



Northern, Eastern and Western Devon
Clinical Commissioning Group

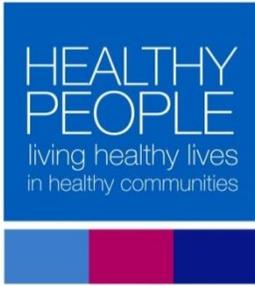
Executive Committee

Date of meeting		17 August 2016							
Report title		Safeguarding Adults Policy							
Author(s) name and title		Tamsin Banks, Lead Safeguarding Adults Nurse							
Supporting Executive(s) name and title		Lorna Collingwood-Burke, Chief Nursing Officer							
Supporting Executive Approval Date: 10/08/16									
Purpose of Report (please ✓)	Decision Assurance Information				Does this document place individuals in the centre	Yes	No		
		✓				yes			
Actions/Recommendations Requested		The committee to review the policy and if satisfied ratify the policy							
Which other committees has this item been to?		V0.1 Ratified by Quality Committee 2015							
Reference to other documents									
Have the legal implications been considered?		✓							
Quality and Equality Impact Assessment									
Who does the proposed piece of work affect? Yes✓ No X		Staff	✓	Patients	✓	Carers	✓	Public	✓
							Yes✓	No X	
1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?								X	
2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?								X	
3. Will there be a positive benefit to the users or workforce as a result of the proposed work?							✓		
4. Will the users or workforce be disadvantaged as a result of the								X	

proposed work?		
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		X
If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using Quality and Equality Impact Assessment available from Corporate Services		
If an equality assessment is not required briefly explain why and provide evidence for the decision.		

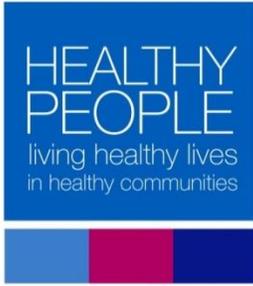
2016/17 NEW Devon CCG Strategies Priorities and Core Objectives

Strategic Priorities	Does this report support the strategic priority/core objective	
	Yes ✓	No X
Be financially sustainable – Turnaround and Success Regime	✓	
Match resources explicitly to local need – ‘Strategic Systems Leadership	✓	
Deliver integrated, personalised response – ‘Progress Partnership Working & Integration’	✓	
Be focused on quality of outcomes – namely care that is safe, that is clinically and cost effective and provides experience for individuals accessing services – ‘Improve Performance’	✓	
Deliver measureable results – ‘CCG Assurance Status restored’	✓	
Make clear the roles and responsibilities of people in maintaining and improving their own wellbeing – ‘Progress the Prevention Agenda’	✓	
Maximise CCG effectiveness by harnessing our most important asset – our staff	✓	



Document Status:	Draft
Version:	V0.2

DOCUMENT CHANGE HISTORY		
Version:	Date:	Comments (i.e. viewed, or reviewed, amended, approved by person or committee)
V0.1	April 2015	Initial Document Quality Committee 2015
V0.2	July 2016	Amendments in line with the Care Act 2014
Authors:	Tamsin Banks Lead Safeguarding Adult Nurse	
Scrutinised by: (name & title) Date: July 2016	Safeguarding Team Sue Baldwin Head of Safeguarding Jo Clarke Primary Care Nurse Gillian Scoble Primary Care Nurse Dr Deborah Stalker Designated Doctor Chrissie Bacon Associate Designated Nurse	
Document Reference:		
Review date of approved document:	September 2017	



Northern, Eastern and Western Devon
Clinical Commissioning Group

SAFEGUARDING ADULTS POLICY

Table of Contents

1	What is Safeguarding	Page 7
2	Introduction	Page 8
3	Our Commitment	Page 10
4	Scope & Purpose of the Policy	Page 10
5	Safeguarding Principles	Page 10
6	Roles & Responsibilities	Page 11
7	Managing Risks Associated with Safeguarding Adults	Page 13
8	Reporting a Safeguarding Adults Concerns	Page 15
9	Allegations against staff	Page 15
10	Responding to a Local Authority Request to undertake an enquiry	Page 16
11	Safeguarding Adults Assurance	Page 17
12	Training	Page 17
13	Definitions	Page 18

Linked strategies, policies and other documents	<p>HR policies</p> <ul style="list-style-type: none">• Safer Recruitment• Whistle blowing <p>Safeguarding Children Policy 2015 Care Act 2014 PREVENT Policy</p> <p>NHS Safeguarding Adults: Roles and Competencies for health care staff Intercollegiate Document</p>
--	--

