

Safeguarding Adults Policy

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Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees. All persons contracted to provide services to the CCG.
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

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

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
V1		Updates made to bring the policy in line with the legal duties of the Care Act 2014		

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CONTENTS

1. INTRODUCTION
2. POLICY STATEMENT
3. IMPACT ANALYSES
4. SCOPE
5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY
6. ADULT SAFEGUARDING
7. INFORMATION SHARING
8. PREVENT DUTY (Counter-Terrorism and Security Act 2015)
9. ROLES/ RESPONSIBILITES/DUTIES
- 10 .DUTY OF CANDOUR
11. SAFEGUARDING ADULT REVIEWS (SARs)
12. DOMESTIC HOMICIDE REVIEWS (DHRs)
13. STANDARDS FOR SAFEGUARDING ADULTS ASSURANCE
14. POLICY IMPLEMENTATION
15. TRAINING & AWARENESS
16. POLICY REVIEW
17. REFERENCES
18. ASSOCIATED POLICIES & APPENDICES A & B
19. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM
20. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

1. INTRODUCTION

1.1 Safeguarding is everyone's responsibility and aims to protect people's health, wellbeing and human rights, and enable them to live free from abuse and neglect.

1.2 NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) has a statutory duty to ensure it makes arrangements to safeguard adults from abuse and neglect.

1.3 NHS Scarborough and Ryedale CCG provides clear service standards against which healthcare providers (including independent and voluntary sector providers) will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

1.4 In discharging these statutory duties account must be taken of :

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015
- The Care Act 2014 (Care and Support Statutory Guidance 11th March 2016)
- Mental Capacity Act 2005: Code of Practice
- Safeguarding Adults Multi-Agency Policy and Procedure for West and North Yorkshire and York 2015
- Local Authority Safeguarding Adults Operational Guidance
- Revised Prevent Duty Guidance (July 2015)

1.5 The safeguarding duties apply to an adult who:

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

1.6 An adult is defined as a person aged 18 years and above

1.7 An adult experiencing, or at risk of abuse or neglect will hereafter be referred to as 'the adult' throughout the policy.

2. POLICY STATEMENT

- 2.1. NHS Scarborough and Ryedale CCG requires its own employees and those from whom it contracts services to be fully aware of their duties and responsibilities for safeguarding adults.
- 2.2. NHS Scarborough and Ryedale CCG is committed to delivery of care that is culturally and religiously sensitive to the needs of all individuals and groups.
- 2.3. All sections of this policy aim to ensure that no present or future patient, whether formal or informal, receives unfavourable treatment on the grounds of their protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; or sexual orientation (Equality Act 2010).

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. The results of the assessment are attached.

4. SCOPE

Scope of the policy

- 4.1. The scope of the policy is to provide direction and guidance to all NHS staff who are involved in the assessment, care, treatment, support, communication and engagement of adults who have needs for care and support (whether or not the local authority is meeting any of those needs); are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 4.2. The policy is mandatory for all permanent and temporary employees, contractors and sub-contractors of NHS Scarborough and Ryedale CCG and those employees either permanent or temporary who are included within the arrangements for collaborative care.
- 4.3. NHS Scarborough and Ryedale CCG as commissioners of local health services has a statutory responsibility to assure themselves that the organisations from whom they commission services provide safe systems that safeguard adults and includes early detection and timely response when problems are identified.
- 4.4. NHS Scarborough and Ryedale CCG has co-commissioning arrangements with NHS England for Primary Care and is responsible for ensuring that GP

services are fully compliant with the arrangements, duties and responsibilities for safeguarding adults.

- 4.5. NHS Scarborough and Ryedale CCG should ensure that all health providers are linked into the local safeguarding adults' boards and that all health workers contribute to multi-agency working.

5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

- 5.1. The purpose of this policy is to ensure NHS Scarborough and Ryedale CCG staff and their respective commissioned services are aware of their duties and responsibilities in relation to Safeguarding Adults and in doing so maintain their respective organisation's legal obligations.
- 5.2. This policy outlines how each organisation will fulfil its statutory responsibilities and ensure that there are in place robust structures, systems and quality standards relating to safeguarding adults which are in accordance with NHS Contracting and in line with the City of York, North Yorkshire and East Riding Safeguarding Adult Board procedures.
- 5.3. It is the responsibility of everyone covered by the scope of this policy to ensure they comply with this policy. Failure to comply may result in the commissioning of services which do not meet their regulatory obligations, leaving adults at risk of undetected abuse and neglect and provision of services which are unsafe.
- 5.4. Any failure to have systems and processes in place to protect adults in the commissioning process, or by providers of health care that the CCG commissions, would result in failure to meet statutory and non-statutory constitutional and governance requirements.

6. ADULT SAFEGUARDING

The Care Act (2014) particularly but not exclusively Chapter 14 has replaced the 'No Secrets' (2000) guidance. The Care Act (2014) bestows statutory duties in relation to safeguarding adults on the Local Authority, The Police and the NHS.

