NHS
Thurrock
Clinical Commissioning Group

ADULT SAFEGUARDING POLICY

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Author / Lead:	Linda Smart
Board Sponsor:	Jane Foster-Taylor
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CONTENTS

1 INTRODUCTION

1.1 This policy sets out the roles and responsibilities of the NHS Thurrock Clinical Commissioning Group (TCCG) in working together with other professionals and agencies in promoting adults welfare and safeguarding them from abuse and neglect.

1.2 The Care Act 2014 came into force in England on 1 April 2015. The Act introduced new duties and responsibilities on local authority adult social services police and Clinical Commissioning Groups as the equal partners in protecting adults at risk. This gives the CCGs the responsibility to seek assurances that people in the most vulnerable situations are safe from abuse or neglect. The Care Act 2014 received Royal Assent on the14th of May, bringing into force the Law Commission's recommendations for reform of adult social care. In addition to providing a fundamental reform of the adult social care and support system, the Care Act also creates a legal framework for key organisations and individuals with responsibilities for adult safeguarding to agree how they must work together and what roles they must play to keep adults at risk safe.

1.3 Statutory guidance was published on 24th October 2014; Chapter 14 ‘safeguarding’ provides guidance on sections 42–46 of the Care Act 2014 and replaces the No Secrets guidance. The Care Act 2014 came into force on 1 April 2015, this policy has been updated to reflect the changes contained in the Statutory Guidance.

1.4 This policy is intended to support staff working within the TCCG; it does not replace, but is supplementary to the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidance published March 2017.

1.5 The prevention of abuse of adults at risk is the collective responsibility of all sections of society. Safeguarding Adults is everybody's business. However, those agencies, professionals, independent sector organisations and voluntary groups working with, or in contact with, people who are potentially Adults at Risk, hold a particular responsibility to ensure safe, effective services and to facilitate the prevention and early detection of abuse from whatever quarter, thus ensuring that appropriate protective action can be taken. Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

1.6 Local authorities have the lead responsibility to coordinate safeguarding adult’s assessments, but all agencies have the responsibility to, under the direction of the Care Act 2014 statutory guidance to investigate harm, be part of a protection plan and take action to prevent harm.

1.7 It is the responsibility of every NHS funded organisation and health care professional to ensure that people in vulnerable circumstances are not only safe but also receive the highest possible standard of care. This includes all commissioning intentions, services commissioned and contractual arrangements. The organisation will hold to account all provider organisations contracting with TCCG regarding their safeguarding responsibilities and processes as outlined in The NHS Safeguarding Assurance Framework. (DOH 2013)

1.8 This policy is intended to set out TCCG’s role in ensuring this and applies to all staff (permanent, fixed-term, seconded or temporary and volunteers) of the CCG as well as all people who work on behalf of the CCG.

2 PURPOSE / POLICY STATEMENT

2.1 The purpose of this document is to set out clearly the safeguarding roles, duties and responsibilities of Thurrock Clinical Commissioning Group (TCCG).

2.2 The multi-agency policies set out the full responsibilities for all workers

2.3 The policy aims to:

- Safeguard adults at risk of abuse or neglect, by identifying and clarifying how relationships between health and other systems work at both strategic and operational levels;
- Clearly set out the legal framework for safeguarding adults; promote empowerment and autonomy for adults, including those who lack capacity as embodied in the Mental Capacity Act 2005, implementing an approach which appropriately balances this with safeguarding;
- Outline principles, attitudes, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances is at the forefront of our business;
- Set out how TCCG will hold commissioned services to account and make clear the arrangements and processes to be undertaken to provide assurance to TCCG with regard to the effectiveness of safeguarding arrangements across the system;

2.4 This procedure is governed by a set of key principles and themes, so as to ensure that Adults who are subject to abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently.

2.5 Scope including Statutory Duties

2.5.1 As commissioners of local health care, TCCG is responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of adults at risk. All providers will have to demonstrate compliance with CQC registration requirements.

2.5.2 This policy demonstrates how TCCG meets its legal duty and corporate accountability for Safeguarding Adults and provides guidance to TCCG employees to enable them to fulfil their adult safeguarding responsibilities. It is a supplement to Southend Essex and Thurrock (SET) guidance, providing additional information on specific internal arrangements for safeguarding adult procedures.

2.5.3 TCCG are required to demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, including:

- Plans to train staff to recognise and report safeguarding issues.
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements.
- Appropriate arrangements to co-operate with Local Authorities in the operation of Safeguarding Adults Boards and Health and Wellbeing Boards ensuring effective arrangements for information sharing.
- Having a Lead for Adult Safeguarding, supported by the relevant policies and training.

2.6 The Statutory guidance advocates that safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.

3 DEFINITIONS

3.1 Adult safeguarding – what it is and why it matters

3.1.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

3.1.2 The wellbeing of the adult should always be promoted in organisations safeguarding arrangements. These arrangements should reflect the need for professionals to work with the adult to establish what being safe means to them and how that can be best achieved.

3.2 Definition of an adult at risk and threshold criteria

3.2.1 Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The Care Act 2014 requires that CCG and the local authority make enquiries where there is reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- Has needs for care and support (whether or not the authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse or neglect.
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

3.2.2 The Local Authorities across Southend, Essex and Thurrock (SET) are committed to delivering adult social care. Their approach is based on helping people to help themselves and in doing so promote progression and maximise independence. SET has signed up to 'Making it Real' demonstrating its commitment to personalisation and community based support (see 2017 SET guidance, pages 7-8). Thurrock CCG fully support these aims.

3.2.3 The local authority, in collaboration with the CCG, will then make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

3.2.4 Definitions of Abuse include:

Physical	This includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
Domestic	This includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
Sexual	This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological	This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or Material	This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
Modern Slavery	This includes encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory	This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
Organisational	This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect or Acts of Omission	This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Self Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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

3.4 Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;

- long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.
- Modern day slavery- The CCG will develop and publish an annual statement regarding the discharging of their duties under Section 54 of the Modern Slavery Act 2015. This requires certain organisations to develop a slavery and human trafficking statement each year. The slavery and human trafficking statement should set out what steps organisations have taken to ensure modern slavery is not taking place in their business or supply chains.