1. What is Adult Safeguarding

- 1.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect
- 1.2 The aims of adult safeguarding are to:
- Prevent harm and reduce the risk of abuse or neglect
 - Stop abuse or neglect wherever possible
 - Safeguard adults in a way that supports them in making choices and having control about how they want to live
 - Promote an approach that concentrates on improving lives for the adult concerned
 - Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
 - Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult
 - Address what has caused the abuse or neglect¹
- 1.3 Safeguarding adults at risk of abuse or neglect depends on people understanding and doing the following things:
- Being aware of the risks of abuse and neglect that vulnerable adults can face
 - Knowing what help is available
 - Understanding their responsibilities
 - Working together to report and investigate concerns
 - Working together to prevent abuse and neglect
- 1.4 Safeguarding encompasses the following core elements:
- Prevention of harm and abuse through provision of high quality care
 - Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures
 - Using learning to improve service to patients
- 1.5 Patterns of adult abuse and neglect takes many different forms with different circumstances in which they may take place, this list is not an exhaustive list but an illustrative guide:
- Physical abuse
 - Emotional abuse
 - Sexual abuse
 - Neglect and acts of omission
 - Financial abuse
 - Discriminatory abuse

¹ <https://www.gov.uk/guidance/care-and-support-statutory-guidance>

- Organisational abuse
 - Self-Neglect
 - Modern Slavery
 - Domestic Abuse
- 1.6 If you are concerned that an adult is being abused or neglected you must respond. The Safeguarding Team can offer advice or support via D-CCG.SafeAdults@nhs.net
- 1.7 Safeguarding adult concerns should be raised to the Local Authority in the area the person at risk lives or visiting at the time of the concern.
For Devon contact Devon County Council on TEL: 0845 155 1007.
For Plymouth contact Plymouth City Council on TEL: 01752 668000

2. Introduction

- 2.1 Following the implementation of the Health and Social Care Act 2012. The National Health Service (NHS) has been required to undertake major reforms that are designed to support the creation of a health service that is clinically led and patient centred, dedicated to the delivery of world-class outcomes focusing on improving the health of the population.
- 2.2 The introduction of The Care Act 2014 and subsequent Care and Support Statutory Guidance 2016 provides a clear legal framework for how Clinical Commissioning Groups work in partnership with other public services to protect adults at risk, placing Adult Safeguarding on the same statutory footing as children.
- 2.3 Northern, Eastern and Western Devon Clinical Commissioning Group (the CCG) encourages an open culture to ensure clear understanding between partners at a local level when other agencies such as the Local Authority and Care Quality Commission need to be involved in the safeguarding of adults. Promoting the health and well-being of those who are at risk of being abused or neglected in the services commissioned including the needs of the wider health and social care community.
- 2.4 Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. As commissioners we must demonstrate the aims of Adult Safeguarding:
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support need.
 - To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
 - To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.

- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

2.5 The CCG commitment to the aims involves:

- Plans to train staff in recognising and reporting safeguarding concerns in line with the NHS Safeguarding Adults; Roles and Competencies for health care staff_- Intercollegiate Document 2016.²
- A clear line of accountability for safeguarding adults at risk, reflected in clinical commissioning group policies and governance arrangements.
- Appropriate arrangements to co-operate with Local Authorities in the strategic approach to safeguarding including executive membership on the statutory Local Safeguarding Adult Boards.
- Having a specific statutory roles in place
 - Prevent Lead
 - Designated Adult Safeguarding Professional
 - Mental Capacity Act Lead
 - Named General Practitioner/Professional
- Safeguarding principles being embedded in the culture and values of the organization.

2.6 There are fundamental requirements for effective safeguarding in the delivery of NHS care.

The CCG has responsibility to assure the quality and safety of the organisations with which contracts are held, and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

To prevent safeguarding incidents arising through the provision of high quality NHS care. This includes the NHS Outcomes Framework which sets out the high-level national outcomes that the NHS should be aiming to improve, inclusive of standard 5 - Treating and caring for people in a safe environment; and protecting them from avoidable harm.

To ensure effective responses where harm or abuse occurs through multi agency adult safeguarding policies and procedures.

2.7 In discharging these statutory duties/responsibilities account must be taken of:

- Data Protection Act 1998
- The Government reforms put patients and the quality of their care at the heart of the NHS.
- The Care Act 2014 (DOH 2014)
- Regulation 5: Fit and proper persons: directors and Regulation 20:
- Duty of Candor Guidance for NHS bodies (Care Quality Commission,

² NHS England published this document in April 2016 but it is currently being revised

November 2014)

- 2.8 As a commissioning organisation the CCG is committed to ensuring that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the health and well-being of adults at risk, that health providers are linked into their Local Safeguarding Board, and that workers contribute to multi-agency working dependent on their roles and responsibilities.