6.1 Adult Safeguarding:

- Is protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect.
- Includes promoting the adult's well-being and, where appropriate, have regard to the adult's views, wishes, feelings and beliefs when deciding on any action.
- Recognises that sometimes adults have complex relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Adult safeguarding is not a substitute for –

- Health and Local Authority Commissioners' responsibilities to regularly assure themselves of the safety and effectiveness of commissioned services
- Provider's responsibilities to provide high quality, safe services
- Care Quality Commission responsibilities to ensure that regulated providers comply with the fundamental standards of care
- The core duties of the Police to prevent or detect crime

6.2 Six Key Principles underpin all adult safeguarding work:

Empowerment – People are supported and encouraged to make their own decisions and informed consent.

'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.'

Prevention – It is better to take action before harm occurs.

'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.'

Proportionality – The least intrusive response appropriate to the risk presented.

'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.'

Protection – Support and representation for those in greatest need.

'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.'

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

'I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me'

Accountability – Accountability and transparency in delivering safeguarding.

'I understand the role of everyone involved in my life.'

6.3 Making Safeguarding Personal

Adult safeguarding should be person-led and outcome focused. Making safeguarding personal means engaging the adult in the conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

Making Safeguarding Personal represents a shift in culture and practice in response to what is known about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Adults should be seen as experts in their own lives and safeguarding is about working with adults and not a process that is done to adults.

6.4 Types and patterns of abuse and neglect

Incidents of abuse and neglect may be one-off or multiple occurrences and may affect one person or groups of people. Abuse may be intentional or may be an unintended consequence resulting from poor practice, lack of knowledge or lack of training. It is important in safeguarding practice that professionals and others in addition to addressing single incidents or individuals also look beyond to identify themes or patterns of harm. For example repeated instances of poor care may be an indication of more serious problems. In order to see these patterns it is important that information is recorded, analysed and appropriately shared and acted upon.

The following types and examples are a guide and not intended as an exhaustive list:

Physical abuse – *including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.*

Domestic violence and abuse – *including any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are, or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence, forced marriage and female genital mutilation.*

Sexual abuse – *including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.*

Psychological abuse – *including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.*

Financial or material abuse – *including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.*

Modern slavery – *encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.*

Discriminatory abuse – *including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.*

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

6.5 Who may abuse and neglect adults?

Anyone can carry out abuse and neglect, including:

- Spouses/partners
- Other family members
- Friends or neighbours
- Acquaintances
- Local groups
- Individuals or groups who deliberately target adults perceived as 'vulnerable'
- Paid staff or professionals
- Volunteers
- Strangers

It is important to note that while a lot of media attention may be paid to targeted fraud and internet scams carried out by strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

6.6 Reporting and responding to abuse and neglect

When there is a reasonable belief that an adult is experiencing, or at risk of experiencing abuse or neglect and is unable to protect themselves, a safeguarding adults concern should be raised with the relevant local authority where the adult is resident.

All concerns should be raised on the day they are identified to ensure timely and appropriate actions can be taken to help safeguard the individual. A flow chart to illustrate the decision making process when deciding to raise a safeguarding concern is included in Appendix A.

All safeguarding concerns must include the following information as a minimum

- Information to confirm you believe the adult to have care and support needs;
- The specific nature of the abuse or neglect;

- The views of the person you are concerned about (where it is safe to gain these);
- The actions undertaken to date to safeguard the person from abuse or neglect.

It will be necessary to ensure that safeguarding concerns are raised in accordance with the principles of the Mental Capacity Act 2005 and as a general rule no decisions should be made, or actions taken without the consent of the adult you are concerned about. How consent was gained should be recorded on the safeguarding adults concern form. For further information consult the Mental Capacity Act policy.

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

- There is a risk of serious harm to the wellbeing and safety of the adult or others
- Other adults or children could be at risk from the person causing harm
- It is necessary to prevent crime or you are concerned a crime may have been committed
- The person lacks mental capacity to consent
- Gaining consent would put the adult at further risk

If it is necessary to raise a concern against the wishes of the adult the person involved in making the decision where possible should inform the adult about the decision and the reasons for taking this action, unless telling them at the point of raising the concern would jeopardise their safety or the safety of others. This will ensure they understand why actions they have not consented to are being undertaken and what will happen next.

If any person is unsure whether they should report a concern, they should contact the Safeguarding Adult Team for advice in either the Partnership Commissioning Unit or the relevant local authority.

If the person raising a concern believes there is a medical emergency or other danger to life; risk of imminent injury or if a crime is in progress which requires an immediate response then they should call 999 for the appropriate emergency response.

When reporting a crime that does not require an immediate response or concerns about a potential crime call 101 to report concerns. When a safeguarding concern is raised with the police it will also be necessary to ensure the relevant local authority is notified by completing the safeguarding adults concern form.

The relevant forms required to raise a concern and the Local Authority operational guidance identifying what will happen after a concern is raised can be found through the links below. For contact details for raising an alert or to request advice from the specialist team see Appendix B.

