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CHANGE RECORD			
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January 2013	Janis Bottomley MCA & DOLS Lead (& Interim Safeguarding Adults Operational Lead) - NHSNYY	PCT Policy amended to contextualise in respect of CCGs and the reviewed Regional SGA and SHA Commissioning Standards included. Also the new SHA <i>Prevent</i> Standards inserted.	2
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Jan 28	Janis Bottomley	Amendments including information sharing and updating content/appendices.	4
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Adult Safeguarding Policy and Procedures

Introduction

All adults at risk of abuse and neglect should be able to access public organisations for appropriate intervention which enable them to live a life free from fear, violence and abuse.

Policy Statement

All CCGs within North Yorkshire aim to ensure that no act or omission on the part of the organisation, or that of its staff, puts a vulnerable adult inadvertently at risk; and rigorous systems are in place to proactively safeguard and promote the welfare of vulnerable adults and support staff in fulfilling their obligations.

All CCGs operate a zero tolerance of abuse and neglect within the organisation.

This policy applies to all staff employed directly or indirectly by CCGs. This policy is available to independent contractors and should be implemented as good practice.

This policy focuses on the workplace responsibilities of CCG staff, although responsibilities for safeguarding and promoting the welfare of vulnerable adults extend to an individuals personal and domestic life.

This policy is to be read in conjunction with North Yorkshire County Council (NYCC), City of York (CYC), Leeds City Council (LCC) and East Riding of Yorkshire Councils (ERoYC) Safeguarding Adults Policies and Procedures as appropriate.

The purpose of this policy and related procedures is to ensure that CCGs respond appropriately to concerns about abuse and works with other organisations in line with the local multi agency policy.

- All concerns about potential abuse are taken seriously.
- The safety of the service user is paramount.
- The adult's views and wishes are an important consideration (or their best interests if they do not have mental capacity - see policies on Mental Capacity Act and Best Interest Decisions). However, legal and policy constraints must also be taken into consideration.
- A robust system is in place for responding to safeguarding alerts.
- The adult is offered support relevant to their experience of abuse.
- The organisation will learn from and develop its safeguarding adults practice.

CCG staff come into contact with vulnerable adults regularly and are vital in safeguarding these individuals. This policy is to assist staff in identifying vulnerable adults, preventing and recognising abuse, and details how to respond if abuse is suspected. This policy also outlines the roles and responsibilities for staff across the Trust.

All staff must have a basic awareness of what constitutes abuse and know the procedures for reporting this. All managers are required to have a full understanding of their role and responsibilities in the reporting process.

In safeguarding and promoting the welfare of vulnerable adults, CCGs are committed to creating an ethos which values working collaboratively with others, respects diversity (including race, religion, disability, gender, age and sexual orientation) and promotes equality. CCGs encourage staff to speak out when they see poor care taking place and to listen and involve people and their families. CCGs are committed to ensuring staff have appropriate training available to them and to receive the support they need to deal with the complex and challenging dilemmas they often face.

Definitions

Safeguarding Adults applies to adults, over the age of 18, who need support from Health and Social Care services to maintain their independence. In particular it applies to adults who:

- may have a learning or physical disability
- may have mental health problems
- may be old, frail or ill
- may not always be able to take care of themselves or protect themselves without help

A vulnerable adult is defined as “a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself or is or may be unable to protect him or herself or unable to protect him or herself against significant harm or serious exploitation” *No Secrets – March 2000, Department of Health (Note: The Mental Capacity Act relates to 16 and over - except for LPAs, ADRT and making a Will).*)

In March 2011 the Department of Health issued *Safeguarding Adults: The Role of NHS Commissioners*. The Government's policy objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. Within this document are outlined 6 **Fundamental Principles for Safeguarding Adults:**

Principle 1 – Empowerment

Presumption of person led decisions and consent

Principle 2 – Protection

Support and representation for those in greatest need

Principle 3 – Prevention.

Prevention of neglect harm and abuse is a primary objective.

Principle 4 – Proportionality

Proportionality and least intrusive response appropriate to the risk presented

Principle 5 – Partnerships

Local solutions through services working with their communities

Principle 6 – Accountability

Accountability and transparency in delivering safeguarding

The document also outlines six fundamental actions for safeguarding adults:

1. Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
2. Set safeguarding adults as a strategic objective in commissioning health care.
3. Use integrated governance systems and processes for assurance to act on safeguarding concerns in services.
4. Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
5. Provide leadership to safeguard adults across the health economy.
6. Ensure accountability and use learning within the service and the partnership to bring about improvement.

What is adult abuse?

There are many different types of abuse, it may *:

- be physical or sexual
- involve* taking money without permission
- *include* bullying or humiliating
- include not allowing contact with friends and family
- be unauthorised deprivation of liberty
- involve withholding food or medication

Abuse can be the result of a single act or may continue over many months or years. Abuse can be accidental or a deliberate act.

An abuser could be:

- a relative
- a partner
- someone paid to provide care and services
- a volunteer
- a neighbour
- a friend
- a stranger

Abuse can happen anywhere

Abuse can happen anywhere – at home, in hospital, in residential, nursing, respite or rehabilitation accommodation, day centres, college, workplace, any public place. Investigating and responding to suspected abuse or neglect requires close co-operation between a range of disciplines and organisations. Safeguarding Adults involves sharing ‘personal information’ between agencies.

No Secrets

No Secrets is government guidance issued in 2000, encouraging social services authorities to work with other agencies to develop and implement policies and procedures to ensure protection of vulnerable adults.

Roles and Responsibilities

Staff

In order to manage risks effectively and achieve positive safeguarding outcomes it is vital that all staff:

- understand their role and responsibilities within this policy and procedures document
- know where to get advice and assistance
- keep a consistent focus on safeguarding outcomes for people at risk

See Appendix 1 for more information.