3. Our Commitment

- 3.1 Safeguarding our patients should always include consideration of children and young people. 'Think Family' entails a cross generational approach to safeguarding, recognising that adults may be parents or carers, cared for by children or young people or represent a danger to children.
- 3.2 As commissioners, making safeguarding personal is integral to healthcare delivery. The CCG will ensure; that assurance is obtained from providers that they are achieving good outcomes in preventing and effectively responding to harm, neglect and abuse; that providers are putting patients first and ensuring their voice is sought and heard; including the access to Independent Mental Capacity Advocates where appropriate that providers are including the connection and interface between safeguarding and quality of service provision.

4. Scope and Purpose of the Policy

- 4.1 The Safeguarding Adult policy sets out the CCGs approach to ensure that:
- Everyone has the right to live their life free from violence, fear and abuse
 - All adults have the right to be protected from harm and exploitation
 - All adults have the right to independence, which involves a degree of risk
- 4.2 This policy applies to all employers and employees of the CCG and sets out their role and responsibilities as individuals within the organisation.

5. Safeguarding Principles

- 5.1 Adults at risk have the right to be protected from abuse and neglect, following the principles of the Care Act, 2014; Making Safeguarding Personal ensures adults at risk must be supported to maintain choice and control over the decisions that affect their lives and to be involved to the extent that they are able. In implementing this policy and to safeguard the basic human rights of individuals in our society, we have agreed the following principles:

Safeguarding Adults Principles		Application within Health Commissioning
Principle 1	Empowerment – presumption of person led decisions and consent	Patients need to be in control of their care and involved in all aspects to the extent they are able. This includes involving people in how services related to Safeguarding adults are designed and delivered as well as involvement in their own care planning.
Principle 2	Protection - Support and Representation for those in greatest need	Positive obligation to take additional measures for patients who may be ‘adults at risk’ who may not have their voice heard or be unable to protect themselves.
Principle 3	Prevention - It is better to take action before harm occurs	Planning and procuring services that deliver personalised care that reduces the likelihood of neglect and abuse occurring.
Principle 4	Proportionality . Proportionality and least intrusive response appropriate to the risk presented	Efficient and proportionate responses to risks whether this relates to individual patient care or whole service provision.
Principle 5	Partnerships . Local solutions Through services working with their communities	Integrated and cohesive partnerships at all levels of the organisation focused at improving outcomes for patients in the most vulnerable situations, for example: Health and Wellbeing Boards; Local Safeguarding Adults & Children’s Boards; Community Safety Partnerships; Quality Surveillance Groups
Principle 6	Accountability . Accountability and transparency in delivering safeguarding	Require openness and transparency to patients in how concerns are managed in line with ‘Being Open’ Managing allegations of abuse and neglect in services (including those identified as serious incidents) through inter-agency procedures. Providing assurance on the effectiveness of safeguarding arrangements to patients; public and Local Safeguarding Adults Board

6. Roles and Responsibilities

- 6.1 The **Governing Body** has overall accountability for safeguarding responsibilities laid out in legislation and statutory guidance. The Governing Body is also tasked with seeking assurance that the CCG priorities and operational plan are met. This includes
- Ensuring there is clinical engagement in contract performance, negotiations and agreements.
 - There is an appointed Executive who leads for safeguarding.
- 6.2 The **Chief Nursing Officer** holds the Executive Lead responsibilities and her responsibilities include
- Providing strategic leadership for adult safeguarding on behalf of the CCG and ensuring that the governing body is fully informed about adult safeguarding issues
 - Day to day line management of the Head of Safeguarding
 - Representing, with the Head of Safeguarding, at the Local Adult Safeguarding Board, liaising with the chair of the Local Adult Safeguarding Board and contributing to its work
 - Ensuring that safeguarding adults at risk is integral to governance and audit arrangements
 - Ensuring that contract specifications drawn up with NEW Devon CCG as a commissioning organisation include clear service standards for safeguarding adults
 - Presenting the annual safeguarding report to the Governing Body members.
- 6.3 **The Head of Safeguarding** and the **Safeguarding Team** roles includes:
- Providing expert advice to all health professionals, Plymouth and Devon Local Authorities and the Local Adult Safeguarding Boards.
 - Providing advice to ensure the range of services commissioned by the CCG takes account of the need to safeguard and promote the health and well-being of adults at risk.
 - Ensuring that service plans/specifications/contracts/invitations to tender include reference to the agreed contract standards expected for safeguarding adults at risk.
 - Providing advice and input on the monitoring of the safeguarding standards within the CCG contracts.
 - Providing skilled advice to the Local Adult Safeguarding Board on all health issues and contributing to the work of the Local Adult Safeguarding Board through the board and its sub groups.
 - Promoting, influencing, and developing relevant training, on both a single and inter- agency basis to ensure the training needs of health staff are addressed.
 - Ensuring that all the CCG staff knows how to recognise abuse and how to report and respond to it.
 - Ensuring that staff access training according to their role in line with the safeguarding training matrix. Are competent to be alert to the potential

indicators of abuse and neglect and know how to act on those concerns in line with local guidance.