Local Safeguarding Adult Boards:

City of York:

<http://www.safeguardingadultsyork.org.uk/>

North Yorkshire:

<http://www.nypartnerships.org.uk/index.aspx?articleid=17008>

East Riding:

<http://ersab.eastriding.gov.uk/#>

7. INFORMATION SHARING

Effective information sharing is at the heart of good safeguarding practice. Information sharing is covered by legislation, principally the Data Protection Act 1998, and by case law on issues of confidentiality and privacy. The following principles should apply:

- Information will only be shared on a 'need to know' basis when it is in the interests of the adult
- Informed consent should be obtained but, if this is not possible or consent is refused, it may be necessary to override the requirement if the following applies:
 - (i) There is evidence that the adult making the decision lacks mental capacity and it is deemed to be in the adult's best interests to share the information
 - (ii) There is concern that the adult making the decision is doing so under duress
 - (iii) There is a risk that a serious crime may be or has been committed
 - (iv) There are concerns about the abuse or neglect of other adults or children
- If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues.
- Sharing information enables professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options.
- Sharing information enables professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

Attempts should be made to resolve any disputes with information-sharing through the responsible Safeguarding Leads in the relevant organisations. Further guidance can be found in *Confidentiality: NHS Code of Practice 2003* and from the organisation's Caldicott Guardian.

The Caldicott Guardian for NHS Scarborough and Ryedale CCG is the Executive Nurse Carrie Wollerton.

8. PREVENT DUTY (Counter-Terrorism and Security Act 2015)

The Government's counter terrorism strategy is known as CONTEST. CONTEST has four key principles:

- Pursue – to stop terrorist acts
- *Prevent* – to stop people becoming terrorists or supporting terrorism
- Prepare – where an attack cannot be stopped, mitigate the impact
- Protect – strengthen overall protection against terrorism attacks.

The Prevent Duty sits within the safeguarding agenda with a focus on adults, who are or maybe unable to protect themselves from being exploited by those with radical views intent on drawing them into terrorism or terrorism-related activity.

NHS employees come into contact with a wide variety of people who may at times in their lives be vulnerable to being exploited and being drawn into criminal activity which may involve becoming a terrorist or supporting terrorism. As such NHS employees have a key role in the Prevent agenda. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

Where there are concerns or signs that an adult has been or is being drawn into terrorism the person identifying those concerns should contact the Safeguarding Team to share the information and seek advice. Available support may include referral of the adult to the Channel programme where necessary.

The Channel programme is accessed through the presentation of concerns to a multi-agency panel of professionals. The panel is led by the Community Safety Partnership and consists of partners from community services, education, health services and the police. The programme aims to work with the adult to identify the support they need as a proportionate response to the risk involved.

NHS employees also have a wider public responsibility and may have concerns about members of their local communities or colleagues. As such they have a duty to share any concerns appropriately with their line manager or the Safeguarding Team.

The following may be helpful as a reminder:

NOTICE: - signs that *may* indicate harmful extremist views or behaviours

CHECK: - with line manager or a trusted colleague

SHARE: - concern with safeguarding team or community safety partnerships

9 ROLES / RESPONSIBILITIES / DUTIES

9.1 The ultimate accountability for safeguarding sits with the Chief Officer of the CCG with delegated responsibility to the Executive Nurse.

The CCG must:

- Have robust arrangements in place to demonstrate compliance with safeguarding responsibilities. This is monitored by NHS England.
- Establish and maintain good constitutional and governance arrangements with the capacity and capability to deliver safeguarding duties and responsibilities, in addition effectively commission services ensuring that all service users are protected from abuse and neglect.
- Establish clear lines of accountability for safeguarding reflected in governance arrangements.
- Meet its obligation as a statutory partner alongside the Local Authority and the Police in the operation of the Local Safeguarding Adult Boards.
- Participate in statutory and non-statutory safeguarding reviews including Safeguarding Adults Reviews, Domestic Homicide Reviews and other identified processes to 'learn lessons' when things go wrong.
- Secure the expertise of a Designated Professional Safeguarding Adults, a Named Doctor and Named Safeguarding Professional for Primary Care.
- Gain assurance that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard adults in line with those of the Local Safeguarding Adult Boards.
- Gain assurance that plans are in place to train all staff to the appropriate level for their role and responsibilities to safeguard adults within the CCG and within services commissioned by the CCG.
- Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation, information-sharing and partnership working to demonstrate best practice in relation to safeguarding
- Ensure that safeguarding is at the forefront of service planning and procurement and a regular agenda item of the CCG Governing Body Business.
- Ensure that all decisions in respect of adult care placements and packages of care for adults are based on knowledge of standards of care and safeguarding concerns.