Organisational

CCG Governing Bodies

Have overall responsibility for ensuring effective Safeguarding Adults procedures and systems within the organisation. All members are responsible for promoting awareness of safeguarding adults as a priority for the CCG and for ensuring that safeguarding adults procedures are developed, implemented and adhered to.

Executive Lead

Has overall responsibility as the accountable officer for safeguarding Adults and has specific reference in their job description.

All Managers and Staff

Managers at all levels within the organisation are responsible for the dissemination and implementation of this policy within their area of responsibility, and for effective management/referral of safeguarding adults concerns/alerts. Managers must ensure that all staff are aware of this policy.

Individual Members of Staff

All staff have a duty to act as an 'alerter' and report any concerns about abuse or neglect. Individuals must make sure that they are aware of policy and reporting procedures and must seek support and advice regarding potentially abusive situations.

Individual members of staff must attend any training identified as necessary by the Statutory and Mandatory Training Matrix.

Registered health and social care professionals are responsible for maintaining their standards of professional practice and must ensure that their continued professional development meets the need of their role with regard to safeguarding adults.

Staff training and continuing professional development:

CCGs will enable staff to participate in training on safeguarding and promoting the welfare of vulnerable adults provided on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member.

Supervision and support:

CCGs recognise the importance of providing supervision and support to staff who work directly with vulnerable adults and specifically in relation to cases where there are concerns about harm, self harm or neglect of a vulnerable adult and as such will facilitate the delivery of appropriate support and supervision.

Service developments:

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

Safe recruitment and vetting procedures:

CCGs will have in place robust recruitment and vetting procedures for all staff, (including agency staff, students and volunteers), working with vulnerable adults or who handle information about vulnerable adults, in line with national and local guidance. This will include thorough checks being carried out as part of the recruitment process, gaps in employment history will be checked and accounted for, qualifications checked, with references always being taken up; where a criminal record review is mandatory on employment these will be undertaken routinely at the appropriate level.

Effective interagency working:

Effective inter-agency working involves agencies and staff working together to safeguard and promote the welfare of vulnerable adults in accordance with local and national guidance.

Robust complaints procedures:

CCGs have in place robust complaints and whistle blowing procedures which are extended to all commissioned services. CCGs guarantee that staff and service users using these procedures appropriately will not prejudice their own position and prospects.

Clinical governance:

Safeguarding and promoting the welfare of vulnerable adults is seen as integral to CCGs' clinical governance and audit arrangements.

Training

Training for adult safeguarding should be delivered following the principles of the North Yorkshire and City of York Adult Safeguarding Board Training Sub-Groups policies and procedures.

How do I act on a concern?

Everyone has a duty to ensure the safety of a vulnerable adult they believe may be subject to abuse.

If a member of CCG staff has concerns they can seek further advice from their line manager or the CCG lead for Adult Safeguarding. Alerts can also be raised, as appropriate to: NYCC, CYC, LCC and ERoYC. Links to the multi-agency policies and procedures and referral forms for all these councils can be found at Appendix 2.

What are the multi-agency arrangements for safeguarding adults in North Yorkshire & York?

CCGs are statutory partners and stakeholders on both the North Yorkshire Safeguarding Adults Board and City of York Safeguarding Adults Board and have arrangements with partners to represent the population registered with the North Yorkshire CCGs who may reside within East Riding of Yorkshire Council and Leeds City Council areas. The responsibilities of the Boards are to protect adults who may be at risk from abuse and to promote co-operation and effective working practices between different agencies. Board membership includes lead officers from social care services, police, health, housing, the Crown Prosecution Service, the Care Quality Commission and voluntary agencies.

Equality & Diversity

CCGs recognise the diversity of the local community and those in its employ. The aim is therefore to provide a safe environment, free from discrimination, and a place where all individuals are treated fairly and with dignity, respecting their rights under the Human Rights Act. The services we provide will be appropriate to their need, regardless of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, gender reassignment or employment status. The Organisation recognises that equality impacts on all aspects of its day to day operations and has produced an Equality and Human Rights Strategy and Equal Opportunities Policy to reflect this. All policies and procedures are assessed in accordance with the Equality Impact Assessment Toolkit, the results for which are monitored centrally.

Freedom of Information Act 2000

Any information that belongs to the CCG may be subject to disclosure under the Freedom of Information Act 2000.

Review

This policy will be reviewed in one year's time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

References:

Department of Health - Safeguarding Adults: The Role of NHS Commissioners
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125036.pdf

North Yorkshire and York Community Mental Health services
[www.nyypct.nhs.uk/Corporate/Policies/docs/CMHS%20079%20Safeguarding%20Adults%20Policy%20\[v1.01\]%2030%20March%202010.pdf](http://www.nyypct.nhs.uk/Corporate/Policies/docs/CMHS%20079%20Safeguarding%20Adults%20Policy%20[v1.01]%2030%20March%202010.pdf)

North Yorkshire and York County Council
www.northyorks.gov.uk/safeguarding

City of York Council
http://www.york.gov.uk/health/Help_for_adults/Protection_of_vulnerable_adults/

East Riding of Yorkshire Council
<http://www2.eastriding.gov.uk/living/care-and-support-for-adults/safeguardingadults/?locale=en>

Leeds City Council
<http://www.leeds.gov.uk/residents/Pages/Safeguarding-adults.aspx>

NHS Bolton
http://www.bolton.nhs.uk/your-pct/foi/foi_policies_adult_protection.asp

No Secrets
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

DH Review Winterbourne View
<https://www.wp.dh.gov.uk/publications/files/2012/12/final-report.pdf>
Summary - <https://www.wp.dh.gov.uk/publications/files/2012/12/4-page-summary.pdf>

Key Roles in the Safeguarding Adults Procedure

Alerter

Any staff member who has contact with vulnerable people and hears disclosures or allegations, or has concerns about potential abuse or neglect has a duty to pass them on appropriately and without delay. Having a duty to share information means you are not at liberty to keep concerns to yourself and you must never promise to keep secrets.

