

Corporate	CCG CO16 Safeguarding Adults Policy
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Consultation Process:	CCG Director and Executive Lead for Safeguarding. Designated Adult Safeguarding Manager
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Document History

Version	Date	Significant Changes
1	April 2013	First issue
2	August 2015	Significant changes to include new guidance and more focus on the CCG arrangements in addition to seeking assurance from providers.
3	August 2018	Minor amendments for update purposes.
3.1	June 2020	Extension granted in light of COVID19. No legislation updates or impact on external environments identified.
3.2	February 2021	Reviewed and updated, minor amendments.

Equality Impact Assessment

Date	Issues
May 2021	As detailed in EIA

POLICY VALIDITY STATEMENT

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

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

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1. Introduction

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

All staff employed by Northumberland Clinical Commissioning Group (CCG) must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of adults must act in accordance with this policy and procedure when the situation or circumstances require them to do so. Where there are concerns regarding children, advice should be sought from the designated nurse safeguarding children and reference made to the CCG policy (CCG CO15).

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

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

The Care and Support Statutory Guidance, issued under the Care Act in October 2014 (DOH 2014).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

- 1.3 Northumberland CCG has a statutory duty to ensure that providers from whom they commission services, have appropriate safeguarding adults arrangements in place that are compliant with the relevant legislation and statutory guidance as stated above.
- 1.4 The Care and Support Statutory Guidance issued under the Care Act (DOH 2014) clarifies the role of CCGs in relation to commissioned services as follows:
- "Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect."* (DOH, 2014).

2. Definitions (as per statutory guidance The Care and Support Statutory Guidance, issued under the Care Act (DOH October 2014))

- 2.1 The safeguarding duties apply to an adult who:
- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
 - Is experiencing, or at risk of, abuse or neglect **and**;
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult at risk may therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support

2.2 **Safeguarding and promoting the welfare of adults:**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

In order to achieve these aims, it is necessary to:

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;

- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

2.3 The following six principles apply to all CCG staff. The principles should inform the ways in which staff work with adults at risk.

Six key principles underpin all adult safeguarding work:

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

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

Proportionality – The least intrusive response appropriate to the risk presented.

Protection – Support and representation for those in greatest need.

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability– Accountability and transparency in delivering safeguarding.

2.4 **Making safeguarding personal**

A personalised approach that enables safeguarding to be done with, not to, people.

- To work with the person to set safeguarding outcomes which have meaning to them.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just an 'investigation' and 'conclusion'.
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.

- To promote an outcomes based approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse, harm or neglect.

2.5 Categories of abuse and neglect:

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

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

- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. (see below)

2.6 Patterns of abuse vary and include:

Incidents of abuse may be one-off or multiple, and affect one person or more.

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

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

2.7 Domestic abuse:

In 2013, the Home Office announced changes to the definition of domestic abuse:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour involves a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition, which at present is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Sexual violence is any unwanted sexual act or activity.

CPVA

Child to Parent Violence and Abuse is a recognised form of domestic violence and abuse, involving children aged 16 and under. This can include physical violence from an adolescent towards a parent, abusive behaviours including damage to property, emotional abuse, and economic/financial abuse. (refer to CPVA Home office guidance 2015).

The Government has recently announced plans for a Domestic Violence and Abuse Bill. The key elements of the Bill will be to create a clear definition of the crime in law, consolidate prevention and protection measures, ensure sentences reflect the harm that domestic abuse has upon children, and establish a new commissioner who will represent victims and survivors and drive forward progress.

2.8 Financial abuse:

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

Potential indicators of financial abuse include:

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

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

2.9 Criminal Exploitation

County lines:

County lines is when criminals from larger cities expand their drug networks to other areas of the country – usually rural and suburban areas.

The crime is called county lines because dealers use dedicated mobile phone 'lines' to supply drugs. These criminals often exploit vulnerable adults to move and store drugs and money and regularly use coercion, intimidation, violence (including sexual violence) and weapons.