The safeguarding arrangements in place for NHS Scarborough and Ryedale CCG will:

- Ensure that the health contribution to safeguarding and promoting the welfare and well-being of adults is discharged effectively across the whole health economy through the organisation's commissioning arrangements
- Ensure that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse
- Ensure that safeguarding is identified as a key priority area in all strategic planning processes
- Ensure that safeguarding is integral to clinical governance and audit arrangements
- Ensure that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with Local Safeguarding Adult Board procedures and are easily accessible for staff at all levels
- Ensure that all contracts for the delivery of healthcare include clear standards for safeguarding and that these standards are monitored thereby providing assurance that service users are effectively safeguarded
- Ensure that their own staff and those in services contracted by the CCG are trained and competent to recognise the potential indicators of abuse and neglect and know how to raise concerns and fulfil their responsibilities in line with Local Safeguarding Adult Board policy and procedures
- Ensure the CCG meets its obligation as a statutory member of the Safeguarding Adult Board alongside the Local Authority and the Police.
- Ensure that all health organisations with whom it has commissioning arrangements have links with the Local Safeguarding Adult Board, that there is appropriate representation at an appropriate level of seniority, and that health staff contribute to multi-agency working
- Ensure that any system and process that include decision-making about an individual patient takes account of the requirements of the Mental Capacity Act 2005, this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act
- Meet its responsibility in respect of the Duty of Candour and Making Safeguarding Personal informing service users when things have gone wrong and involving them in the process of enquiry that follows to support them to achieve the outcomes they want where possible

9.2 Designated Professional Safeguarding Adults

In meeting its statutory arrangements NHS Vale of York CCG, NHS Scarborough and Ryedale CCG, NHS Harrogate and Rural Districts and NHS Hambleton, Richmondshire and Whitby CCG have joint contractual arrangements led by NHS Scarborough and Ryedale CCG and managed by the Partnership Commissioning Unit (PCU). The PCU hosts the functions of the role of Designated Professional for Adult Safeguarding and a team of four Adult Safeguarding Officers.

The Designated Professional is a clinical expert and strategic leader for adult safeguarding and as such a vital source of advice and support to health commissioners in the CCG, the City of York and North Yorkshire Local Authorities and Safeguarding Adults Boards, NHS England, health professionals in provider organisations, Regulatory Bodies, Public Health, the Health and Well-Being Board, the Community Safety Partnerships and North Yorkshire Police.

The Designated Professional is also the Lead for Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) and the Prevent Lead.

The Designated Professional will:

- Work across the local health system to support other professionals in their roles on all aspects of safeguarding adults, MCA/DoLS and Prevent providing clinical and strategic leadership
- Support the strategic overview of safeguarding arrangements across the CCG and the City of York and North Yorkshire local authority area and assist in the development of systems, monitoring, evaluating and reviewing the health service contribution to safeguarding adults, MCA/DoLS and Prevent to support the assurance process on behalf of the CCG
- Work in close partnership with the City of York and North Yorkshire Safeguarding Adults Boards, the CCG Executive Nurse and Quality Lead, NHS England Safeguarding Team, Named Professionals in Provider Trusts and North Yorkshire Police in reviewing the involvement of health services in serious incidents (SIs) which may meet the criteria for a Safeguarding Adult Review
- Advise on appropriate training for health personnel and participate in its provision where appropriate including Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards and Prevent
- Advise on practice, policy and guidance to improve systems for safeguarding adults, MCA/DoLS and Prevent
- Ensure expert advice is available in relation to policies, procedures and the day to day operational management of safeguarding adults
- Be responsible for the management and oversight of individual complex cases

- Provide guidance on identifying adults at risk from different sources and in different situations
- Understand and embed the routes for referral for adults at risk across the health system
- Provide a health advisory role to the City of York and North Yorkshire Safeguarding Adults Boards both supporting and acting as a Board member
- Take the lead for health in working with the Safeguarding Adults Boards to undertake Safeguarding Adult Reviews, taking forward any learning for the health economy
- Be the strategic lead for the Prevent agenda providing health advice and support to the Community Safety Partnerships and Channel processes
- Be the MCA/DoLS Lead for health working in collaboration with the Local Authority MCA/DoLS Leads to provide support and advice to clinicians in individual cases and supervision for staff in areas where issues may be particularly prevalent and/or complex e.g. Continuing Healthcare Team, Mental Health Vulnerable Adult team
- Act as lead representative for health for the statutory Advocacy Services
- Co-ordinate appropriate and proportionate processes where allegations are made, or concerns raised, about a person in a 'position of trust' i.e. a member of staff, volunteer or student in a paid or unpaid role
- Ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding concerns and any subsequent enquiries, ensuring the control of information in respect of individual cases is in accordance with accepted data protection and confidentiality requirements
- Work in close partnership with the Designated Professionals for Children, the Named Doctors and Safeguarding Lead Professional for Primary Care to support the shared agenda for safeguarding with particular reference to Domestic Abuse, Mental Health, Substance Misuse, Prevent, Female Genital Mutilation, Modern Slavery and Human Trafficking and also where appropriate in relation to the transition of looked after children and children with complex health needs to adult services.
- Provide leadership and supervision to the Partnership Commissioning Unit Safeguarding Adults team
- Liaise with other designated and lead professionals for safeguarding across the Yorkshire and Humber area and beyond as required to do so

- Attend relevant local, regional and national forums

The Safeguarding Officer works with the support of a team leader and the Designated Professional to undertake the day to day safeguarding adults work.

