

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Meeting Date: 2 August 2012

Report Sponsor:

Rachel Potts
Chief Operating Officer

Report Author:

Janis Bottomley
Mental Capacity Act and Deprivation of Liberty
Safeguards Lead and Interim Safeguarding
Adults Operational Lead – NHS North
Yorkshire and York

1. Title of Paper: Safeguarding Adults

2. Strategic Objectives supported by this paper

1. To support and receive assurance from the North Yorkshire and York Clinical Commissioning Groups in commissioning high quality, safe, effective patient care, seeking to improve the quality of care wherever possible (Goal 1, 5 and 6)
2. To support and receive assurance from the NYY CCGs in delivering a clinically and financially sustainable healthcare system through delivery of the Quality, Innovation, Productivity and Prevention Programme (QIPP) and North Yorkshire Review Programme to meet the needs of the people of North Yorkshire and York (Goal 4)

3. Executive Summary

(To note: any reference to NHS North Yorkshire and York (NHSNYY) should be taken to mean Vale of York CCG, Harrogate and Rural District CCG, Scarborough and Ryedale CCG and Harrogate, Ryedale and Whitby CCG) This addendum to the Safeguarding Adults Policy has been produced in order that NHSNYY Commissioning may satisfy itself, and give assurances to the Strategic Health Authority, that adequate Safeguarding Adults processes are in place.

4. Evidence Base

The policy is underpinned by Personalisation, Human Rights Act, Mental Capacity Act, equality and diversity etc., and the standards included in the policy are based on regionally agreed commissioning standards developed in partnership with the Strategic Health Authority.

It should be noted that there are elements of the Assurance Standards at Appendix 6 still being negotiated with current providers of services. Attached are the outstanding issues being progressed. However, the policy, as it stands, will be included in the contracts of all new providers.

The policy will be monitored and reviewed via contract management meetings with providers of services and updated in light of any new legislation or guidance, responses to exceptional circumstances and/or organisational change.

5. Risks relating to proposals in this paper

Risks are to quality.

6. Summary of any finance / resource implications

Monitoring via Contract Management Board will have a light impact on resources.

7. Any statutory / regulatory / legal / NHS Constitution implications

Monitoring via Contract Management Board will have a light impact on resources.

8. Equality Impact Assessment

Not applicable.

9. Any related work with stakeholders or communications plan

The policy, as it stands, will be included in the contracts of all new providers.

10. Recommendations / Action Required

The Shadow Governing Body is asked to:

1. Approve the Policy.
2. Approve the policy for inclusion in new provider contracts.
3. Note the outstanding issues being negotiated.

11. Assurance

Implementation will be addressed via contract management board monitoring.

Full equalities impact assessment

Department:

**Vulnerable People
and NHS Funded
Continuing Care**

Piece of work being assessed:

**Safeguarding Adults Commissioning -
(Addendum to Adult Safeguarding Policy and
Procedure)**

Aims of this piece of work: This is an addendum to the existing Safeguarding Adults policy produced in November 2011. The addendum sets out commissioning standards expected of all Providers in relation to safeguarding. It includes standards of safeguarding training, employment practices, governance and multiagency working and is underpinned by principles of personalisation, human rights, equality and diversity. The addendum formally builds safeguarding in contracts with Providers and requires a commitment to the work of the Safeguarding Adults Board and multiagency procedures which includes a wide range of stakeholders.

Name of lead person:	Janis Bottomley MCA & DOLS Lead & Interim Safeguarding Adults Operational Lead - NHSNYY	Other partners/stakeholders involved: Providers of Services Health Partnership Group Contracting Department, NHSNYY CCGs NYCC CYC
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Date of assessment:

24 April 2012

Who is intended to benefit from this piece of work?