- Providing skilled professional involvement in adult safeguarding processes in line with Local Adult Safeguarding Board procedures.
- Contributing to Safeguarding Adult Reviews, multi and single agency learning reviews, and multi-agency case audits.
- Contribute to Domestic Homicide Reviews, multi and single agency learning reviews and multi-agency case audits.
- Providing an annual Adult Safeguarding report based on reports to the Governing Body via the Quality Committee.
- Providing / ensuring provision of effective safeguarding appraisal, support, peer review and supervision for colleagues in the organisation.
- Contributing to safeguarding case supervision/peer review.

6.4 The Mental Capacity Act/Deprivation of Liberty Lead is responsible for:

- Being the lead officer for the Mental Capacity Act (2005) across the CCG health and social care economy.
- Managing the statutory Deprivation of Liberty Safeguards process, updating all relevant policies and procedures, delivering a local training program and managing all assessments and allocations.
- Providing assurance that commissioned services comply with the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards and that use of restriction and restraint is the least restrictive to meet the needs of the patient and that there is no unlawful deprivation of liberty.
- Providing advice and guidance to wider teams within the CCG who have responsibilities for presenting complex cases to the Court of Protection. Working with the Quality Team and where required acting as a witness for the CCG.

6.5 All Staff are responsible for:

- Following both internal and local multi-agency safeguarding policies and procedures at all times, particularly if concerns arise about the safety or health and well-being of an adult at risk.
- Participating in safeguarding adults training and maintaining current working knowledge.
- Becoming familiar with, and implementing/contributing to the implementation of the CCG's Multi-agency policy and procedure.
- Discussing any concern about the health and well-being of an adult at risk with their line manager.
- Contributing to actions required including information sharing and attending meetings.
- Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services.
- Remaining alert at all times to the possibility of abuse.
- Recognising the impact of diversity, beliefs & values of people.

7 Managing Risks Associated with Safeguarding Adults

7.1 Confidentiality and Information Sharing

Confidential information about an adult at risk should never be used casually in conversation or shared with any person other than on a “need to know basis”.

There are some circumstances when employees may be expected to share information about an adult at risk, for example when abuse is alleged or suspected. In such cases individuals have a duty to pass information on without delay in line with Local Adult Safeguarding Board procedures. Employees must document when, with whom and for what purpose information was shared.

The main restrictions within the legal framework to disclosure are:

- Common law duty of confidence
- Human Rights Act 1998
- Data Protection Act 1998.

Disclosure should be justified in each case and guidance should be sought from the adult safeguarding lead in cases of uncertainty. The adult safeguarding lead may seek guidance from the Data Protection Team as well as the Clinical commissioning Group’s legal representatives.

In some circumstances the sharing of confidential information without consent would normally be justified in the public interest. These circumstances would be:

- When there is evidence that the adult at risk is suffering or is at risk of suffering significant harm.
- Where there is justifiable cause to believe that an adult at risk may be suffering or at risk of significant harm.
- To prevent significant harm arising to the adult at risk including through the prevention, detection and prosecution of serious crime likely to cause significant harm to the adult at risk.

Information could also be shared without consent in the following circumstances:

- If the adult at risk is at greater risk.
- If you or another health care professional is at risk.
- If it would alert the perpetrator (in cases of sexual abuse or fabricated illness).
- If specific forensic evidence is needed.

At all times the safety and wellbeing of the adult at risk is paramount when considering the likely outcome of sharing or not sharing information.

Reasons for decisions to share, or not share must be recorded. All decisions require professional, informed judgment. If in doubt this should be discussed with

the Safeguarding Team.

The multi-agency information sharing protocol must be adhered to in ensuring appropriate safeguarding information is shared.

8. Reporting a Safeguarding Adult Concern

8.1 All staff should exercise vigilance in their work to mitigate against the risk that an adult at risk using the CCG services might be suffering from abuse.

If any member of staff becomes concerned that an adult may be suffering from abuse or neglect should discuss with their line manager or may seek advice from the Safeguarding Team on D-CCG.SafeAdults@nhs.net

8.2 If staff suspects that an adult at risk is being abused or at risk of abuse, they are expected to report concerns to a line manager (unless they suspect that the line manager is implicated – in such circumstances the whistle blowing policy should be followed).

8.3 If at any time, staff feel that the person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity

8.4 If at any time, staff have reason to believe that the adult at risk is in immediate and serious risk of harm or that a crime has been committed the police must be called

8.5 All service users need to be safe. Throughout the process the service users' needs remain paramount. This process is about protecting the adult and prevention of abuse

8.6 Accurate records of events must be kept in accordance with the record keeping policy.

9. Allegations against Staff

9.1 All Safeguarding allegations against the CCG employees will be treated seriously.

9.2 If it is alleged that a CCG employee may have abused or neglected an adult at risk, it must be responded to and thoroughly addressed. There may be a concern that the member of staff has:

- Abused or neglected an adult at risk;
- Behaved in a way that has harmed or may have harmed an adult at risk;
- Possibly committed a criminal offence against or related to an adult at risk;
- Behaved towards an adult at risk in a way that indicates she or he is unsuitable to work with such adults.

