

# SAFEGUARDING ADULTS POLICY

*(Working with adults who have care and support needs to keep them safe from abuse or neglect)*

<b>Version</b>	3
<b>Ratified By</b>	NHS Wirral CCG Commissioning Group: Quality & Performance Committee
<b>Date Ratified</b>	
<b>Author(s)</b>	<b>Jenab Yousuf</b> Interim Safeguarding Adults Manager
<b>Responsible Committee / Officers</b>	NHS Wirral Clinical Commissioning Quality & Performance Committee
<b>Date Issue</b>	October 2018
<b>Review date</b>	September 2020
<b>Intended Audience</b>	Stakeholders of NHS Wirral Clinical Commissioning Group, NHS Wirral Clinical Commissioning Group members, governing body and employees. For publication on the CCG web site
<b>Impact Assessed</b>	Yes

Further information about this document:

<b>Document name</b>	<b>Safeguarding Adults Policy</b>
<b>Category of Document in The Policy Schedule</b>	<b>Corporate</b>
<b>Author(s) Contact(s) for further information about this document</b>	<b>Jenab Yousuf</b> <u>Designated Manager</u> <u>Safeguarding Adults</u> <i>NHS Wirral Clinical Commissioning Group</i> <b>Lorna Quigley</b> <u>Director of Quality and Patient Safety</u> <i>NHS Wirral Clinical Commissioning Group</i>
<b>This document will be read in conjunction with</b>	<ul style="list-style-type: none"> <li>• Commissioning Policy Incident Reporting and Management Policy</li> <li>• Commissioned Standards For Safeguarding Children And Adults at Risk</li> <li>• Disciplinary Policy and Procedure Policy for the Management of Public Interest Disclosure (Whistleblowing)</li> </ul>
<b>Published by</b>	NHS Wirral Clinical Commissioning Group MarrissHouse, Hamilton Street, Birkenhead, CH41 5AL
<b>Copies of this document are available from</b>	<b>Website:</b> <a href="https://www.wirral safeguarding.co.uk/">https://www.wirral safeguarding.co.uk/</a>

Copyright © NHS Wirral Clinical Commissioning Group, 2018. All Rights Reserved

<b>Version Control:</b>		
<b>Version History:</b>		
<b>Version Number</b>	<b>Reviewing Committee / Officer</b>	<b>Date</b>
1.0	NHS Wirral Clinical Commissioning Group Quality Performance & Finance	October 2018

# CONTENTS

	<u>Page</u>
1. Introduction	4
2. What Our Commitment Means	6
3. Scope and Purpose of the Policy	6
4. What is Safeguarding	7
5. Competency and Values of Staff	8
6. Types and Indicators of Abuse and Neglect	9
7. Roles and Responsibilities	11
8. Local Arrangements for Managing Risks Associated with Safeguarding Adults	14
9. Reporting a Safeguarding Adult Concern	15
10. Alleged Abuser and Victims Who are Both Service Users	15
11. Responding to Allegations and Suspicion of Abuse Against Staff	15
12. Safeguarding Adults Commissioning Standards	16
13. Involvement of Service Users	16
14. Safeguarding Adult Reviews	16
Appendix 1 – Competency and Training Requirements	17
Appendix 2 – What To Do If You Have Concerns About an Adult	18
Appendix 3 – Provider Flowchart	19
Appendix 4 - References/Resources and Associated Documents	20

## 1. INTRODUCTION

- 1.1 The Care Act 2014 provides a clear legal framework for how Clinical Commissioning Groups work in partnership with other public services to protect adults at risk. As a statutory partner of the Merseyside Safeguarding Adults Board, NHS Wirral Clinical Commissioning Group has a corporate commitment to safeguard our communities but specifically for adults will adopt the following in partnership with our local authority:
- a) Work actively and constructively together within this multi-agency framework by contributing to the MSAB and its subgroups
  - b) Actively promote the empowerment and wellbeing of adults through our services
  - c) Act appropriately to support the rights of the individual to lead an independent life based on self-determination and personal choice, including the right to make unwise decisions
  - d) Recognise and act promptly and effectively to protect people who are unable to make their own decisions or are unable to protect themselves or their possessions and assets
  - e) Recognise that the right of self-determination can involve risk and ensure that such risk is acknowledged and understood and appropriate steps are taken to minimise the risk once it has been identified
  - f) Ensure that all relevant strategies and approaches are effectively aligned and take into account the need to safeguard adults at risk and meet all critical legislative requirements
  - g) Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advice, assistance and protection from all relevant agencies
  - h) Ensure that the existing legislative framework is used to optimum effect in protecting adults at risk and, where appropriate and necessary, bring serious cases of abuse to the criminal courts.
- 1.2 Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. As commissioners we must demonstrate the aims of adult safeguarding:
- a) To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
  - b) To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives
  - c) To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible
  - d) To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

NHS Wirral Clinical Commissioning Group encourages an open working culture to ensure clear understanding between partner agencies. Promoting the health and wellbeing of those who are at risk of being abused or neglected in the services commissioned including the needs of the wider health and social care community.

