

Corporate	CCG CO16 Safeguarding Adults Policy
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V3	March 2018	December 2019

Prepared By:	Safeguarding Adults Lead
Consultation Process:	CCG Executive Director of Nursing & Chief Operating Officer Safeguarding Professionals for North Tyneside CCG. North Tyneside CCG Quality and Safety committee
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Document History

Version	Date	Significant Changes
Version 1	24 September 2014	First issue
Version 2	24 November 2015	Significant changes to include (1) new national guidance and (2) greater focus on the essential role of the CCG, including arrangements to seek assurance from providers.
Version 3	01 February 2018	No significant changes.

Equality Impact Assessment

Date	Issues
1 February 2018	See section 17 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

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1. Introduction

- 1.1 The Policy defines the course of action CCG staff must take to protect adults at risk of harm from abuse and or neglect. For the purposes of this document, 'adult at risk' will hereafter be referred to as 'adult'.

All staff employed by North Tyneside Clinical Commissioning Group (NTCCG), must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of adults and must act in accordance with this policy and procedure when the situation or circumstances require them to do so.

This policy reflects and is compliant with the following legislation and guidance:

The Care Act (2014) sets out for the first time, a legal framework for how local authorities and other partner agencies including Health should protect adults at risk of abuse or neglect. The Act came into force in April 2015.

The Care and Support Statutory Guidance issued under the care Act in October 2014 and updated August 2017 (DOH 2017).

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#using-the-care-act-guidance>

- 1.2 North Tyneside CCG has a statutory duty to ensure that providers from whom they commission services, have appropriate safeguarding adults arrangements in place that are compliant with the relevant legislation and statutory guidance as stated above.

- 1.3 The Care and Support Statutory Guidance (DOH 2017) issued under the Care Act updates the role of CCGs in relation to commissioned services as follows:

"Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect." (DOH 2017).

2. Definitions (DOH 2017)

- 2.1 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.

2.2 Safeguarding and promoting the welfare of adults

Safeguarding means 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 or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults 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
- 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
- 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 CCG staff. The principles should inform the ways in which staff work with adults at risk.

Six key principles underpin all adult safeguarding work:

- **Empowerment**
People being supported and encouraged to make their own decisions and informed consent
- **Prevention**
It is better to take action before harm occurs
- **Proportionality**
The least intrusive response appropriate to the risk presented
- **Protection**
Support and representation for those in greatest need
- **Partnership**
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability**
Accountability and transparency in delivering safeguarding

2.3 Categories of abuse and neglect:

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **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.
Sexual Exploitation - Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive ‘something’ e.g. accommodation, alcohol/ drugs, affection, money as a result of performing, or others performing on them, sexual acts.
- **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, 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 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.

Incidents of abuse may be one-off or multiple, and affect one person or more. CCG staff should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what is now described as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- sexual
- financial
- emotional

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

The offence criminalising coercive or controlling behaviour was commenced on 29 December 2015. Read the accompanying statutory guidance for further information.

Financial abuse

Financial abuse is the main form of abuse by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

Potential indicators of financial abuse include:

- Change in living conditions;
- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Unexplained withdrawals from an account;
- Unexplained loss/misplacement of financial documents;
- the recent addition of authorised signers on a client or donor's signature card;
- Sudden or unexpected changes in a will or other financial documents.

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

3. Purpose and scope of this policy

- 3.1. This policy outlines how as a commissioning organisation, the CCG will discharge its responsibility for ensuring its own organisation, and the health providers from whom it commissions services, fulfil their duty to:
- Safeguard and promote the welfare of adults.
 - Work together with other organisations via the Local safeguarding Adults Board.
- 3.2 This policy clarifies how the CCG will monitor and obtain assurance with regard to the adequacy and quality of the safeguarding adults arrangements of the organisations from whom it commissions services from.
- 3.3 This policy applies to all staff employed by or engaged by North Tyneside CCG including agency, self-employed and temporary staff.