- 9.3 Any allegations against staff must be escalated immediately to the Head of Safeguarding Tel: 07826892445.
- 9.4 The Head of Safeguarding will raise a safeguarding adult alert to the Local Authority where the alleged victim resides. The Local Authority will determine if a Safeguarding Section 42 enquiry is required and will make a referral to the police if deemed appropriate.
- 9.5 The Head of Safeguarding will inform the relevant senior manager of the Allegation and contact the HR team for advice and support and to provide support to the staff member
- 9.6 The Head of Safeguarding will work with the Local Authority/police to progress the safeguarding enquiry.
- 9.7 Where the Local Authority deem the concern not meeting the threshold for a safeguarding enquiry the case will be passed to the CCG HR team for internal management with input from the appropriate team manager.
- 9.8 Further guidance is available from Plymouth Safeguarding Adults Board/Devon Safeguarding Adults Board.
[Devon Safeguarding Adults Board - Devon County Council](#)
[Plymouth Safeguarding Adults Board](#)

10. Responding to a Local Authority Request to Undertake an Enquiry

- 10.1 All enquiry requests will be made via the safeguarding adults email inbox; this will be managed on a daily basis (D-CCG.SafeAdults@nhs.net)
- 10.2 All requests, meeting records and actions taken will be recorded on the electronic data base in line with New Devon CCG record keeping policy as well adhering to the relevant Safeguarding Adults multi-agency policies and procedures.
- 10.3 The Safeguarding Team will follow referral pathways agreed with partner agencies to assist in the enquiry process where additional assurance is required the safeguarding team may provide additional enquiry support.
- 10.4 Key learning and themes will be shared via the appropriate committees including the Patient Safety and Quality Team, Quality Assurance Teams, Safeguarding Steering group, Quality Committee, training events and incorporated into training where appropriate.
- 10.5 The safeguarding team will ensure provider organisations seek patient's view and wishes throughout the safeguarding enquiry in line with Making Safeguarding Personal and the Care Act. Provider organisations will ensure the Duty of Candour will be applied.

- 10.6 The Safety Systems Team will maintain close communication with the Safeguarding Team to ensure safeguarding concerns are identified through the Serious Incident Requiring Investigation, in cases where a SIRI demonstrates a safeguarding concern the Root Cause Analysis report will form the safeguarding enquiry.
- 10.7 Where appropriate the Safeguarding Team members will ensure providers refer to advocate services for the adult at risk.
- 10.8 The Safeguarding Team will where appropriate attend whole service enquiries, providing support and guidance to the Local Authority.

11. Safeguarding Adults assurance

- 11.1 The CCG has a governance process in place to ensure that all service plans/ specifications/contracts/invitations to tender include the standards expected for safeguarding adults at risk.
- 11.2 Where required the main provider organisations through Integrated Assurance Provider Meetings will be asked by the Patient Safety and Quality Team to provide specific assurances relating to safeguarding concerns.
- 11.3 Adult safeguarding reports are provided to the Safeguarding Steering Group as well as the Quality Committee, Executive Committee and Governing Body.
- 11.4 The Head of Safeguarding will provide the Annual Board report.
- 11.5 The Head of Safeguarding and safeguarding team will contribute to Local Authority Adult Safeguarding Board reports and audits as requested.

12. Training

- 12.1 Safeguarding training is mandatory for all staff based on competency required for their role.
- 12.2 The CCG has a safeguarding training matrix in place to ensure all staff receive the correct level of training appropriate to job role in line with the NHS " Safeguarding Adults: Roles and Competencies for Health Care Staff Intercollegiate Document 2016. See appendix 1.
- 12.3 Those staff requiring a higher level of awareness will receive the relevant training as required.
- 12.4 It is the responsibility of the individual and their manager to ensure that all staff are up to date with the training.
- 12.5 Those staff who fail to comply with the training requirements will potentially need to have restrictions imposed on working practices until training requirements are

met. Furthermore, disciplinary action may be considered if an individual continues to show noncompliance and there are no mitigating circumstances.