The Safeguarding Officer will:

- Provide health and safeguarding advice to health and social care professionals
- Triage response to safeguarding concerns and enquiry work prioritising those with predominant health needs or those involving complex situations, maintaining a balance of caseload activity within the team
- Support the safeguarding enquiry process with the Local Authority as the lead agency or lead the enquiry process as a requested function from the Local Authority
- Make safeguarding personal by working closely with adults with care and support needs to support them where possible to identify and achieve the outcomes they want from safeguarding
- Where appropriate assess the mental capacity of adults to understand and take part in adult safeguarding enquiries or make best interests decisions where an adult lacks capacity
- Ensure that safeguarding enquiries and practice follows the six principles of adult safeguarding
- Attend safeguarding enquiry planning meetings and safeguarding outcomes meetings as representative for health where the Local Authority is the lead agency
- Chair/hold safeguarding enquiry planning meetings and safeguarding outcomes meetings as a requested function from the Local Authority, ensuring that the Local Authority as the responsible lead agency is kept informed of activity and outcomes
- Secure the services of an advocate where necessary to support the adult involved in the enquiry
- Ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding concerns and any subsequent enquiries, ensuring the control of information in respect of individual cases is in accordance with accepted data protection and confidentiality requirements

- Signpost to other services where this is deemed appropriate to support the adult to achieve their desired outcomes
- Work closely with Continuing Healthcare Team Nurses, Local Authority Contracting Teams and the Care Quality Commission to provide assurance on the quality and safeguarding activity in provider services in particular but not exclusively in the Independent Care Home Sector
- Act as dedicated link and work closely with the CCG Executive Nurse providing a monthly (or more frequent) safeguarding activity report to support the assurance process
- Work closely with Continuing Healthcare Team Nurses, Local Authority Contracting Teams and the Care Quality Commission where market failure is identified to ensure a safe and timely response for the transition of service for adults who are at risk
- Work closely with Continuing Healthcare Team Nurses, Local Authority Contracting Teams and the Care Quality Commission where services are rated inadequate to develop and support action plans and assure a return to safe services.
- Seek individual supervision in relation to complex cases and caseload management
- Work with the Safeguarding Adult team leader to support individual and team development and promote the prudent use of NHS resources, identifying where possible innovations to reduce costs whilst maintaining quality
- Work with the Safeguarding Adult team to create and maintain data processes which support the audit and reporting of adult safeguarding activity

9.3 All CCG staff have a duty and responsibility to:

- Undertake training in safeguarding adults, MCA/DoLS and Prevent appropriate to their role and level of accountability and responsibility
- Raise a concern where they have evidence of abuse or neglect or suspect abuse or neglect or the risk of it
- Seek advice from the Designated Professional/Safeguarding team when necessary in relation to concerns about an adult or adults
- Share information from other sources where this may indicate safeguarding concerns in provider services e.g. complaints processes, public and patient engagement feedback, under performance against contracts
- Co-operate in any safeguarding enquiries or review

10 DUTY OF CANDOUR

In safeguarding adults the duty of candour sits alongside making safeguarding personal. In all but exceptional cases an adult should be informed about safeguarding concerns relating to them and where the concern involves the failure of a regulated service the duty of candour should also be followed. The definitions of openness, transparency and candour are applied as:

Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered

Transparency – allowing and enabling information about performance and outcomes to be shared with staff, patients, the public and regulators

Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a concern or complaint has been made or a question asked about it.

11 SAFEGUARDING ADULT REVIEWS (SARs)

A Safeguarding Adult Review is a framework for undertaking a review of procedures and actions taken when an adult is seriously harmed or dies as a result of abuse or neglect. It is a statutory duty for the Local Safeguarding Adult Board to consider a Safeguarding Adult Review when the following criteria exist:

- When an adult in the area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- If the same circumstances apply where an adult is still alive but has experienced serious neglect (including self-neglect) or abuse.
- Where procedures may have failed and the case gives rise to concerns about the way in which local professionals and services work together to safeguard adults at risk.
- In situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.
- Where circumstances give rise to public concern or adverse media interest in relation to an adult or adults at risk.

The Designated Professional may be asked by the Local Safeguarding Adults Board to lead the process of a review as defined above. NHS Scarborough and Ryedale CCG, the Safeguarding Team and all relevant commissioned services have a duty to co-operate with any review being undertaken. Further information regarding SARs can be found in the multi-agency policy and procedures and operational guidance accessed through the links to the relevant Local Safeguarding Adults Boards as before.

12 DOMESTIC HOMICIDE REVIEWS (DHRs)

Domestic Homicide Reviews (DHRs) were established by the Home Office on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. Under the Act a review must take place of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom s/he was related or with whom s/he was or had been in an intimate personal relationship, or (b) a member of the same household as her/himself. A DHR seeks to identify the lessons to be learnt from the death of the person.

