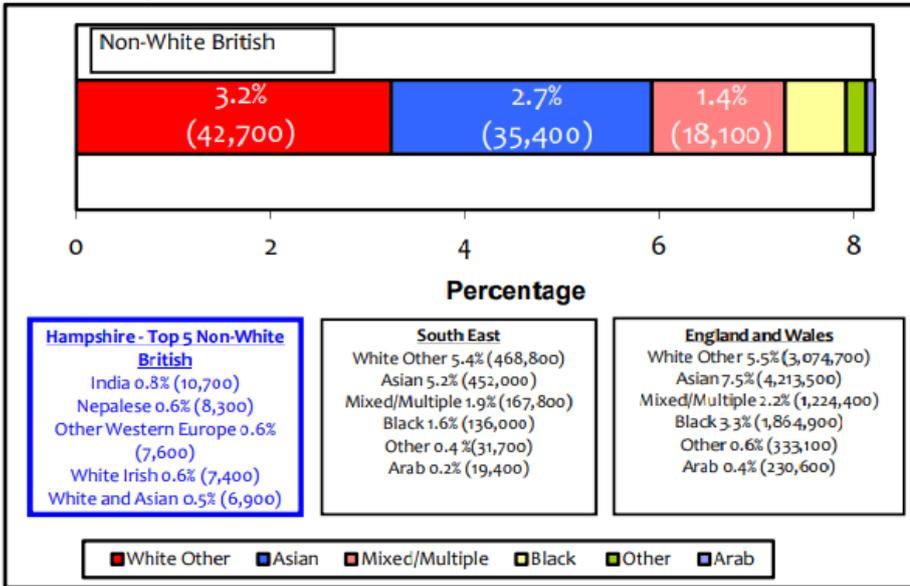
## **Ethnicity in Hampshire**

[Data](#) from the 2011 Census published by Hampshire County Council shows that:

- Hampshire is a largely White British county with 89.0% of its inhabitants choosing to describe their ethnicity as White British, significantly higher than the national average of 80.5%
- But far from homogeneous, the population of Hampshire in 2011 in fact described themselves by over ninety different ethnic group labels
- Basingstoke and Deane, Rushmoor, Portsmouth and Southampton fall below the county average
- Urban areas in particular across the county tend to have higher ethnic group diversity.

After White British, White Other is the next most common ethnic group in the majority of Hampshire's districts. However in Rushmoor, Eastleigh, Portsmouth and Southampton the second most common grouping behind White British ethnicity is Asian.

## Ethnicity



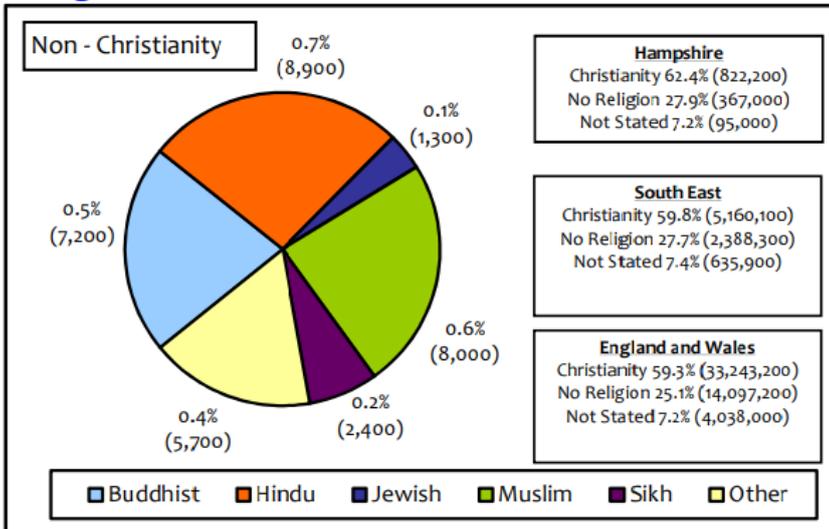
91.8% of Hampshire's resident population are 'White British'.<sup>1</sup> Those in other ethnic groups account for 8.2%. The ethnic group 'White Other' accounts for 3.2% including both White Irish and Polish individuals, amongst others. The Asian ethnic group accounts for 2.7% encompassing Indian and Nepalese ethnicities, with others.