13. Definitions

Term	Definition
Abuse	<p>Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may be physical, sexual or it may be neglect. It may be beneficial or psychological or discriminatory. It may be domestic violence or institutional abuse. Sometimes it may be unintentional abuse, where someone thinks that they are trying to help but in the wrong way. Abuse concerns the misuse of power, control and/or authority and can manifest itself as:</p> <ul style="list-style-type: none"> - Domestic violence, sexual assault or sexual harassment. - Physical neglect/ Acts of omission discrimination and oppression. Institutional abuse. - Financial abuse - Emotional/ psychological many situations will involve a combination of different kinds of abuse.
Adult Safeguarding Board	Is a multi-agency partnership of public, private and voluntary sector organisations which aim to safeguard all adults at risk. Adult safeguarding Boards are a legal requirement as outlined in The Care Act 2014
Allegation	An allegation of abuse is where a person or agency states that a person or persons is or are at risk of being abused.
Alerter or referrer	The person who initially raises concern about the abuse. This person may need to act in the immediate aftermath of an incident, disclosure or allegation.
Care Quality Commission	The Care Quality Commission is the independent regulator of health and social care in England. The Commission regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.
Concern of Abuse	The concern of abuse is where a person or agency suspects that a person or persons is or are at risk being abused, but they are not certain in their concern and they may or may not know who is doing the abusing.
Disclosure	A disclosure of abuse is where a person or persons state(s) that they are being abused or have been abused.
Domestic Violence	Domestic violence is any threatening behavior, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The violence can be psychological, physical, sexual or emotional and can include 'honour-based violence', female genital mutilation and forced marriage.

Part II Adult Safeguarding Policy Commissioning Services – contracting & monitoring for effective safeguarding

1. Reporting standards and lines with accountability for health service providers

- 1.1 All service providers must comply with their statutory duty to protect children and young people from abuse or neglect in accordance with the following legislation and operational guidance
- Care Act 2014
 - Safeguarding Adults Intercollegiate Competency Document 2016
 - Mental Capacity Act 2005 (MCA)
 - Prevent Duty 2014
- 1.2 Commissioners have a responsibility to ensure contracts with providers take heed of the statutory guidance and have in place a process to demonstrate compliance in order to provide assurance to the CCG Governing Body that appropriate safeguarding structures and practices are in place.
- 1.3 National Standard contract 2016/7 Section SC32 requires that the Provider must ensure that Service Users are protected from abuse and improper treatment in accordance with the Law, and must take appropriate action to respond to any allegation of abuse.
- 1.4 Safeguarding, Mental Capacity and Prevent
The Provider must ensure that Service Users are protected from abuse and improper treatment in accordance with the Law, and must take appropriate action to respond to any allegation of abuse.
- 1.5 The Provider must nominate:
- a Safeguarding Lead and a named professional for safeguarding children, in accordance with Safeguarding Guidance;
 - a Child Sexual Exploitation Lead;
 - a Mental Capacity and Deprivation of Liberty Lead; and
 - a Prevent Lead,
- and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.
- 1.6 The Provider must comply with the requirements and principles in relation to the safeguarding of children and adults, including in relation to deprivation of liberty safeguards and child sexual exploitation, set out or referred to in:
- the 2014 Act and associated Guidance;
 - the 2014 Regulations;
 - the Children Act 1989 and the Children Act 2004 and associated Guidance;
 - the 2005 Act and associated Guidance;

- Safeguarding Guidance; and
 - Child Sexual Exploitation Guidance.
- 1.7 The Provider has adopted and must comply with the Safeguarding Policies and MCA Policies. The Provider has ensured and must at all times ensure that the Safeguarding Policies and MCA Policies reflect and comply with:
- the Law and Guidance referred to in SC32.3;
 - the local multi-agency policies and any Commissioner safeguarding and MCA requirements.
- 1.8 The Provider must implement comprehensive programmes for safeguarding (including in relation to child sexual exploitation) and MCA training for all relevant Staff and must have regard to Safeguarding Training Guidance. The Provider must undertake an annual audit of its conduct and completion of those training programmes and of its compliance with the requirements of SC32.1 to 32.4 of the National Contract 2016/7.
- 1.9 At the reasonable written request of the Co-ordinating Commissioner, and by no later than 10 Operational Days following receipt of that request, the Provider must provide evidence to the Co-ordinating Commissioner that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems.
- 1.10 If requested by the Co-ordinating Commissioner, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan.
- 1.11 The Provider must co-operate fully and liaise appropriately with third party providers of social care services in relation to, and must itself take all reasonable steps towards, the implementation of the Child Protection Information Sharing Project.

The Provider must:

- include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit; and
- include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; and
- include in relevant policies and procedures a WRAP delivery plan that is sufficient resourced with WRAP facilitators.

