

Safeguarding Adults Policy

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| Policy users should ensure that they are consulting the currently valid version of the documentation. This document will be reviewed two years from its issue date. | |

Version Control

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| 2 | June 2015 | Head of Quality and Safeguarding | Annual review. |
| 3 | October 2017 | Head of Quality and Adult Safeguarding | Review. |

Approval

| Role | Name | Date |
|--------------------------|---|-------------------------------|
| Approval | Governance & Risk Committee | March 2013 |
| Approval | Governance & Risk Committee | November 2015 |
| Approval | Governance & Risk Committee | November 2017 |

Review

This document will be reviewed twelve months from its issue date and annually after its first review.

The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

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1. Introduction

This policy sets out how as a commissioning organisation NHS South Tees Clinical Commissioning Group (South Tees CCG) will fulfil its statutory duties and responsibilities effectively both within its own organisation and across the local health economy via its commissioning arrangements.

For the purposes of this policy, South Tees CCG will be referred to as 'the CCG'.

The CCG will ensure that it has in place robust structures, systems, standards and an assurance framework for safeguarding adults who are in accordance with the legal structure and Tees Safeguarding Adults Board (SAB) inter-agency policy and procedures.

The CCG arrangements will ensure that both its own functions and those services provided on its behalf are discharged with regard to the need to safeguard adults at risk of abuse and neglect.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources.

The CCG is required to fulfil its legal duties under the Care Act 2014 which was implemented in April 2015 and all staff working within the CCG's health economy that commission or provide services for adults at risk of abuse and neglect must make safeguarding an integral part of the care they offer to patients and their families.

The CCG, as a member of the local Safeguarding Adults Board, Local Adult Safeguarding Sub Groups and has formally adopted the principles of the Safeguarding Adults Inter-Agency Policy and Procedures. These policies are available from a link on the CCG website

The CCG Director of Nursing and Quality is employed by HAST CCG but operates across South Tees CCG via a host arrangement thereby providing services across Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland (Teeswide). Both Heads of Quality and Adult Safeguarding are employed by each CCG.

1.1. Status

This policy is a corporate policy.

1.2. Purpose and Scope

This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services it commissions, puts adults at risk of abuse or neglect and rigorous systems are in place to proactively safeguard adults at risk of abuse or neglect and to support staff in fulfilling their obligations.

- 1.3. This policy describes how the CCG will discharge the responsibility for ensuring its own organisation, and the health services it commissions, fulfil the CCGs duty to safeguard adults at risk of abuse or neglect. The CCG will ensure compliance with the safeguarding requirements of the Care Act 2014, and was implemented in April 2015 consolidating existing community care legislation, therefore placing safeguarding adults on a statutory footing, the Health & Social Care Act 2012, the

Mental Capacity Act 2005, the Human Rights Act 1998, Equality Act 2010, Vulnerable Groups Act, 2006, and Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework, 2013.

- 1.4. This policy applies to all staff employed by the CCG, including any agency, self-employed or temporary staff.
- 1.5. All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation within their line of responsibility and accountability.
- 1.6. All CCG staff has an individual responsibility for the protection and safeguarding of adults at risk of abuse or neglect and must know what to do if concerned that an adult is at risk.

2. Definitions

The safeguarding duties outlined within the “Care and Support Statutory Guidance, October 2016” apply to an adult who:

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

All staff should refer to and use as appropriate the information/contacts below when considering making an alert.

The full Teeswide inter-agency policy and procedures are available at:

www.tsab.org

3. Safeguarding Adults Decision Making

3.1. Procedures to follow when there is a concern about an adult at risk of abuse or neglect

- 3.1.1. Any member of staff, who believes that an adult has suffered abuse or neglect or is likely to do so, has a duty to respond.
- 3.1.2. It is important that advice is sought at an early stage. Please see appendix A, Decision Making FLOW chart, including reference to the CCG Single Point of Contact (SPOC).
- 3.1.3. Where concerns are raised an alert/referral to the appropriate Local Authority must be made. The contact details in relation to the Local Authorities can be found at appendix B.

- 3.1.4. All alerts/referrals should be appropriately recorded. The CCG Head of Quality and Adult Safeguarding or the LA Adult Safeguarding Lead will provide advice and guidance including signposting where appropriate (e.g. to Prevent (Channel), MARAC etc).
- 3.1.5. The Local Authority will respond to the alert within 48 hours of the alert being raised. The Local Authority will identify whether or not the alert meets the criteria.
- 3.1.6. It is the responsibility of those who have made the alert/referral to the Local Authority to ensure that the alert has been received and is being dealt with, should a formal response not be received within three working days.

