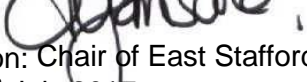


# Safeguarding Adults Policy

## Agreed at Cannock Chase CCG

Signature:   
Designation: Chair of Cannock Chase CCG  
Date: 28 September 2017

## Agreed at East Staffordshire CCG

Signature:   
Designation: Chair of East Staffordshire CCG  
Date: 13<sup>th</sup> July 2017

## Agreed at North Staffordshire CCG

Signature:   
Designation: Chair of North Staffordshire CCG  
Date: 14<sup>th</sup> June 2017


## Agreed at South East Staffordshire & Seisdon Peninsula CCG

Signature:   
Designation: Chair of South East Staffordshire & Seisdon Peninsula CCG  
Date: 13<sup>th</sup> July 2017

## Agreed at Stafford and Surrounds CCG

Signature:   
Designation: Chair of Stafford & Surrounds CCG  
Date: 13<sup>th</sup> July 2017

## Agreed at Stoke on Trent CCG

Signature:   
Designation: Chair of Stoke on Trent CCG  
Date: 14<sup>th</sup> June 2017

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<b>Name of originator/author:</b>	Safeguarding Leads Lisa Bates & Kim Gunn
<b>Name of responsible committee/individual:</b>	Quality Committee
<b>Target audience:</b>	All staff

Version	Valid From	Valid To	Name of Approving Committees	Date Approved
3.0	September 2017	September 2019	Joint Quality Committee	13 July 2017

<b>HISTORY OF CHANGES</b>			
Old version number	Date	Significant changes	New version number
2.0	September 2012	<ul style="list-style-type: none"> <li>5.0 Definitions of abuse – additional categories of abuse and statutory obligations have been including as a result of the implementation of the Care Act.</li> </ul>	3.0

<b>SUMMARY</b>
<p>The policy has been in existence and was due for review, it has been updated to add additional categories of abuse and the statutory obligations as a result of implementation of the Care Act.</p> <p>The Care Act puts adult safeguarding on a statutory footing with CCGs being a partner of the Adult Safeguarding Board. The Act places a duty to ensure all activity centres around the individual “making safeguarding personal” to ensure that individuals are protected and empowered, supported and encouraged to make their own decisions and informed consent. Furthermore all actions taken are proportionate to the risks identified and decision makers are accountable for their actions. It also requires a strategy for prevention as it is better to take action before harm occurs.</p>

This policy sets out the statutory requirements for Staffordshire and Stoke on Trent CCG’s listed below and will be hereafter referred to as the CCG’s. The CCGs have a responsibility to ensure that the health contribution to safeguarding of adults is discharged effectively across the health economy through effective commissioning arrangements.

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## **1.0 Introduction**

- 1.1 This policy sets out the statutory requirements within the Care Act (2014) for the CCGs to discharge their appropriate accountability for safeguarding adults with care and support needs aged 18 or over (hereafter referred to as adults at risk).
- 1.2 Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Some patients may be unable to uphold their rights and protect themselves. They may have the greatest dependency and yet be unable to hold services to account for the quality of care they receive. In such cases, NHS commissioners have particular responsibilities to ensure that those patients receive high quality care and that their rights are upheld, including their right to be safe.
- 1.3 There are two fundamental requirements for effective safeguarding in the delivery of NHS care:
- to prevent safeguarding incidents arising through the provision of high quality care;
  - to ensure effective responses where neglect or abuse occurs through implementing multi agency safeguarding adults policies and procedures. <https://www.ssaspb.org.uk/Home.aspx>.
- 1.4 Safeguarding adults is highly relevant to the Quality, Innovation, Productivity and Prevention (QIPP) agenda. Providing quality care; working innovatively with partners; preventing harm from arising and reducing costly avoidable treatment arising from neglect and harm.