4. Governance: Duties and Accountability

The NHS Commissioning Board, Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015), in addition to The Care and Support Statutory Guidance (DOH 2017), clarify the duties, accountability, roles and responsibilities as set out in the table below:

Council of Practices	The council of practices has delegated responsibility to the governing body (GB) 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.
The Chief Officer	<p>The Chief Officer is ultimately accountable for the following:</p> <ul style="list-style-type: none">• Ensuring that the CCG fulfils its statutory duty effectively with regard to safeguarding and promoting the welfare of adults.• Ensuring that safeguarding quality assurance processes are in place through contractual arrangements with all provider organisations. <p>Within the CCG, the Chief Officer provides strategic leadership, promotes a culture of supporting good practice with regard to safeguarding adults and promotes collaborative working with other agencies.</p> <p><u>Key Responsibilities:</u></p> <ul style="list-style-type: none">• To ensure that the role and responsibilities of the board in relation to safeguarding adults are met.• To ensure that the organisation adheres to relevant national guidance and standards for safeguarding adults.• To promote a positive culture of safeguarding adults to include ensuring there are procedures for safer staff recruitment; whistle blowing; appropriate policies for safeguarding adults (including regular updating); and that staff and patients are aware that the organisation takes safeguarding adults seriously and will respond to any concerns identified or raised.

	<ul style="list-style-type: none"> • To appoint an Executive Director lead for safeguarding adults. • To ensure good safeguarding protection and safeguarding practice throughout the organisation. • To ensure there is appropriate access to advice from the Safeguarding Adults Lead. • To ensure that commissioned operational services are resourced to support / respond to the demands of safeguarding adults effectively. • To ensure that an effective Safeguarding adults training strategy is resourced and delivered. • To ensure and promote appropriate, safe, multiagency / interagency partnership working practices and information sharing practices operate within the organisation.
<p>Executive Director of Nursing & Chief Operating Officer (C.O.O)</p> <p>Accountable to: Governing Body and Chief Officer</p> <p>Reports to: Chief Officer.</p>	<p>The Executive Director of Nursing & C.O.O. has responsibility for safeguarding adults, reports to the Governing Body, Quality and Safety Committee and Clinical Executive committee on the performance of their delegated responsibilities and provides leadership in the long term strategic planning for safeguarding children, supported by the Named and Designated professionals.</p> <p><u>Key Responsibilities of the Executive Director of Nursing & C.O.O. in relation to safeguarding adults:</u></p> <ul style="list-style-type: none"> • To ensure that safeguarding is positioned as core business in strategic and operating plans and structures within the CCG. • To oversee, implement and monitor the ongoing assurance of safeguarding arrangements within the CCG and commissioned providers including the quality of the services provided. • To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding adults. • To ensure the appointment of the Safeguarding Adults Lead • Within both commissioning and provider organisations, to ensure support and supervision of Named and Safeguarding Adults Lead across primary and secondary care and independent practitioners to implement safeguarding arrangements. • To ensure that those with responsibility for safeguarding adults have appropriate training and mentoring. • To ensure that the Safeguarding Adults Lead have the appropriate amount of time to undertake the role, training and personal development. • To work in partnership with other groups including commissioners, providers of health care, local authorities and police to secure high quality, best practice in safeguarding adults arrangements. • To ensure that serious incidents relating to safeguarding adults are reported immediately and managed effectively. • To ensure representation of the CCG at the Local Safeguarding Adults Board (SAB).

Safeguarding Adults Lead

Accountable to:
Executive Director of Nursing & C.O.O.

Reports to:
Head of Safeguarding: Designated Nurse Safeguarding Children

As a member of the safeguarding adults board CCGs are specifically required by statutory guidance to have a Safeguarding Adults Lead.