3.5 Domestic abuse

3.5.1 In 2014, 'Clare's Law came into force enabling the police to disclose information about an individual who has a history of violence. The 2013 guidance from the home office announced changes to the definition of domestic abuse: Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.

3.6 Hate crime

3.6.1 Hate crimes happen because of hostility, prejudice or hatred of:

- Disability
- gender identity
- race, ethnicity or nationality
- religion or belief
- sexual orientation

3.6.2 Hate crime is taken to mean any crime where the perpetrator's prejudice against any identifiable group of people is a factor in determining who is victimised" (ACPO: Guide to Identifying and Combating Hate Crime 2000).

3.6.3 It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

3.6.4 Apart from individually charged offences under the Crime and Disorder Act 1998, local crime reduction partnerships can prioritise action where there is persistent anti-social behaviour that amounts to hate crime where appropriate. The police and other organisations should work together to intervene within the safeguarding adults procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.

3.6.5 The CCG fully support the LA Community Safety Partnership agenda and are regular attendees at their meetings.

3.7 Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Safeguarding Hub (MASH)

3.7.1 A MARAC is the multi-agency meeting that manage high-risk cases of domestic abuse. Within Thurrock there is a Multi-Agency Safeguarding Hub (MASH)

3.8 Mental Capacity Act (MCA)

3.8.1 The Mental Capacity Act 2005 provides a framework to protect and empower those people who lack the mental capacity to make decisions for themselves. Assessment of capacity is decision specific. In accordance with the Mental Capacity Act (2005) there is a presumption of mental capacity unless an assessment of capacity shows otherwise. It is the right of adults who have capacity to make their own choices irrespective of how unwise their decision is construed.

3.8.2 The Act says that: a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision or
- Retain that information long enough for them to make the decision or
- Use or weigh that information as part of the process of making the decision or
- Communicate their decision by any means.

3.8.3 Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. Their ability to make a decision may also fluctuate over time.

3.8.4 When conducting a safeguarding enquiry consideration needs to be given as to whether the person has mental capacity to:

- Consent to the investigation
- Participate in the investigation
- Consent to share information
- Understand presenting risks
- Make decisions to protect themselves

3.8.5 This is not an exhaustive list and consideration needs to be given to the decision that needs to be made.

3.8.6 Where a person is deemed to lack capacity to participate in the safeguarding enquiry and are un-befriended, the Care Act places a duty on local authorities to arrange, where appropriate, for an Independent Mental Capacity Advocate to represent and support an adult who is the subject of a safeguarding enquiry.

3.8.7 The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult's care and support – paid staff but also family carers as well as people who have the legal authority to act on that adult's behalf (i.e. persons with power of attorney or Court-appointed deputies).

3.8.8 These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill treatment.

3.9 Deprivation of Liberty Safeguards (DoLS)

3.9.1 The Law Commission review (2017) of the DOLS processes advise that, 'the scheme for the assessment and authorisation of such deprivations of liberty was introduced by the Mental Health Act 2007 in order to close this gap. This applied not only in psychiatric hospitals but also in general hospitals and care homes in which people who lacked capacity to consent to their living arrangements were being deprived of liberty. The 2007 Act did this by adding a number of sections and two new schedules to the Mental Capacity Act 2005; these became known as the Deprivation of Liberty

Safeguards (or "DoLS")'.

3.9.2 However the Law Commission consider that it 'is a matter of considerable concern that the law is still failing to deliver Article 5 safeguards to many people who lack capacity to consent to their care or treatment and are being deprived of their liberty. Currently the official figures show, a significant backlog of cases referred for authorisation under the DoLS, with the legal timescales for DoLS assessments being routinely breached and a significant number of cases not being assessed at all.'

3.9.3 The Law Commission report that they have also received evidence of significant delays in reviews and renewals of DoLS authorisations, and that many NHS bodies and local authorities are not even considering deprivation of liberty cases outside hospital and care home settings or involving 16 and 17 year olds.

3.9.4 This situation arises from the vastly increased number of cases in which deprivation of liberty needs to be authorised as a result of the 2014 Supreme Court judgment known as "Cheshire West". This judgment gave a significantly wider definition of deprivation of liberty than had been previously understood (both by public authorities and the lower courts) to apply in the health and social care context putting increased pressure on the Local Authorities. The Law Commission consider that the difficulties associated with the DoLS pre-date 2014. Reporting on the situation pre-Cheshire West, the House of Lords Select Committee on the Mental Capacity Act found that the DoLS were "frequently not used when they should be, leaving individuals without the safeguards which Parliament intended" and care providers "vulnerable to legal challenge "Deprivation of Liberty safeguards protect people who lack capacity to make decisions about treatment or care and who need to be cared for in a restrictive way. For example, some people who have dementia, a mental health problem (not detained under the Mental Health Act 2007) or a severe learning disability. The Committee concluded that "the legislation is not fit for purpose" and proposed its replacement and have published the proposals and draft bill with a series of recommendations (March 2017).

3.9.5 Currently the judgement of the Supreme Court following Cheshire West, still apply when deciding whether a person is subject to a DoLS. The two questions which need to be asked are:

- Is the person subject to continuous supervision and control AND
- Is the person free to leave?

3.9.6 It is now clear that if a person lacking capacity to consent to the arrangements is subject both to continuous supervision and control and not free to leave, they are deprived of their liberty.

3.9.7 The Supreme Court ruled that the following factors are not relevant to whether or not someone is deprived of their liberty:

- The person's compliance or happiness or lack of objection;
- The suitability or relative normality of the placement (after comparing the person's circumstances with another person of similar age and condition); or
- The reason or purpose leading to a particular placement.

3.9.8 Visiting Healthcare Professionals have a duty to identify to the hospitals or care homes(including nursing homes) where they think that a request for authorisation may be appropriate and ask them to complete an urgent authorisation and submit an application form. If the hospital or home do not appear to have acted upon the request of the visiting healthcare professional that healthcare professional can request the supervisory body to review the person /s concerned to decide if they are subject to an unauthorised deprivation of liberty.