## Religion or belief

Victims of Modern Slavery are transported to the UK from all over the world and come from a wide range of cultural and religious backgrounds. Staff may require training to deal sensitively with those from differing cultural and religious backgrounds.

Hampshire is a largely White British county with 89.0% of its inhabitants choosing to describe their ethnicity as White British, significantly higher than the national average of 80.5%.

## Religion



Christianity remains the largest religion in Hampshire at 62.4%. Hinduism is the next biggest religion at 0.7% followed closely by Muslim (0.6%) and Buddhism (0.5%). A large percentage said that they had no religion (27.9%), whilst 7.2% did not state any religion at all.

Race can highlight specific vulnerabilities around honour based violence and aspects of Modern Slavery that may put additional pressure on individuals from different cultures. It is important to be aware of different expectations and pressures on different racial groups.

## Sex (gender)

This policy relates to all genders as anyone can be a victim. It is important to consider that men can be victims of sexual exploitation as well as women.

Statistics show that significant numbers of women are forced into sexual exploitation; there is also a growing trend for men to be forced into labour exploitation and criminality. Both men and women may be the perpetrators of Modern Slavery.

## Sexual orientation

Victims of sexual exploitation can be forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or another penalty. This does not take into account sexual orientation of the victim.

There may be issues for lesbian, gay, bi-sexual or transgender victims when Modern Slavery is reported due to their nationality or religion.

## **Carers**

This policy considers the needs and the safeguarding of all those who take on caring roles for their family and also for adult carers.

## **Serving Armed Forces personnel, their families and veterans**

This policy applies to all individuals within our community including army personnel and veterans.

## **Meeting psychological needs**

Psychological impact of Modern Slavery includes:

- **Isolation and control** – workers who are rarely left on their own and appear to be under the influence of others who present their documents and speak for them, book them onto shifts, speak on their behalf or take them to and from work
- **Reluctant to seek help** – workers who avoid eye contact and appear frightened and are afraid to talk and reject help when offered.

## **Other identified groups**

Victims of Modern Slavery found in the UK come from many different countries. Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are some of the key drivers that contribute to trafficking of victims. What's more victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

### **Gypsy and Travellers in Hampshire**

The 2011 Census recorded 2,069 Gypsies and Travellers living in Hampshire. However local figures suggest this is an underestimate; the locally estimated range is between 4,690 and 7,630 people<sup>1</sup>

Three-quarters (75%) are believed to be living in bricks and mortar accommodation, with 25% living on authorised local authority or private sites. The largest number (423) is in the New Forest and the greatest proportion (0.3% of the population) is in Hart district. Data suggest there are Gypsies and Travellers living in every district in Hampshire.

### **The 2011 Census – Gypsy or Irish Travellers**

- The median age of the Gypsy or Irish Traveller group was 26, with 39% under the age of 20, compared with the national figures of 39 and 24% respectively
- 45% of the Gypsy or Irish Traveller households with dependent children were lone parent households, compared with 25% in the general population
- Whole house or bungalow was the most common type of accommodation among the Gypsy and Traveller population (61%), compared with 84% among the general population, and
- Gypsy and Irish Travellers reported the worst health out of all the ethnic groups.

<sup>1</sup> Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)

Research in Hampshire highlights that this group may be more vulnerable:

- Higher prevalence of long term conditions such as heart disease, diabetes, lung disease, and mental health problems
- Higher prevalence of risky lifestyle behaviours such as smoking, lack of physical activity, obesity and alcohol consumption
- Higher levels of domestic abuse amongst women
- There were a high proportion of learning disabilities reported in the New Forest area, particularly where there are Gypsies and Travellers living in bricks and mortar accommodation.