- 1.3 Sections 42-46 of The Care Act 2014 constitute the statutory safeguarding framework in which the Local Authorities need to:
- a) **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
  - b) **Make enquiries, or request others to make them** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
  - c) **Establish a Safeguarding Adults Board** with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy
  - d) **Carry out Safeguarding Adult Reviews [SARs]** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
  - e) **Arrange for an independent advocate** to represent and support someone who is the subject of a safeguarding enquiry or review, if required.
- 1.4 Within this policy NHS Wirral Clinical Commissioning Group sets out the commitment to support Adults at Risk, including the responsibility as a statutory health partner organisation for adults where:
- a) Safeguarding is the responsibility of all agencies
  - b) A whole systems approach is developed
  - c) Safeguarding responses are proportionate, transparent and outcome focused
  - d) The adult's wishes are at the centre of the safeguarding enquiry
  - e) There is an emphasis on prevention and early intervention
  - f) People are supported in their recovery from abuse and neglect.
- 1.5 There are fundamental requirements for effective safeguarding in the delivery of NHS care:
- a) NHS Wirral Clinical Commissioning Group has a responsibility to ensure the quality and safety of the organisations with whom contracts are held, and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect
  - b) To prevent safeguarding incidents arising through the provision of high quality NHS care. This includes the NHS Outcomes Framework which sets out the high-level national outcomes that the NHS should be aiming to improve, inclusive of Standard 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm.
  - c) Where harm or abuse occurs, to ensure effective responses through multi-agency adult safeguarding policies and procedures.
- 1.6 As a commissioning organisation NHS Wirral Clinical Commissioning Group is committed to ensuring that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the health and well-being of adults at risk. It must also ensure that health providers are linked into Merseyside Safeguarding Adults Board and that workers contribute to multi-agency working dependent on their roles and responsibilities.

- 1.7 Commissioning includes any service or part of service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.
- 1.8 This policy details the roles and responsibilities of NHS Wirral Clinical Commissioning Group as a commissioning organisation and that of its employees.

## **2. WHAT OUR COMMITMENT MEANS**

- 2.1 Safeguarding our patients should always include consideration of children and young people. 'Think Family' entails a cross generational approach to safeguarding, recognising that adults may be parents or carers, cared for by children or young people or represent a danger to children.
- 2.2 As commissioners, making safeguarding personal is integral to healthcare delivery. Assurance must be sought from providers that they are:
  - a) achieving good outcomes in preventing and effectively responding to harm, neglect and abuse;
  - b) putting patients first and ensuring their voice is sought and heard;
  - c) including the connection and interface between safeguarding and quality of service provision.
- 2.3 As commissioners, promoting empowerment and autonomy for adults, including those who lack capacity for a particular decision as embodied in the Mental Capacity Act [MCA] 2005, by implementing an approach which appropriately balances this with safeguarding and an adults choice to make 'unwise decisions'. In all safeguarding activity **due regard** must be given to the key principles of the Mental Capacity Act 2005, ensuring those decisions made for anyone who it is reasonable to believe may lack capacity are made in the person's best interest.

## **3. SCOPE AND PURPOSE OF THE POLICY**

- 3.1 The Safeguarding Adults policy sets out NHS Wirral Clinical Commissioning Group's approach to ensuring that:
  - a) Everyone has the right to live their life free from violence, fear and abuse
  - b) All adults have the right to be protected from harm and exploitation
  - c) All adults have the right to independence, which involves a degree of risk.
- 3.2 This policy applies to all employers and employees of NHS Wirral Clinical Commissioning Group and sets out their role and responsibilities as individuals within the organisation. It also applies to any staff that provide services to the commissioners who may be employed by a host clinical commissioning group.

## 4. WHAT IS SAFEGUARDING

- 4.1 Adult safeguarding means protecting a person's rights to live in safety, free from abuse and neglect. An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.
- 4.2 Safeguarding focuses on people who, because of their vulnerable situation, are least able to protect themselves from harm. At times it is not just the people with decision making impairment but also adults with no underlying cognitive impairment but whose physical situation, or brief period of illness, has temporarily affected their ability to protect their own interests.
- 4.3 It does not mean taking away their rights to make choices and to decide how to live their lives. People are entitled to decide how they manage their safety provided they have the mental capacity to make this decision and others are not also at risk.
- 4.4 Abuse is the **misuse** of power, trust, respect, control and/or authority; it violates a person's human and civil rights.
- 4.5 All staff have the responsibility to follow the six safeguarding principles enshrined within The Care Act 2014:

**Principle 1 Empowerment** – Personalisation and the presumption of person-led decisions and informed consent.

*'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'*

**Principle 2 Prevention** – It is better to take action before harm occurs.

*'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'*

**Principle 3 Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

*'I am sure that the professionals will work for my best interests as I see them and they will only get involved as needed'*