Specific responsibilities of the Safeguarding Adults Lead include:

- To work closely with the Head of Safeguarding and Executive Director of Nursing to ensure effective safeguarding adult assurance arrangements are in place within the CCG and provider organisations
- Responsibility for the management and oversight of individual complex cases
- Coordination where allegations are made, or concerns raised, about a person, whether an employee, volunteer or student, paid or unpaid
- Promoting partnership working and keeping in regular contact with their counterparts in partner organisations
- Assessing and highlighting the extent to which their own organisation prevents abuse and neglect taking place
- Ensuring that appropriate recording systems are in place that provide clear audit trails about decision making and recommendations with regard to adult safeguarding concerns.
- The Safeguarding Adults Lead role also has a strategic overview of safeguarding adults across the local health economy.

The role of the Safeguarding Adults Lead is to:

- Support and advise commissioners,
- CCGs, NHS England and Public Health on adult safeguarding within contracts and commissioned services and in securing assurance from providers that they have effective safeguarding arrangements in place;
- provide advice to commissioned services on how to improve systems for safeguarding adults;
- provide guidance on identifying adults at risk from different sources and in different situations;
- understand and embed the routes of referral for adults at risk across the health system;
- provide a health advisory member role to the safeguarding adults board and
- take a lead for health in working with the SAB to undertake safeguarding adult reviews and DHR's while taking forward any learning for the health economy.

The Safeguarding Adults Lead needs to have a broad knowledge of healthcare for older people, those with dementia, learning disabilities, mental health issues and care leavers. Where further guidance is published on the role and competencies for the Safeguarding Adults Lead then this should be followed.

<p>Designated Mental Capacity Act Lead: Clinical Lead (Mental Health/Learning Disabilities)</p> <p>Accountable reports to: Executive Director of Nursing & C.O.O</p>	<p>CCGs are required to have a designated MCA Lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex.</p> <p>They should also have a role in highlighting the extent to which their own organisation, and the services that they commission, are compliant with the MCA through undertaking audit, reporting to the governance structures and providing training.</p>
<p>CCG Safeguarding Committee</p>	<p>North Tyneside CCG Safeguarding Committee reports directly to the Quality and Safety Committee, which is a committee of the Governing Body.</p> <p>The aim of the Committee is to provide assurance to the Quality and Safety Committee, and hence to the Governing Body, that the CCG and the health providers which the CCG commissions services from, have safe and effective safeguarding arrangements in place with regard to children and adults.</p>
<p>CCG Managers</p>	<p>Managers are responsible for:</p> <ul style="list-style-type: none"> • Ensuring their staff are aware of, and understand these policies and procedures. • Ensuring that all staff undertake mandatory safeguarding adults training at the appropriate level for their role and that a record of the training is maintained. • Identify their own training needs with regard to this policy and safeguarding adults and bring these to the attention of their line manager. <p>Managers must act according to this policy if they are made aware of an allegation against a member of staff regarding concern that that they may have harmed or pose a risk of harm to an adult.</p>
<p>All CCG Staff</p>	<p>All staff including temporary and agency staff, must:</p> <ul style="list-style-type: none"> • Uphold the rights of the adult to be able to communicate, be heard and safeguarded from harm and exploitation whatever their race, religion, first language, ethnicity, gender, sexuality, age, level of understanding and ability to communicate, health, disability, political or immigration status. • Comply with North Tyneside CCG's Safeguarding Adult's Policy and procedures including making a referral to Adult Social Care and / or seeking advice when there is concern that an adult has been harmed or may be at risk of harm. • Be alert to the possibility of significant harm and maltreatment to adults through abuse, neglect, exploitation and substandard practice. • Be able to recognise indicators of significant harm maltreatment and

	<p>know how to act upon concerns for an adult.</p> <ul style="list-style-type: none"> • If CCG staff are aware or concerned that abuse or neglect is happening they must act upon that concern and not wait to be asked for information. • CCG staff must undertake safeguarding adults training, as per this policy and mandatory training requirements.
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5. Making a referral to Adult Social Care

Please consult appendix 1: flow chart for how to make a referral to Adult Social Care.