The alerter also has a role in addressing any immediate safety or protection needs. It may also be necessary to inform emergency services if other vulnerable adults are at risk and/or crime is suspected. It may be necessary to separate the alleged perpetrator of abuse from the vulnerable adult and any others who may be at risk.

Good Practice:

- When you become aware of abuse or neglect you must report your concerns to your line manager immediately.
- Concerns must also be recorded via the relevant CCG reporting system whether or not they are raised as an alert.
- Record all factual evidence accurately and clearly. Use the person's own words. Clarify the facts. Do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it.
- Any written notes about the concern/alert must be shared with the line manager.
- You may be asked to write a separate alert report. Use black ink. Sign it, date it and give it to your line manager.
- If possible, do not take any actions which might alert the alleged perpetrator.
- Reference to a safeguarding adults alert can be made in the clinical records, but specific details of the alert should be avoided where possible.
- Respect a person's right to confidentiality as far as possible, but you must not agree to keep allegations and/or disclosures secret.
- Bring safeguarding adults issues to supervision sessions.
- Be able to advise service users, carers and relatives how to access the local authority public information on safeguarding adults

Responder

People responsible for responding to safeguarding adults alerts (often the alerter's line manager) and for referring the alerts to the appropriate Safeguarding Adults Manager.

Good Practice:

- Check that immediate safety has been considered.
- Gather a small amount of information and decide whether there is a possibility that abuse could have occurred.

- Ensure that an appropriate incident report has been completed.
- If the responder concludes that there has potentially been abuse then the alert must be referred to the appropriate Local Authority – see Appendix 2 for details
- Determine the correct destination when referring the alert.
- Supply all factual information you can with regard to the alleged incident.
- Investigative questioning must be avoided at this stage.
- Information about concerns should be shared within the framework of information sharing protocol. See Appendix 2 for details.
- Where a member of staff is identified as the alleged perpetrator of abuse, information that can assist an investigation must be gathered by the responder and included in the referral to the appropriate Safeguarding Adults Manager. This could include checking staff rotas, incident reports, existing concerns, recording injuries on body charts. Primarily a paper exercise not involving interviews.
- In consultation with senior management consideration must be given to suspending staff against whom allegations have been made.
- The Care Quality Commission (CQC) must be informed if staff are suspended.
- If the alleged perpetrator of abuse is a vulnerable adult the alert must still be referred to the appropriate Safeguarding Adults Manager.
- If a decision is taken not to refer the alert to a Safeguarding Adults Manager, any such decision must be fully documented, discussed and agreed with the relevant manager/s. A decision not to refer does not mean that the incident should be left or that other actions do not need to take place. Consideration still needs to be given to the needs of the vulnerable adult and to any other actions such as the complaints process, training needs, disciplinary or regulatory action if appropriate.

Investigator

Responsible for collecting and coordinating information about the safeguarding adult concern and the context in which it happened. May include the use of criminal and/or disciplinary investigations. The investigator will form a view about whether abuse has taken place and what may be included in an effective Safeguarding Adults Protection Plan, and then present this in a report to the Safeguarding Adults Case Conference.

Good Practice:

- Gather factual evidence from: discussions with relevant and key people; examination of records.
- Involve and inform alleged victims. Obtain their wishes, views and clarify the details of the allegations of the alleged victim. Consideration should be given to the use of advocacy, Independent Mental Capacity Advocate and any other support required in order to gather these views and provide support.
- Obtain the views of the alleged perpetrator unless to do so would compromise the safety and wellbeing of the alleged victim. Document reasons if not doing so.
- Determine the mental capacity of the vulnerable adult (and that of the alleged perpetrator if appropriate) and determine who will make decisions.

- Decide, in consultation with the Designated Safeguarding Adults Manager, the extent of involvement of the vulnerable adult and the alleged perpetrator, or their representative/s.
- Regularly update the Designated Safeguarding Adults Manager of the investigation progress. Immediately inform them should additional or new concerns come to light or more vulnerable adults are implicated.
- Compile and present the investigation report. Include the investigation process, findings, outcome and recommendations.

Chair

Responsible for chairing the Safeguarding Adults Case Conference. The Safeguarding Adults Chair will:

- receive the investigators report and consider the outcome of the report.
- raise issues, ask questions and give procedural guidance which will facilitate a consensus being reached.
- arrive at decisions about whether abuse took place and, if so, which categories of abuse.
- assess ongoing risk factors.
- produce a Safeguarding Adults Protection Plan when appropriate.
- inform key people of decisions.
- make recommendations to care plans.
- set a date to review the protection plan.
- seek views of all participants before closing a safeguarding adults case.

Good Practice:

- Bear in mind the vulnerable adults needs immediately prior to, during and after the conference, arranging appropriate support where necessary
- Confidentiality should be discussed at the beginning of the conference
- A Safeguarding Adults Case Conference does not use the same burden of proof as a criminal court (beyond reasonable doubt). Decisions about whether abuse has occurred will be based on the balance of probability
- State in the outcome whether, on a balance of probabilities, abuse has been substantiated or not substantiated (or whether some parts have been substantiated and some not i.e. partially substantiated or whether concerns remain but are not substantiated)
- Attend relevant supervision/reflective practice sessions

LINKS TO MULTI-AGENCY SAFEGUARDING ADULTS POLICIES & INFORMATION SHARING PROTOCOLS

North Yorkshire Multi-agency Safeguarding

<http://www.northyorks.gov.uk/CHttpHandler.ashx?id=1228>

City of York Multi-agency Safeguarding

<http://www.safeguardingadultsyork.org.uk/images/multi-agency%20policy%20and%20proc.pdf>