**Principle 4 Protection** – Support and representation for those in greatest need

*'I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able'*

**Principle 5 Partnerships** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me'*

**Principle 6 Accountability** – Accountability and transparency in delivering safeguarding. *'I understand the role of everyone involved in my life'*

- 4.6 In developing this policy NHS Wirral Clinical Commissioning Group is committed to making sure that Merseyside Safeguarding Adults Board Policy, Procedures and Guidance become operational by:
- a) Ensuring that there is a consistent and effective response to any concerns, allegations or disclosures of abuse
  - b) Supporting staff in reporting and investigating incidents of adult abuse
  - c) Ensuring that staff have the knowledge and understanding about adult protection and receive training on implementing safeguarding procedures
  - d) Working in partnership with other organisations
  - e) Monitoring and evaluating our own practices and those of providers with whom we commission care
  - f) Contributing towards inter-agency adult protection investigations and risk management plans
  - g) Encouraging staff and members of the public to report abuse or suspicions of abuse
  - h) Working towards creating safer services
  - i) Encouraging people to report any suspicions they have about abuse by raising awareness, both in our respective organisations and amongst the general public
  - j) Making safeguarding personal: promoting and empowering patients.

## **5. COMPETENCY AND VALUES OF STAFF**

- 5.1 To protect adults at risk from harm and abuse all commissioning staff must have the competencies to recognise adults who may be at risk of harm or abuse and to take effective action. Staff who have direct contact with people or their role includes engaging with our community must have the appropriate level of competency to their role.
- 5.2 It is the duty of Wirral Clinical Commissioning Group to ensure that those working for them clearly understand their contractual obligations within the employing organisation to facilitate access to training and education which enables the organisation to fulfil its aims, objectives and statutory duties effectively and safely. The level of competency required for each staff group/role is included in **Appendix 1**.
- 5.3 NHS Wirral Clinical Commissioning Group adopts values that guide the way that we work. All staff and our member practices are expected to comply with our values which are outlined below. These will define our organisational standards and behaviours, guide our decision making and shape the culture of our organisation.

- a) We are **open, transparent and accountable** to our patients, carers and local community
- b) We are **honest and professional** with everyone we work with
- c) We **listen and learn** and are willing to change based on what we hear
- d) We **respect and care** for patients, staff and all those we work with.

## 6. TYPES AND INDICATORS OF ABUSE AND NEGLECT

6.1 The [Care and Support Statutory Guidance](#) identifies types of abuse; the guidance should not limit what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered. All three factors need to be satisfied for a safeguarding enquiry to be addressed in accordance with Section 42 of the Care Act 2014. The following table identifies what forms of abuse are considered in the guidance documents.

Types of abuse	Description or supporting guidance
<b>Discriminatory abuse</b>	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse, for example, hate crime
<b>Domestic abuse</b>	<p>The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between people aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but it is not limited to:</p> <ul style="list-style-type: none"> <li>➤ psychological</li> <li>➤ sexual (including female genital mutilation)</li> <li>➤ financial</li> <li>➤ emotional</li> <li>➤ forced marriage</li> <li>➤ honour-based violence.</li> </ul> <p>A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in the Serious Crime Act 2015.  <a href="#">Serious Crime Act 2015 - Legislation.gov.uk</a>            The offence imposes a maximum five years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse allowing for earlier identification, intervention and prevention.</p>
<b>Modern slavery</b>	<p>Slavery, servitude and forced or compulsory labour. A person commits an offence if:</p> <ul style="list-style-type: none"> <li>➤ The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or</li> <li>➤ The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being</li> </ul>

	<p>required to perform forced or compulsory labour.</p> <p>There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:</p> <ul style="list-style-type: none"> <li>➤ Forced to work – through mental or physical threat</li> <li>➤ Owned or controlled by an “employer”, usually through mental or physical abuse or the threat of abuse</li> <li>➤ Dehumanised, treated as a commodity or bought and sold as property</li> <li>➤ Physically constrained or has restrictions placed on his/her freedom of movement</li> <li>➤ Subject to human trafficking</li> </ul> <p>Contemporary slavery takes various forms and affects people of all ages, gender and race. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults promised paid work opportunities enslaved and forced to work and live in dehumanising conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any person identified in England and Wales as a suspected victim of slavery or human trafficking, under <a href="#">Section 52 Modern Slavery Act 2015</a>.</p>
--	---

<b>Neglect and acts of omission</b>	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
<b>Organisational abuse</b>	Is the mistreatment, abuse or neglect of an adult by a regime or people in a setting or service where the adult lives or that they use. Such abuse violates the person’s dignity and represents a lack of respect for their human rights.
<b>Physical abuse</b>	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
<b>Psychological abuse</b>	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.
<b>Sexual abuse</b>	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.