## **2.0 Policy Statement**

- 2.1 In April 2014, the Department of Health published 'The Care Act' and this provides a clear legal framework for how CCG's work in partnership with other public services to protect adults at risk placing safeguarding adults on the same statutory footing as safeguarding children. Statutory, voluntary and independent sector agencies are required to work together to produce policy, guidance and training about working with adults in need of safeguarding. The procedures can be accessed by following the link. <https://www.ssaspb.org.uk/Home.aspx>.
- 2.2 To enable compliance with this policy, all staff within the CCGs will be required to complete mandatory safeguarding adults training at the commencement of their employment and then in line with the Safeguarding Training Strategy.
- 2.3 The CCGs will have appropriate contract monitoring arrangements in place to ensure all providers and commissioners are:
- meeting their contractual responsibilities in ensuring they are providing safe adult patient care;
  - taking action to promote the safety and wellbeing of any adult at risk of abuse.

## **3.0 Scope of the Policy**

- 3.1 This policy applies to all staff (temporary and permanent) within the CCGs involved in commissioning of services and is also applied by those independent practitioners who deliver services on behalf of the CCGs.
- 3.2 This policy adheres to the standards laid out in the local policy for development of policies.
- 3.3 This policy must be read in conjunction with Staffordshire and Stoke on Trent Adult Partnership inter-agency Safeguarding Enquiry Procedures <https://www.ssaspb.org.uk/Home.aspx> and CCGs policies as listed in Appendix 2.

## 4.0 NHS Requirements

4.1 NHS Clinical Commissioners have a statutory function as members of the Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board (SSASPB). The CCGs are committed to implementing Staffordshire and Stoke on Trent Inter-agency Safeguarding Enquiry Procedures working in partnership with all members.

4.2 The CCGs are active members of the SSASPB and its sub groups.

## 5.0 Definitions

5.1 Abuse is behaviour towards a person through either acts of commission or omission that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights.

5.2 Types of Abuse:

- *Physical abuse* – assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- *Neglect and acts of omission* – ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating. Any doubts on whether or not an act or omission is abusive should be checked with your Safeguarding Lead or Manager.
- *Psychological abuse* – 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.
- *Sexual abuse* – 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.
- *Financial or material abuse* – 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.
- *Organisational abuse* – neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, 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 policies, processes and practices within an organisation.
- *Discriminatory abuse* – forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation.
- *Self-neglect* – covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

- *Domestic violence* – psychological, physical, sexual, financial, emotional abuse; and so called ‘honour’ based violence.

The above is not an exhaustive list of forms of abuse and staff must consider other possibilities in line with local multi-agency safeguarding procedures and policies; these may include:

- *Hate crime* – a crime motivated by racial, sexual, or other prejudice, typically one involving violence.
- *Mate crime* - is a form of **crime** in which a perpetrator befriends a vulnerable person with the intention of then exploiting the person financially, physically or sexually. "**Mate**" (British slang for 'friend') **crime** perpetrators take advantage of the isolation and vulnerability of their victim to win their confidence.
- *Harassment* – Under this Act, it is now an offence for a person to pursue a course of action which amounts to **harassment** of another individual, and that they know or ought to know amounts to **harassment**. Under this act the **definition** of **harassment** is behaviour which causes alarm or distress.
- *Forced Marriages* - is a **marriage** in which one or more of the parties is **married** without his or her consent or against his or her will. A **forced marriage** differs from an **arranged marriage**, in which both parties consent to the assistance of their parents or a third party (such as a matchmaker) in choosing a spouse.
- *Honour Based Violence (HBV)* – is a form of domestic abuse which is perpetrated in the name of so called '**honour**'. The **honour** code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family.
- *Female Genital Mutilation* - the practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons. It is illegal in many countries.
- *Human trafficking* - the action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labour or commercial sexual exploitation.
- *Modern Slavery* - Can take many forms including the trafficking of people, forced labour, servitude and slavery and captures a whole range of types of exploitation, many of which occur together. These include but are not limited to Sexual exploitation, Domestic servitude Forced labour and Criminal exploitation.
- *Radicalisation (Prevent Policy 2017)* - the action or process of causing someone to adopt radical positions on political or social issues.

5.3 Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks and can be from an individual, a group or an organisation.

- 5.4 Adult at Risk is defined within the Care Act (2014) as an adult (over 18 years of age) who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

*Community Care Services are taken to include all care services provided in any setting or context and will, therefore, include hospitals, residential or nursing homes, day services, community services, respite services or voluntary services.*

- 5.5 Significant Harm  
'Ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also impairment of, or an avoidable deterioration in, physical or mental health: and the impairment of physical intellectual, emotional, social or behavioural development.' Law Commission (1995).