4. Principles

In developing this policy the CCG recognises that safeguarding adults is everyone's responsibility and that there is the need for effective joint working between agencies and professionals who have different roles and expertise if those vulnerable adults in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels. The CCG will ensure that the principles identified within "Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework" are consistently applied. The CCG is also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of adult safeguarding. This includes:

- a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements;
- clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate;
- training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding;
- effective interagency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs, SABs and health and wellbeing boards;
- The CCG has a Head of Quality and Adult Safeguarding which include the adult safeguarding lead role and a lead for the Mental Capacity Act, supported by the relevant policies and training;
- effective systems for responding to abuse and neglect of adults;
- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not risk averse; and the role of CCGs is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their designated clinical experts and professionals (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

4.1. The Care Act 2014 provides a comprehensive framework for the care and protection of adults, stating the following aims:

- to stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- 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 the life of 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 well-being of an adult; and
- Address what has caused the abuse or neglect.

In order to achieve these aims, it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help SABs and organisations more widely, by using them to examine and improve their local arrangements.

- **Empowerment** – People being 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 treats 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 and so do they.”*

4.2. The CCG has a statutory duty under the Care Act 2014 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard adults at risk of neglect or abuse.

4.3 The CCG in accordance with the Health and Social Care Act 2012 must assist and support NHS England in discharging its joint duty, relating to securing continuous improvement in the quality of primary medical services, of which safeguarding adults is included. NHS England and HAST CCG co-commissioning arrangements further describe the local expectations to support primary medical services in relation to safeguarding adults.

4.4 This CCG Policy should be used in conjunction with the Teeswide Safeguarding Adults Boards Inter-agency policy and procedures.

5. Governance and Accountability

5.1. The CCG Governing Body is responsible for making certain all its provider services have arrangements in place to meet their statutory requirements relating to safeguarding adults and that these arrangements are being complied with. The governing body through its governance structures namely its Quality Performance and Finance Committee (QPF) will assure itself that safeguarding adults is a priority across the health economy and will receive regular reports and updates with reference to safeguarding adult matters across its health economy. The QPF Committee receives the following:

- Bimonthly Reports
- Annual report

5.2. The CCG will ensure effective leadership, commissioning and governance of safeguarding adult's services across the local health community by:

- Ensuring a robust governance structure is in place to support the work of the Teeswide Safeguarding Adults Board (TSAB) and the CCG Governing Body in delivering safeguarding adults responsibilities. The CCG Executive Lead for Safeguarding Adults is the Director of Nursing and Quality. They are supported in this role by the Head of Quality and Adult Safeguarding.
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding adults and that the CCG commissioning, contracting, contract monitoring and quality assurance processes fully reflects this:
Safeguarding adults is an agenda item on the provider services' Clinical Quality Review Groups (CQRGs) in accordance with the CQRG Forward Plan.

- Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- Monitoring safeguarding compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.
- Reviewing Safeguarding Adults Reviews/Safeguarding Lessons Learned Adult Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- Ensuring a system is in place for escalating risks.

6. Safeguarding Adults Standards

- 6.1. Clear service standards for safeguarding adults will be included in all commissioning arrangements, as appropriate to the service, in accordance with the key requirements of:
- the Care Act 2014
 - standards outlined by the Care Quality Commission
 - Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS Commissioning Board, 2013)

These include (but are not limited to):

i. **Leadership and Accountability**

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding adults.
- A senior lead for adult safeguarding to ensure their needs are at the forefront of local planning and service delivery.
- Safeguarding adults is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

ii. **Policies / Strategies**

- Each provider must have comprehensive up to date safeguarding adult's policy and procedures, which are in line with Government, CQC and TSAB guidance and take account of guidance from any relevant professional body. The policy should include an adult's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.
- Clear priorities for safeguarding adults should be explicitly stated in providers' key policy documents and strategies.

iii. **Staff training and Continued Professional Development**

- Staff should be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults, know how to act on their concerns and fulfil their responsibilities in line with the Teeswide Safeguarding Adults Boards requirements.
- A staff training strategy and programme should be in place that includes the levels of safeguarding adults training appropriate to staff's roles and responsibilities.

- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews/safeguarding adult reviews and internal management reviews with regards to safeguarding adults.

iv. Safe Recruitment and Vetting Procedures

- Safe recruitment policies and practices including the necessary Disclosure and Barring (DBS) checks for all staff working with adults must be in place.

v. Managing Allegations Against Staff

- Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority safeguarding process if necessary.

vi. Effective Inter-agency Working

- Staff should work together with other agencies in accordance with the TSAB policies and procedures.

vii. Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information where there are concerns in relation to safeguarding adults.
- Senior Managers should promote good practice in information sharing according to the published national guidance; *Information Sharing; Guidance for Practitioners and Managers* HM Government 2008.

viii. Supervision

- Supervision policies are in place for the provision of adult safeguarding supervision.

ix. Response to Incidents and Complaints

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding adults and it should include the requirement to inform the Named or Safeguarding lead within the organisation/practice.
- Procedures are in place for reporting Serious Incidents to the CCG via the Incident Reporting and Investigation Policy and Procedure and Policy and Procedure for the Management of Complaints.

x. Safeguarding Adult Reviews(SARs) /Safeguarding Lessons Learned Adult Reviews (SLLARs)

- Providers will cooperate with any Local Safeguarding Adult Board conducting a Safeguarding Adult Review /Safeguarding Lessons Learned Adult Reviews and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

xi. Raising Concerns Policy

- Providers will ensure their Raising Concerns Policy (whistleblowing Policy) enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding adult's issues should continue to be referred through TSAB procedures.

6. Duties and Responsibilities

6.1. Governing Body

The CCG Governing Body have delegated responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

6.2. The Chief Officer (CO)

The Chief Officer as the Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice guidance requirements.

The Chief Officer is accountable for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through CCG commissioning arrangements.

This role is supported by the Director of Nursing and Quality who holds delegated responsibility and is the executive lead for Safeguarding Adults. The Head of Quality and Adult Safeguarding provides expert advice to the Governing Body on safeguarding adult matters.

6.3. The Executive Lead for safeguarding adults

The CCG Director of Nursing and Quality, as executive lead will take responsibility for governance and organisational focus on safeguarding adults and will represent the CCG at the Teeswide Safeguarding Adults Board. The Executive Lead will work closely with and line manages the Head of Quality and Safeguarding.

The CCG Director of Nursing and Quality, as executive lead for safeguarding adults, will ensure the CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the Head of Quality and Safeguarding for safeguarding adults. The Director of Nursing and Quality is the Sponsoring Director for this policy and is responsible for ensuring that:

- This policy is drafted, approved and disseminated in accordance with the Policy for the Development and Approval of Policies.
- The necessary training required to implement this document is identified and resourced.
- Mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.
- There is a link to the work of the relevant partnerships including domestic abuse and domestic homicide, and Prevent ensuring that lessons are shared across into adult services.

- The Chief Officer and governing body members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to an adult.

6.4 Governing Body

The CCG Governing Body have delegated responsibility for setting the strategic context in which the CCG has in place assurance processes to ensure compliance with adult safeguarding legislation, guidance, policy, procedures, quality standards, and contract monitoring of providers.

6.5 CCG Designated Professional (Adult Safeguarding)

The Head of Quality and Safeguarding is the designated professional for safeguarding adults will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding adults across the CCG's area, which includes all commissioned providers. They will:

- Work with the Director of Nursing and Quality to ensure robust safeguarding adult assurance arrangements are in place within the CCGs and provider services.
- Provide advice and expertise to the CCG's governing bodies and to the Teeswide Safeguarding Adults Board and associated groups and to professionals across both the NHS and partner agencies.
- Provide professional leadership, advice and support to lead adult safeguarding professionals across provider trusts/services and independent contractors.
- Represent the CCG on relevant committees, networks and multiagency groups charged with the management of safeguarding vulnerable adults.
- Lead on investigation and provision of appropriate information to inform and support reviews including serious case and independent management reviews.
- Lead and support the development of adult safeguarding policy, and procedures in the CCG in accordance with national, regional, local requirements.
- Provide advice and guidance in relation to safeguarding adults training including standards.
- Ensure quality standards for safeguarding adults are developed and included in all provider contracts and compliance is evidenced.
- The Head of Quality and Safeguarding is responsible for ensuring that the Adult Case Review/Safeguarding Lessons Learned Adult review process links in appropriately with the Serious Incident reporting process and governance arrangements.
- The Head of Quality and Safeguarding will work closely with the Designated Professionals for Safeguarding Children to ensure that where appropriate there is effective information flow across both adults and children's safeguarding teams.