## Involvement and consultation

### **Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**

This policy has been written to outline the responsibility and increase awareness of the stake holders and to uphold the human rights of all individuals and those with protected characteristics.

### **Q5 How have you involved stakeholders in testing the policy or programme proposals?**

Policy will go to the Clinical Governance Committee and Policy Sub Group for review / approval and to the CCG Board for ratification.

### **Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:**

Policy has been shared within the Adult Safeguarding team for consultation.

## Equality statement

'Modern Slavery' describes anyone forced into labour, owned or controlled by an 'employer', treated as a commodity (that is bought and sold) or physically constrained. 'Human trafficking' describes the practice of illegally transporting someone from one area or country to another, usually for the purposes of being sold into modern slavery. Other types of modern slavery are: forced labour, sexual exploitation, criminal exploitation and domestic servitude.

Modern slavery is a hidden crime, where exploiters and gangs are practised in how to subdue, break, control and get economic return from the individuals they have enslaved. Victims may be unwilling or unable to make formal complaints due to fear of retribution and the psychological damage done by their abusers

This policy aims to have a positive impact for victims of modern slavery and human trafficking by raising awareness amongst employees of the CCG, so that they can identify victims and respond effectively. Also, so that the CCG is not complicit in any supply chain activity.

The equality analysis highlights that perpetrators target members of a community that are seen as weak or vulnerable. The vulnerabilities they target may link to a range of factors including the protected characteristics of age and disability:

- Children
- Mental health
- Physical disabilities
- Learning difficulties
- Poor education
- Broken backgrounds such as domestic violence, sexual and physical abuse, drug and alcohol dependencies
- Poverty
- Areas with low socio-economic infrastructure
- Financial difficulties.

Local data highlights that the New Hampshire Human Trafficking Collaborative Task Force, which brings together law enforcement and social services, opened 29 new investigations into cases of reported human trafficking in 2018. Of those cases, 79% were sex trafficking, 17% were labour trafficking and 3% involved both.

People with learning disabilities are at significant risk of modern slavery as they can often be isolated within communities, not deemed eligible for support services or simply overlooked due to not being viewed as a high profile concern.

Given this, the policy has been amended to show consideration of difference and incorporates how to address inclusion of those with vulnerabilities.

The effectiveness of the policy will be reviewed, together with the equality impact assessment, after 12 months.

### **Positive impacts**

This policy aims to have a positive impact for victims of modern slavery and human trafficking by raising awareness amongst CCG employees, so that they can identify victims and respond effectively. Also, so that the CCG is not complicit in any supply chain activity.

The CCG approach set out in the policy has been informed by this equality analysis, so that employees can respond to victims in an effective and culturally sensitive way. The training staff must undertake to support successful implementation of the Modern Slavery Policy, also reflects equality and inclusion.

### **Negative impact:**

This policy should not have a negative impact on the community but seeks to raise awareness and improve wellbeing and uphold human rights.

## **Health inequalities**

NHS England states that organised crime groups who profit from exploiting a human being, work within a complex structure and will target any member of a community that is seen as weak and vulnerable.

The vulnerabilities they target are mental health, physical disabilities, learning difficulties, poor education, broken backgrounds such as domestic violence, sexual and physical abuse, drug and alcohol dependencies, poverty, areas with low socio-economic infrastructure and financial difficulties.

## Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
1. Add to policy (as part of equality analysis section) how to arrange language interpretation support to gain informed consent from victim to referral, and use of same gender CCG staff member for cultural or religious sensitivities Ensure use of correct pronouns for victims who are transgender	Rachel Wright	End of October 2019	Completed
2. Find out whether we have any data for Hampshire about the number and characteristics of victims of modern slavery and human trafficking	Rachel Wright	End of October 2019	Local data sourced and added to the EIA. Complete.
3. Check that training and resources referenced in the policy explain how to respond appropriately to cultural and religious differences, as well as use of correct pronouns and confidentiality for victims who are transgender	Rachel Wright	End of October 2019	Training added to the policy which contains how to respond sensitively. Complete.