3.9.9 Equally visiting Healthcare Professionals have a duty to identify "Judicial DoLS" which is a process by which an application would need to be made to the court of protection where a healthcare professional identifies a person is being deprived of their liberty in any setting such as housing with care. In terms of Continuing Health Care funded patients, TCCG will seek support from the Local Authority to apply to the court of protection on our behalf.

3.9.10 Local authorities are the Supervisory Body for the Deprivation of Liberty outside the Court of Protection. Hospitals apply to local authority Supervisory Bodies where they think they may need to deprive a patient of their liberty to treat them. Hospitals remain responsible as managing authorities, for compliance with the DoLS legislation, for understanding the DoLS and knowing when and how to make referrals. Hospitals also remain responsible for ensuring that all care and treatment in hospitals is Mental Capacity Act (MCA) compliant.

3.9.11 The Chief Coroner has published new guidance on Deprivation of Liberty Safeguards. The full detail can be found at:

http://www.courtofprotectionhub.uk/news/new-chief-coroners-guidance-on-dols-published-in-force-3-april

3.9.12 The new guidance note 16A comes into force on 3 April 2017 to coincide with commencement of changes introduced by Policing and Crime Act 2017. That Act amends the Coroners and Justice Act 2009 and relieves coroners of the current duty to undertake an inquest into every death where the deceased was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. It also deals with the effect of the Ferreira case and the meaning of 'state detention'. (The decision in Ferreira concerned a patient with severe mental impairment who died in an intensive care unit (while sedated and intubated). The hospital did not seek any authorisation at any time. There was evidence before the Court of Appeal about the potential impact on hospital resources of a need to seek authorisation for a deprivation of liberty when a patient is in intensive care: in effect that obtaining such an authorisation would divert medical staff in the ICU from caring for the patient.

3.9.13 The key issue was whether the circumstances were such that the patient was 'in state detention' for the purposes of the 2009 Act. The particular coroner dealing with the case was satisfied that there needed to be an inquest into the death (on the basis that death was unnatural on the facts of the case), but he decided that the inquest did not need to be one with a jury. His decision was on the basis that he found the person was not in 'state detention' at the time of her death. He identified a number of features of the case to support his conclusion that the person had not been deprived of liberty. These included that she had not been expressly prevented or prohibited from leaving a specified place, had not been formally deprived of her liberty by authorisation and had not been detained under mental health legislation.

3.9.14 The judgment of the Court of Appeal makes clear that there does not need to be a 'formal' DoL authorisation in place for a person in hospital or social care to be deprived of liberty under Article 5 or 'in state detention' under the 2009 Act. Paragraph 66 of the Chief Coroner's Guidance No. 16, revised in January 2016 is wrong when it states that the DoL has to be authorised before someone can be 'in state detention'.)

3.9.15 With a death occurring on or after 3rd April 2017 any person subject to a DoL (i.e. a deprivation of liberty formally authorised under the MCA 2005) is no longer 'in state detention' for the purposes of the 2009 Act.

3.9.16 When that person dies, the death should be treated as with any other death outside the context of state detention: it need only be reported to the coroner where one or more of the other requisite conditions are met.

3.9.17 Although where there is a concern about the death, such as a concern about care or treatment before death, or where the medical cause of death is uncertain, the coroner will investigate thoroughly in the usual way. There will always be a public interest in the careful scrutiny of any death in circumstances akin to state detention. As in all cases there must be sufficiency of coroner inquiry.

3.9.18 There has been new SET guidance published relating to adults missing from care homes, hospitals and mental health establishments, this is multi-agency guidance and advises what information the police will require when reporting the missing person.

4 ROLES AND RESPONSIBILITIES

4.1 Thurrock CCG/Governing Body

4.1.1 CCGs are one of a number of core partners of the Safeguarding Adult Board working in partnership with the local authority in exercising its functions relevant to care and support including those legal duties to Safeguard Adults at risk. TCCG have a responsibility to prevent abuse and neglect where ever possible. TCCG-must assure itself that commissioned health services effectively discharge their duty to safeguard and protect adults at risk. Central to discharging this responsibility is ensuring that TCCG's commissioning arrangements clearly specify safeguarding expectations and responsibilities in contracts. Monitoring will also be supported by and linked to the outcome of CQC safeguarding inspections.

4.1.2 TCCG will work with stakeholders including Foundation Trusts, NHS Trusts, Independent contractors, Third Sector and Social Enterprises to ensure they have comprehensive safeguarding policies and procedures. These must be in line with statutory requirements, and informed by, the Thurrock Safeguarding Adults Board and SET guidance. These must be easily accessible for staff at all levels within each organisation.

4.1.3 TCCG must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.

4.1.4 TCCG must establish clear lines of accountability for safeguarding, reflected in governance arrangements.

4.1.5 TCCG works with the local authority in the operation of the TASB.

4.1.6 TCCG must ensure that staff directly or indirectly employed by TCCG are aware of their roles and responsibilities for safeguarding and know how to act on concerns in accordance with local LSAB policies and procedures.

4.1.7 TCCG must support Domestic Homicide Reviews and Safeguarding Adult Reviews.

4.1.8 TCCG must ensure that safeguarding is at the forefront of service planning and a regular agenda item of the CCG Board business.

4.1.9 TCCG must ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.

4.1.10 TCCG is responsible for ensuring that safeguarding is integral to service development, quality Improvement, clinical governance and risk management arrangements.

4.1.11 Ensures safeguarding and promoting the welfare of adults at risk is implemented effectively across the local health economy, both through commissioning arrangements and through the responsibilities of provider boards and committees.

4.1.12 Responsible for ensuring safeguarding adults systems are in place and monitored.

4.1.13 Ensure that TCCG has robust management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding adults at risk.

4.1.14 Ensure that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding adults.

4.2 Quality and Patient Safety Committee

4.2.1 Responsible for providing evidence and assurance to the Governing Body

4.3 Accountable Officer

4.3.1 Responsible for ensuring safeguarding adults systems are in place and monitored.

4.3.2 Ensures that the health contribution to safeguarding and promoting the wellbeing of adults at risks is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.