The process for undertaking a DHR is led by the Community Safety Partnership. NHS Scarborough and Ryedale CCG, the Safeguarding Team and all relevant commissioned services have a duty to co-operate with any review being undertaken.

13 STANDARDS FOR SAFEGUARDING ADULTS ASSURANCE

13.1 Recruitment and Employment Practice Standards

NHS Scarborough and Ryedale CCG and all its commissioned providers must ensure:

- Safe recruitment policies and practice which meet NHS Employment Check Standards for all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.
- Employment practices meet the requirements of the Disclosure and Barring Service (DBS). The DBS administers the statutory scheme for vetting people working with children and adults with care and support needs. The system provides checks on people entering the workforce, and maintains lists of individuals who are barred from undertaking regulated activity with either children or adults or both.
- All contracts of employment (including for staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) should include explicit reference to the individual's responsibility for safeguarding adults and children.
- All safeguarding enquiries relating to a member of staff (i.e. those in positions of trust) are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not permissible in safeguarding cases.
- If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation or retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person

based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service. If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority or the Designated Professional can make such a referral.

13.2 Safeguarding Standards

NHS Scarborough and Ryedale CCG and all commissioned providers will ensure that they have up to date organisational policies and operational procedures which reflect and adhere to the Local Safeguarding Adults Board policies, which include as a minimum:

- Clear guidance on how to recognise and raise a safeguarding concern about an adult, at risk of, or experiencing abuse or neglect.
- Clear guidance on how to recognise and report where issues with adults have an implication on the welfare and protection of children, for example parental or carer mental ill-health, domestic abuse, alcohol or drug misuse and adults who may pose a risk to children for any other reason.
- Adherence to the Mental Capacity Act 2005 (MCA) and consent.
- Up to date whistle-blowing/raising concerns procedures and systems in place to demonstrate that all staff are aware of their duties, rights and legal protection in relation to whistle-blowing/raising concerns and that they will be supported to do so
- Where appropriate an up to date policy and procedure regarding Deprivation of Liberty Safeguards, how to recognise and respond to instances where care and treatment requires restricting or restraining an individual who lacks capacity in their best interests and that this practice is authorised in accordance with legislation
- NHS Trusts and all providers of hospitals and care homes will have an up to date policy and procedure covering the use of restraint which complies with contemporary best practice and legal standards
- Clinical/professional supervision procedures which include safeguarding as a standing item.
- Clear guidance on accessing advocacy services within the care setting, including the use where appropriate of statutory advocacy roles for serious medical treatment and change of accommodation.

13.3 Governance Standards

NHS Scarborough and Ryedale CCG and all commissioned providers will ensure they have the following in place as a minimum:

- A person with lead responsibility for Safeguarding Adults, MCA/DoLS and Prevent. For NHS Bodies/Trusts this will be a Board-level Executive Director.
- Appropriate health or social care lead professionals for Safeguarding Adults, Prevent and MCA with relevant expertise and sufficient operational capacity to effectively carry out the role. This must include the statutory role of managing allegations against staff.
- A programme of audit to review the effectiveness of the organisation's safeguarding arrangements at least annually to include identifying any risks, service improvements and learning points as well as areas of good practice.
- Effective systems for capturing the experiences and views of service users in order to identify potential safeguarding issues and inform service improvement.
- Effective systems for monitoring concerns, complaints and incidents in order to identify and respond to any concerns of abuse or neglect.
- Effective systems for identifying and recording safeguarding concerns, patterns and trends through governance arrangements including risk management systems, patient safety incidents, complaints, 'soft-intelligence' and human resources and that these are shared appropriately according to multi-agency procedures and contracting arrangements.
- Effective systems in place to ensure that any care provided is done so with due regard to all relevant legislation, including, but not restricted to, the Human Rights Act, the Mental Capacity Act and the Mental Health Act.
- Effective systems (where applicable) for recording and monitoring Deprivation of Liberty applications to the local authority (Supervisory Body) or Court of Protection.
- Effective systems for recording and monitoring referrals made under the Prevent duty.

13.4 Standards for multi-agency working and responding to concerns

NHS Scarborough and Ryedale CCG and all commissioned providers as a minimum will:

- Co-operate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and reviews.
- Consider the implications of any multi-agency review and will devise and submit an action plan to the local responsible safeguarding board and ensure that any learning is implemented across the organisation.