## For your records

**Name(s) of person who carried out this assessment:**

Rachel Wright, Safeguarding Adults Nurse, Hampshire Central Safeguarding Adults Team (covering West, North, North East & Farnham CCGs).

Nick Birtley, Head of Equality and Diversity, West Hampshire CCG.

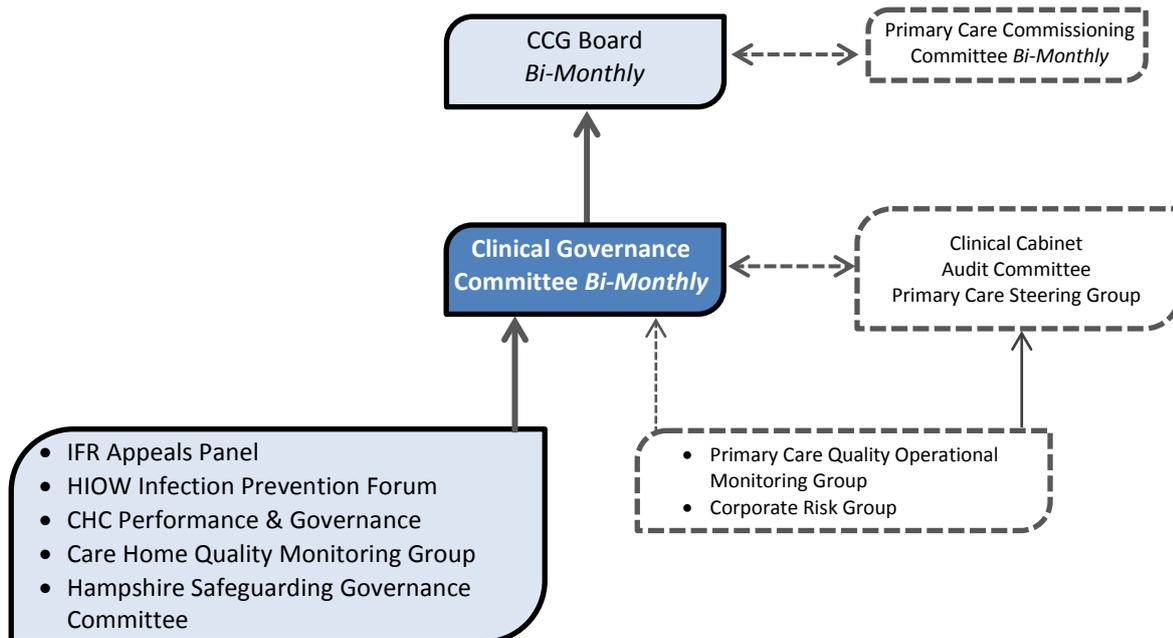
**Date assessment completed:** 2 October 2019

**Date to review actions:** On policy review (after 12 months for new policies).

**Name of responsible Director:** Ellen McNicholas, Director of Quality and Board Nurse.

**Date assessment was approved:**

**CLINICAL GOVERNANCE COMMITTEE**  
**TERMS OF REFERENCE**



**1. CONSTITUTION**

1.1 The West Hampshire Clinical Commissioning Group (CCG) Clinical Governance Committee is a sub-committee of the CCG Board. The Clinical Governance Committee is established in accordance with West Hampshire CCG's Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders.

**2. PURPOSE**

- 2.1 The CCG Clinical Governance Committee will seek assurance that the population of West Hampshire receives safe and high quality care and that services deliver health benefits, positive clinical outcomes and patient experience.
- 2.2 To provide the CCG Board with an assurance and scrutiny function in relation to quality of commissioned services relating specifically to patient safety, patient experience and clinical effectiveness, and to ensure appropriate action is taken where such assurance is lacking.