<b>Self-neglect</b>	This covers a wide range of behaviour concerning a person's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a safeguarding response is needed will depend on the person's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
---------------------	---

62 This is not an exhaustive list; there can be other types of abuse which may include:

**a) Radicalisation**

Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. Radicalisation's aim is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face-to-face encounters or through social media.

b) There are a number of factors that may make a person susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the individual circumstances.

c) **Prevent** is part of the government's counter-terrorism strategy which, in full is referred to a CONTEST. Prevent has multiple aims including responding to the ideological challenge of terrorism and the threat from those who promote it, prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation

d) Sections 36 to 41 of the Counter-Terrorism and Security Act 2015 sets out the duty on local authorities and partners of local panels to provide support for people vulnerable to being drawn into terrorism. In England and Wales this duty is the Channel programme.

## 7. ROLES AND RESPONSIBILITIES

### 7.1 Accountable Officer

The Accountable Officer of NHS Wirral Clinical Commissioning Group has responsibilities to:

- a) Ensure that policies are fit for purpose
- b) Ensure that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole local health economy covered by NHS Wirral Clinical Commissioning Group.
- c) Identifying NHS Wirral Clinical Commissioning Group Director of Quality & Patient Safety lead for safeguarding children and adults.

**72 The NHS Wirral Clinical Commissioning Director of Quality and Safety is responsible for:**

- a) Providing strategic leadership for adult safeguarding on behalf of the clinical commissioning group and ensuring that the governing body is fully informed about adult safeguarding issues in Wirral. The Director of Quality and Safety will provide day to day line management of the designated nurse adult safeguarding
- b) Ensuring that the health contribution to safeguarding and promoting the health and wellbeing of adults at risk is discharged effectively across all its commissioned services
- c) Ensuring that the organisation contributes to the commissioning of specific clinical services
- d) Ensuring that safeguarding and promoting the health and well-being of adults at risk is identified as a key priority area in all strategic planning processes. This is closely linked to the Joint Strategic Needs Assessment
- e) Ensuring that safeguarding adults at risk is integral to governance and audit arrangements
- f) Ensuring that all NHS Wirral Clinical Commissioning Group staff know what to do when they are concerned that an adult at risk is being abused
- g) Representing NHS Wirral Clinical Commissioning Group on the Local Adult Safeguarding Board, liaising with the chair of the Local Adult Safeguarding Board and contributing to its work
- h) Ensuring that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding children and adults at risk which are in line with Local Safeguarding Children and Adult Board procedures, and are easily accessible for staff at all levels
- i) Ensuring that contract specifications drawn up with NHS Wirral Clinical Commissioning Group as a commissioning organisation include clear service standards for safeguarding adults. These service standards (*Commissioned Services Policy for Safeguarding Children and Adults at risk and audit tools*) include standards for training and policies, and provide links to the Local Adult Safeguarding Board. That service standards are monitored thereby providing assurance that safeguarding standards are met
- j) Ensuring that all staff within the organisation have safeguarding adult training at the required level
- k) Ensuring that there are arrangements in place to “hear the voice of the adult in safeguarding services”
- l) Presenting the annual safeguarding report to the Governing Body members.

**73 The NHS Wirral Commissioning Group Designated Adult Safeguarding Lead is responsible for:**

- a) Providing expert advice to all health professionals, the local authority, and the Local Adult Safeguarding Board
- b) Providing advice to ensure the range of services commissioned by NHS Wirral Clinical Commissioning Group takes account of the need to safeguard and promote the health and well-being of adults at risk
- c) Ensuring that service plans/specifications/contracts/invitations to tender include reference to the standards expected for safeguarding adults at risk
- d) Providing advice on the monitoring of the safeguarding aspects of NHS Wirral Clinical Commissioning Group contracts

- e) Provides a health opinion supporting Section 42 enquiries
- f) Providing skilled advice to the Merseyside Adult Safeguarding Board on all health issues and contributing to the work of the Merseyside Adult Safeguarding Board through the board and its sub groups
- g) Promoting, influencing, and developing relevant training, on both a single and inter-agency basis to ensure the training needs of health staff are addressed
- h) Ensuring that all NHS Wirral Clinical Commissioning Group staff know how to recognise abuse and how to report and respond to it
- i) Ensuring that staff are trained and competent to be alert to the potential indicators of abuse and neglect and know how to act on those concerns in line with local guidance
- j) Providing skilled professional involvement in adult safeguarding processes in line with Local Adult Safeguarding Board procedures
- k) Providing expert health input to multi-agency safeguarding initiatives and developments
- l) Contributing to Safeguarding Adult Reviews, multi and single agency learning reviews, and multi-agency case audits
- m) Contributing to the dissemination of learning from case reviews and audits to all NHS Wirral Clinical Commissioning Group staff and health providers when appropriate
- n) Providing an annual Adult Safeguarding report based on the quarterly report for the Quality and Performance Committee

**7.4 The Mental Capacity Act/Deprivation of Liberty Safeguards Manager is responsible for:**

- a) Being the lead officer for the Mental Capacity Act (2005) across the Wirral health and social care economy
- b) Managing the statutory Deprivation of Liberty Safeguards process, updating all relevant policies and procedures, delivering a local training programme and managing all assessments and allocations
- c) Providing assurance that commissioned services comply with the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards and that use of restriction and restraint is the least restrictive to meet the needs of the patient and that there is no unlawful deprivation of liberty.