- Ensure that any complaint or concern about abuse from any source is managed effectively and referred appropriately according to the multi-agency safeguarding procedures
- Ensure that any allegations relating to the abuse or neglect of an adult involving a member of staff ('those in a position of trust' including staff on fixed-term contracts, temporary contracts, locums, agency staff, volunteers, students and trainees) are referred appropriately according to the multi-agency safeguarding procedures.
- Ensure that all allegations relating to the abuse or neglect of a child involving a member of staff ('those in a position of trust' including staff on fixed-term contracts, temporary contracts, locums, agency staff, volunteers, students and trainees) are referred to the Local Authority Designated Officer (LADO) according to multi-agency safeguarding procedures.
- Ensure organisational representatives/practitioners make an effective contribution to safeguarding enquiries and investigations, including enquiry planning and outcomes meetings where requested by the local authority as part of their Care Act duties and as part of multi-agency procedures.
- Ensure senior representation on the Safeguarding Adults Board (SAB) with attendance or appropriate contribution to the SAB sub-groups.

The above standards will be monitored by the CCG in their commissioned services as a minimum through completion of an annual safeguarding assurance template report and through an annual safeguarding monitoring visit.

Where safeguarding practice and processes fall below the contractual expectation services will be required to develop an action plan to support recovery. The action plan will be monitored through the contract management meetings and where necessary supported by the Designated Professional.

14 POLICY IMPLEMENTATION

Following approval by the Governing Body the policy will be sent to:

- The Communications Manager who will disseminate to all staff via the CCG newsletter process
- The Chairs of the Governing Body, the Council of Members and all other committees and sub committees for dissemination to members and attendees.
- The Practice Managers of all member practices for information, (if appropriate)
- The NHS and Independent Health Providers from whom the CCG commissions services

15 TRAINING & AWARENESS

- 15.4 This policy will be published on the CCG website and will be available to staff on the organisation's intranet.
- 15.5 The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

16 POLICY REVIEW

- 16.4 This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

17 REFERENCES

Care Act 2014 (Care and Support Statutory Guidance 11th March 2016)

Mental Capacity Act 2005: Code of Practice

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (Home Office 2013)

Revised Prevent Duty Guidance (July 2015)

Safeguarding Adults Multi-Agency Policy and Procedure for West and North Yorkshire and York 2015