Standard 1: Safeguarding Policy			
Criteria		Evidence	Reporting Frequency
1	The organisation has a safeguarding adults policy compliant with Legislation, statutory guidance and the Local Safeguarding Adult Board procedures. (LSAB)	Policy / associated policies	Annually
Standard 2: Equal rights of all to be safe			
1	An Equality Statement or policy is in place	Policy	Annually
2	Complaints procedures are in place specifically relating to safeguarding	Policy	Annually
Standard 3: System & Processes			
1	There is a named organisational lead for safeguarding adults at risk. Named Nurse Named Doctor (Named Professional) DoLS Lead MCA Lead Prevent Lead Modern Slavery Lead	Policy	Annually
2	Identified staff have been assigned key roles and responsibilities set out in statutory guidance and Local Safeguarding Adults Board (LSAB) Multi Agency procedures responsibilities	Policy	Annually
3	There is a set of written procedures, compliant with national and LSAB procedures, relating to raising safeguarding concerns.	Policy	Annually
4	An adverse reporting system is in place which identified circumstances/incidents which have/could have compromised the safety and welfare of vulnerable adults. The provider must, where applicable, comply with its obligations under regulation 2- of the 2014 regulations in respect of any notifiable safety incidents. If there is a requirement by the provider to refer a staff member to be Regulatory or Supervisory Body which directly or indirectly concerns any service user/ safeguarding concerns the provider must send a copy of it to the relevant commissioner. This will be in accordance with the timescales set out in the Incidents Requiring Reporting Procedure and in Reporting Requirements.	Policy/ associated policy	Annually
5	The organisation will have a written clinical and case management supervision policy applicable to staff	Policy/Audit	

	providing direct or indirect patient care.		
Standard 4: Safer Recruitment			
1	There is a clear procedure for recruiting staff, Trustees and volunteers who have contact with vulnerable adults and for assessing their suitability. Appropriate Disclosure and Barring (DBS) checks are taken up.	Policy/ associated policy and training matrices	Annually
Standard 5: Code of Practice			
1	Written guidance is given about appropriate behaviour of staff or volunteers towards vulnerable adults	Policy	Annually
2	There are clear processes for responding to behaviour that is not acceptable The consequences of breaking the policy are clear, and are linked to the organisations disciplinary procedures	Policy and associated policies	Annually
3	Discrimination, oppressive behaviour or language is not acceptable	Policy and associated policies. The use of Equality Impact Assessmen ts	Annually
4	There will be an allegations policy in place which links directly to the organisation's safeguarding policy and multi-agency guidance	Policy and professional regulatory standards	Annually
Standard 6: Safe Service Delivery			
1	There is an up-to-date Health & Safety Policy with appropriate procedures, including fire safety	Policy	Annually
2	The organisational has a clear policy on lone working	Policy	Annually
3	The organisation has a clear policy statement on alcohol, tobacco and substance misuse, reflecting legislation and individual liability	Policy and associated policies	Annually
4	The organisation has a clear policy statement regarding taking photographs of vulnerable adults who use the service with consideration to the Mental Capacity Act 2005	Policy and associated policies	Annually
Standard 7: Staff Training & Development			
1	There are arrangements for providing safeguarding training at a level and frequency appropriate to the individual's role, supervision, management support to staff and volunteers. The Provider must implement comprehensive training programs for Safeguarding, MCA and Deprivation of	Policy, associated policies	Annually

	Liberty (DoLS) for all relevant Staff. The Provider must undertake an annual audit of staff training matrix demonstrating 90% compliance ensuring that Service Users are protected from abuse and improper treatment in accordance with the Law.		
2	Safeguarding knowledge will be embedded in local practice and care delivery, ensuring staff recognise when vulnerable people are in need of protection	Policy and audit reports	Annually
3	Contacts are established with key statutory agencies, including the Safeguarding Adults Board	Policy	Annually
Standard 8: Communication			
1	Information about the organisation's commitment to safeguarding is available to everyone and in a format and language that is understandable	Easy read leaflets for vulnerable adults, carers and their families. Associated policies	Annually
2	Contact details for the local adult services, police and emergency medical help are readily available in an easy read and accessible format	Policy and associated policies	Annually
3	Service Users, carers and advocates are consulted on the implementation and review of policies and procedures, their effectiveness and how information is made available	Policy and associated policies	Annually
4	There is a policy on appropriate information sharing which complies with the Information Sharing Guidance 2015 and in line with LSB multi agency agreements https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice	Policy	Annually
Standard 9: Domestic Abuse (DA) Including Honour Based Violence (HBV) Female Genital Mutilation (FGM) and Forced Marriage (FM) and Modern Slavery			
1	The organisation takes into account national and local guidance to safeguard adults experiencing DA, FGM, HBV FM and Modern Slavery	Policy	Annually
Standard 10: Recognising and referral of vulnerable adults at risk of radicalisation			
1	Staff will understand their responsibility to refer any suspicions of vulnerability to radicalisation in accordance with their safeguarding adults policies	Policy	Annually
Standard 11: Interagency Working			
1	The organisation is clear on its legal duties and responsibilities under the Care Act 2014 and complies with all section 42 requests.	Policy	Annually