6.6 Managers and Executive Leads

Managers and Executive leads have responsibility for:

- Ensuring they are aware of and carry their responsibilities in relation to safeguarding adults in accordance with TSAB procedures.
- Ensure that the adult safeguarding policy is implemented in their area of practice.
- Ensuring staff are aware of the contact details of the CCG Head of Quality and Safeguarding, and North of England Adult Safeguarding Team and the local authority contact number for safeguarding concerns.
- Identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in practice and advising the Adult Safeguarding Senior Manager accordingly.
- Ensuring that all CCG staff undertakes mandatory safeguarding adults training commensurate to their role.

6.7 CCG Staff

All staff, including temporary and agency staff are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular:

- Comply with the Safeguarding Adults Policy and the TSAB Policies and Procedures.
- Ensure they familiarise themselves with their role and responsibility within the safeguarding adult procedures and related guidance and being aware of who to contact if they have concerns about an adult at risk of abuse or neglect.
- Identify the need for any change to the procedures and guidance as a result of becoming aware of changes in practice and advising their line manager accordingly.
- Identify training needs in respect of these procedures and guidance and informing their line manager
- Complete mandatory safeguarding adult training in accordance with the CCG Safeguarding Adult Training Plan.

6.8 Commissioning Support Services (CSS)

The CCG commission adult safeguarding support services, Continuing Health Care Services (CHC) and Medicines Optimisation Services from the Commissioning Support Service (CSS). This arrangement provides the CCG with a resource to enable it to fulfil its statutory duties and responsibilities. The CSS will be expected to comply with the safeguarding adults standards.

6.9 Primary Medical Services (GP practices)

GP practices will be informed of the safeguarding adults' standards and encouraged to take account of these. The CCG in partnership with NHS England and supported by the CSS will develop a programme to support and monitor their adoption, and implementation in GP practices.

7. Implementation

- 7.1.** This policy will be available to all Staff within the CCG via the shared intranet and the internet sites.
- 7.2.** All Executive leads and Managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties.

8. Training Implications

- 8.1.** All staff in the CCG will be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults and act on their concerns and fulfil their responsibilities in line with the local SAB procedures.
- 8.2.** All CCG staff will adhere to the safeguarding adult training programme and complete the level of training commensurate with their role and responsibilities. (Refer to appendix C)
- 8.3.** The CCGs will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 8.4.** The Head of Quality and Safeguarding will ensure CCG staff is aware of any new guidance or legislation and any recommendations from Local and National Serious Case Reviews, Safeguarding Adult Reviews and Internal Management Reviews.

9. Supervision

- 9.1.** Designated Professionals should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required.
- 9.2.** Support and supervision regarding safeguarding adults is available from the designated professionals to all employees of the CCG. The level of the employees' involvement with adults will determine the frequency of the supervision and this will be agreed in discussion with the designated professionals.

10. Documentation

10.1. Related Policy documents:

- Confidentiality and Data Protection Policy
- Information Access Policy
- Incident Reporting and Management Policy
- Data Quality policy
- Information Security Policy
- Information Governance and Information Risk Policy
- Information Governance Strategy
- Records Management Policy & Strategy
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2009
- Safeguarding Adults - National framework of standards for good practice, ADSS (2005)

10.2 Relevant Legislation

Data Protection Act (1998)
<http://www.legislation.gov.uk/ukpga/1998/29/contents>

Care Standards Act (2000)
<http://www.legislation.gov.uk/ukpga/2000/14/contents>

Mental Capacity Act (2005)
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
<http://www.legislation.gov.uk/ukpga/2007/12/contents>

Care Act (2014)
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Safeguarding Vulnerable Groups Act (2006)
<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Public Interest Disclosure Act (1998)
<http://www.legislation.gov.uk/ukpga/1998/23/section/1>

Equality Act 2010
Provisions relating to Human Rights and discrimination on grounds of race, religion or belief, sexual orientation amend the Disability Discrimination Act 1995.

Freedom of Information Act 2001
Trust policies and procedures are subject to disclosure under the Freedom of Information Act.

Human Rights Act 1998 London: HMSO.
www.opsi.gov.uk/ACTS/acts1998/19980042.htm

Rights and freedoms protected under the European Convention on Human Rights.