- 2.3 The Committee will also drive improvements in healthcare assurances within the providers from whom the CCG commissions care so that providers demonstrate year on year improvements, identifying and managing risk and underperformance.
- 2.4 To enable West Hampshire CCG as the host<sup>1</sup> for safeguarding to have oversight and scrutiny of governance mechanisms in place around safeguarding children within Hampshire in order to provide assurance to the five Hampshire CCGs (West Hampshire CCG, North Hampshire CCG, North East Hampshire & Farnham CCG, Fareham & Gosport CCG and South East Hampshire CCG).
- 2.5 To enable West Hampshire CCG as the host for safeguarding to have oversight and scrutiny of governance mechanisms in place around safeguarding adults within Hampshire in order to provide assurance to the three Hampshire CCGs (West Hampshire CCG, North Hampshire CCG and North East Hampshire & Farnham CCG).

### 3. RESPONSIBILITIES

- 3.1 The responsibility of the Committee is to provide an assurance to the CCG Board on all matters concerning duties, obligations and responsibilities relating to patient safety, patient experience and clinical effectiveness.
- 3.2 To provide assurance to the CCG Board that the process and compliance issues concerning Serious Incidents (SIs) and Never Events is robust.
- 3.3 Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
- 3.4 To ensure that all sub-optimal professional and organisational clinical performance within commissioned services is effectively identified and performance managed via contract mechanisms and that the wider implications and trends are addressed.
- 3.5 In conjunction with the Audit Committee, to ensure there are effective early warning systems which draw on a range of quality indicators and other sources of information to identify gaps in assurance about providers. This includes the Continuing Healthcare and Funded Nursing Care service hosted by West Hampshire CCG on behalf of the five Hampshire CCGs.
- 3.6 Respond to specific clinical governance and healthcare assurance issues identified by the Clinical Executive, Audit Committee, Clinical Cabinet, Primary Care Commissioning Committee, other Clinical Commissioning Groups or external regulatory bodies
- 3.7 To ensure that decisions made by the Individual Funding Request (IFR) Panel for both adults and children on behalf of the CCG are appropriate and that, where an individual appeals the decision of the IFR Panel, that an IFR appeals panel is established.
- 3.8 To approve the CCG's arrangements for handling complaints.
- 3.9 To approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- 3.10 To support the CCG and NHS England in discharging its responsibilities in relation to securing continuous improvement in quality of general medical services **via the Primary Care Steering Group and Primary Care Commissioning Committee.**

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<sup>1</sup> Whilst the CCG hosts the Safeguarding and Continuing Healthcare & Funded Nursing Care teams / services on behalf of the Hampshire CCGs identified above, accountability sits with each of the CCGs.

- 3.11 To review new / updated national guidance relating to quality and safety, together with any implications for the CCG.
- 3.12 To seek assurance on the performance of NHS organisations in terms of the Care Quality Commission, NHS Improvement and any other relevant regulatory bodies.
- 3.13 To oversee the transition and integration of assurance and quality improvement mechanisms of the CCG with those of commissioned providers to ensure that they continue to provide robust assurance around outcomes for the West Hampshire CCG population.
- 3.14 To review the development of the quality and safeguarding governance arrangements in the developing Integrated Care Partnerships (Southampton and South West, and North and Mid Hampshire)