**7.5 Commissioning Managers/Programme Leads are responsible for:**

- a) Ensuring staff can access safeguarding adult at risk procedures, policies and guidance.
- b) Ensuring staff are aware of their responsibilities under this policy, and that it is fully implemented within their area of responsibility.
- c) Providing leadership and support to staff who are providing services to adults at risk and their families.
- d) Ensuring that staff work effectively with professionals from other agencies and organisations.
- e) Ensuring operational implementation of this policy into practice and taking appropriate action should any breach of this policy take place.
- f) Ensuring that service plans / specifications / contracts include *Commissioned Services Standards for Safeguarding Children and Adults at Risk*. This document

provides clear service standards against which healthcare providers (including independent contractors, voluntary, community and faith sector (VCFS) and Care Homes) will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

#### **7.6 The Quality & Performance Committee is responsible for:**

- a) Receiving adult safeguarding reports on a quarterly basis which will include, Wirral adult safeguarding progress reports, exception reporting, the progress of independent management reviews and Safeguarding Adult Reviews together with action plans and lessons learned
- b) Providing exception reports on adult safeguarding to the governing body to highlight any key developments /achievements or potential risks/ issues
- c) Escalating 'adult at risk' risks to NHS Wirral Clinical Commissioning Group Governing Body

#### **7.7 All Staff are responsible for:**

- a) Following both internal and local multi-agency safeguarding policies and procedures at all times, particularly if concerns arise about the safety or health and well-being of an adult at risk
- b) Participating in safeguarding adults training and maintaining current working knowledge.
- c) Becoming familiar with, and implementing/contributing to the implementation of Merseyside Safeguarding Adults Multi-agency policy and procedure
- d) Discussing any concern about the health and well-being of an adult at risk with their line manager
- e) Contributing to actions required including information sharing and attending meetings
- f) Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services
- g) Remaining alert at all times to the possibility of abuse
- h) Recognising the impact of diversity, beliefs & values of people

## **8. LOCAL ARRANGEMENTS FOR MANAGING RISKS ASSOCIATED WITH SAFEGUARDING ADULTS**

8.1 The Safeguarding Adult Board has a strategic role and leads adult safeguarding across the locality. The board's strategy contributes to the prevention of abuse and neglect in our communities. As a statutory partner the organisation is represented by the Director of Quality and Safety.

The three core duties include:

- a) It must publish a strategic plan for each financial year setting out how it will meet its main objectives and what the members will do to achieve this. The plan must be developed with local involvement, and the board must consult the local Healthwatch organisation. The plan should be evidence-based and make use of all available evidence and intelligence from partners

- b) It must publish an annual report detailing what the board has done during the year to achieve its main objectives and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
- c) It must conduct any safeguarding adults review in accordance with Section 44 of the Care Act.

82 Safeguarding requires collaboration between partners in order to create a framework of interagency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the cooperation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

## **9. REPORTING A SAFEGUARDING ADULT CONCERN**

9.1 All staff should exercise vigilance in their work to mitigate against the risk that an adult at risk using NHS Wirral Clinical Commissioning Group services might be suffering from abuse. If any member of staff becomes concerned that an adult at risk may be suffering from abuse or neglect they must follow the guidance set out in the flow chart “**What to do if you have concerns about an adult Appendix 2**” If in need of advice you should contact the adult safeguarding lead.

## **10. ALLEGED ABUSER AND VICTIMS WHO ARE BOTH SERVICE USERS**

10.1 It is important that consideration be given to a co-ordinated approach and partnership working, where it is identified that both the alleged abuser and the alleged victim are service users. If the person alleged to have caused harm is also an adult at risk they must receive support and their needs must be addressed.

10.2 Where both parties are receiving a service, staff should discuss cases and work together, however, meetings with both the alleged abuser and alleged victim in attendance, are not appropriate.

## **11. RESPONDING TO ALLEGATIONS AND SUSPICION OF ABUSE AGAINST PERSON IN A POSITION OF TRUST (PIPOT)**

11.1 All such incidents should be reported to NHS Wirral Clinical Commissioning Group, Director of Quality and Safety, and/or Designated Nurse Adult Safeguarding. In the case of General Practitioners, the NHS England Medical Director should be notified in the first instance. If the CCG is in receipt of information, that gives cause for concern about a person in a position of trust, then the CCG should give careful consideration as to who they should share the information with. The CCG are signed up to the North West policy.