County lines activity can still be exploitation even if it appears consensual. It can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.

Vulnerable adults who use drugs, are in financial difficulty or have mental health problems are at greatest risk of being exploited by county lines gangs. These adults are groomed through offers of 'free' drugs, causing them to accumulate debts which can only be paid off by participating in county lines activities (also known as debt bondage).

Sometimes drug dealers will take over the home of a vulnerable person – this is known as **cuckooing**.

Common signs that someone is being exploited include those listed below. note that this is not an exhaustive list and that warning signs will show themselves differently in each person. It is important to explore all concerns over someone's behaviour and personal circumstances and to consider whether they could be signs of exploitation

- becoming more secretive, aggressive or violent
- meeting with unfamiliar people
- persistently going missing – someone may go missing from their home or local area when they are trafficking drugs along 'deal lines'
- leaving home without explanation or staying out unusually late
- loss of interest in school, college or work and decline in performance
- suspicion of physical assault or unexplained injuries – including 'DIY injuries', (knife and puncture wounds) which are signs of punishment for drug-related debts
- using language relating to drug dealing, violence or gangs
- carrying a weapon.
- associating with a gang
- becoming isolated from peers and social networks
- having a friendship or relationship with someone who appears older or controlling
- using drugs, especially if their drug use has increased
- unexplained acquisition of money, drugs or mobile phones.

2.10 The Concept of Significant Harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

3. Prevent

Sometimes adults are susceptible to radicalisation. Their demeanour, appearance and behaviours may begin to noticeably change. They may talk about extremist views and their friendship circle may become of concern. If staff members are concerned regarding immediate threats or risks, they should contact the police on 999. If concerns are more vague they should consult with the CCG's safeguarding leads or adult's social care.

Section 26 of the Counter- Terrorism and Security Act 2015 places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". The Act states that the authorities subject to the provisions must have regard to the Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015 when carrying out the duty.

Counter-Terrorism and Security Act 2015:

<http://www.legislation.gov.uk/ukpga/2015/6/contents>

Prevent Duty Guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

4. Purpose and scope of this policy

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

5. Governance: Duties and Accountability

The NHS England, Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (2015), in addition to The Care and Support Statutory Guidance, issued under the care Act in October 2014 (DOH 2014), clarify the duties, accountability, roles and responsibilities as set out in the table below:

<p>Accountable Officer</p>	<p>The Accountable Officer is ultimately accountable for the following: Ensuring that the CCG fulfils its statutory duty effectively with regard to safeguarding and promoting the welfare of adults.</p> <p>Ensuring that safeguarding quality assurance processes are in place through contractual arrangements with all provider organisations. The Accountable Officer provides strategic leadership, promotes a culture of supporting good practice with regard to safeguarding adults within the CCG and promotes collaborative working with other agencies.</p> <p><u>Key Responsibilities:</u></p> <ul style="list-style-type: none"> • To ensure that the role and responsibilities of the Board in relation to safeguarding adults are met. • To ensure that the organisation adheres to relevant national guidance and standards for safeguarding adults. • To promote a positive culture of safeguarding adults to include ensuring there are procedures for safer staff recruitment; whistle blowing; appropriate policies for safeguarding adults (including regular updating); and that staff and patients are aware that the organisation takes safeguarding adults seriously and will respond to any concerns identified or raised. • To appoint an Executive Director lead for safeguarding adults. • To ensure good safeguarding protection and safeguarding practice throughout the organisation. • To ensure there is appropriate access to advice from Designated Adult Safeguarding Manager. • To ensure that commissioned operational services are resourced to support / respond to the demands of safeguarding adults effectively. • To ensure that an effective safeguarding adults training strategy is resourced and delivered. • To ensure and promote appropriate, safe, multiagency / interagency partnership working practices and information sharing practices operate within the organisation.
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<p>Executive Director of Nursing, Quality and Patient Safety.</p>	<p>Accountable to: Accountable Officer</p> <p>Reports to: Accountable Officer</p> <p>The Executive Director of Nursing, Quality and Patient Safety provides professional advice to the CCG's Governing Body and Clinical Management Board in relation to statutory and commissioning issues on all quality and patient safety matters, including children and adult safeguarding and looked after children.</p> <p>The Executive Director of Nursing, Quality and Patient Safety has responsibility for safeguarding adults, reports to the CCG Clinical Management Board on the performance of their delegated responsibilities and provides leadership in the long term strategic planning for safeguarding adults, supported by the Deputy Designated Nurse Vulnerable People.</p> <p><u>Key Responsibilities of the Executive Director of Nursing, Quality and Patient Safety in relation to safeguarding adults :</u></p> <ul style="list-style-type: none"> • To ensure that safeguarding is positioned as core business in strategic and operating plans and structures within the CCG. • To oversee, implement and monitor the ongoing assurance of safeguarding arrangements within the CCG and commissioned providers including the quality of the services provided. • To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding adults. • To ensure the appointment of the Deputy Designated Nurse Vulnerable People • To lead and line manage the Deputy Designated Nurse Vulnerable People within the CCG. • Within both commissioning and provider organisations, to ensure support and supervision of safeguarding adults lead professionals across primary and secondary care and independent practitioners to implement safeguarding arrangements. • To ensure that those with responsibility for safeguarding adults have appropriate training and mentoring. • To ensure that the Deputy Designated Nurse Vulnerable People has the appropriate amount of time to undertake the role, training and professional development. • To work in partnership with other groups including commissioners, providers of health care, local authorities and police to secure high quality, best practice in safeguarding adults arrangements. • To ensure that serious incidents relating to safeguarding adults are reported immediately and managed effectively. • To ensure representation of the CCG at the Local Safeguarding Adult's Board (SAB) and Safer Northumberland Partnership (SNP).
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<p>Deputy Designated Nurse Vulnerable People</p>	<p>Accountable to: Executive Director of Nursing, Quality and Patient Safety.</p> <p>Reports to: Designated Nurse Safeguarding Children.</p> <p>As a member of the Local Safeguarding Adults Board (LSAB), the CCG is specifically required by statutory guidance to have a safeguarding adults lead professional.</p> <p>The Deputy Designated Nurse Vulnerable People has a strategic professional lead role across every aspect of health service contribution to safeguarding adults within all provider organisations commissioned by the CCG and across the health community. As clinical expert and strategic leader, he/she is a vital source of advice and expertise for the CCG, NHS England, the local authority, LSAB and the provider organisational boards across the health community.</p> <p>The Deputy Designated Nurse Vulnerable People has the following key roles and responsibilities:</p> <ul style="list-style-type: none"> • To work closely with the Executive Director of Nursing, Quality and Patient Safety to ensure effective safeguarding adults assurance arrangements are in place within the CCG and provider organisations. • Management and oversight of individual complex cases if required. • Coordination where allegations are made, or concerns raised, about a person, whether an employee, volunteer or student, paid or unpaid; • To provide advice and support to other health professionals on safeguarding issues across both the NHS and partner agencies. • To promote partnership working and provide professional leadership, advice and support to the safeguarding adults professionals in provider organisations within the CCG area • Ensure appropriate arrangements are in place for tracking and recording decision making and recommendations relating to management of adult safeguarding. • In conjunction with the LSAB, monitor and review safeguarding practice by all health provider services and independent contractors within the CCG area. • To monitor and report to the CCG any issues in relation to the providers' quarterly performance dashboard including capacity issues in relation to safeguarding adult professional roles. • To monitor and secure assurance from providers that they have effective safeguarding arrangements in place and are embedded. • Strategic lead in ensuring safeguarding adults policies are in place, current and fit for purpose within the CCG. • Provide advice and support to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of adults.
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	<ul style="list-style-type: none"> • Provide guidance to commissioned services on how to improve systems for safeguarding adults. • To ensure the appropriate commissioners are informed of any issues or concerns in relation to safeguarding adults. • Provide advice and support to the LSAB and its members. • Strategic health lead for Safeguarding Adult reviews ensuring that lessons learnt are disseminated across CCG's health community. <p>The Deputy Designated Nurse Vulnerable People needs to have a broad knowledge of healthcare for older people, those with dementia, learning disabilities, mental health issues and/or care leavers. The Deputy Designated Nurse Vulnerable People will receive appropriate and regular clinical supervision and peer review from outside the employing organisation.</p> <p>The Deputy Designated Nurse Vulnerable People will participate regularly in support groups or peer support networks for specialist professionals at a local and national level (attendance should be recorded).</p>
<p>Designated Mental Capacity Act Lead</p>	<p>Designated Mental Capacity Act Lead:</p> <p>Accountable to: Executive Director of Nursing, Quality and Patient Safety.</p> <p>Reports to: Executive Director of Nursing, Quality and Patient Safety.</p> <p>CCGs are required to have a designated MCA Lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex.</p> <p>They should also have a role in highlighting the extent to which their own organisation, and the services that they commission, are compliant with the MCA through undertaking audit, reporting to the governance structures and providing training.</p>