4.3.3 Ensures that safeguarding adults at risk is identified as a key priority area in all strategic planning processes.

4.3.4 Ensures that safeguarding adults at risk is integral to clinical governance and audit arrangements.

4.4 Chief Nurse

4.4.1 Is a statutory partner of the Thurrock Adult Safeguarding Board (TASB).

4.4.2 Ensures that TCCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding adults at risk.

4.4.3 Ensures that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected to safeguard adults.

4.4.4 Ensures that safe recruitment practices are adhered to and that safeguarding responsibilities are reflected in all job descriptions.

4.4.5 Ensures that staff in contact with adults in the course of their normal duties, are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with SET guidance.

4.4.6 Ensures there are governance arrangements in relation to monitoring of safeguarding adults activity across health in Thurrock.

4.4.7 Responsible for reporting any safeguarding risks the Accountable Officer.

4.4.8 Ensures that all health organisations with whom TCCG has commissioning arrangements have links with their TASB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.

4.4.9 Ensures that all providers from whom services are commissioned have comprehensive policies and procedures for safeguarding which are in line with the SAB policies and procedures, and are easily accessible for staff at all levels

4.5 Nurse Lead for Adult Safeguarding

4.5.1 Oversees the Safeguarding Adults agenda for TCCG, having day to day responsibility, being responsible for ensuring safeguarding adults systems are in place and monitored.

4.5.2 Responsible for escalating any safeguarding risks and concerns to the Chief Nurse.

4.5.3 Ensure that all health organisations with which TCCG has commissioning

arrangements have links with to the TASB, to promote multi-agency working.

4.5.4 Ensures that all providers from whom services are commissioned have comprehensive policies and procedures for safeguarding which are in line with the SET guidance. Provide clinical advice on the development and monitoring of the safeguarding aspects of TCCG contracts.

4.5.5 Will source expert knowledge and advice on safeguarding adults to a wide range of professional groups and organisations/agencies

4.5.6 To ensure that TCCG fulfils its statutory functions for safeguarding as detailed in statutory and national guidance, providing assurance to executive leads for safeguarding, that there is a systematic approach to safeguarding across TCCG which includes clear standards and TCCG policy for delivery across the adults agenda. Ensure that safeguarding adults is an integral part of TCCG's governance framework.

4.5.7 Ensure TCCG meet the requirements of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards 2015.

4.5.8 To review and evaluate the practice and learning from all health professionals as part of the safeguarding adults at risk review processes.

4.5.9 Seeks opportunities to network attend the local and regional Safeguarding Adults meetings.

4.6 All CCG Staff and Governing Body Members

4.6.1 Take part in safeguarding adults at risk training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding and promoting the welfare of adults at risk.

4.6.2 Act in a timely manner on any concern or suspicion that an adult is being or is at risk of being abused, neglected or exploited and ensure that the situation is assessed and investigated.

4.6.3 Know who to contact to discuss, access support or to report any concerns about a vulnerable adult.

4.6.4 Be aware of own roles and responsibilities and recognise limits and boundaries to role.

4.6.5 Maintain accurate, comprehensive and legible records if working with vulnerable adults and store securely in line with local guidance.

4.6.6 Understand the principles of confidentiality and information sharing in line with local and government guidance.

4.6.7 All staff contributes, when requested to do so, to the multi-agency meetings established to safeguard adults at risk.

5 POLICY DETAIL

5.1 Six principles of safeguarding

5.1.1 Six principles for safeguarding adults underpin all adult safeguarding work and can provide a foundation for achieving good outcomes for patients. (SET 2017 p9-11)

5.1.2 Principle 1 – Empowerment - Presumption of person led decisions and consent

- Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public

interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

5.1.3 Principle 2 – Protection - Support and representation for those in greatest need

- There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for patients who may be less able to protect themselves.

5.1.4 Principle 3 – Prevention

- Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

5.1.5 Principle 4 – Proportionality.

- Proportionality and least intrusive response appropriate to the risk presented Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

5.1.6 Principle 5 – Partnerships.

- Local solutions through services working with their communities. Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse.

5.1.7 Principle 6 – Accountability.

- Accountability and transparency in delivering safeguarding. Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

5.1.8 The application of the 6 principles:

- The principles apply to all sectors and settings
- The principles should inform the way in which professionals and other staff work with people who are at risk or neglect.
- The principles can help SABs and organisations to examine and improve their local arrangements.
- Making safeguarding personal

5.1.9 Highlighted in the 6 principles, is the notion of promoting the individuals wellbeing and ensuring that Safeguarding is person-led and outcome-focused, the statutory guidance advocates that local authorities in conjunction with their partner agencies make safeguarding a personalised experience, aiming to achieve the outcomes identified by adults at risk of harm and abuse, rather than a people being taken through a process

5.1.10 TCCG will support people to be in control of decisions about their own lives services and support people to recognise abuse, know how to seek advice and report concerns. Making safeguarding personal involves supporting those at risk to identify,

assess and make informed decisions about situations of risk. TCCG will support carers to understand their rights, ensure their needs are recognised and are supported in fulfilling their role.

5.2 Safeguarding Adults Reviews (SAR)

5.2.1 The term Serious Case Review has been replaced under the Care Act 2014 with Safeguarding adult reviews (SAR). The CCG has a duty to work in partnership with Thurrock Adult Safeguarding Board and /or any other Adult safeguarding board, when participating in SARs.

5.2.2 A SAR will be commissioned when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

5.2.3 The SAB must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account.

5.2.4 TCCG is responsible for coordinating the health component of a SAR following current national and local guidance.

5.2.5 The Chief Nurse and Safeguarding Adult Lead will work with the LA to oversee and sign off internal management reviews (IMRs), health overview reports written for TCCG.

5.2.6 Examples of good practice and lessons to be learned should be disseminated across all levels of the organisation.

5.2.7 The Quality and Patient Safety Committee will monitor the progress of identified recommendations and supporting action plans for issues relating to TCCG.