Counter Terrorism and Security Act 2015
<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

Domestic Violence, Crime and Victims Act 2004
<http://www.legislation.gov.uk/ukpga/2004/28/contents>

Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

10.3 Statutory Guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

10.4 Best practice guidance

Department of Health (2009) *Responding to Domestic Abuse: A Handbook for Health Professionals*. London: Department of Health.
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en

Care Quality Commission, 2009 Essential Standards for Quality
http://www.cqc.org.uk/sites/default/files/media/documents/qac_-_dec_2011_update.pdf

Foreign and Commonwealth Office & Home Office (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
<http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>

NHS Commissioning Board (2013) *Safeguarding vulnerable people in the reformed NHS Accountability and Assurance Framework* Published in electronic format only
<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

Foreign and Commonwealth Office (2011) *Female Genital Mutilation. Multi Agency Practice Guidance*.
<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/multi-agency-fgm-guidelines.pdf>

General Medical Council (2009) *Confidentiality: protecting and providing information*. Information available at
http://www.gmc-uk.org/static/documents/content/Confidentiality_-_English_0914.pdf

HM Government (2008) *Information Sharing: Guidance for practitioners and managers* London: DCSF publications
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf>

NMC Guidelines for Records and Record Keeping (2010)
<http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>

10.5 Teeswide Safeguarding Adults Board

Policies, procedures and practice guidance accessible at:

http://www.hartlepool.gov.uk/info/731/safeguarding_vulnerable_adults/1630/safeguarding_adults_managers_guide/1

10.6 References

Care Quality Commission (2009) *Guidance about compliance: Essential Standards of Quality and Safety* London: CQC

NHS Commissioning Board (2013) *Safeguarding vulnerable people in the reformed NHS Accountability and Assurance Framework* Published in electronic format only
<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

10.7 Useful websites

Department of Health: www.dh.gov.uk/en/index.htm

Home Office: www.homeoffice.gov.uk/

11. Monitoring, Review and Archiving

11.1. Monitoring

The CCG governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

11.2. Review

11.2.1. The CCG governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

11.2.2. Staff who become aware of any change which may affect a policy should advise the Head of Quality and safeguarding as soon as possible, who will notify the Director of Nursing and Quality. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

11.2.3. For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

12. Equality Impact Assessment



Partners in improving local health



North of England
Commissioning Support



Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

| | |
|---------|---|
| Policy | A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue. |
| Service | A system or organisation that provides for a public need. |
| Process | Any of a group of related actions contributing to a larger action. |



STEP 1 - EVIDENCE GATHERING

| | |
|--|----------------------------|
| Name of person completing EIA: | Barbara Potter |
| Title of service/policy/process: | Safeguarding Adults Policy |
| Existing: <input type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input checked="" type="checkbox"/> | |
| What are the intended outcomes of this policy/service/process? Include outline of objectives and aims | |
| The policy outlines how, as a commissioning organisation STCCG will effectively fulfil its legal duties and statutory responsibilities with regard to Safeguarding Adults. This policy applies to all CCG staff, and anyone working on behalf of, or undertaking work or volunteering for the CCG | |
| Who will be affected by this policy/service /process? (please tick) | |
| <input checked="" type="checkbox"/> X Consultants X Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> X Staff members X <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other | |
| If other please state: | |
| What is your source of feedback/existing evidence? (please tick) | |
| <input checked="" type="checkbox"/> X National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input type="checkbox"/> Other | |
| If other please state: | |

| | |
|---|--|
| Evidence | What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?) |
| National Reports | PREVENT |
| Patient Surveys | |
| Staff Surveys | |
| Complaints and Incidents | |
| Results of consultations with different stakeholder groups – staff/local community groups | |
| Focus Groups | |
| Other evidence (please describe) | |

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STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

This policy relates to anyone over the age of 18 that comes within the scope of Adults at Risk

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy applies to all staff irrespective of disability

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

This policy applies to all staff employed by STCGG irrespective of gender

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

This policy applies to all employed CCG staff irrespective of civil state or working arrangements

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

This policy applies to all employed staff irrespective of whether the employee is pregnant

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

The policy applies to all race and ethnic group of staff employed by the CCG

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

This policy applies to all CCG staff irrespective of their religious beliefs

Sex/Gender A man or a woman.

This policy is gender neutral

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

This policy applies to all staff irrespective of sexual orientation

Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

This policy applies to all employees of the CCG irrespective of working hours

Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers

There is no impact on health inequalities from the enacting of this policy



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?