## **6.0 Roles and Responsibilities of the Clinical Commissioning Group**

- 6.1 The Accountable Officers of the CCGs have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of adults at risk are discharged effectively across the local health economy through the CCG's commissioning arrangements. Within the CCGs this role is supported through the Director of Nursing who holds delegated responsibility.
- 6.2 The Director of Nursing for the CCGs will be responsible for attending the Safeguarding Adults Board on behalf of their respective CCG and their member practices. The Director of Nursing will also be responsible, through delegated authority, for assuring the Governing Body/Board in respect of all issues relating to the safeguarding of adults at risk.
- 6.3 The Caldicott Guardian for the CCGs should be involved in decisions relating to the release of patient information, notwithstanding the information governance and sharing arrangements outlined in points 9 – 9.5.

Responsibilities of all staff are to:

- be familiar with and follow both internal and local inter-agency safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of an adult at risk.
  - participate in mandatory safeguarding adults training and maintain current working knowledge as identified in all job descriptions.
  - request supervision from the safeguarding adult's lead as appropriate.
  - contribute to actions required including information sharing and attending meetings.
  - work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
  - recognise the impact that diversity, beliefs and values of people who use services can have.
  - recognise the impact of the Mental Capacity Act on care planning and service delivery and its associated policies and procedures as listed in Appendix 2.
- 6.4 Through the CCG Quality Committee(s) the CCGs will regularly receive information relating to:
- Safeguarding across the Health economy
  - Safeguarding Adult Reviews (SAR) from Staffordshire and Stoke on Trent Adult Safeguarding Partnership.
  - Updates on any Domestic Homicide Reviews (DHR) and any actions arising for the CCGs.

- Interim progress reports on large scale enquiries (LSE's), multi-agency reviews or safeguarding issues that require the Board's awareness and be in a position to anticipate and plan for risks which could affect the reputation of the CCG's.
- Reports and papers regarding any specific issues requiring Board approval, decision and/or escalation to Governing body.

6.5 The Staffordshire and Stoke on Trent Adult Safeguarding Partnership, duly made under the provisions of the Care Act (2014), enables statutory agencies to work in partnership to ensure that appropriate policies are in place and implemented locally. By participating in this partnership, the CCGs are stating their intention to fulfil partnership obligations which include promoting the work of the partnership, including compliance with the Multi agency Adult Safeguarding procedures and associated Policies listed in Appendix 2.

6.6 In developing this policy CCG recognises that safeguarding adults at risk is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and evidenced by robust communication and escalation strategies that complement the Safeguarding Adults Boards (SAB) strategies.

6.7 The Care Act (2014) places statutory duty on the NHS commissioners to participate as active members contributing to adult safeguarding board.

## **7.0 Reporting Abuse**

7.1 It is expected that all staff follow Staffordshire and Stoke on Trent Inter-Agency Adult Safeguarding Enquiry Procedures where they suspect an adult is at risk.  
<https://www.ssaspb.org.uk/Home.aspx>

7.2 If at any time, staff feel 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.

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

7.4 All service users need to be safe. Throughout the process the service users' needs remain paramount.

7.5 Complete contemporaneous records of events must be kept in accordance with the interagency enquiry procedures.

## **8.0 Managing safeguarding allegations against staff**

8.1 Employees should be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable the organisations "managing allegations against staff" should be implemented.

## **9.0 Information Governance**

9.1 It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Confidentiality must never be confused with secrecy. Staff have a duty to share information relating to suspected abuse with the local authority and where necessary the police. Information will be shared on a case by case basis taking into account legal requirements to maintain confidentiality of the data, notably the Data Protection Act, Article 8 of the Human Rights Act and the Common Law duty of confidentiality.