Leeds Safeguarding Adults Partnership Multi-agency Safeguarding

http://www.leedssafeguardingadults.org.uk/documents/policies_procedures/lsapb_multi-agency_policy_procedures_2012.pdf

Hull and East Riding of Yorkshire Multi Agency Policy, Procedures and Practice Guidelines

<http://www.safeguardingadultshull.com/docs/SAB-Multi-agency-Policy-and-Procedures.pdf>

A General Framework for information sharing in North Yorkshire and York



CHttpHandler.pdf

Leeds Safeguarding Adults Partnership Information Sharing Agreement



information_sharing_agreement.pdf

Hull & East Riding – General Protocol for sharing of information between agencies



General_Information_Sharing_Protocol_2012.pdf



Vale of York
Clinical Commissioning Group

**SAFEGUARDING ADULTS COMMISSIONING
(ADDENDUM TO ADULT SAFEGUARDING POLICY & PROCEDURE)**

Target Audience: Contractors

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updated Jan 2013

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1. MINIMUM SAFEGUARDING ADULTS STANDARDS FOR PROVIDERS

Providers of services commissioned by CCGs are required to meet the following minimum standards in relation to safeguarding adults. The Strategic Health Authority (SHA) seeks assurance from Commissioners that standards reflecting safeguarding are incorporated into contracts. The SHA sees the collaboration on developing a standards suite as being an excellent piece of work to support this. The standards shown at Appendix 5 are based on such regionally agreed commissioning standards, developed in partnership with the Strategic Health Authority (NHS Yorkshire & Humber). These standards are not comprehensive and may be in addition to those standards required by legislation, national guidance or other stakeholders, including regulators and professional bodies. The standards in this policy focus on the structures, processes and systems that providers should have in place in order to meet required safeguarding outcomes. Definitions are shown at Appendix 4.

2. Policy and Procedure Standards

- 2.1 The provider will ensure that it has up to date organisational safeguarding adults' policies and procedures which reflect and adhere to the Local Safeguarding Adults Board policies.
- 2.2 The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.
- 2.2 The Provider will ensure that all relevant policies and procedures are consistent with and referenced to safeguarding legislation, national policy / guidance and local multi-agency safeguarding procedures.
- 2.3 The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to Mental Capacity Act 2005 and consent, and that staff practice in accordance with these policies.
- 2.4 The Provider will have an up to date 'whistle-blowing' procedure, which is referenced to local multi-agency procedures and covers arrangements for staff to express concerns, both within the organisation and to external agencies.
- 2.5 The providers of care homes and hospitals will have an up to date policy and procedure covering the Deprivation of Liberty Safeguards 2009, and will ensure that staff practice in accordance with the legislation.
- 2.6 NHS Trusts and all providers of hospitals and care homes will have up to date policy(s) and procedure(s) covering the use of all forms of restraint.
- 2.7 The provider will ensure that a supervision policy is in place and that safeguarding practice is included appropriately as a standard item.

3. Governance Standards

- 3.1 All providers will identify a person with overall organisational responsibility for safeguarding adults. For NHS Trusts, this will be a Board-level Executive Director.
- 3.2 All providers will identify a named person with responsibility for overseeing and supporting safeguarding practice and will ensure sufficient capacity to effectively carry out these roles. For NHS Trusts, named individuals will be a health or social care professional(s).
- 3.3 NHS Trusts will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards is maintained.
- 3.4 The Provider must ensure that there is a system for capturing the experiences and views of service users, including the monitoring of complaints and incidents, in order to identify and refer safeguarding concerns and inform constant service improvement.
- 3.5 NHS Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multi-agency safeguarding procedures.
- 3.6 NHS Trusts will identify and analyse the number of complaints and PALS contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report, reviewed by their board.
- 3.7 Providers of hospitals and care homes will ensure that there are effective systems for recording and monitoring Deprivation of Liberty applications to the Supervisory (Authorising) Body/Court of protection.
- 3.8 The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually.
- 3.9 NHS Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005).
- 3.10 The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Review(s) and will devise and submit an action plan to the local responsible Safeguarding Board to ensure that any learning is implemented across the organisation.

4. Multi-agency Working Standards

- 4.1 The Provider will co-operate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the production of an individual management report.
- 4.2 The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.
- 4.3 The Provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed term contracts, temporary staff, locums, agency staff, volunteers', students and trainees) are referred according to local multi-agency safeguarding procedures.
- 4.4 Providers will ensure that a root cause analysis is undertaken for all hospital, care home and community acquired category 3 and 4 pressure ulcers and that a multi-agency referral is made where abuse or neglect are believed to be a contributory factor. Guidance on Pressure Ulcers is drafted and will be made available shortly via North Yorkshire County Council.
- 4.5 The Provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings where required as part of multi-agency procedures.
- 4.6 The Provider will, where required, ensure senior representation on the Local Safeguarding Adults Board and contribution to their subgroups.

5. Recruitment and Employment Standards

5. The Provider must ensure safe recruitment policies and practices which meet the NHS employment check standards, including enhanced Criminal Record Bureau (CRB) checks for all eligible staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.
- 5.1 The Provider will ensure that post recruitment criminal checks are repeated for eligible staff in line with national guidance / requirements.
- 5.2 The Provider must ensure that their employment practices meet the requirements of the Independent Safeguarding Authority (IAS) scheme and that referrals are made to the ISA where indicated, for their consideration in relation to inclusion on the adults barred list.
- 5.3 The Provider will ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding adults.

- 5.4 The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated and that any disciplinary processes are concluded irrespective of a person's resignation and that "compromise agreements" are not allowed in safeguarding cases.