<https://www.merseysidesafeguardingadultsboard.co.uk/wp-content/uploads/2018/03/Item-14.3North-West-PIPOT-Policy-V5.1.pdf>

## **12. SAFEGUARDING ADULTS COMMISSIONING STANDARDS**

- 12.1 NHS Wirral Clinical Commissioning Group has a process in place to ensure that all service plans / specifications / contracts / invitations to tender include reference to the standards expected for safeguarding adults at risk. The main providers complete an annual self-assessment Safeguarding Assurance Framework. Safeguarding contracts are monitored through the Clinical, Quality and Performance meeting via exception reporting arrangements.
- a) Quarterly adult safeguarding update reports are provided to the Quality and Performance Committee
  - b) NHS Wirral Clinical Commissioning Group will contribute to Wirral Local Safeguarding Adult Board through the safeguarding lead.
  - c) The standards are reviewed annually to ensure they reflect the current requirements for safeguarding inclusive of Home Office and National priorities to safeguard our communities.

## **13. INVOLVEMENT OF SERVICE USERS**

- 13.1 NHS Wirral Clinical Commissioning Group is strongly committed to listening to, and acting on, the views of service users when commissioning services. Adults at risk and their carer's views and opinions will be heard through provider organisation audits.

## **14. SAFEGUARDING ADULT REVIEWS**

- 14.1 NHS Wirral Clinical Commissioning Group has a duty to work in partnership with the Local Adult Safeguarding Board, and / or any other Adult Safeguarding, in conducting Safeguarding Adult Reviews.
- 14.2 The adult safeguarding lead will inform NHS England Merseyside, Cheshire and Wirral Area Team when a Safeguarding Adult Review is commissioned.
- 14.3 The Governing Body must ensure the review and all agreed actions following the review are carried out according to the timescale set out by Wirral Local Adult Safeguarding Board Safeguarding Adult Review Panel scoping and terms of reference.
- 14.4 The Quality and Performance Committee will monitor the progress of identified recommendations and supporting action plans for issues relating to NHS Wirral Clinical Commissioning Group.

## APPENDIX 1 – COMPETENCY AND TRAINING REQUIREMENTS

Safeguarding competences are a set of abilities that enable staff to work effectively in order to help recognise and prevent abuse and neglect, as well as supporting people who are at risk of abuse or neglect or are actually experiencing it.

There are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. Different staff groups/roles require different levels of competence depending on their role and degree of contact with individuals, the nature of their work and their level of responsibility.

Competence is to have the ability to perform a specific task, action or function successfully as defined by set criteria and the individual is deemed competent by assessment. NHS Vale Royal Clinical Commissioning Group Training Needs Analysis provides the detail for each staff member to ensure they have the appropriate level of competency within the role.

The table below provides a guide to the level of competency required. If in doubt seek clarification from your manager or designated nurse adult safeguarding.

Level	Staff Group
Level 1: The minimum level of competence required of all staff	All staff
Level 2: All staff that have regular contact with patients, their families or carers, or the public	Staff with patient contact
Level 3: All registered health and social care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).	All clinically working staff
Level 4: Named Safeguarding Professionals	
Level 5: Designated Professionals	Designated Professionals
Level 1 + specific detail for Chief Executives, Chairs, and Chief Officers and Board members including Executives, Non-Executives and Lay Members on their statutory responsibilities in relation to adult safeguarding.	Governing Body