5.3 Domestic Homicide Reviews

5.3.1 On the 1st August 2013 the Home Office published the revised ‘Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews’, which was created as part of the framework of the over-arching ‘Domestic Violence, Crime and Victims Act 2004’. Public Health are responsible for this process.

5.3.2 The purpose for undertaking Domestic Homicide Reviews (DHRs) is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to policies and procedures as appropriate; and
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

5.3.3 Domestic homicide review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—

- A person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- A member of the same household as himself.

5.3.4 It should be noted that an 'intimate personal relationship' includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

5.3.5 This legal requirement has been established to ensure agencies are responding appropriately to victims of domestic violence by offering and putting in place appropriate support mechanisms, procedure, resources and interventions. The aim is to avoid future incidents of domestic homicide and violence.

5.4 Prevent and Channel

5.4.1 Prevent and Channel is part of the Government Contest Strategy led by the Home Office that focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.

5.4.2 Section 26 of the Counter-Terrorism and Security Act 2015 (the Act), places a duty on health authorities when exercising their functions, to have "due regard to the need to prevent people from being drawn into terrorism". (Health authorities in these circumstances are NHS Trusts and NHS Foundation Trusts).

5.4.3 Prevent and Channel relate to safeguarding adults and the TCCG Adult Safeguarding Lead will work supportively with the Local Authority, Police and NELFT to ensure that the Multi-Agency Safeguarding Hub (MASH) is advised of concerns.

5.4.4 All Health organisations are required to have a Prevent policy and operational staff will undertake Prevent awareness training.

5.5 Safeguarding Adults Procedure

5.5.1 When spotting signs of abuse and neglect it is important to understand the circumstances of abuse, including the wider context. Such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals. Some people may not realise they are being abused. Often the person being harmed is not able to say what is happening to them. Here are some warning signs that you can look for:

- Bruises, falls and injuries
- Signs of neglect such as clothes being dirty
- Being withdrawn
- Poor care either at home or in a residential or nursing home or hospital
- Changes in someone's financial situation
- Changes in behaviour such as loss of confidence or nervousness
- Isolation

5.5.2 Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others. Whatever the abuse or the setting, abuse is not acceptable and a violation of a person's basic human rights. Adults living in the Thurrock locality, have the right to receive support and live a life free from abuse and neglect. Most

people find it difficult to imagine that adults and older people are victims of abuse. It is a hidden and often ignored problem in society. Safeguarding is everybody's business. TCCG recognises the need to protect vulnerable adults at risk.

5.6 Who abuses and neglects adults?

5.6.1 Anyone can carry out abuse or neglect, including:

- spouses/partners
- other family members
- neighbours
- friends
- acquaintances
- local residents
- paid staff or professionals
- volunteers and strangers

5.7 Multi-Agency Working and Cooperation

5.7.1 Preventing abuse and neglect is a strategic objective.

5.7.2 Local authorities will work with each of their relevant partners, as described in the Care Act, to exercise their functions relevant to care and support including those to protect adults, this includes TCCG and the organisations that it commissions.

5.7.3 Preventing safeguarding incidents requires a strategic approach to service planning; it should be at the heart of practice and service delivery at every level of the organisation there should be a system of leadership and accountability to ensure that safeguarding systems are in place.

5.7.4 TCCG must discharge its duty to prevent abuse and neglect it should seek assurances that TCCG and its commissioned services have:

- Safeguarding strategies, objectives and priorities.
- Safeguarding policy and procedures.
- Robust recruitment processes.
- Demonstrates accountability.
- A culture of learning and improvement.
- Demonstrates person centred practice/services.
- Safeguarding, Prevent, MCA and DoLS training, at a level commensurate with role.

5.7.5 TCCG should work in collaboration with partner agencies to emphasise the need for preventing abuse and neglect by making early positive interventions with individuals and their families, supporting older people to remain as independent as possible for as long as possible, by preventing the escalation of care need, reducing the risk of breakdown of a support network.

5.7.6 TCCG in their role of commissioner should ensure commissioned services understand their role in implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult at risk procedures.

5.7.7 Whilst the safeguarding adults procedures focus on responding to incidents of abuse, prevention must always be the primary objective. Members of the public, staff, volunteers and organisations all have a role in preventing abuse.

5.8 Managing Safeguarding Allegations

5.8.1 Raising a concern, the flowchart at Appendix B details the process to the followed.

5.8.2 Anybody could see abuse taking place, be told about abuse or suspect abuse is occurring. It is your duty to report this.

5.8.3 An assessment of urgency including the presenting level of the risk to the adult will need to take place.

5.8.4 Listen carefully to what you are being told. Ask questions only for clarification. Do not promise confidentiality but you should reassure the adult at risk that they will be kept safe. Gain consent to progress with the safeguarding enquiry if the person lacks capacity to consent to the enquiry then the Mental Capacity Act must be followed to determine best interests.

5.8.5 Determine the views of the person about your proposed intervention. Even if they do not wish to take the matter any further, if a criminal offence may have occurred or where it is in the public interest i.e. on the basis of protecting other adults at risk you have a duty to inform. In most cases the person will have the choice whether to take it further when the police offer them the opportunity to make a complaint against the alleged perpetrator.

5.8.6 Listen very carefully to what you are being told and keep the person at the centre of process. Ensure that you involve them in the decision making identifying what their concerns are and what they see as the desired outcome.

5.8.7 Record anything that is said immediately and sign, date and locate it. Records should be legible and of photocopy quality. Ensure that any opinions are clearly noted as such and are distinguishable from the facts. All information relating to the safeguarding concern must be recorded on the SETSAF form, ideally within one working day of the concern being reported to you.

5.8.8 Do not ask detailed or probing questions – if in any doubt and a criminal offence has been committed contact the police for advice to ensure that potential evidence is not destroyed or contaminated. Reassure the person by telling them they have done the right thing in telling you, that you will treat the information seriously.

5.8.9 Explain that you are required to share information with your manager and they might have to involve other agencies if appropriate.