There has been no engagement with stakeholders, this policy applies directly to CCG employed staff

Please list the stakeholders engaged:



STEP 4 - METHODS OF COMMUNICATION

| |
|--|
| What methods of communication do you plan to use to inform service users of the policy? |
| <input type="checkbox"/> Verbal – stakeholder groups/meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input checked="" type="checkbox"/> Email x <input type="checkbox"/> Internet <input type="checkbox"/> Other |
| If other please state: |

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

| |
|---|
| Tick to confirm you have you considered an agreed process for: |
| <input type="checkbox"/> Sending out correspondence in alternative formats. <input type="checkbox"/> Sending out correspondence in alternative languages. <input type="checkbox"/> Producing / obtaining information in alternative formats. <input type="checkbox"/> Arranging / booking professional communication support. <input type="checkbox"/> Booking / arranging longer appointments for patients / service users with communication needs. |
| If any of the above have not been considered, please state the reason: This policy applies to all CCG staff there is no identified impact on serv ice users |



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

| Potential Challenge | What problems/issues may this cause? |
|---------------------|--------------------------------------|
| None identified. | |



STEP 6- ACTION PLAN

| Ref no. | Potential Challenge/ Negative Impact | Protected Group Impacted (Age, Race etc) | Action(s) required | Expected Outcome | Owner | Timescale/ Completion date |
|---------|---|--|--------------------|------------------|-------|-------------------------------|
| | None identified. | | | | | |

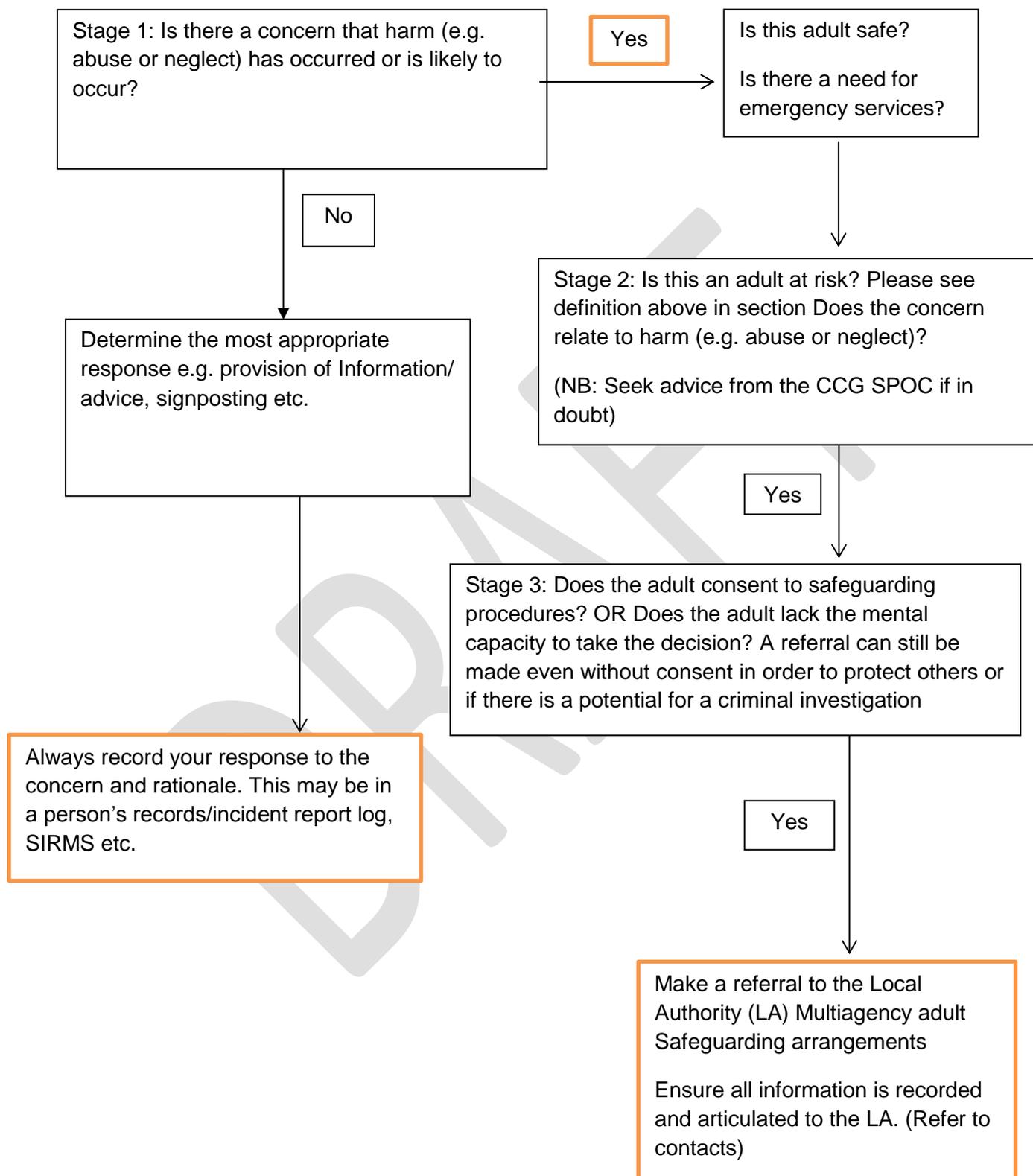
| Ref no. | Who have you consulted with for a solution? (users, other services, etc) | Person/ People to inform | How will you monitor and review whether the action is effective? |
|---------|--|-----------------------------|--|
| | Not applicable. | | |