6 Training Standards

- 6.1 The provider will ensure that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.
- 6.2 The Provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), have undertaken safeguarding awareness training at the point of induction. This must include information about how to report concerns within the service or directly into the multi-agency procedures.
- 6.3 The Provider will ensure that all staff who provide care and/or treatment, undertakes training in how to recognise and respond to abuse (How to make an alert) at least every 3 years.
- 6.4 The Provider will ensure that all staff, (including locums, temporary / agency staff and volunteers) who provide care or treatment understands the principles of the Mental Capacity Act 2005 and consent processes at the point of induction.
- 6.5 The Provider will ensure that all staff and volunteers undertake Mental Capacity Act 2005 and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.
- 6.6 NHS providers will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include all professionally registered staff with team leadership roles undertaking multi-agency training in how to recognise and respond to abuse.
- 6.7 The Provider will ensure a proportionate contribution to the delivery of multi-agency training programmes as required by local safeguarding boards.

7 ASSURANCE, PERFORMANCE AND MONITORING OF PROVIDERS

- 7.1 Providers' performance in relation to safeguarding adults will be managed primarily through usual contract monitoring arrangements. Where in place, this will be through existing Contract Management Boards and their sub-groups.
- 7.2 Provider boards, executive teams and management committees must regularly receive and scrutinise assurance that their organisation is monitoring its safeguarding performance and provision, and meeting its safeguarding obligations.

- 7.3 As a minimum, CCGs will require an annual self-declaration of assurance against standards contained within this policy (Appendix 5) and (Appendix 6), accompanied by a remedial action plan to address any partially or un-met standards. CCGs may require additional information in order to monitor compliance with this policy.
- 7.4 In addition to the standards required by this policy, legislation, national guidance or other stakeholders, CCGs may also use local quality and incentive schemes to identify additional safeguarding standards or related targets for providers.
- 7.5 CCGs may receive and use information from other agencies and organisations where this is relevant to the performance management of the provider in relation to safeguarding adults. This may include information from, for example:
- Adult Protection Unit (North Yorkshire & York)
 - Safeguarding Adults Board(s) and their sub groups
 - Police
 - Service user / advocacy groups
 - Adult and Community Services / Local Authority Departments
 - NHS Providers and contractors
 - Care Quality Commission
 - Care homes
- 7.6 The CCG designated lead will provide quarterly reports to the Clinical Commissioning Group Committees, and an annual report that will summarise trends, unresolved risks and safeguarding activity from commissioned services.
- 7.7 By the end of June and end of December (to allow for flexibility) each year, all Providers are required by CCGs, to submit an annual safeguarding adults report. The report will provide assurance that the organisation has a comprehensive strategy / business plan to ensure;
- the ongoing development of safeguarding practice
 - compliance with the commissioners safeguarding standards, regulatory and legislative requirements, national guidance and local multi-agency safeguarding procedures.

Specifically the report will include;

- a retrospective review of the providers performance and activity in relation to safeguarding, including alerts, over the previous year.
- a year end, self-declaration to provide assurance against each of the commissioners safeguarding standards, in line with the commissioners safeguarding policies (See appendix 5 and 6).
- A SMART action plan to address any developments, areas of risk or standards that are not fully met.

At the end of December/June (to allow flexibility), the Provider will also submit a mid-year update, summarising any emerging safeguarding risks and progress against the action plan to-date.

8 SHARING INFORMATION

- 8.1 CCGs are committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding adults in accordance with the law and multi-agency procedures. This may include personal and sensitive information.
- 8.2 All providers of services commissioned by CCGs are required to share information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding adults in accordance with the law and local multi-agency procedures. This may include personal and sensitive information about:
- the person(s) at risk of or experiencing abuse
 - family members
 - staff
 - members of the public
- 8.3 All providers are also required to share anonymised and aggregated data where requested, for the purposes of monitoring and developing safeguarding practice.
- 8.4 Referrals into multi-agency procedures from Providers, independent contractors and CCGs will be monitored by the Safeguarding Adults Team and activity reported to North Yorkshire Safeguarding Adults Board and City of York Safeguarding Board, or neighbouring Local Authority Board as appropriate.

9 MANAGEMENT OF SAFEGUARDING ADULTS– SERIOUS UNTOWARD INCIDENTS REQUIRING INVESTIGATION (SUIs)

- 9.1 All serious safeguarding adults' incidents must be reported in accordance with CCGs and /or the providers SUI Policy, as well as being managed and reported following the local multi-agency safeguarding adult's policy.
- 9.2 All SUIs reported to CCGs will be handled through the Commissioning Support Unit and will be included in the SUI reports to the Clinical Commissioning Group Committees. All safeguarding adult SUIs will be reported to the CCG designated lead for Safeguarding (Adults).
- 9.3 All suspicions of fraud in safeguarding cases will be reported to the CCGs Local Counter Fraud Specialist via the CSU, Director of Finance and Procurement, or the National Fraud and Corruption Line.
- 9.5 The Adult Protection Unit may inform CCGs of any potentially serious adult protection referrals within services commissioned by CCGs, Including independent contractors.
- 9.6 Any senior CCG Manager dealing with any claims, complaints, disciplinary or performance issues will be responsible for seeking advice regarding any

safeguarding risks and making referrals to the multi-agency procedures according to this policy.