# APPENDIX 2 – WHAT TO DO IF YOU HAVE CONCERNS ABOUT AN ADULT

## What To Do

### if you have concerns about an Adult



Wirral Clinical Commissioning Group



**For advice prior to referral  
(9-5 Monday - Friday)**

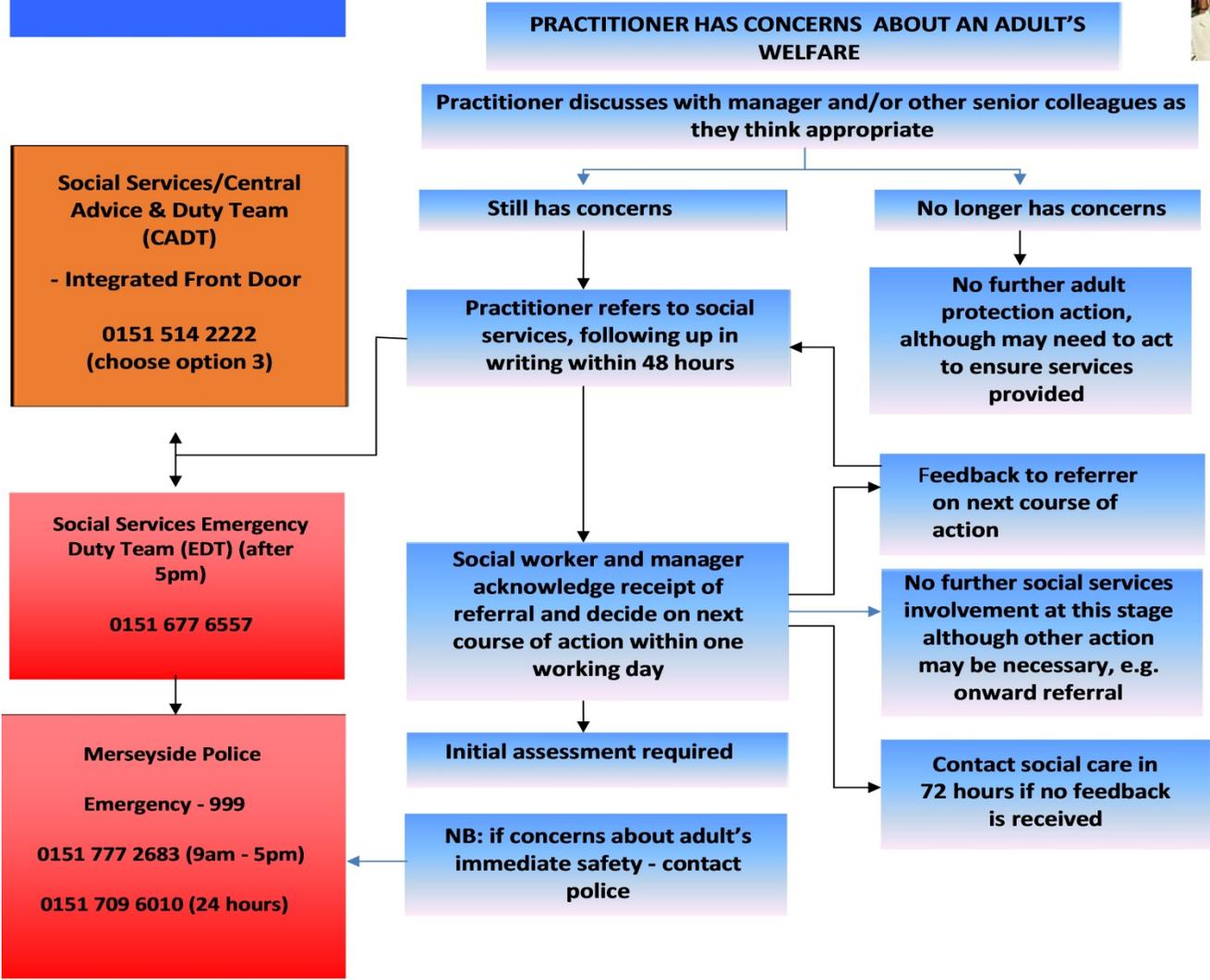
**Dr Mark Fraser**  
Named GP for Safeguarding Adults  
Mobile: 07771 790605  
Markfraser2@nhs.net

**Zen Yousuf**  
Designated Nurse for Safeguarding Adults  
Wirral Clinical Commissioning Group  
Tel: 0151 541 5392 (ext 401219)  
j.yousuf@nhs.net

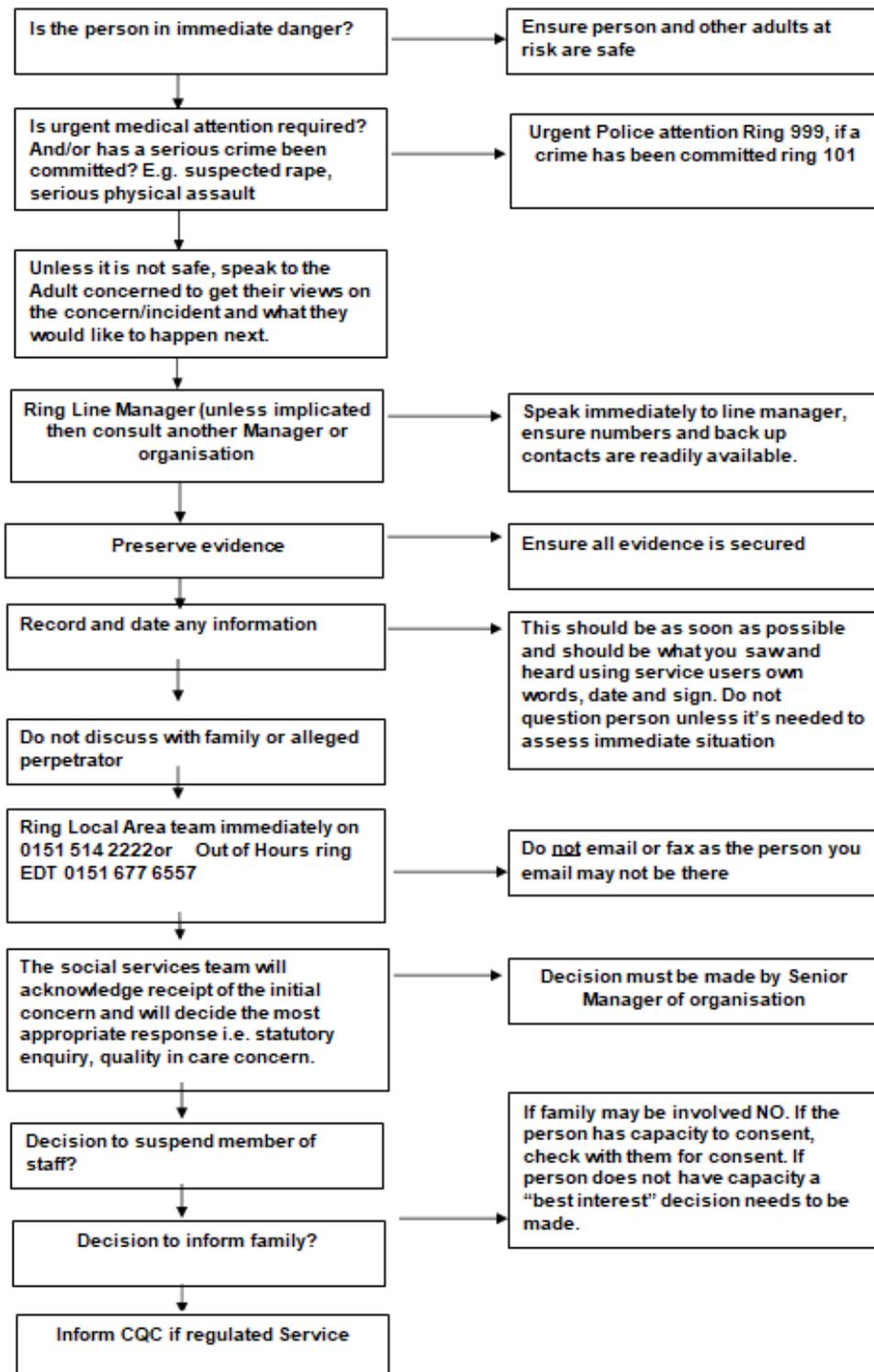
**Jennifer Williams**  
Quality Improvement Nurse  
Wirral Clinical Commissioning Group  
Tel: 0151 651 0011 Ext: 1020  
Mobile: 07789 500376  
Jennifer.williams36@nhs.net