**Providers, staff within NHS North Yorkshire & York, Services
Users, Carers and the general population**

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect. The Adult Safeguarding Policy effectively encompasses all adults (18 years and over) who may be at risk of abuse and neglect. City of York has approximately 154,000	Is there likely to be a differential impact?
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	adult population and North Yorkshire has approximately 479,570 population (as at 2010). This policy will be accessed by all staff within NHS North Yorkshire & York and Providers of services. The addendum describes the expectations and standards required of all Providers in relation to safeguarding adults who are experiencing or at risk of experiencing abuse. The aim is to ensure that no act or omission on the part of the organisation, or that of its staff or Providers, puts a vulnerable adult inadvertently at risk; have a rigorous system in place to proactively safeguard and promote the welfare of vulnerable adults and support Providers in fulfilling their obligations. Adult Safeguarding can impact on all areas of health and social care but differential impact might potentially relate more to elderly people or those with Learning Disabilities.	
Gender	No evidence of adverse impact or to suggest that either gender is more affected by abuse and neglect.	Unknown
Race	Some people will not have English as their first language. In North Yorkshire & York, there is no evidence to suggest that a particular group is more affected by abuse or neglect.	Unknown
Disability	People with Learning Disability could potentially be more affected by abuse and neglect issues. The equality statement in the main policy gives a clear expectation of Providers in relation to equality and diversity.	Yes
Sexual orientation	There is no evidence that a particular group is more affected than the other.	Unknown
Age	More likely to apply to Older People and people with Learning Disability, but not exclusively . The equality statement in the main policy gives a clear expectation of Providers in relation to age.	Yes
Religion/belief	No evidence to suggest any group is more affected than the other. The equality statement in the main policy gives a clear expectation of Providers in relation to religion/belief.	Unknown
Human Rights	Currently there is no legislation around Adult Safeguarding and the purpose of this addendum is to ensure that people's rights are upheld in whichever organisation they may be.	Yes

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
All	It is not known if one group of people is affected more than the other.	Share any national communication related to this.	Feedback.	On-going	Janis Bottomley
Race	Some people do not speak or read English.	Interpreter service available. PCT Policy on use of Interpreters required.	PCT use of Interpreters policy awaited. In meantime monitor success of interpreter service on a case-by-case basis.	On-going	Corporate issue
Disability	People's learning or mental disability may require support.	If unbefriended, IMCA Service available.	Reports available from IMCA Service.	On request	Janis Bottomley

Title: **Adult Safeguarding Policy and Procedures, including Safeguarding Adults Commissioning Addendum.**

Reference No: NYY/016

Owner: Chris Long, Chief Executive

Author: Melanie Bradbury, Interim Associate Director of Vulnerable People and NHS Funded Continuing Healthcare / Addendum (Page 21 onwards) - Janis Bottomley, MCA & DOL Lead & Interim Safeguarding Adults Operational Lead - NHSNYY

First Issued On: September 2011 (version 1)

Latest Issue Date: July 2012 (version 2)

Operational Date: November 2011 (version 1)

Review Date: July 2013

Consultation Process: North Yorkshire County Council
City of York Council
Health Partnership Group

Policy Sponsor: Chris Long, Chief Executive

Ratified and Approved by: Governance and Quality Committee
13 September 2011
10 July 2012

Distribution: All NHS North Yorkshire and York Commissioning staff including all Providers of Service Contracts.

Compliance: Mandatory for all permanent & temporary employees, contractors & sub-contractors of North Yorkshire and York PCT/ all Providers of Services

Equality & Diversity Statement: This policy has been subject to a full Equality Impact Assessment

CHANGE RECORD			
DATE	AUTHOR	NATURE OF CHANGE	VERSION No
21.09.2011	Melanie Bradbury Interim Associate Director of Vulnerable People and NHS Funded Continuing Healthcare	New Policy	1
24.04.11	Janis Bottomley MCA & DOLS Lead & Interim Safeguarding Adults Operational Lead - NHSNYY	Addendum to Policy (Safeguarding Adults Commissioning)	2

Please note that the intranet version is the only version that is maintained. Any printed copies should, therefore be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.



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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

NHS North Yorkshire and York aims 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.

NHS North Yorkshire and York operates a zero tolerance of abuse and neglect within the organisation.

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

This policy focuses on the workplace responsibilities of NHS North Yorkshire and York staff, although responsibilities to 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 Safeguarding Adults Policy and Procedures.