6. Information Sharing, Confidentiality and Consent

“Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns.

*We know that in many situations, abuse and neglect arise from a range of incidents over a period of time. In the case of providers registered with CQC, **records of these should be available to service commissioners** and the CQC so they can take the necessary action.” (Care Act 2017)*

Confidentiality

As per the Caldicott review published in 2013 (DOH, 2013), all CCG staff must adhere to the following principles when considering sharing information:

- Information will only be shared on a ‘need to know’ basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the Safeguarding Adults Lead and / or the Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation or the CCG. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies.

Information sharing is vital to safeguarding and promoting the welfare of adults, children and young people. Government guidance: Information Sharing, Guidance for practitioners and Managers (2015) highlight **seven golden rules** for **information sharing**:

1. Remember that the Data Protection Act is **not** a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be **open and honest** with the person (and/or their family where appropriate) from 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.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. 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 the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Remember, for the adult at risk, safety and welfare is the overriding consideration.

Link to document: Information Sharing: Guidance for practitioners and managers 2008:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277834/information_sharing_guidance_for_practitioners_and_managers.pdf

If in any doubt, staff must seek advice from the CCG Safeguarding Team or Adult Social Care.

7. Training for CCG staff

All staff must undertake safeguarding adults training that is appropriate to their role and level of responsibility.

All CCG employed staff will be expected to complete their safeguarding training as per Appendix 2.

8. Supervision for Safeguarding Adults Lead

The CCG must ensure that the Safeguarding Adults Lead receives appropriate supervision. The Safeguarding Adults Lead will receive regular clinical supervision.

9. Recruitment to CCG

All recruitment must comply with NHS Employment Check Standards guidance and the Disclosure and Barring Service (DBS).

The DBS's role is to assist employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children and adults. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Link to DBS website: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Link to NHS Employment Check Standard:
<http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards>

10. Standards regarding Providers' Safeguarding Adults arrangements; responsibility of North Tyneside CCG with regard to monitoring compliance

10.1 Independent Contractors such as GPs and Dentists and all provider organisations are required to have a safeguarding adults policy in place that is compliant with national legislation, statutory and best practice guidance and the SAB policies.

The CCG will provide advice and support as required.

10.2 Where private or voluntary organisations are commissioned by the CCG, to provide services to adults. They should be compliant with national safeguarding guidance and local requirements for example those included in the NHS contract.

The CCG must obtain assurance that all providers, from whom they commission services, adhere to the Standards set out in relevant legislation statutory and

best practice guidance in relation to safeguarding adults. Please refer to appendix 3, for details of the minimum Standards.

The CCG requires assurance that the organisations it commissions services from, are achieving these Standards. Safeguarding arrangements for providers that the CCG commissions services from are summarised in the standard NHS contract under service conditions (SC32), Safeguarding.

Link to website: <https://www.england.nhs.uk/wp-content/uploads/2016/11/2-service-conditions-fl.pdf>

11. Documents

11.1 Related Documents

- Confidentiality & Data Protection Policy
- Information Governance and Information Risk Policy
- Information Access Policy
- Information Security Policy
- Records Management Policy & Strategy
- Serious Incidents Management Policy
- Freedom To Speak Up: Raising Concerns (Whistle Blowing) Policy
- Managing Allegations Against Staff Policy
- Internet/Intranet Acceptable Use Policy
- Complaints Policy and Procedure
- Deprivation of Liberty Safeguards (DoLS) Policy
- Mental Capacity Act Policy
- Safeguarding Children Policy
- Serious Incident & Management Policy
- Workplace – Domestic Abuse Policy
- Risk management policy.
- Recruitment policy.
- Training policy.
- Incidents and Serious Incidents policy.
- North Tyneside and Northumberland Safeguarding Adults Board Policies and Procedures **Link to website:**
<http://my.northtyneside.gov.uk/category/1033/safeguarding-adults>

11.2 Legislation and statutory requirements:

- Human Rights Act 1998.
- Sexual Offences Act 2003.
- Equality Act 2010.