10. ALLEGATIONS OF ABUSE AGAINST STAFF

- 10.1 CCGs and providers of commissioned services will ensure that all allegations of abuse against staff, including where there is clear evidence that they are false or malicious, will be recorded and monitored using the organisation's incident management policy.
- 10.2 All allegations of abuse against staff must be managed according to local multi-agency safeguarding adult procedures.
- 10.3 In line with NYCC, CYC, LCC and ERoYC, if there is clear and immediate evidence that an allegation is false, the reasons for not undertaking any further investigation must be stated along with any other measures taken to manage risks. A history of making allegations does not constitute evidence that this allegation is false.
- 10.4 All other allegations that a member of staff has caused or been complicit in abuse or neglect (i.e. where there is no immediate evidence that it is false) must be referred using local multi-agency procedures.
- 10.5 CCG managers and providers of commissioned services must also consider the need for temporary exclusion or redeployment under the disciplinary policy based on potential risk to the alleged victim(s) if the allegation is found to be true.
- 10.6 CCGs and providers must ensure that all other concerns relating to the conduct or capability of staff are monitored and that any safeguarding related concerns are managed in accordance with this policy and local multi-agency procedures.
- 10.7 CCGs and providers must also ensure that any safeguarding concerns arising from disclosures made during the course of an investigation or other human resource process are managed in accordance with this policy and local multi-agency procedures.

11. PREVENT STRATEGY (HEALTHWRAP)

- 11.1 The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST. The CONTEST strategy was created to protect the UK from international terrorism and is led by the Office for Security and Counter Terrorism at the Home Office. As part of CONTEST, the aim of *Prevent* is to stop people becoming terrorists or supporting terrorism. The Health Sector contribution to Prevent focuses primarily on Objectives 2 and 3 and known as HealthWrap.
- 11.2 The health sector has a non-enforcement approach to *Prevent* and focuses on support for vulnerable individuals and healthcare organisations. The

Department of Health is a long-established partner in CONTEST through prevent, protect and prepare. Responsibility for pursue lies with the enforcement agencies. The Department of Health and the health sector are key partners in working to prevent vulnerable individuals from being drawn into terrorist-related activities.

- 11.3 In accordance with NHS Commissioning Board Contract Service Conditions 32.5 the Provider must include in its policies and procedures, and comply with, the principles contained in Prevent and the Prevent Guidance Toolkit (see links in references).
- 11.4 The Provider must include in its policies and procedures a programme to deliver HealthWRAP and sufficient resource that programme with accredited HealthWRAP facilitators.
- 11.5 The Provider has appointed and must maintain a Prevent Lead. The Provider must ensure that at all times the Prevent Lead is appropriately authorised and resourced to procure the full and effective performance of the Provider's obligations under NHS Commissioning Board Standard Contract Service Conditions 32.5 and 32.6.
- 11.6 The Provider, under Service Condition 32.8, must notify the Co-ordinating Commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable and in any event no later than 10-Operational Days after the change.
- 11.7 Providers' performance in relation to *Prevent* will be managed primarily through usual contract monitoring arrangements. Where in place, this will be through existing Contract Management Boards and their sub-groups.
- 11.8 Provider boards, executive teams and management committees must regularly receive and scrutinise assurance that their organisation is monitoring its 'Prevent' strategy and provision, and meeting its safeguarding obligations.
- 11.9 As a minimum, CCGs will require of Providers of Service an annual self-declaration of assurance against the new *Prevent*' standards contained within this policy at Appendix 7, accompanied by a remedial action plan to address any partially or un-met standards. CCGs may require additional information in order to monitor compliance with this policy.
- 11.10 CCGs may receive and use information from other agencies and organisations where this is relevant to the performance management of the provider in relation to *prevent*. This may include information from, for example:
 - Adult Protection Units
 - Safeguarding Adults Board(s) and their sub groups
 - Police
 - Service user / advocacy groups
 - Adult and Community Services / Local Authority Departments

- NHS Providers and contractors
- Care Quality Commission
 - Care homes

11.11 CGs quarterly reports to the Clinical Commissioning Group Committees, and annual report, will summarise trends, unresolved risks and *Prevent* activity from commissioned services.

11.12 By the end of June and end of December (to allow for flexibility) each year, all Providers required by CCGs, will submit an annual *Prevents* report. The report will provide assurance that the organisation has a comprehensive strategy / business plan to ensure;

- the ongoing development of the *Prevent* agenda.
- compliance with the commissioners *Prevent* standards, regulatory and legislative requirements, national guidance and local multi-agency safeguarding procedures.

11.13 Specifically the report will include;

- a retrospective review of the providers performance and activity in relation to *Prevent* over the previous year.
- at year end, self-declaration to provide assurance against each of the commissioners *Prevent* standards, in line with the commissioners policies. (See appendix 7)
- A SMART action plan to address any developments, areas of risk or standards that are not fully met.

11.14 At the end of December/June (to allow flexibility), the Provider will also submit a mid-year update, summarising any emerging *Prevent* risks and progress against the action plan to-date.

12. **REVIEW**

This policy will be reviewed in one year's time, or earlier if required in light of new legislation or guidance, responses to exceptional circumstances and/or organisational change.

DEFINITIONS WITHIN APPENDIX 3

Abuse

Abuse is the violation of an individual's human or civil rights by any other person/s (No Secrets. Department of Health, 2000) and involves the misuse of power by one person over another (Safeguarding Adults. ADASS, 2005)

Abuse can be unintentional or deliberate and can result from either actions or inactions.

Abuse can take many different forms and is often considered under the following headings:

- physical
- sexual
- emotional
- financial (or material)
- neglectful or
- discriminatory

Adult

For the purposes of this document, adult refers to anyone who is eighteen years or older. Children and young people under the age of eighteen are subject to safeguarding children policy and procedures.

Safeguarding Adults Team

North Yorkshire - This refers to a team, hosted by the North Yorkshire County Council (Health & Adult Services).

The unit provides advice and support to agencies or individuals involved in adult protection work.

The unit also co-ordinates Strategy Meetings where there is concern about an alleged victim within Trust services or where the alleged perpetrator is a member of Trust staff.

The Adult Protection Unit and Safeguarding Adults Co-ordinators can also receive alerts directly from alleged victims, carers, staff and members of the public.