The purpose of this policy and related procedures is to ensure that NHS North Yorkshire and York responds 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 CMHS 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.

NHS North Yorkshire and York 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, NHS North Yorkshire and York is 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.

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

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', both about Any queries regarding the sharing of information between agencies please review the NHS North Yorkshire and York Information Governance policies.

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

NHS North Yorkshire and York Board

Have overall responsibility for ensuring effective Safeguarding Adults procedures and systems within the organisation.

Chief Executive

Has overall responsibility as the accountable officer for NHS North Yorkshire and York (NYY) and CMHS for the safeguarding of both Trusts service users.

All Directors/Associate Directors

Are responsible for promoting awareness of safeguarding adults as a priority for the Trust and for ensuring that safeguarding adults procedures are developed, implemented and adhered to.

All Managers and Team Leaders

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:

NHS North Yorkshire and York 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:

NHS North Yorkshire and York recognises 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, NHS North Yorkshire and York will take into account the need to safeguard and promote the welfare of vulnerable adults.

Safe recruitment and vetting procedures:

NHS North Yorkshire and York 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:

NHS North Yorkshire and York has in place robust complaints and whistle blowing procedures which are extended to all commissioned services. NHS North Yorkshire and York guarantees 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 NHS North Yorkshire and York 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 NHS North Yorkshire and York staff has concerns they can seek further advice from their line manager or the NHS North Yorkshire and York lead for Adult Safeguarding. Alerts can also be raised to either City of York Council Tel: (01904) 555111 or North Yorkshire County Council Adult Safeguarding team North Yorkshire County Council customer services centre on 0845 034 9410 depending on where the patient resides. A copy of the North Yorkshire County Council referral form can be found at Appendix 2.

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

NHS North Yorkshire and York are statutory partners and stakeholders on both the North Yorkshire Safeguarding Adults Board and City of York Safeguarding Adults Board. The Board responsibilities 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

The Organisation recognises the diversity of the local community and those in its employ. Our 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 PCT 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/

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

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 on Ulysses incident 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 a Ulysses incident report has been completed.
- If the responder concludes that there has potentially been abuse then the alert must be referred to the appropriate Safeguarding Adults Manager.
- 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.
- 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

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North Yorkshire Safeguarding Adults Board

Inter-agency Safeguarding Adults Alert/Referral Form

STRICTLY CONFIDENTIAL

This form should be completed in accordance with the Multi-Agency Policy and Procedure which can be found at www.northyorks.gov.uk/safeguarding

If you suspect that someone is being abused and they are in **immediate** danger you should ring the Police on **999**. If they are not in immediate danger you should contact North Yorkshire County Council Customer Services Centre on **0845 034 9410** and also complete this form with as much detail as possible. Guidance on completing this form can be found on the final pages.

Completed forms from external agencies should be treated as confidential documents and sent to:

North Yorkshire County Council, Customer Services Centre, County Hall, Racecourse Lane, Northallerton, North Yorkshire DL7 8AD. Fax number: 01609 532009

Date of the Alert:	Time of the Alert:
---------------------------	---------------------------

1 Tell us who the vulnerable person is you are concerned about: <i>(please complete as much of this as is known – if not known put N/K)</i>	
Name:	
Gender:	
Home address:	
Contact address:	
Telephone No:	
Age:	Date of Birth:
Ethnic Origin/Nationality:	Religion:
Primary Client Group (please see list of options at the end of this form):	
Communication and access needs:	
Is the vulnerable person aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No, why not?</i>	

Is the vulnerable person involved with any other agencies? Yes No Not Known

If Yes, please provide details:

2 Details of vulnerable person's main contact

Name:

Relationship to vulnerable person:

Are they the relative/carer? Yes No

Are they aware of this alert? Yes No

Contact address:

Telephone No:

Mobile No:

Email:

County:

Postcode:

Are they willing to be contacted? Yes No Not Known

3a Details of the concern(s) being raised

Location of alleged incident/concern
(please see list of options at the end of this form):

Date and Time of alleged
incident/ concern:

Date: Time:

Brief factual details of the alleged incident/concern:

This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate. (Please continue on a separate sheet if required).