<p>CCG Safeguarding Group</p>	<p>The Safeguarding group reports directly to the CCG Clinical Management Board which reports to CCG Governing Body.</p> <p>The aim of the CCG Safeguarding group is ultimately to provide assurance to Northumberland CCG Clinical Management Board through a co-ordinated approach to safeguarding children and adults in Northumberland.</p> <p>Key Objectives in relation to safeguarding adults:</p> <ol style="list-style-type: none"> 1. To identify and assess the impact of changes at a national and regional level on local safeguarding policy and procedures to ensure a consistent and focused response. 2. To ensure Northumberland CCG effectively contributes to the Local Safeguarding Adults Board and Safe Northumberland Partnership. 3. To ensure compliance with the regulatory requirements for safeguarding adults. 4. To ensure the lessons to be learned from Serious Case Reviews (SCRs), Domestic Homicide reviews (DHR), local and national enquiries are disseminated and implemented. 5. To ensure consistent systems and processes are in place with commissioned services across the whole health economy that assist in the safeguarding and protection of adults. 6. To monitor the performance framework data to ensure compliance with national and local safeguarding standards. 7. To assure the quality of safeguarding practice across adult's services through audit, reviews, training and feedback mechanisms.
<p>CCG Managers</p>	<p>Managers are responsible for:</p> <ul style="list-style-type: none"> • Ensuring their staff are aware of, and understand the policies and procedures on safeguarding adults. • Ensuring that all staff undertake mandatory safeguarding adults training at the appropriate level for their role and that a record of the training is maintained. • Managers must act according to this policy and NSAB safeguarding adult's policies and procedures (see appendix 1) if they are made aware of an allegation against a member of staff regarding concern that that they may have harmed or pose a risk of harm to an adult.

All CCG Staff	<p>All staff including temporary and agency staff, must:</p> <ul style="list-style-type: none"> • Uphold the rights of the adult to be able to communicate, be heard and safeguarded from harm and exploitation whatever their race, religion, first language, ethnicity, gender, sexuality, age, level of understanding and ability to communicate, health, disability, political or immigration status. • Comply with Northumberland CCG's safeguarding adult's policy and procedures including making a referral to Adult Social Care and / or seeking advice when there is concern that an adult has been harmed or may be at risk of harm. • Be alert to the possibility of significant harm and maltreatment to adults through abuse, neglect, exploitation and substandard practice. • Be able to recognise indicators of significant harm maltreatment and know how to act upon concerns for an adult. • If CCG staff are aware or concerned that abuse or neglect is happening they must act upon that knowledge and not wait to be asked for information. • Undertake safeguarding adults training, as per this policy and mandatory training requirements. • Identify their own training needs with regard to this policy and safeguarding adults and bring these to the attention of their line manager.
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6. Making a referral to Adult Social Care:

Please consult appendix 1: flow chart on page 23 for how to make a referral to Adult Social Care. For further guidance also refer to 'Safeguarding Adults procedural Framework 10 steps (NSAB)

Link to document:

<http://www.northumberland.gov.uk/default.aspx?page=9598>

Safeguarding Children

If there are children involved within a family and there are concerns for their welfare, advice should be sought from the designated professionals (children) or Deputy Designated Nurse Vulnerable People, and a referral made where appropriate to Children's Social Care. Please refer to CCG Safeguarding Children's Policy.

[S:\Corporate\Policies and Procedures\Policies\Corporate Policies\PDFs\CO15 - Safeguarding Children Policy\(4\).pdf](S:\Corporate\Policies and Procedures\Policies\Corporate Policies\PDFs\CO15 - Safeguarding Children Policy(4).pdf)

7. Information Sharing, Confidentiality and Consent

The Care Act (2014):

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all CCG staff must keep clear and accurate records and the CCG must have in place a process for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken.

In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action.

The following sections are a guide.

Confidentiality and Consent

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

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

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

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

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

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols.

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

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

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

Link to document: Information Sharing: Guidance for practitioners and managers 2015:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/information_sharing_guidance_for_practitioners_and_managers.pdf

All organisations that have safeguarding responsibilities must have internal whistleblowing policies in place which are integrated in to training and codes of conduct.

If in any doubt, staff must seek advice from the Deputy Designated Nurse Vulnerable People or Adult Social Care.

8. Implementation

- 8.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 8.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described in order to safeguard adults.

9. Training Implications

All staff must undertake safeguarding adults training that is appropriate to their role and level of responsibility as per - Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)

Link to website:

<http://www.ncpqsw.com/research-3/national-capability-framework-for-safeguarding-adults/>

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

10. Recruitment to CCG

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

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

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

Link to NHS Employment Check Standard:

<http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards>

11. Standards regarding Providers' Safeguarding Adults arrangements; responsibility of Northumberland CCG with regard to monitoring compliance

- 11.1 Independent Contractors such as GPs and all provider organisations are required to have Safeguarding Adults policies in place that are compliant with national legislation, statutory and best practice guidance and LSAB policies. The CCG will provide advice and support if required.
- 11.2 Where private or voluntary organisations are commissioned by the CCG to provide services to adults, they should as a matter of good practice follow national guidance. Although it is not a statutory requirement, they would need to be able to justify non-compliance to the CCG and the LSAB.

The CCG must ensure that all providers, from whom they commission services, adhere to the Standards set out in relevant legislation statutory and best practice guidance in relation to safeguarding adults. Please refer to appendix 3, for details of the minimum Standards.

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

Link to website: <https://www.england.nhs.uk/nhs-standard-contract/17-19-updated/>

12. Documents

12.1 Related Documents:

- Confidentiality & Data Protection Policy
- Information Governance and Information Risk Policy
- Information Access Policy
- Information Security Policy
- Records Management Policy & Strategy
- Serious Incidents Management Policy
- Whistle blowing policy
- Risk management policy
- Recruitment and selection policy
- Training policy
- Supervision policy
- Northumberland Safeguarding Adult Board Policies and Procedures

Link to website:

<http://www.northumberland.gov.uk/default.aspx?page=9598>

12.2 **Legislation and statutory requirements:**

- Care Act 2014
- Crime and Domestic Violence Act 2004
- Counter-Terrorism and Security Act 2015
- Equality Act 2010
- Human Rights Act 1998
- Sexual Offences Act 2003
- The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage. 2014
- Information Sharing 2015
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015
- Mental Capacity Act 2005

12.3 **Best practice recommendations**

Safeguarding adults is everyone's business. All CCG staff should be aware of this policy and adhere to it. If there are any concerns, the Deputy Designated Nurse Vulnerable People or a member of the CCG Safeguarding team should be consulted to enable further discussion and support.