5.8.10 Be aware of the possibility of the need for forensic evidence.

5.8.11 If you are able to, explain what is likely to happen next so that they are prepared for possibly being interviewed. Reassure them that steps will be taken to support and protect them and that they will be kept informed.

5.8.12 At the earliest opportunity inform your manager, a senior member of staff or the TCCG Safeguarding Adults Lead.

5.8.13 The concern must be reported to the LA safeguarding team within whose geographical boundaries the event took place on the same day. Full details should be given as far as is possible. The SETSAF safeguarding adults form (Appendix B) should be completed the same day and sent to the Local Authority, as detailed on the form.

5.8.14 If the concern is relating to a person being radicalised, this should be reported on the SETSAF form and sent to the LA who will process this concern through the MASH. At the point where the adult is identified as being at risk and is in immediate physical danger the police should be called immediately. Dial 999.

5.9 Safeguarding allegations against TCCG Staff

5.9.1 With the exception of the Quality and Patient safety and Continuing Health Care team, staff employed by TCCG, do not directly provide care or treatment to patients. When a complaint or allegation has been made against a member of staff, he or she should be made aware of his or her rights under employment legislation and internal

disciplinary procedures.

5.9.2 TCCG Whistleblowing Policy establishes the right and duty of staff to raise any matters of concern about issues affecting the delivery of care or services to a patient or client. All staff have a responsibility to challenge abusive practice.

5.9.3 If a member of staff becomes aware of any information regarding another member of staff which identifies that an adult may be at risk of abuse or has been harmed they must immediately report this information immediately to the Accountable Officer, unless this affects the Accountable Officer, then should be the Caldicott Guardian.

5.9.4 The Accountable Officer will liaise with the relevant internal and external safeguarding managers. All allegations must be taken seriously but treated with fairness and openness. If the incident is reported whilst the member of staff is on duty, consideration must be given to the immediate action to be taken. With emphasis on protection, action must be taken to separate the member of staff from continuing direct contact with the patient and their relatives. The situation must be discussed with senior members of the Human Resources team and HR policies followed with the support and direction of HR personnel as required.

5.9.5 If the allegation/witnessed incident is of a criminal nature, then the Police must be contacted. If the Police decide to initiate an investigation into the allegations, TCCG is still obliged to follow its own Safeguarding and HR Policies by investigating the allegation/complaint and both investigations may run concurrently.

5.9.6 Any actions taken following the allegations/complaints being made must be taken by the relevant director.

5.9.7 The member of staff must be informed immediately about the allegations made against them and clearly understand the decisions and actions taken in that initial phase and possible outcomes of investigations i.e. disciplinary hearing. Union representation should be sought for that individual at this stage, wherever possible, and counselling should be offered.

5.9.8 Confidentiality to protect the case and the individuals must be in place to guard against publicity whether that of an internal or external nature. Support for the adult at risk must be in place to ensure needs are addressed and catered for.

5.9.9 The Accountable officer will agree which policy the incident / allegations will be investigated under and identify a senior person to undertake an investigation into the allegations. All staff involved will be asked for a written statement and may be interviewed by the investigating officer. An investigation into allegations or incident of inadequate care or abuse of an adult will be undertaken in accordance with the same timeframes as an SI investigation. Following the investigation, the member of staff must be informed in writing of the outcome of the investigation and the recommendations of the investigating officer.

5.10 Referrals to external agencies

5.10.1 Where the individual is dismissed from their post or their conduct is such that it poses a risk, a referral should be made to the Disclosure and Barring Service (DBS) and / or Regulatory Body.

5.10.2 The Chief Nurse will work with care and support providers and other service providers to ensure these referrals are made promptly and appropriately and that any supporting evidence required is made available. This should be done in conjunction with the relevant line manager and Human Resources. In circumstances, where the individual has left prior to any action taken against them by employers where there is a concern that they pose a risk to adults at risk, the concern and information should still be referred to the DBS and/or Regulatory body.

5.11 Duty of Candour

5.11.1 From April 2015 the Care Bill has placed a specific duty of candour on all health and social care organisations registered with CQC and the requirement to comply with the fundamental standards. So whilst the CCG is not registered with the CQC this is deemed to be best practice. Good safeguarding practice requires openness, transparency and trust. This duty is to tell people (both in person and in writing) about mistakes or other incidents which have not produced the desired outcome, apologise where appropriate, and advise on any action taken as a result.

5.12 Information Governance and Caldicott Guardian log

5.12.1 TCCG is committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for the purpose of safeguarding adults in accordance with the law and multi-agency procedures. This may include personal and sensitive information.

5.12.2 Each agency holds information that in the normal course of events is regarded as confidential and will have their own safeguards and procedures for dealing with the same.

5.12.3 Personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and the common law doctrine of confidentiality.

5.12.4 Concern about the abuse of adults provides sufficient grounds to warrant sharing information on a “need to know” basis and /or “in the public interest” or “vital interest” in accordance with established data protection principles. Unnecessary delays in sharing the information should be avoided, where there is a risk of harm to an individual/ individuals.

5.12.5 Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) the Caldicott Guardian should be involved, the sharing of any such information is monitored through the Caldicott Guardian log.

5.13 Legal Advice

5.13.1 In complex situations it may be necessary to seek legal advice and guidance on specific adult safeguarding issues. Access to legal advice can be facilitated through the Chief Nurse, Accountable Officer or Chief Finance Officer. Staff should seek advice from their manager in the first instance when legal advice is required.

5.14 Commissioning

5.14.1 DH guidance for commissioners on safeguarding adults emphasises the need for commissioners to ensure that responsibilities to safeguard adults are safely managed and maintained through commissioning arrangements. Safeguarding should be integral to commissioning activity by:

- Putting patients first in how services are commissioned and assured.
- Leading a culture that safeguards patients.
- Using systems and processes that support safeguarding and connect aligned areas.
- Developing partnerships with patients, public and multi-agency partners.