SIGN OFF

| | |
|---------------------------------------|-------------------------------|
| Completed by: | Barbara Potter |
| Date: | 31/10/2017 |
| Signed: | |
| Presented to: (appropriate committee) | Governance and Risk Committee |
| Publication date: | November 2017 |

Safeguarding Adults Decision Making Flowchart



Safeguarding Adults Contact Details

Emergency Duty Team

Referrals and advice out of hours

Tel: 08702 402 994, or minicom (01642) 602346

Cleveland Police

Tel: 101– Ask for local police station or Protecting Vulnerable Persons Unit. (In emergencies please use 999).

Teeswide Safeguarding adults Multi-agency policy and procedures:

www.tsab.org

For concerns in other neighbouring local areas please contact the relevant local authority safeguarding team in the first instance:

Adult Safeguarding/Mental Capacity Act / Deprivation of Liberty Safeguards contacts

Hartlepool Borough Council

Contact: the Duty Team, Tel: 01429 284284 (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

http://www.hartlepool.gov.uk/a_to_z/service/1052/adult_protection_from_abuse

Stockton Borough Council

Contact: First Contact. Tel: 01642 527764. Email: firstcontact@stockton.gov.uk (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

<https://www.stockton.gov.uk/adult-services/safeguarding-adults/>

Middlesbrough Borough Council

Contact: Adult services, Tel: 01642 726004, Email: socialservices@middlesbrough.gov.uk, minicom: 01642 726980 (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

<http://www.middlesbrough.gov.uk/index.aspx?articleid=1778>

Redcar and Cleveland Borough Council

Contact: Adult social care, Tel: 01642 771500, Type talk: 18001 01642 771500

Email: contactus@redcar-cleveland.gov.uk (Office Hours, 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm Friday)

[http://www.redcar-](http://www.redcar-cleveland.gov.uk/rcbcweb.nsf/web+full+list/fd9907c71b20580a80256cd20030dc4a)

[cleveland.gov.uk/rcbcweb.nsf/web+full+list/fd9907c71b20580a80256cd20030dc4a](http://www.redcar-cleveland.gov.uk/rcbcweb.nsf/web+full+list/fd9907c71b20580a80256cd20030dc4a)

Clinical Commissioning Group Safeguarding Adults /MCA Lead (Single Point of Contact (SPOC) Tel: 01642 745029

Adult Safeguarding Mandatory Training requirements

The CCG has adopted the TSAB adult safeguarding training framework which outlines core competencies which must be evidenced by staff in relation to the different levels.

CCG staff are expected to comply with the following:

| Title | CCG Staff | Status | Method of Training | Period |
|--|--|---------------|--|----------------------|
| Level 1 Foundation – Safeguarding Adults Awareness Raising | All CCG staff | Mandatory | E-learning or face to face provided by Local Authority | Every three years |
| Level 2 – Intermediate Safeguarding Adults Awareness Raising | Designated Professional (Adults) | Mandatory | Face to Face E-Learning (under review) provided by LA/Health partners | Once Only |
| Advanced safeguarding training – risk assessment, chairing, investigations, Leadership | Director of Nursing and quality Designated Professional (Adults) | Mandatory | In accordance with commissioned training providers availability | Once only |