Please indicate the type of abuse suspected (please tick more than one if appropriate):

Neglect | Emotional | Financial | Physical | Sexual
Discriminatory | Institutional |

And do you consider this abuse:

Hate Crime | Domestic Abuse | Between Partners

3b Current situation

Where is the vulnerable person now in relation to the alleged perpetrator?

Are there other people who may be at risk of harm? Yes No Not Known

If Yes, please describe the risk that remains and names of others potentially at risk (please only refer to identified risk that relates directly to the concern)

In your opinion, does the vulnerable person have the mental capacity to understand what has happened to them?

Yes No Not Known

If you are concerned about the vulnerable person's welfare have you contacted their GP or the ambulance service? Yes No

If No, why not

If criminal activity is suspected have police been contacted? Yes No

If Yes, what was the outcome?

Police Crime/Ref No:

Who else has been informed of this concern?

4 Details of alleged perpetrator(s) involved (if known)

(please complete as much of this as is known and continue on a separate sheet if more than one perpetrator is involved)

Name:

Gender:

Address:

Occupation/Position/Title/Organisation:

Date of Birth:

What is the relationship of the alleged perpetrator to the vulnerable person?

(please see list of options at the end of this form)

Does the alleged perpetrator live with the vulnerable person? Yes No

Is this alleged perpetrator considered to be a vulnerable person?

Yes No Not Known

Is the alleged perpetrator the main family carer? Yes No

Are they aware of this alert? Yes No

If yes, what is their response, and are there any hazards to be aware of?

5 Details of person making the alert/referral

Name:

Organisation *(if applicable)*:

Contact address:

Telephone No:

Mobile No:

Email:

County:

Postcode:

Relationship of to the vulnerable person:

(please see list of options at the end of this form)

Date completed:

6 Details of person completing this form (if different from above)

Name:

Organisation *(if applicable)*:

Contact address:

Telephone No:

Mobile No:

Email:

County:

Postcode:

Relationship to the vulnerable person:

(please see list of options at the end of this form)

Date completed:

Completed forms from external agencies should be treated as confidential documents and sent to:
 North Yorkshire County Council, Customer Services Centre, County Hall, Racecourse Lane, Northallerton, North Yorkshire DL7 8AD. Fax number: 01609 532009

TO BE COMPLETED BY DESIGNATED SAFEGUARDING MANAGER:	
Is the vulnerable person's service funded by?	
<i>NYCC Adult & Community Services</i> <input type="checkbox"/>	<i>Self funded</i> <input type="checkbox"/>
<i>Personal Budget/Direct Payments</i> <input type="checkbox"/>	<i>Another local authority</i> <input type="checkbox"/>
<i>Health</i> <input type="checkbox"/>	<i>No Service</i> <input type="checkbox"/>
Have there been any previous Safeguarding alerts/referrals about this vulnerable person? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Decision made by designated Safeguarding Manager following alert:	
<i>Further Action under Safeguarding procedures</i> <input type="checkbox"/>	
<i>No Further Action under Safeguarding procedures</i> <input type="checkbox"/>	
Reason for Decision and Action Taken (this MUST be completed):	
Safeguarding Manager:	Team:
Alert allocated to:	SWIFT No: (of vulnerable person)
Have you advised the Alerter/Referrer of the Decision? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Decision:
<p>A copy of this form should be sent by the designated Safeguarding Manager to the Safeguarding Admin Support Officer for the relevant area:</p> <p>Hambleton & Richmondshire Tracey Snowdon, White Rose House, Thurston Road, Northallerton DL6 2NA</p> <p>Craven & Harrogate Jacqui Somerville, 31-33 Victoria Avenue, Jesmond House, Harrogate HG1 5QE</p> <p>Scarborough, Whitby, Ryedale: Kath Lockey, North Yorkshire House, 442-444 Scalby Road, Scarborough YO12 6EE</p> <p>Selby, Sherburn, Tadcaster: Ruth Mills, Selby & District Day Centre, 75 Brook Street, Selby YO8 4AL</p>	