- 9.2 The CCG as partners of the Staffordshire & Stoke on Trent Adult Safeguarding Partnership Board are signed up to the “One Staffordshire” information sharing protocol.  
<https://www.staffordshire.gov.uk/community/InfoShare/InfoShareHome.aspx>
- 9.3 There are seven golden rules for information sharing:
- Remember that the Data Protection Act 1998 is not a barrier to sharing information;
  - Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
  - Seek advice if you are in any doubt, without disclosing the identity of the person where possible;
  - Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case;
  - Consider safety and well-being of the person and others who may be affected by their actions;
  - The sharing of information should be necessary, proportionate, relevant, accurate, timely and secure;
  - Keep a record of your decision and the reasons for it. Record what you have shared, with whom and for what purpose.
- 9.4 Statutory duty to share information and contribute when undertaking Safeguarding Adult Reviews (SARs), Multi-agency Learning Review (MALR) & Domestic Homicide Reviews (DHRs).
- 9.5 As a matter of good practice services needing to share information should routinely consider getting explicit consent to the information sharing from the person about whom the information is concerned.
- 9.6 Where consent has not been obtained, the Caldicott Committee “Report on the review of patient identifiable information” recognises that confidential patient information may need to be disclosed without consent in certain circumstances if it is in the best interests of the patient or public and discusses in what circumstances this may be appropriate and what safeguards need to be observed.
- 9.7 Consent is not required to breach confidentiality (capacity issues must be considered) see Mental Capacity Act Code of Practice (MCA 2007) and make a safeguarding referral where;
- A serious crime has been committed;
  - Where the alleged perpetrator may go on to abuse other adults (or children);
  - Other adults with care and support needs are at risk in some way;
  - The person is deemed to be in serious risk;
  - The public interest overrides the interest of the individual;
  - When a member of staff of a statutory service, a private or voluntary service or a volunteer is the person accused of abuse, malpractice or poor professional standards;
  - If a worker has any doubt about the legality of sharing information, they must in the first instance consult their manager.

## **10.0 Recruitment and Personnel Processes**

10.1 The CCGs have a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employers regulations, the Independent Safeguarding Authority and Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act (HM Government, 2006). In order to achieve this, all job advertisements, job descriptions will include reference to staff responsibilities in respect of the safeguarding agenda.

## **11.0 Staff Training**

11.1 The CCGs will enable staff to participate in training on safeguarding and promoting the welfare of adults at risk provided on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member, as identified within the training strategy.

## **12.0 Service Developments**

12.1 In developing or redesigning services, the CCGs will take into account the need to safeguard and promote the welfare of adults at risk of abuse.

## **13.0 Commissioning Arrangements**

13.1 The CCGs will ensure that service specifications for commissioned and contracted services include clear service standards and monitoring arrangements for safeguarding adults and domestic violence.

13.2 Specifications and service standards should be consistent with national guidance and with Staffordshire and Stoke on Trent Adult Partnership inter-agency enquiry procedures.

13.3 The CCGs will also ensure that all health agencies and providers with whom they have commissioning / contracting arrangements have robust policies and procedures that are linked to Staffordshire and Stoke on Trent Inter-Agency Adult Protection Procedures.

## **14.0 Clinical Governance and Quality Management**

14.1 The CCGs will apply the principles of sound clinical and corporate governance in relation to safeguarding adults, which takes into account the corporate governance framework for NHS organisations.

14.2 The CCGs will ensure that safeguarding and promoting the welfare adults is integral to the Quality Strategy, including clinical governance and audit arrangements.

14.3 The CCG staff are responsible for recording near misses, incidents or serious incidents in relation to safeguarding adults according to the organisations reporting policy.

14.4 The Lead Safeguarding Nurse will inform the Director of Nursing in the relevant CCG in respect of all SARs / DHRs as and when they arise.

14.5 The CCGs will require General Practitioners to report directly to the CCGs any concerns around the quality of care their patients are receiving within a care home for which they provide General Practitioner services. Where individual safeguarding concerns are identified, a referral to the relevant local authority in accordance with the Inter-agency Enquiry Procedures should be completed. <https://www.ssaspb.org.uk/Home.aspx>

## **15.0 Safeguarding Adult Reviews (SARs)/Domestic Homicide Reviews (DHRs)**

- 15.1 The CCGs will work with the Safeguarding Adults Partnership, in conducting SARs in accordance with Staffordshire and Stoke on Trent Inter-Agency Adult Safeguarding Enquiry Procedures.
- 15.2 The CCGs will work with the Community Safety Partnership, in conducting DHRs in accordance with local procedures and protocols.
- 15.3 The CCGs will undertake an Independent Management Review (IMR) on behalf of NHS England with regard to any services delivered through independent contractors. This will be formally signed off for NHS England by the Medical Director or their nominated deputy.
- 15.4 All IMRs commissioned across the health economy will be submitted to the DHR panel. It is expected that each provider organisation will have a robust sign off process by their board level lead and that reports received will have been subject to this scrutiny process. The organisation will ensure that individuals are given sufficient time and necessary support to complete IMRs.
- 15.5 The CCGs will ensure that the review, and all actions following the review, are carried out according to the timescale set out by the SAR/DHR Panel scoping and terms of reference.