#### **On behalf of Hampshire CCG's**

- 3.15 To provide assurance to each of the five Hampshire CCGs' Quality / Governance Committees on all matters concerning duties, obligations and responsibilities relating to the service being provided by the Continuing Healthcare (CHC) and Funded Nursing Care Team. This will be undertaken in conjunction with the Audit Committee and by ensuring that the CHC Performance & Governance Group is applying appropriate oversight and scrutiny.
- 3.16 To provide assurance to each of the five Hampshire CCGs' Quality / Governance Committees on all matters concerning duties, obligations and responsibilities relating to safeguarding children and looked after children.
- 3.17 To provide assurance to North Hampshire and North East Hampshire CCGs' Quality / Governance Committees on all matters concerning duties, obligations and responsibilities relating to safeguarding adults.
- 3.18 To receive assurance that safeguarding adults and children processes for NHS commissioned services are robust and work in collaboration with other statutory partners. This will include the progress of providers against the respective quality assurance frameworks.
- 3.19 To ensure there are annual work plans for safeguarding adults, safeguarding children and children in care.
- 3.20 To review CCG policies for safeguarding children and adults and make recommendations to the Hampshire CCGs on their approval.
- 3.21 To receive assurance on the quality of health checks, including subsequent health outcomes for looked after children.
- 3.22 To receive the minutes of the Hampshire Local Safeguarding Children ~~Partnership Board~~ (HSCP ~~B~~), HSCP ~~B~~-Health Sub Group, Hampshire Care Matters Board, Hampshire Safeguarding Adults Board (HSAB), HSAB Health Sub Group and review each annual action plan and the CCGs' role within it.

#### **4. MEMBERSHIP, QUORUM AND ATTENDANCE**

- 4.1 The following post-holders or nominated deputies are voting members of the Committee:
  - 2 x Lay Members (one of which is the Chair)
  - Director of Quality and Nursing (Board Nurse)
  - Deputy Director of Quality & Nursing (Deputy Board Nurse)
  - Medical Director
  - CCG Chairman

- 2 x CCG Locality Clinical Directors or another GP/clinical director to deputise
- Chief **Operating** Officer
- Director of **Mental Health Commissioning Strategy & Service Development**
- **Managing Director** / Director of Commissioning: Mid Hampshire
- Director of Commissioning: South West
- Public Health / Local Authority Representative

4.2 All Locality Clinical Directors (Board GPs) are invited to attend the Clinical Governance Committee by virtue of their role and responsibility within the CCG but the expectation is that only two are required to be core, voting members.

~~4.3 The Directors of Commissioning for Mid Hampshire and South West will alternate attendance; whichever is not in attendance will ensure that a fully briefed deputy is present.~~

4.3 It is essential that there is always **fully briefed** representation from both the Commissioning Directorates as well as the **Mental Health Commissioning Strategy & Service Development** Directorate. It is the responsibility of directorate representatives to provide feedback to their respective teams.

4.4 In addition to the above core membership, there will also be Patient Representatives in attendance at each Committee.

4.5 The following non-voting members will also be in attendance **as required** at the Committee to provide regular reports as detailed within the Committee Annual Work Plan:

- Senior Quality Manager: South & West
- Senior Quality Manager: Mid Hampshire
- Infection Prevention & Control Specialist
- Designated Nurse: Safeguarding Children
- Designated Nurse: Looked After Children / Children in Care
- Consultant Nurse: Safeguarding Adults
- Associate Director: Medicines Management

4.7 The CCG Clinical Governance Committee will identify a Chairman and Deputy Chairman for the Committee.

4.8 Only members of the Committee are entitled to be present at its meetings. Others may be invited to attend for specific items with the prior agreement of the Chair or Deputy Chair of the Committee.

4.9 For the avoidance of doubt CCG representatives who serve as members of the Committee do not do so to specifically represent or advocate for their own General Practice or service area but to act in the interests of the CCG as a whole as part of the overarching Governance structure.

### **Quoracy**

4.10 The meetings will be quorate when there are at least five of the members appointed present, of whom there should be a Board lay representative, at least two General Practitioners and either the Director of Quality & Nursing (Board Nurse) or the Medical Director.

4.11 The Committee must be quorate when any recommendations are made or votes taken.

### **Deputies**

4.12 ~~With the exception of the Commissioning Directors who alternate attendance,~~ All core members of the Committee are expected to attend all of the meetings and by exception nominate a fully briefed deputy to be 'in attendance' on their behalf. All deputies are present

in an 'acting' capacity.