- The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage. 2014.
- Care Act 2014
- Care and support statutory guidance (DOH 2017)

12. Document Consultation, Approval & Ratification Process

12.1 Document Consultation

This document has been produced by the CCG's Head of Safeguarding and the Safeguarding Adults Lead on behalf of North Tyneside CCG. In preparing the document for official ratification by the Quality and Safety Committee, the following stakeholders were consulted upon and their comments added to the document as appropriate:

- CCG Executive Director
- Designated professionals
- Named GP

12.2 Document Approval and Ratification

North Tyneside CCG Clinical Executive Committee is the committee with authority for the approval and ratification of this document. The Quality and Safety Committee has ensured that there has been appropriate consultation and has considered the content of the document in terms of current best practice, guidelines, legislation and mandatory and statutory requirements before recommending it for approval to the Clinical Executive Committee. In considering the document for approval the committee also took into account the results and recommendations of the Equality Analysis.

12.3 Document Development

The Quality and Safety Committee and nominated author are responsible for the development, review, implementation, performance management and distribution of this Policy.

12.4 Version Control and Review Section

Version control of this document is the responsibility of the Executive Director of Nursing & Transformation who must ensure that timely reviews are completed.

This Policy document will be reviewed at least every three years by the CCG Safeguarding Adults or as and when significant changes make earlier review necessary.

13 Distribution

This policy is available for all staff to access via GP Teamnet and extranet.

All staff will be notified of a new or revised document via the internal communication systems.

14 Monitoring Compliance with this policy

North Tyneside CCG will monitor compliance with this policy - see table below.

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	Committee	Frequency
1.	Safeguarding Adults training (CCG staff).			
	Review of training data.	CCG data.	CCG Quality and safety Committee.	Quarterly
2.	CCG Risk register:			
	Review and updating risk register.	Complaints. Performance reports Performance Dashboard. Serious Incidents.	CCG Quality and safety Committee.	Quarterly
3.	Standards from Provider Performance Dashboard (developed by CCG for Providers from whom they commission services):			
	Review of data provided.	Provider performance dashboard	CCG Safeguarding Committee and Quality and Safety Committee.	Quarterly
4.	Providers compliance with safeguarding adults arrangements:			
	Review of practice where there has been harm caused to an adult. Review and analysis of data in relation to significant incidents in relation to safeguarding adults from Independent practitioners and commissioned health providers.	Notification or reports from the following: <ul style="list-style-type: none"> • SIRMS system – Primary Care and independent contractors. • Commissioned health providers & data via SLEs and Serious Incident reports. • Local Authority and other partner agencies. • General public and patients. 	CCG Serious Incident (SI) Panel. CCG Safeguarding Committee and Quality and safety Committee.	Immediately when required and quarterly.

15. Bibliography and references

Care Act 2014

www.legislation.gov.uk/ukpga/2014/23/contents/enacted

SafeLives: Ending Domestic Abuse

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

Equality Act 2010 London HMSO

http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Department of Health (2017) Revised Care and Support Statutory Guidance to the Care Act (Aug 2017)

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

GOV.UK The Right to Choose: *Multi-agency statutory guidance for dealing with forced marriage*. The Stationary Office London (2014).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

GOV.UK *Multi-agency practice guidelines: Handling cases of Forced Marriage*. The Stationery Office. London. 2013

<https://www.gov.uk/.../handling-cases-of-forced-marriage-multi-agency-practice-guid...>

GOV.UK *Information Sharing: Guidance for Practitioners and Managers*. The Stationary Office London (2015)

<https://www.gov.uk/.../safeguarding-practitioners-information-sharing-advice>

GOV.UK *Female Genital Mutilation. Multi -Agency Practice Guidance* (2016)

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

HM Government (2009) *The Vetting and Barring Scheme guidance*

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Human Rights Act 1998. London: HMSO.