Guidance Notes for completing this form:

Section 1 - Primary Client Group: Please enter one of the following:

Dementia	Mental Health
Dual Sensory Loss	Physical Disability
Frailty and/or Temporary Illness	Substance Misuse
Hearing Impaired	Visual Impairment
Learning Disability	Other Vulnerable Person

Section 3a - Location of alleged incident/concern: Please enter one or more of the following:

Own Home	Community Hospital
Care Home - Permanent	Other Health Setting
Care Home with Nursing - Permanent	Supported Accommodation
Care Home - Temporary	Day Centre/Service
Care Home with Nursing - Temporary	Public Place
Alleged Perpetrators Home	Education/Training/Workplace Establishment
Mental Health Inpatient Setting	Other
Acute Hospital	Not Known

Section 4 – Relationship of the alleged perpetrator(s) to the vulnerable person: Please enter one or more of the following:

Partner	Other Social Care Staff
Other family member	Other Professional
Health Care Worker	Personal Assistant
Volunteer/Befriender	Other Vulnerable Adult
Domiciliary Care staff	Neighbour/Friend
Residential Care staff	Stranger
Day Care staff	Not Known
Social Worker/Care Manager	Other
Self-Directed Care Staff	

Section 5 – Details of the person making the alert/referral: Please enter one of the following:

Domiciliary Care Staff	Self Referral
Residential Care Staff	Family member
Day Care Staff	Friend/neighbour
Social Worker/Care Manager	Other service user
Self -Directed Care Staff	Care Quality Commission
Other Social Care Staff	Housing
NHS - Primary/Community Health Staff	Education/Training/Workplace Establishment
NHS - Secondary Health Staff	Police
NHS - Mental Health Staff	Other

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North Yorkshire and York

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

Target Audience: Contractors

Author: Janis Bottomley,
MCA & DOLS Lead & Interim Adult Safeguarding Operational Lead NHSNHH
24 April 2012

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1. MINIMUM SAFEGUARDING ADULTS STANDARDS FOR PROVIDERS

Providers of services commissioned by NHS North Yorkshire & York are required to meet the following minimum standards in relation to safeguarding adults. 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. The standards are based on regionally agreed commissioning standards, developed in partnership with the Strategic Health Authority. 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.
- 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.
- 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 It is recommended that provider boards, executive teams and management committees consider the series of questions in Appendix 5 as part of their assurance process.
- 7.4 As a minimum, NHNNYY will require an annual self-declaration of assurance against standards contained within this policy (Appendix 6), accompanied by a remedial action plan to address any partially or un-met standards. NHSNYY may require additional information in order to monitor compliance with this policy.
- 7.5 In addition to the standards required by this policy, legislation, national guidance or other stakeholders, NHSNYY may also use local quality and incentive schemes to identify additional safeguarding standards or related targets for providers.
- 7.6 NHSNYY 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
- 7.7 NHSNYYs quarterly reports to the **Clinical Commissioning Group Committees**, and annual report, will summarise trends, unresolved risks and safeguarding activity from commissioned services.

- 7.8 By the end of June/ December (to allow for flexibility) each year, all Providers required by NHSNYY, will 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 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 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 NHSNYY is 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 NHSNYY 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 NHS North Yorkshire & York will be monitored by the Safeguarding Adults Team and activity reported to North Yorkshire Safeguarding Adults Board and City of York Safeguarding 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 the NHSNYY SUI Policy, as well as being managed and reported following the local multi-agency safeguarding adult's policy.