City of York - This refers to the safeguarding adults and DOLS team employed by City of York Council.

This team provides advice and support to agencies and individuals involved in adult protection work.

This team undertakes initial safeguarding assessments on all safeguarding referrals and advises the Trust on the need to undertake strategy meetings and investigations where there is an alleged victim within Trust services or where the alleged perpetrator is a member of Trust staff.

The Safeguarding Adults Team can receive alerts directly from alleged victims, carers, staff and members of the public

Concerns

This refers to any suspicion, allegation, or other concern relating to the safety or wellbeing of an adult who may be experiencing or at risk of abuse. Individuals do not need 'proof' in order to raise concerns under the safeguarding adults' procedures.

Mental Capacity

Mental capacity is the ability to understand, retain and weigh up information in order to make a decision and to communicate the choice they have made. When an adult's ability to make a particular decision is reduced, they can be at increased risk of abuse, including neglect.

Mental Capacity Act

The Mental Capacity Act (MCA) 2005 provides a statutory framework to empower and protect people who may require help to make decision or may not be able to make decisions for themselves.

The Mental Capacity Act is accompanied by a 'Code of Practice' which provides practical guidance and everyone who works with people who may lack capacity has a duty to work within and have 'due regard' to the Code. CCGs expect all staff who work with people who may have reduced capacity to work within the Code of Practice.

Multi-Agency Procedures

This refers to the locally agreed multi-agency safeguarding adult procedures coordinated through the local Safeguarding Adults Board.

In North Yorkshire & York this is the North Yorkshire Safeguarding Adults Board: Safeguarding Adults Policy & Procedures and York Safeguarding Adults Board: York Multi Agency Policy & Procedures.



NYCC Multi-agency Policy and Procedure



multi-agency policy and procedure[1].pdf



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SAB-Multi-agency-Policy-and-Procedures.p

Providers should refer to NYCC, CYC's, LCC and ERoYC websites to ensure they are referring to the Local Authorities' most recent policy and procedure.

Neglect

Neglect is a form of abuse and may be defined as the persistent failure to meet a person's basic physical and / or psychological needs. Neglect can be either unintentional or deliberate.

Neglect can involve failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or the failure to facilitate access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a person's basic emotional needs. Examples could include:

- Poor quality care
- Inadequate hygiene support
- Failure to ensure adequate hydration or nutrition
- Under or over use of medication
- Lack of privacy or dignity
- Serious pressure ulcer (category 3 or 4)
- Failure of care due to inadequate equipment, systems, procedures or practice

Provider

This refers to all organisations, independent contractors and individuals who provide services that are commissioned by CCGs, and extends to all their employees, locums and agency staff, sub-contractors, volunteers, students and learners undertaking any type of work experience placement or work related activity.

Safeguarding

Safeguarding means all work which enables an adult to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.

ADSS (2005) Safeguarding Adults

Safeguarding work can include:

- Prevention – actions which identify and reduce the risk of abuse, and
- Adult protection – actions to protect someone who is experiencing abuse

**Regional Safeguarding Standards for Providers of NHS Commissioned Services
Template: Self-declaration of assurance**

NB Wording in bold donates amendments following Yorkshire & Humber SGA Network review

No.	1) Policy / Documentation Standards	R/A/G Rating	Evidence if compliant
1.1	The Provider will ensure that it has up to date organisational safeguarding children and adults policies and procedures which reflect and adhere to the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adults Board policies		Up-to-date Safeguarding Adult Policies to be submitted with Annual Report. (Each organisation retains responsibility for the content of their own policy)
1.2	The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer child / adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.		
1.3	The Provider will ensure that all relevant policies and procedures are consistent with and referenced to safeguarding legislation, national policy / guidance and local multiagency safeguarding procedures.		
1.4	The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to Mental Capacity Act 2005 and consent, and that staff practice in accordance with these policies.		

1.5	The Provider will have an up to date 'whistle-blowing'/ Raising Concerns procedure, which is referenced to local multiagency procedures and covers arrangements for staff to express concerns both within the organisation and to external agencies. The provider must have systems in place to demonstrate that all staff are aware of their duties, rights and legal protection, in relation to whistle-blowing/Raising Concerns and that they will be supported to do so.		
1.6	The providers of care homes and hospitals will have an up to date policy and procedure covering the Deprivation of Liberty Safeguards 2009, and will ensure that staff practice in accordance with the legislation.		
1.7	NHS Trusts and all providers of hospitals and care homes will have an up to date policy(s) and procedure(s) covering the use of all forms of restraint. These policies and procedures must adhere to contemporary best practice and legal standards.		
1.8	The Provider will ensure that there is a safeguarding supervision policy in place and that staff have access to appropriate supervision, as required by the provider or professional bodies.		
1.9	All providers will ensure that they have relevant policies and procedures in place to ensure appropriate access to advocacy within the care setting, including use of statutory advocacy roles. These policies and procedures must adhere to contemporary best practice and legislation.		

No.	2) Governance Standards	R/A/G Rating	Evidence if compliant
2.1	All providers will identify a person with overall organisational responsibility for safeguarding adults. For NHS Trusts, this will be a Board-level Executive Director.		Submission of organisational chart to be submitted with Annual Report
2.2	All providers will identify a named person with responsibility for overseeing and supporting safeguarding practice and will ensure sufficient capacity to effectively carry out these roles. For NHS Trusts, named individuals will be a health or social care professional(s).		Submission of organisational chart to be submitted in Annual Report
2.3	NHS Trusts will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards.		Submission of organisational chart to be submitted in Annual Report
2.4	The Provider must ensure that there is a system for capturing the experiences and views of service users, including the monitoring of complaints and incidents, in order to identify and refer safeguarding concerns and inform constant service improvement.		
2.5	NHS Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through it's governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multi-agency safeguarding procedures.		