## **16.0 Review and Monitoring of Policy**

- 16.1 The CCG will monitor compliance of this policy via Quality Committee.
- 16.2 The Lead nurses for Adult Safeguarding are responsible for the monitoring, revision and updating of this policy. They will act on behalf of the Governing Board Nurse in this respect, and will update the Governing Board on its implementation.
- 16.3 This policy will be monitored with regard to the implications of equality and diversity on a regular basis.

## **17.0 Equality Impact Assessment**

- 17.1 Equality and diversity are at the heart of the CCG's values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

## APPENDICES

### Appendix 1 – Local health contacts for safeguarding adults

#### Safeguarding Adults at Risk

##### Raising a concern

Who can raise a concern?	Anyone who has concerns about the safety of an adult with care and support needs.
When to raise a concern	As soon as concerns are raised and always within 24 hours.
Where to refer	<p>If it is an emergency and someone is seriously hurt, or the abuser is still with the adult and they are in immediate danger ring the Police on <b>999</b>.</p> <p><b>If the adult lives in Stoke:</b>  <b>Telephone:</b> 0800 561 0015 at any time  <b>Minicom:</b> 01782 236037</p> <p><b>If the adult lives in Staffordshire:</b>  <b>Telephone:</b> 0345 604 2719 Monday to Thursday 8:30am to 5pm, Fridays 8:30am to 4:30pm, excluding Bank Holidays or 0345 604 2886 at any other time</p> <p>Don't worry if you are not sure, the person on the phone will help you to forward your concerns to the right team.</p>

CCG staff should make the referral as above and also alert the risk team through the Incident reporting procedures ensuring their line manager is aware of the action taken.

For any advice regarding issues related to Adult Safeguarding you can contact the following:

Lisa Bates, Adult Safeguarding Lead Nurse South Staffordshire CCGs on: 01785 895546

Kim Gunn, Adult Safeguarding Lead Nurse North Staffordshire & Stoke on Trent CCGs on: 01782 401029

**Your Caldicott Guardian is listed in Appendix 3.**

**Appendix 2 - Further guidance in the following areas can be accessed via the links outlined below:**

- Staffordshire & Stoke On Trent Safeguarding Adult Partnership Board  
<https://www.ssaspb.org.uk/Home.aspx>
- One Staffordshire Information Sharing Guide  
<https://www.staffordshire.gov.uk/community/InfoShare/InfoShareHome.aspx>
- NHS England Safeguarding Phone Application  
iphone <https://itunes.apple.com/gb/app/nhs-safeguarding-guide/id1112091419?mt=8>  
Android  
[https://play.google.com/store/apps/details?id=com.antbits.nhsSafeguardingGuide&hl=en\\_GB](https://play.google.com/store/apps/details?id=com.antbits.nhsSafeguardingGuide&hl=en_GB)
- Mental Capacity Act  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
- Deprivation of Liberties Safeguards  
<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

## Appendix 3 – Caldicott Guardians

A **Caldicott Guardian** is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a **Caldicott Guardian**; this was mandated for the NHS by Health Service Circular

The Caldicott Guardians are as follows:

### **Cannock Chase, East Staffordshire CCG, South East Staffordshire and Seisdon Peninsula, Stafford and Surrounds CCGs:**

Heather Johnstone, Chief Nurse, Director of Nursing and Quality  
Email: [Heather.Johnstone@northstaffs.nhs.uk](mailto:Heather.Johnstone@northstaffs.nhs.uk)

### **North Staffordshire and Stoke-on-Trent CCGs:**

Steve Fawcett  
Email: [Steve.Fawcett@northstaffs.nhs.uk](mailto:Steve.Fawcett@northstaffs.nhs.uk)