Standard 12: Implementation, Monitoring and Evaluation			
1	Polices and procedure are reviewed for accuracy annually and formally reviewed at least every three years and revised as required by legislation, guidance or feedback from service users and carers.	Policy and policy and procedure review schedules	Annually
2	The organisation's board receive performance management reports which include reference to safeguarding issues, themes and trends on a quarterly basis	Policy	Annually
3	Safeguarding knowledge will be embedded in local practice and care delivery, ensuring staff recognise when vulnerable people are in need of protection	Audit schedule	Annually

Appendix 1 – Training Matrix

Level	Staff group	Competency	Delivery ³	Monitoring
1	All staff working in healthcare settings	Competence at this level is about individuals knowing what things to look out for which may indicate possible harm or abuse, and knowing who to contact and seek advice from within their organisation if they have concerns, and identifying when patients are at risk of abuse or are being abused within their usual environments.	Recognised training module (e.g. e-learning for health e learning for health) Face to face (CCG led)	Annual via appraisal
2	All staff that have regular contact with adults and/or carers.	Competence at this level is about individuals starting to report on the information which may indicate possible harm or abuse and knowing who to contact and seek advice from within the care team if they have concerns.	Single agency training Recognised training module (e.g. e-learning for health e learning for health)	Annual via appraisal
3	All staff who regularly contribute to supporting adults at risk of abuse and/or their families / carers. This includes through multiagency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns.	Competence at this level is about individuals starting to act on the information which may indicate possible harm or abuse and advice other members of the care team if they have concerns.	Single agency training Multiagency training Local Safeguarding Adult Board training. Recognised training module (e.g. e-learning for health e learning for health)	Annual via appraisal
4	Specialist roles - Named Professionals staff groups	- Contributes to the development of strong internal safeguarding/adult	External training courses Named Professionals	Annual via appraisal

		<p>protection policy, guidelines, and protocols.</p> <ul style="list-style-type: none"> - Facilitates and contributes to internal, multi-agency audits and statutory inspections. - Works with the safeguarding team and partners in other agencies to conduct safeguarding training needs analysis, ability to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations. - Undertakes and contributes to Safeguarding Adults Reviews/case management reviews, individual management reviews/individual agency reviews/internal management reviews, undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies. - Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding team. - Works effectively and provides advice (as appropriate with colleagues from other organisations). - Provides advice and information about safeguarding, both proactively and reactively - this includes the Board, Directors, and Senior Managers. <p>Provides specialist advice to</p>	meetings	
--	--	--	----------	--

		<p>practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of safeguarding cases.</p> <ul style="list-style-type: none"> - Provides safeguarding supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review. - Participates in sub-groups of the Local Safeguarding Adults Board as required. - Provide advice to members of staff in relation to the Prevent agenda. - Leads/oversees safeguarding quality assurance and improvement processes. - Undertakes risk assessments of the organisation's ability to safeguard individuals. 		
5	Specialist roles - Designated Professionals Staff groups	<p>Provides supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community.</p> <ul style="list-style-type: none"> - Conducts training needs analysis, commissions, plans, designs, delivers, and evaluates safeguarding single and inter-agency training and teaching for staff across the health community. - Leads/oversees safeguarding quality assurance and improvement across the health community. - Leading innovation and change to improve safeguarding and reducing domestic abuse across the health economy. <p>Takes a lead role in conducting the</p>	<p>Local Safeguarding Children Board training. Regional Designated Professionals meetings. National Conferences</p>	Annual via appraisal

		<p>health component of Safeguarding Adults Reviews/ case management reviews across whole health community.</p> <ul style="list-style-type: none"> - Gives appropriate advice to specialist safeguarding professionals working within organisations delivering health services and to other agencies. - Takes a strategic and professional lead across the health community on all aspects of safeguarding. - Act as the organisational lead for the Prevent agenda, and sit as a member of any CHANNEL panel. - Provides expert advice to increase quality, to improve health outcomes for adults at risk of abuse and harm. - Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of individuals to include: <ul style="list-style-type: none"> - Taking a strategic professional lead across every aspect of the health service contribution to safeguarding adults within all provider organisations commissioned by the commissioners. - Ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations, in keeping with SAB procedures and recommendations. - Provide specialist advice and guidance to the Board and Executives of 		
--	--	---	--	--

		<p>commissioner organisations on all matters relating to safeguarding adults including regulation and inspection.</p> <ul style="list-style-type: none"> - Be involved with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications. - Monitors services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance 		
	<p>Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members.</p>	<ul style="list-style-type: none"> - It is envisaged that Chief Executives of healthcare organisations take overall (executive) responsibility and accountability for Safeguarding adult's strategy and policy within their organisation, with additional leadership being provided at board level by the Executive Director with the lead for safeguarding. - All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership, as outlined below. All boards should have access to safeguarding advice and expertise through Designated or Named Professionals. 	<p>e learning for health 6 monthly face to face training</p>	<p>Annual via appraisal</p>