2.6	NHS Trusts should identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board.		
2.7	Providers of hospitals and care-homes, will ensure that there are effective systems for recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection.		
2.8	The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually.		
2.9	NHS Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005)		
2.10	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation		
2.11	All providers will have appropriate and effective systems in place to ensure that any care provided, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act and Mental Health Act.		
2.12	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.		

No.	3) Multi-agency Working Standards	R/A/G Rating	Evidence if compliant
3.1	The Provider will co-operate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the production of an individual management report.		
3.2	The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.		Numbers of alerts received, and where they were referred to, to be submitted with Annual Report.
3.3	The Provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed term contracts, temporary staff, locums, agency staff, volunteers', students and trainees) are referred according to local multi-agency safeguarding procedures.		
3.4	Providers will ensure that a root cause analysis is undertaken for all hospital, care home and community acquired category 3 and 4 pressure ulcers and that a multi-agency referral is made where abuse or neglect are believed to be a contributory factor.		
3.5	The Provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings where required as part of multi-agency procedures.		
3.6	The Provider will, where required, ensure senior representation on the Local Safeguarding Adults Board and contribution to their subgroups.		

No.	4) Recruitment and Employment Standards	R/A/G Rating	Evidence if compliant
4.1	The Provider must ensure safe recruitment Policies and Practice which meet Contemporary NHS Employment Check Standards. Including Enhanced Criminal Records Bureau checks (CRB) for all eligible Staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.		Up-to-date Recruitment Policy & Procedure to be submitted with Annual Report. (Each organisation retains responsibility for the content of their own policy)
4.2	The Provider will ensure that Post recruitment employment checks are repeated in line with all contemporary national guidance and legislation .		
4.3	The Provider must ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring .		
4.4	The Provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) include an explicit reference to staffs responsibility for safeguarding children and adults.		
4.5	The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated and that any disciplinary processes are concluded irrespective of a person's resignation and that "compromise agreements" are not allowed in safeguarding cases		

No.	5) Training Standards	R/AG Rating	Evidence if compliant
5.1	The provider will ensure that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.		<p>Training Plan or Strategy to be submitted with Annual Report. (NB. Minimum expectation is that this will include:</p> <ul style="list-style-type: none"> • levels of training (outlining what is delivered locally and what is delivered through the partnership); • groups requiring which level (for example clinical, non clinical, admin, specialist etc) this should include induction outline for volunteers and temporary/locum staff; • How data is monitored; • Who is accountable at the board for ensuring training is undertaken.
5.2	The Provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), have undertaken safeguarding awareness training at the point of induction. This must include information about how to report concerns within the service or directly into the multi-agency procedures.		
5.3	The Provider will ensure that all staff who provide care and/or treatment, undertakes training in how to recognise and respond to abuse (How to make an alert) at least every 3 years.		

5.4	The Provider will ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) who provide care or treatment, have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility , at the point of induction.		
5.5	The Provider will ensure that all staff and volunteers undertake Mental Capacity Act 2005 and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.		
5.6	NHS providers will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include all professionally registered staff with team leadership roles undertaking multi-agency training in how to recognise and respond to abuse.		
5.7	The Provider will ensure a proportionate contribution to the delivery of multi-agency training programmes as required by local safeguarding boards.		

SHA - Safeguarding Adults Assurance Standards – Self Declaration

No.	Standards	R/AG Rating	Evidence if compliant
1.	The Trust meets the statutory requirement of carrying out Criminal Records Bureau checks on relevant employees.		
2.	Safeguarding Adults policies are in place, up to date & reviewed		
3.	Clinical staff routinely look for signs of abuse, neglect and safeguarding risk when assessing patients		
4.	All staff working in health care settings (clinical and non-clinical) have undertaken basic safeguarding adults training.		
5.a	(a) A training Needs Analysis has been carried out, identifying all staff that work with adults who are deemed vulnerable or potentially at risk. (b) A training plan is in place for these staff who will require more in depth training; and the implementation of the plan is monitored.		
6.	(a) Named professional(s) with safeguarding adults' expertise are in post with clear job descriptions. (b) The trust has considered capacity required and has developed these post(s) accordingly.		
7.	If significant safeguarding issues arise, the relevant commissioner is informed, even if it is a specialist service taking patients from 'out of		
8.	Board level Executive Director Lead for safeguarding Adults has been identified.		
9.	The Board reviews safeguarding arrangements & performance on an annual basis at minimum.		
10.	The Trust has senior membership and engagement on a LSAB.		
11.	Robust audits are in place to ensure safeguarding adults systems and processes are functioning effectively.		

Prevent Strategy – SHA Standards – Self Declaration

No.	Prevent Standards	R/A/G Rating	Evidence if compliant
1.	There is an identifiable Executive Lead for Prevent		
2.	There is an identifiable Operational Lead for Prevent		
3.	There is a training plan in place that identifies the training needs for all staff & volunteers		
4.	Prevent training is delivered and access and attendance is monitored		
5.	(a) A prevent policy is in place which staff can access (b) The policy clearly sets out how to escalate concerns and make a referral		
6.	Implementation of Prevent agenda is monitored through the Trusts audit cycle.		

ADDENDUM BIBLIOGRAPHY

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<http://www.isa.gov.org.uk/PDF/Referral%20Guidance%20and%20Form%20FINAL%20v%2010-01.pdf>
9. National Centre for Social Research and Kings College London. (2008) UK Study of Abuse and Neglect of Older People: Prevalence Survey Report.
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11. Safeguarding Vulnerable Groups Act (2006).
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19. NHS Commissioning NHS Board Contract - service conditions

<http://www.commissioningboard.nhs.uk/files/2012/12/sc-b-serv-conds.pdf>