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015

18 ASSOCIATED POLICIES

Data Protection and Confidentiality Policy

Local Anti-Fraud, Bribery and Corruption Policy

Managing Allegations Against Staff Policy

Mental Capacity Act 2005 Policy

Safeguarding Children Policy

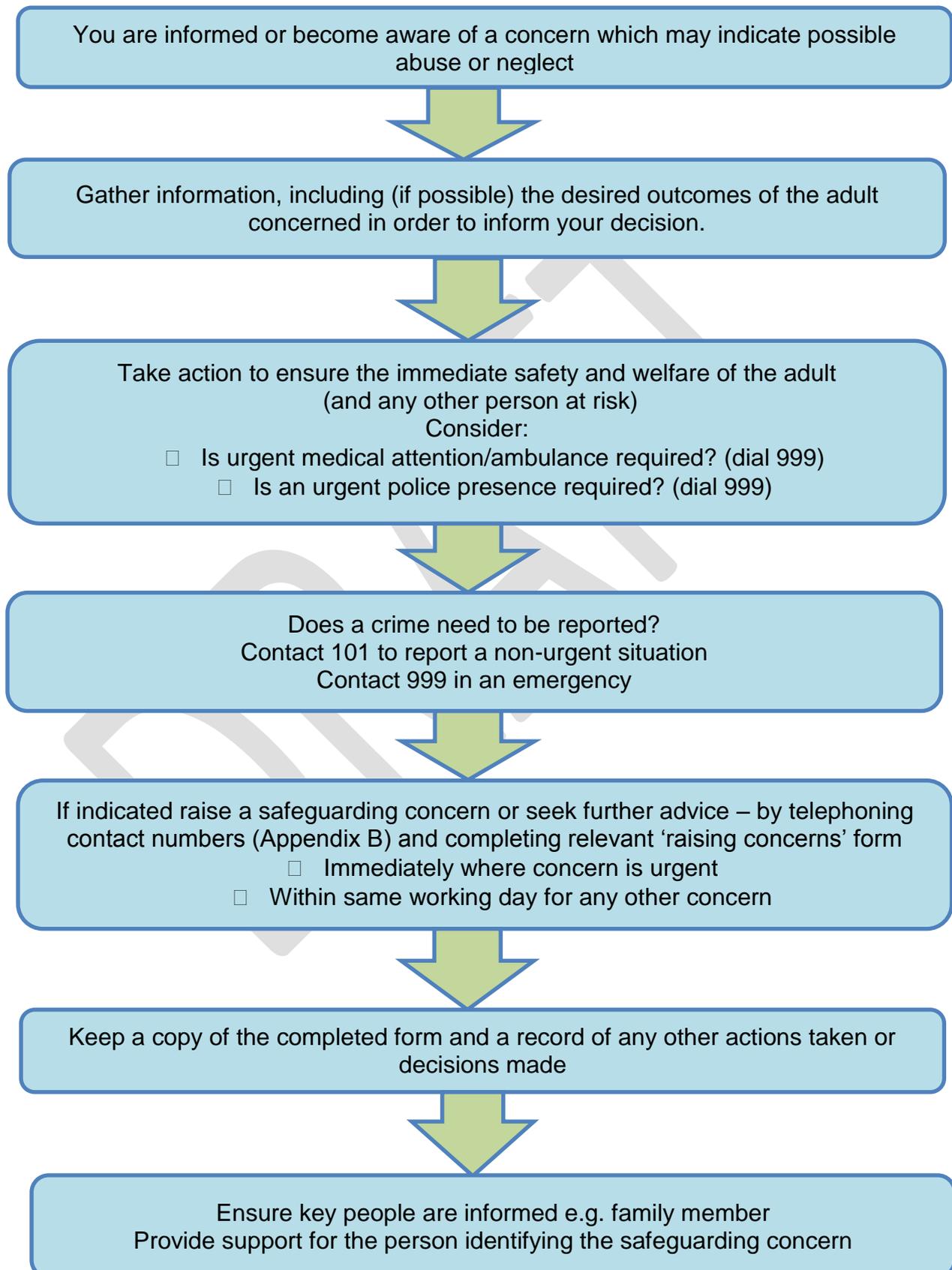
Serious Incidents and Concerns Policy

Whistleblowing Policy

Appendix A

Raising a safeguarding concern flowchart

(adapted from West Yorkshire, North Yorkshire and York Multi-agency policy and procedures)



ADULT SAFEGUARDING CONTACTS NORTH YORKSHIRE AND YORK

IT IS THE RESPONSIBILITY OF **ALL** STAFF TO TAKE APPROPRIATE ACTION WHEN THEY KNOW OR SUSPECT AN ADULT MAY BE AT RISK OF ABUSE OR NEGLECT

To raise a safeguarding adult concern or seek advice contact:

North Yorkshire County Council:

Website and form to report concerns: www.northyorks.gov.uk
Email: social.care@northyorks.gcsx.gov.uk

Professionals line: **01609 536993**

General and Out of Hours Emergency Duty Team (EDT): **01609 780780**

City of York Council:

Website and form to report abuse or concerns: www.safeguardingadultsyork.org.uk
Email: adult.socialsupport@york.gov.uk

Contact adults social care: **01904 555111**

Out of Hours Emergency Duty Team (EDT): **0845 0349417**
01609 534527

To contact the Adult Safeguarding Team for advice:

Christine Pearson Christine.pearson15@nhs.net **07802 718202**
(Acting Designated Nurse Safeguarding Adults)

Jacqui Hourigan jhourigan@nhs.net **07920 266404**
(Nurse Consultant Safeguarding Adults & Children for Primary Care)

Jackie Short Jacqueline.short@nhs.net **07875 676973**
(Safeguarding Officer – Scarborough & Ryedale CCG)

Jan Tuson Jantuson@nhs.net **07972 773730**
(Safeguarding Officer – Vale of York CCG)

Liam Dodds Liam.dodds@nhs.net **07738 893001**
(Safeguarding Officer – Harrogate & Rural District CCG)

Kate Todd Katetodd@nhs.net **01904 694747**
(Safeguarding Administrator)

Generic E-mail – SCRCCG.AdultSafeguarding@nhs.net

19 APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Safeguarding Adults Policy
2.	Please state the aims and objectives of this work.
	To inform the CCG staff and its commissioned services of their roles and responsibilities in regard to safeguarding adults
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	CCG Staff
4.	What sources of equality information have you used to inform your piece of work?
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>

7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities	
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc	
N/a		
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc	
N/a		
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.	
N/a		
Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.	
N/a		
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.	

N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/a	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/a	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/a	

<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p>
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N/a	
8.	<p>Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>

Sign off
Name and signature of person / team who carried out this analysis Christine Pearson
Date analysis completed June 2016
Name and signature of responsible Director
Date analysis was approved by responsible Director

20. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Policy Name
What is the main purpose of the document	Safeguarding Adults
Date completed	June 2016
Completed by	Christine Pearson

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/a		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/a		
	Will it reduce 'care miles' (telecare, care closer) to home?	N/a		
	Will it promote active travel (cycling, walking)?	N/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it improve access to opportunities and facilities for all groups?	N/a		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/a		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/a		
	Will it promote ethical purchasing of goods or services?	N/a		
Procurement	Will it promote greater efficiency of resource use?	N/a		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	N/a		
	Will it support local or regional supply chains?	N/a		
	Will it promote access to local services (care closer to home)?	N/a		
	Will it make current activities more efficient or alter service delivery models	N/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/a		
Workforce	Will it provide employment opportunities for local people?	N/a		
	Will it promote or support equal employment opportunities?	N/a		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/a		
	Will it offer employment opportunities to disadvantaged groups?	N/a		
Community Engagement	Will it promote health and sustainable development?	N/a		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/a		
	Will it increase safety and security in new buildings and developments?	N/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/a		
	Will it provide sympathetic and appropriate landscaping around new development?	N/a		
	Will it improve access to the built environment?	N/a		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/a		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/a		
	Will it promote prevention and self-management?	N/a		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	N/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it deliver integrated care, that coordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/a		

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