<http://www.legislation.gov.uk/ukpga/1998/42/schedule/1>

Ministry of Justice, National Probation Service, HM Prison Service, APCO. *MAPPA Guidance 2012*. The Stationary Office. London. 2009.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380617/mappa-guidance-2012-part1.pdf

NHS England. *Safeguarding Vulnerable People: Accountability and Assurance Framework*. 2015

<https://www.england.nhs.uk/?s=safeguarding+vulnerable...in...nhs-accountability>

Nursing and Midwifery Council (NMC). *The code: Standards of conduct, performance and ethics for nurses and midwives*. NMC. 2015
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

Sexual Offences Act 2003. London: HMSO.
<http://www.legislation.gov.uk/ukpga/2003/42/contents>

Data protection Act (1998) London HMSO
<https://www.legislation.gov.uk/ukpga/1998/29/contents>

The Human Rights Act (1998) London HMSO
<https://www.legislation.gov.uk/id/ukpga/1998/42>

Crime & Disorder Act (1998) Section 115 London HMSO
<https://www.legislation.gov.uk/id/ukpga/1998/37>

Department of Health (2005) Mental Capacity Act London HMSO
<https://www.legislation.gov.uk/id/ukpga/2005/9>

16. Contacts

- Executive Director of Nursing & C.O.O: Lesley Young-Murphy Tel: 0191 293 1140
Email: lesley.young-murphy@nhs.net
- Safeguarding Adults Lead: Adrian Dracup Tel: 0191 293 1191
Email: adracup@nhs.net
- Named GP: Dr Riaan Swanepoel Tel: 07789437146
Email: riaanswanepoel@nhs.net
- Jan Hemingway Head of Safeguarding: Designated Nurse Safeguarding Children
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17. Equality Analysis



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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:	Jan Hemingway
Title of service/policy/process:	Head of Safeguarding NTCCG
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	
<p>The Policy defines the course of action CCG staff must take to protect adults at risk of harm from abuse and or neglect. For the purposes of this document, 'adult at risk' will hereafter be referred to as 'adult'.</p> <p>All staff employed by North Tyneside Clinical Commissioning Group (NTCCG), must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of adults and must act in accordance with this policy and procedure when the situation or circumstances require them to do so.</p>	
Who will be affected by this policy/service /process? (please tick)	

Staff members

Other

If other please state:

What is your source of feedback/existing evidence? (please tick)

- National Reports** **Staff Profiles**
 Staff Surveys **Complaints/Incidents**
 Focus Groups **Previous EIAs**
 Other

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	N/A
Staff Profiles	N/A
Staff Surveys	N/A
Complaints and Incidents	N/A
Staff focus groups	N/A
Previous EIA's	N/A
Other evidence (please describe)	N/A



STEP 2 - IMPACT ASSESSMENT

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

Age A person belonging to a particular age

No impact identified

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.

No impact identified

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

No impact identified

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

No impact identified

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

No impact identified

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

No impact identified

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 -

No impact identified

Sex/Gender A man or a woman None

No impact identified

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

No impact identified

Carers A family member or paid [helper](#) who regularly looks after a child or a [sick](#), [elderly](#), or [disabled](#) person

No impact identified



STEP 3 - ENGAGEMENT AND INVOLVEMENT

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

No engagement undertaken as this policy has received minor amendments only.

Please state how staff engagement will take place:



STEP 4 - METHODS OF COMMUNICATION

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



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?
1	None
2	
3	



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

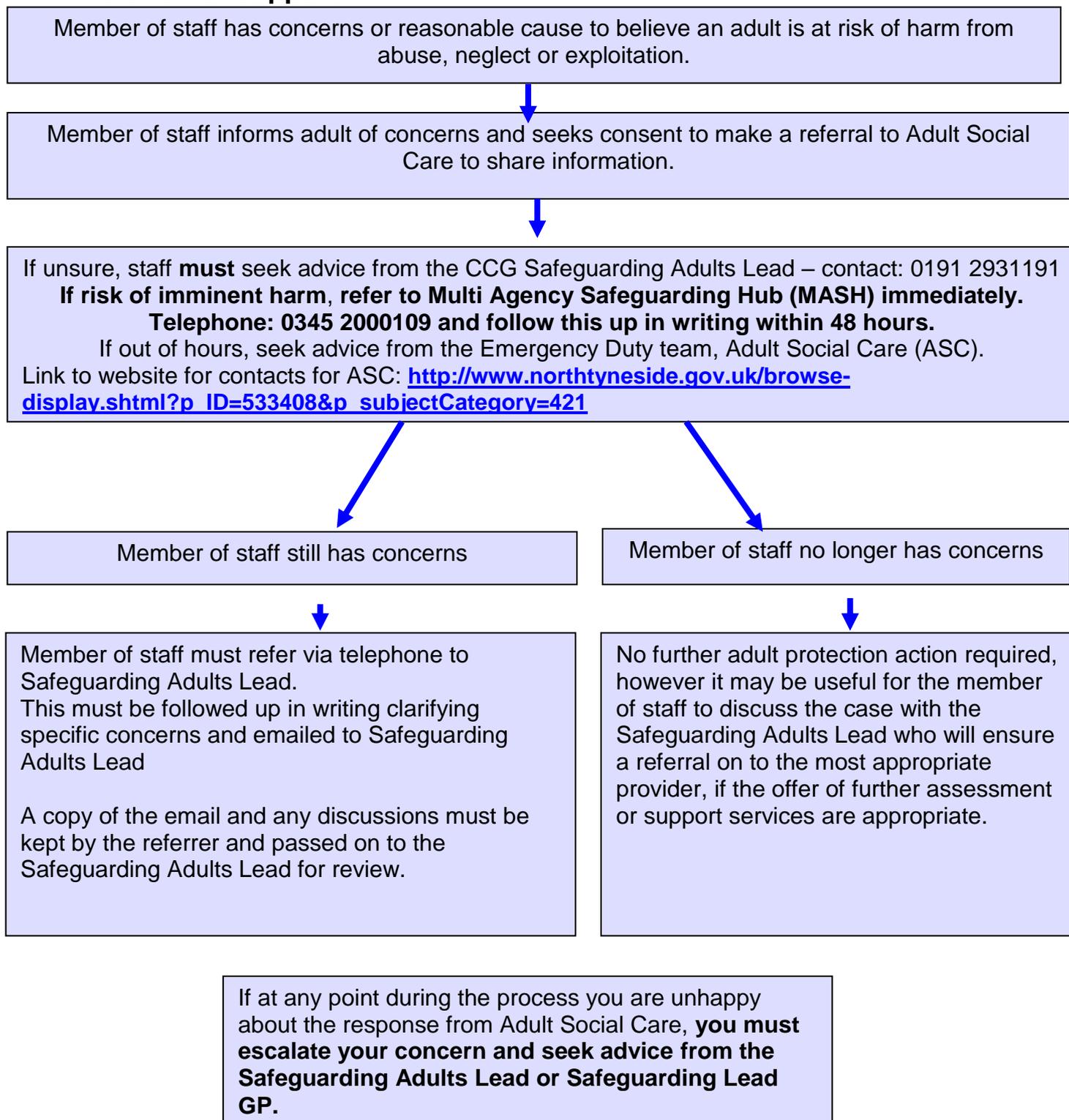
Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?