5.14.2 TCCG must ensure that service specifications for commissioned and contracted services include clear service standards and monitoring arrangements for safeguarding adults, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (2009) as outlined in the Care Quality Commission (CQC) Essential

Standards**.**

5.14.3 TCCG should ensure that all providers that they commission services from have comprehensive and effective arrangements in place to safeguard and promote welfare of adults, consistent with national and local policy.

5.14.4 Commissioners should ensure that managers of provider services are clear about their leadership role in safeguarding adults, the supervision and support of staff including induction and training which is a contract key performance indicator. Providers must respond to and investigating a concern about an adult at risk.

5.14.5 TCCG will ensure that safeguarding and promoting the welfare of adults at risk is integral to the quality and safety of all provider and commissioning services and that there is evidence of robust audit arrangements. This will be reported through the TASB and the CCG Quality and Patient Safety Committee.

6 MONITORING COMPLIANCE

6.1 To ensure that provider safeguarding arrangements are satisfactory, monitoring and audit should be undertaken on a minimum of an annual basis. Recommendations will be monitored by safeguarding adults lead through feedback to the Quality and Patient Safety Committee and be included in reports to the Quality and Patient Safety Committee on a quarterly basis.

6.2 Specific Adult Safeguarding KPI for Provider organisations are monitored through the Clinical Quality Review Group meetings on a monthly basis.

6.3 Compliance with CCG staff training would be monitored by the Business Support Teams.

7 STAFF TRAINING

7.1 Adult Safeguarding training and PREVENT will be provided through an e-learning programme available to all staff at https://elearning.nsahealth.org.uk . A needs analysis would be undertaken, if higher levels of training is considered a requirement for specific staff within the CCG.

7.2 The CCG and LA will provide WRAP 3 training to clinical staff working in primary care.

8 ARRANGEMENTS FOR REVIEW

8.1 This policy will be formally launched to all CCG staff and Governing Body via the Communications team. This will include notification of the new policy and that staff must read, understand and follow the policy guidance on the reporting of safeguarding concerns.

8.2 This policy will be reviewed every three years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance.

8.3 If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the CCG Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the CCG Board.

9 ASSOCIATED DOCUMENTATION

- Southend Essex and Thurrock Safeguarding Adults Guidelines 2017

Associated Policies

- Thurrock CCG Safeguarding Children and Young People Policy and Procedure 2016.
- Thurrock CCG Prevent policy and Guidance 2017
- SET Prevent Policy and Guidance 2016

Helplines

- Ask Sal - 08452 66 66 63 21021 (it should be noted that ECC may disconnect this service during 2017-18)
- Silverline – 0800 4 708090

10 REFERENCES

10.1 This policy should be read in conjunction with the following:

- The Law Commission 2017 Mental Capacity and Deprivation of Liberty review
- The Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- The Care Act Statutory Guidance 2014 https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
- Southend Essex and Thurrock (SET) Safeguarding Adult Guidelines 2017 http://www.askthurrock.org.uk/kb5/thurrock/fis/site.page?id=n_FYQ-16Ba4
- Southend Essex and Thurrock Missing Adults Protocol 2017 www.essexsab.org.uk/Portals/68/Missing%20Protocol.pdf
- Southend Essex and Thurrock PREVENT Policy and Guidance 2016 http://www.escb.co.uk/Portals/67/SET%20PREVENT%20policy-guidance%20FINAL.pdf
- Modern Day Slavery https://www.gov.uk/government/publications/transparency-in-supply-chains-a-practical-guide
- Southend Essex and Thurrock (SET) Multi-agency Hoarding Guidance 2016 https://static1.squarespace.com/static/575bfb69c2ea51b70d405a1c/t/587e0aecebafb893ba885af/1484655350519/Hoarding+guidance+Updated+November+16.pdf
- Safeguarding adults, the role of Commissioners. DH 2011

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

- Mental Capacity Act 2005
  http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Deliveringsocialcare/MentalCapacity/MentalCapacityAct2005/index.htm

- Deprivation of Liberty Safeguards: A guide for primary care trusts and local authorities.(DH 2009)
  http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094347

- Deprivation of liberty Safeguards (DoLS), Judgment of the Supreme Court P v Cheshire West and Chester Council and another P and Q v Surrey County Council
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300106/DH_Note_re_Supreme_Court_DoLS_Judgment.pdf

- Safeguarding Adults: The Role of Health Service Practitioners
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215714/dh_125233.pdf

- Safeguarding Adults: The role of health services
  https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services

- Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework March 2013 NHS Commissioning board
- http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf

- Clinical governance and adult safeguarding: an integrated process. Department of Health 2010
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112361

11 LIST OF STAKEHOLDERS CONSULTED

Date Policy Circulated	Name of Individual or Group	Were Comments Received?	Were Comments incorporated into Policy?	If no, why not?
8.1.16	Quality and Patient Safety Committee	Yes	Yes	
15/02/16	Integrated Governance Group	No	N/A	

Feb 2016	Governing Body	No	N/A	
12 May 2017	Quality and Patient Safety Committee (virtually)	No	N/A	
31 May 2017	Governing Body	No	N/A	

12 Results of Equality Impact Assessment

12.1 The EIA has identified no equality issues with this policy.

12.2 The EIA has been included as Appendix A.

13 Change History:

Date	Version	Author	Description
Feb 2016	V0.2	Deputy Chief Nurse	New document
Feb 2016	V0.3	Deputy Chief Nurse	Updating formatting
Feb 2016	V1.0	Deputy Chief Nurse	Approved Final
May 2016	V1.1	Deputy Chief Nurse	Revisions following local SET guidance and updates

APPENDIX A

Equality Impact Assessment

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	No	
	▪ Ethnic origins (including gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	Yes	Policy is for adult safeguarding
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

APPENDIX B

FLOWCHART HOW TO RAISE A SAFEGUARDING CONCERN

An adult safeguarding concern is identified, if possible discuss with your manager Chief Nurse or Adult Safeguarding lead

↓

Is the adult at risk of immediate danger or in need of emergency medical treatment?

And/or has a crime been committed?

And/or is there a need to protect forensic evidence?