- 9.2 All SUIs reported to NHSNYY will be reviewed by the **Clinical Commissioning Group Committees**, and the Head of Safeguarding (Adults) and the Director of Nursing, to identify any safeguarding adults' concerns.
- 9.3 All suspicions of fraud in safeguarding cases will be reported to the NHSNYY Local Counter Fraud Specialist, Director of Finance and Procurement, or the National Fraud and Corruption Line.
- 9.5 The Adult Protection Unit may inform NHS North Yorkshire & York of any potentially serious adult protection referrals within services commissioned by NHSNYY, including independent contractors.
- 9.6 Any senior NHSNYY 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 NHSNYY and 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 North Yorkshire Multi-agency Procedures, 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 NHSNYY managers and 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 NHSNYY 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 NHSNYY 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. **REVIEW**

This policy addendum 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. NHSNYY expects 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

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 NHSNYY, 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

SAFEGUARDING: EXAMPLE QUESTIONS FOR PROVIDER BOARDS, EXECUTIVE TEAMS AND MANAGEMENT COMMITTEES

The following are examples of questions which boards, executive teams and management committees should be asking in order to assure themselves that the organisation is meeting its obligations in relation to safeguarding.

The questions are exploratory in nature and aim to stimulate discussion amongst boards and executive teams. They are not intended to be used as audit standards however – considering these questions should help to provide assurance that safeguarding standards are being met.

Patient led safeguarding: example board questions

- How do we capture and use patient stories to help monitor quality, inform our safeguarding work and improve practice?
- How do we include patient stories from those who may have reduced mental capacity?
- How are adults at increased risk of abuse identified, supported and empowered across patient pathways?

Staff and culture: example board questions

- What do patients and families tell us about staff attitudes and how is this presented to the board?
- How is leadership in safeguarding demonstrated at different levels across the organisation?
- How is human resources information analysed and acted upon in relation to safeguarding issues (e.g. exit interviews; grievances, bullying claims, turnover, vacancy factors, disciplinary action and whistle blowing)?
- How does the organisation monitor and assure the board about its training and development programme for quality and safeguarding related issues?

System and process: example board questions

- How are quality and governance systems integrated with safeguarding, including for example, monitoring clinical incidents, complaints and audit information for safeguarding concerns?
- What existing work programmes / committees are in place that address quality and safeguarding and are there strong connections between them?
- What is the programme of clinical audit and how does this inform approaches to safeguarding adults?
- Is the organisation aware of its safeguarding related performance and trends, including areas of good practice or concern?
- What controls are in place to improve quality and safeguarding performance within pathways and services of concern?

Competing organisational perspectives: example board questions

- What level of resource do we dedicate to safeguarding?
- How do we impact assess organisational change on our safeguarding performance, quality and services to adults at risk?
- How are our safeguarding obligations and functions maintained during periods of transition and transformation and what is our succession planning?
- How do financial pressures or competing objectives affect safeguarding performance or services to adults at risk and how are these managed?

Multiagency working and partnerships: example board questions

- How are we contributing to the Local Safeguarding Boards from executive to practice level?
- Do our safeguarding strategic plans align with the Local Safeguarding Boards objectives?
- How are we demonstrating openness, transparency and continuous improvement within the Local Safeguarding Boards?
- How are we monitoring the organisations compliance with multiagency procedures and best safeguarding practice?

Adapted from work by Sylvia Manson: Department of Health – No Secrets NHS Programme Lead.

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

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 adults policies and procedures which reflect and adhere to the 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 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 multi-agency 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' 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.		
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 up to date policy(s) and procedure(s) covering the use of all forms of restraint.		
1.8	The provider will ensure that a supervision policy is in place and that safeguarding practice is included appropriately as a standard item.		

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		

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 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.		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 criminal checks are repeated for eligible staff in line with national guidance / requirements.		
4.3	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.		
4.4	The Provider will ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding 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/A/G 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, (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.		

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.		

ADDENDUM BIBLIOGRAPHY

1. Association for Directors of Social Services (2005) Safeguarding Adults: A national framework for standards for good practice and outcomes in adult protection work.
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4. Data Protection Act (1998).
5. Disability Discrimination Act (2005).
6. Fraud Act (2006).
7. Human Rights Act (1998).
8. Independent Safeguarding Authority: Referral Guidance
<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.
10. Race Discrimination Act (1976).
11. Safeguarding Vulnerable Groups Act (2006).
12. NHS employment check standards (NHS Employers)
13. NHSBA Commissioning Policy
14. NHS North of England – Safeguarding Assurance Standards