## **Voting**

- 4.13 The Committee Chair shall determine whether any matter should be put to the vote for a decision. Voting will normally be effected by a show of hands and the outcome of the vote recorded in the minutes of the meeting. The vote will transfer to deputies in line with their acting responsibilities.
- 4.14 In the absence of a majority vote, the Chair (or Deputy Chair) may wish to exercise a casting vote.

## **5. FREQUENCY**

- 5.1 Meetings will normally be held every two months.
- 5.2 Additional meetings of the Committee may be held on an exceptional basis at the request of the Chair, deputy Chair or any three members of the Committee.

## **6. MANAGEMENT**

- 6.1 Decisions will generally be made on the basis of consensus. In certain circumstances it may be necessary for all members to vote, normally by a show of hands.
- 6.2 In the case of an equality of votes, the chair shall have a second vote which will be the casting vote.
- 6.3 The majority of the Committee's business shall be conducted in an open and transparent way. Matters of a particularly confidential nature will be reserved to a confidential part two of the meeting.
- 6.4 Members of the Committee who have any direct or indirect financial or personal interest in a specific agenda item, or if the practitioner is interested in providing a service in relation to that agenda item, they should declare such an interest to the Chair. The individual or individuals must abstain from the discussion and take no part in, or influence, the decision. It will be at the discretion of the Chair to decide whether exclusion from the discussion/decision or from the meeting would be appropriate. The minutes will record all declarations of interest and actions taken in mitigation.
- 6.5 The Committee shall determine an annual work plan and schedule of regular reports for the Committee.
- 6.6 The Committee shall identify regular secretarial support for the Committee to ensure consistency of format of Committee records.
- 6.7 The agenda and any papers shall normally be circulated to members a minimum of 5 working days before the date of the meeting.

## **7. REPORTING ARRANGEMENTS**

- 7.1 The CCG Clinical Governance Committee will report to the Board.
- 7.2 The minutes of the Committee will also be received by the CCG Board and Audit Committee.
- 7.3 The Business Services Manager will ensure that an accurate record of meetings is published on the website: [www.westhampshireccg.nhs.uk](http://www.westhampshireccg.nhs.uk).

## 8. SUB-COMMITTEES

8.1 The CCG Clinical Governance Committee may at times create sub-committees to deal with agenda items needing more detailed attention and that these sub-committees will be constituted by, dissolved when necessary and report to the Clinical Governance Committee.

8.2 The following sub-committee will report to the Clinical Governance Committee:

- Individual Funding Request Appeals Panel
- HIOW Infection Prevention Forum
- Continuing Healthcare Performance & Governance Group
- Care Home Monitoring Group
- Hampshire Safeguarding Governance Committee

8.3 The following groups will also feed into the Clinical Governance Committee:

- Quality Monitoring Group: Primary Care (sub-committee of Primary Care Steering Group)
- Corporate Risk Group

## 9. KEY RELATIONSHIPS

9.1 The Committee will establish and maintain relationships with the following key stakeholders:

- NHS South, Central & West Commissioning Support Unit (CSU)
- NHS England: Wessex Area Team
- Quality and Surveillance Group
- Care Quality Commission
- NHS Improvement
- Other Clinical Commissioning Groups
- Constituent General Practitioners
- Other independent Contractors
- Provider Clinical Quality Review Groups
- Local Authorities
- Local Safeguarding Children Board
- Local Safeguarding Adults Board
- Health Overview Scrutiny Committees
- Health and Wellbeing Boards
- Healthwatch
- Local Medical Committee
- Voluntary Services

## 10. REVIEW

10.1 The Committee will undertake an annual review of its performance in order to evaluate the achievement of its duties.

10.2 The Terms of Reference shall be reviewed as a minimum annually and at any time at the discretion of the Chair associated with necessary changes in CCG Governance arrangements such as those relating to full formal authorisation.

**Date Reviewed by Committee:** 7 ~~March~~ November 2019

**Date for Next Review:** **March 2020**