Is anyone at risk of harm e.g. another adult or child?

↓

If the person is at immediate risk report to the emergency services ambulance and police- 999

↓

Raise the concern using the SET SAF1 form found at the link:

https://www.thurrock.gov.uk/keeping-safe-from-abuse/safeguarding-adults-agency-guidelines

Additional guidance is also available at this website

This is sent to the Thurrock Local Authority email address on the form, a copy of the form is also included below

↓

Document all discussions held, actions taken, decisions made including who was informed and who was spoken to, remember to include times and dates

SET SAF 1 – SAFEGUARDING ADULT CONCERN FORM

Service User reference/NHS No: (Swift/PRN/NHS) (if known)	Date Form Completed:

1.Tell us if the concern is for a person or an Organisation: (please complete as much of this as is known – if not known put N/K)			
Name of person who you are concerned about:			
Organisation:			
Gender:			
Home Address:			
Telephone Number:			
Age:	DOB:		
Ethnic Origin and or Nationality:			
Does the person have any Communication Needs:			
Are they aware of this referral	☐ Yes	☐ No	
Have they agreed to this referral:	☐ Yes	☐ No	If not, why not:
Is the adult in receipt of any social or health care services:	☐ Yes	☐ No	☐ Not Known
If yes, please give brief details:			

2a. – Current Situation and Details of the Incident/Concern(s) being raised		
Does the person continue to be at risk of harm?	☐ Yes	☐ No

Are there other people who may be at risk of harm?	☐ Yes	☐ No
If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk: (please only refer to identified risk that relates directly to the concern)		

2b. Details of the concern(s) being raised
Time of incident:
Date:
Location of Incident:
Concern: What would the adult like as the outcome of the enquiry:
Brief factual details of the incident: 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 separate sheet if required).
If injuries are present please give a brief/accurate description:

Has a body chart been completed? (If completed please attach to SET SAF 1 or forward as soon as possible.)	☐ Yes	☐ No
Details of any medical attention sought:		
Doctor Informed?	☐ Yes	☐ No
Name of Doctor informed: Date and time of information given:		
Actions taken to date to safeguard the individual:		
Are any other professionals aware in this alert? (in particular please specify if the police are involved)?		
Where Police are involved please state the crime incident number?		

3. Relative/Name of Main Carer
Name: Relationship to Person:

Is Relative/Carer aware of this referral?	☐ Yes	☐ No
Contact Address:		
County:		
Postcode:		
Telephone No:		
Mobile No:		
Email:		

4. Details of Person(s) of Concern involved if abuse is suspected or in the case of Self Neglect the name of the Adult concerned (please complete as much of this as is known)		
Name:		
Gender:		
D.O.B. :		
Address (if known):		
Do they live with the adult?	☐ Yes	☐ No
If yes, in what capacity e.g. spouse, fellow resident, carer:		

Occupation/Position/Title:
What is the relationship between the person(s) of concern and the adult who is the subject of the concern?
Does this person hold any position of trust (paid or voluntary) that we should be made aware of?

5. Please provide details of the person raising the alert. (We cannot guarantee your anonymity but will do all we can to keep your details confidential if you prefer)		
Can your details be shared with third parties?		
Does the person raising the alert live with the vulnerable adult?	☐ Yes	☐ No
I would prefer to remain anonymous?	☐ Yes	☐ No
If yes, please give your reasons for remaining anonymous:		
Date:		
Name:		
Job Title and/or Relationship to person referred:		
Organisation (if applicable):		
Contact Address:		
County:		
Postcode:		
Telephone No:		
Mobile:		
Email:		

6. Details of person completing the form (add only if different to box 5)
Name:
Date completed:
Contact Address:
County:
Postcode:

Telephone No:
Mobile:
Email:

* FOR HEALTH STAFF ONLY – HAVE YOU COMPLETED YOUR LOCAL INCIDENT FORM PRIOR TO SENDING THIS FORM

Please tick which form of abuse you suspect:

- ☐ Physical
- ☐ Sexual
- ☐ Psychological
- ☐ Financial or Material
- ☐ Neglect
- ☐ Discriminatory
- ☐ Organisational
- ☐ Modern Slavery
- ☐ Self Neglect
- ☐ Domestic Abuse
- ☐ Not Determined
- ☐ Vulnerable to Radicalisation

Completed forms should be sent to your relevant Local Authority:

Southend

By Email:

Secure email only: accessteam@southend.gcsx.gov.uk

Please note you can only send emails to the secure address if you are sending from a secure email

Email: accessteam@southend.gov.uk

By Fax to: 01702 534794

Making a referral/enquiry by telephone:

Access Team: 01702 215008

Out of hours Referrals:

General Public - 0845 606 1212

Statutory Agencies – 0300 123 0778

Fax: 0300 123 0779

Essex

By Post to: Essex Social Care Direct, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ

Secure email only: essexsocialcare@essex.GCSX.gov.uk

Please note you can only send emails to the secure address if you are sending from a secure email address

Non Secure email: Socialcaredirect@essex.gov.uk

By fax to: 0845 601 6230

Making a referral/enquiry by telephone: 0845 603 7630

Out of hours Referrals:

General Public - 0845 606 1212

Statutory Agencies – 0300 123 0778

Fax: 0300 123 0779

Thurrock

By Email: SafeguardingAdultsTeam@thurrock.gcsx.gov.uk

By Fax to: 01375 652760

Making a referral/enquiry by telephone:

Community Solutions Team: 01375 652868

Out of hours: 01375 372468 (Fax 01375 397080)

Completion by Investigating/Receiving Team
☒ SET SAF1 Received (mandatory for all alerts)
☐ SET SAF RISK (*At all stages there must be an on-going and documented Risk Management Plan)*
☐ Proceed to information gathering SET SAF2

☐ Proceed to Closure SET SAF4			
Key team referred to**:**			
Name:			
Contact Address:			
Telephone No:			
Mobile No:			
Email:			
Referrer updated?	☐ Yes	☐ No	By Whom:
If not, reasons why:			
Signed:			
Date:			

* If this is a complaint refer to the Complaints Team