SIGN OFF

Completed by:	Jan Hemingway
Date:	February 2018
Signed:	
Presented to: (appropriate committee)	Quality and Safety Committee
Publication date:	March 2018

Procedure for making a referral to Adult Social Care or making a referral for support



North Tyneside and Northumberland Safeguarding Adults Boards (SAB) Policies and Procedures can be accessed via the link below and they incorporate further information and guidance regarding specific circumstances. **Link to web site:** <http://www.northtyneside.gov.uk>

NT CCG Safeguarding Adults Training Needs Analysis and Strategy

ALL STAFF:				
A mandatory session of at least 30 minutes duration should be included in the general staff induction programme or within six weeks of taking up post within a new organisation.				
Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.				
Staff Group	Standard	Training Level	Frequency	Delivery
All CCG non-clinical and clinical staff	NHS England Guidance	Level 1 Foundation Safeguarding Adults Awareness	Refresher training equivalent to a minimum of 2 hours over a 3 year period.	CCG induction & E-Learning
	PREVENT	Basic Awareness	One off session. Annual refresher	E-learning
Board Members Governing Body Members	NHS England Guidance	Level 1 Foundation Safeguarding Adults Awareness	Refresher training equivalent to a minimum of 2 hours over a 3 year period.	CCG induction & E-Learning All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership, as outlined below.
CCG Safeguarding Adults Lead and Safeguarding team including GP		Level 3	Three yearly	Face to face training
	PREVENT	WRAP	One off session.	Face to face or e-learning.

Minimum Standards for Providers regarding their Safeguarding Adults arrangements

	Minimum Standards for Providers regarding their Safeguarding Adults arrangements.	CCG monitoring arrangements
1.	Recruitment:	
2.	All providers must have safe recruitment and vetting systems in place.	
3.	Policy:	
4.	All providers must have up to date organisational safeguarding adult's policy and procedures that are compliant with the relevant legislation, statutory and best practice guidance and the North Tyneside Safeguarding Adults Board (SAB) policies.	SAB annual assurance. Quarterly provider performance Dashboard
5.	Governance:	
6.	All providers must have a Board Level Executive Director with lead responsibility for safeguarding adults.	SAB annual assurance.
7.	All providers must monitor the effectiveness of their organisational safeguarding arrangements and provide an annual safeguarding adults report to their board.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report. SAB annual assurance.
8.	All providers must develop action plans with regard to the recommendations from any Case Reviews and ensure that recommendations are implemented and that learning is disseminated and impact evidenced across the organisation.	Data from SAB Case Review sub-group bi-monthly CCG is a member.
9.	All providers must ensure that there is an effective system for monitoring the number of referrals to Adults Social Care to enable the identification of any significant change and trends.	SAB Performance sub-group bi-monthly and Quarterly provider performance Dashboard
10.	All providers must report and record Serious safeguarding adults' incidents via the Serious Incident (SI) process as per the NHS England Serious Incident Framework (2013).	The number and details of reported SI's are monitored by NECS and the CCG reviews SIs on a monthly basis via SI panel.

	Minimum Standards for Providers regarding their Safeguarding Adults arrangements.	CCG monitoring arrangements
11.	The provider must have an identified person / team with lead responsibility for safeguarding adults to include compliance with national strategies e.g. Prevent Strategy	Quarterly provider performance Dashboard. SAB annual assurance.
12.	The provider must ensure senior representation on the Local Safeguarding Adults Board and contribution to their sub groups.	SAB annual report. SAB annual assurance.
13.	The provider must cooperate with any request from the Safeguarding Board to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the production of an Individual Management Review (IMR) or a chronology of events.	Data from SAB Case Review sub-group bi-monthly, Joint SAB annual report & Provider safeguarding Adults annual report
14.	Multi-agency working and responding to concerns:	
15.	All providers must ensure effective contribution to the adult safeguarding process to include attendance at safeguarding meetings when required and the submission of a written report as per the SAB procedures.	Safeguarding Adult annual report. SAB Performance sub-group and SAB.
16.	Training:	
17.	All providers must ensure that their staff undertake safeguarding training appropriate to their role and level of responsibility as per	Quarterly provider performance Dashboard & Provider Safeguarding Adults annual report. SAB annual assurance.
18.	Safeguarding Supervision	
19.	All providers must have a supervision policy setting out the frequency and model of supervision for all groups of staff.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report. SAB annual assurance.