**Sarah Kelly**  
Quality Improvement Nurse  
Wirral Clinical Commissioning Group  
Group Tel: 0151 651 0011 Ext: 1777  
Mobile: 07789 504541  
Sarah.kelly43@nhs.net

Wirral - Safeguarding Adult Flowchart



## APPENDIX 3 - CONCERN, ALLEGATION, DISCLOSURE OR SUSPICION OF ABUSE PROVIDER FLOWCHART- ALERTER/FIRST PERSON DEALING WITH SITUATION



## APPENDIX 4 – REFERENCES/RESOURCES AND ASSOCIATE DOCUMENTS

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children and Adults Board.

Care Act 2014 Department of

Health [http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)

Care Quality Commission (2014) Regulation 5: Fit and proper persons: directors and Regulation 20: Duty of candour Guidance for NHS bodies November 2014

[http://www.cqc.org.uk/sites/default/files/20141120\\_doc\\_fppf\\_final\\_nhs\\_provider\\_guidance\\_v1-0.pdf](http://www.cqc.org.uk/sites/default/files/20141120_doc_fppf_final_nhs_provider_guidance_v1-0.pdf)

Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London

Department of Health, Home Office (2000) No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (issued under Section 7 of the Local Authority Social Services Act 1970)

Department of Health (2009) Report of the consultation on the review of “no secrets”

Department of Health (2011) Safeguarding Adults: The role of health services. <https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services>

The NHS Outcomes Framework 2015/16

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/385749/NHS\\_Outcomes\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf)

Ministry of Justice (2008) Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005, London TSO

<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/SocialCare/DeliveringAdultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm>

Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

DH (June 2012) The Functions of Clinical Commissioning Groups (updated to reflect the final Health and Social Care Act 2012)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/152346/dh\\_134569.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152346/dh_134569.pdf.pdf)

DH (May, 2011) Statement of Government Policy on Adult Safeguarding

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_126748](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748)

Law Commission (May, 2011) Adult Social Care

Report <http://www.justice.gov.uk/lawcommission/publications/1460.htm>

NHS Commissioning Board (2013) Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework

<http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

North West Managing Concerns around People in Position of Trust with Adults who have Support and Care Needs

<https://www.merseysidesafeguardingadultsboard.co.uk/wp-content/uploads/2018/03/Item-14.3North-West-PIPOT-Policy-V5.1.pdf>

Safeguarding Adults – The role of NHS Commissioners

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147422/dh\\_125036.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147422/dh_125036.pdf.pdf)

Safeguarding Adults – The Role of Health service Managers & their Boards

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147420/dh\\_125035.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147420/dh_125035.pdf.pdf)

Safeguarding Adults – Aide Memoir for CCG's - Teresa Fenech Deputy Chief Nurse NHS North

Department of Health (2010) Clinical Governance and adult safeguarding: an integrated approach, Department of Health

Department of Health (2006) Mental Capacity Act Best Practice Tool, Gateway reference: 6703

Local Safeguarding Adults Board - Wirral Local Authority (add link)

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

[http://www.cqc.org.uk/sites/default/files/media/documents/gac\\_-\\_dec\\_2011\\_update.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf)

Disclosure and Barring Service

The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children. <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>

Social Care Institute for

Excellence <http://www.scie.org.uk/publications/reports/report41/>