13. **Document Consultation, Development & Ratification Process**

13.1 **Document Consultation**

This document has been produced by the safeguarding adults lead professional on behalf of Northumberland CCG. In preparing the document for official ratification by the Clinical Management Board, the following stakeholders were consulted upon and their comments added to the document as appropriate:

- CCG Director and Executive Lead for Safeguarding Adults.

13.2 **Document Development**

The Clinical Management Board and nominated author are responsible for the development, review, implementation, performance management and distribution of this Policy.

14. **Distribution**

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

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

15. Monitoring Compliance with this policy

15.1 Monitoring

15.1.1 The Clinical Management Board will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

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

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	Committee	Frequency
1.	Safeguarding Adults training (CCG staff).			
	Review of training data.	NECS collate data.	Safeguarding Group	Quarterly
2.	CCG Risk register:			
	Review and updating risk register.	Safeguard Incident and Risk Management System (SIRMS) notifications. Complaints. Performance Dashboard. Serious Incidents.	Safeguarding Group.	Bi-Monthly
3.	Standards from Provider Performance Dashboard (developed by CCG for Providers from whom they commission services from).			
	Review of data provided.	Provider performance dashboard	CCG Safeguarding Group.	Bi-Monthly
4.	Providers compliance with safeguarding adults arrangements:			

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	Committee	Frequency
	<p>Review of practice where there has been harm caused to an adult.</p> <p>Review and analysis of data in relation to significant incidents in relation to safeguarding adults from Independent practitioners and commissioned health providers.</p>	<p>Notification or reports from the following:</p> <p>SIRMS system – Primary Care and independent contractors.</p> <p>Commissioned health providers & data via SLEs, Serious Incident reports and assurance templates.</p> <p>Local Authority and other partner agencies.</p> <p>General public and patients.</p>	<p>CCG Serious incident (SI) group.</p> <p>CCG Safeguarding Group by exception reporting.</p>	<p>Mthly</p> <p>Bi -Mthly or as required.</p>
	Review and analysis in conjunction with NSAB of audits undertaken by providers and partner agencies	Audits from providers and partner agencies.	CCG Safeguarding Group.	Bi-Monthly

15.2 Review

- 15.2.1 The Clinical Management Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.
- 15.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Clinical Management Board will then consider the need to review the policy or procedure outside of the agreed timescale for revision.
- 15.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

15.3 Archiving

The Clinical Management Board will ensure that archived copies of superseded policy documents are retained in accordance with the DH Records Management: Code of Practice for Health and Social Care 2016.

16. Bibliography and references

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http://www.ecric.nhs.uk/docs/nhs_conf_code.pdf

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Home Office *Information guide: adolescent to parent violence and abuse (APVA)*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf

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17. Contacts

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Deputy Designated Nurse Vulnerable People: Leesa Stephenson
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Email: leesa.stephenson@nhs.net

18. Equality Analysis

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Leesa Stephenson

Job Title: Deputy Designated Nurse for Vulnerable People

Organisation: Northumberland CCG

Title of the service/project or policy: CCG CO16 Safeguarding Adults Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here](#) to enter text.

What are the aim(s) and objectives of the service, project or policy:

To guide Northumberland CCG staff on any safeguarding adult concerns.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- Staff
- Service User / Patients
- Other Public Sector Organisations
- Voluntary / Community groups / Trade Unions
- Others, please specify [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The policy is intended to protect adults at risk of harm from abuse, by giving guidance to staff of the CCG their role and responsibilities with regards to safeguarding and promoting the welfare of adults. The policy reflects and is compliant with Care Act 2014 legislation and guidance. The aim is to stop abuse and neglect, prevent harm and reduce risk and support adults to make choices and have control as to how they want to live and raise public awareness.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: "If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Leesa Stephenson	Deputy Designated Nurse for Vulnerable People	06/05/21
Presented to (Appropriate Committee)		Publication Date
CMB		06/05/2021

Publishing

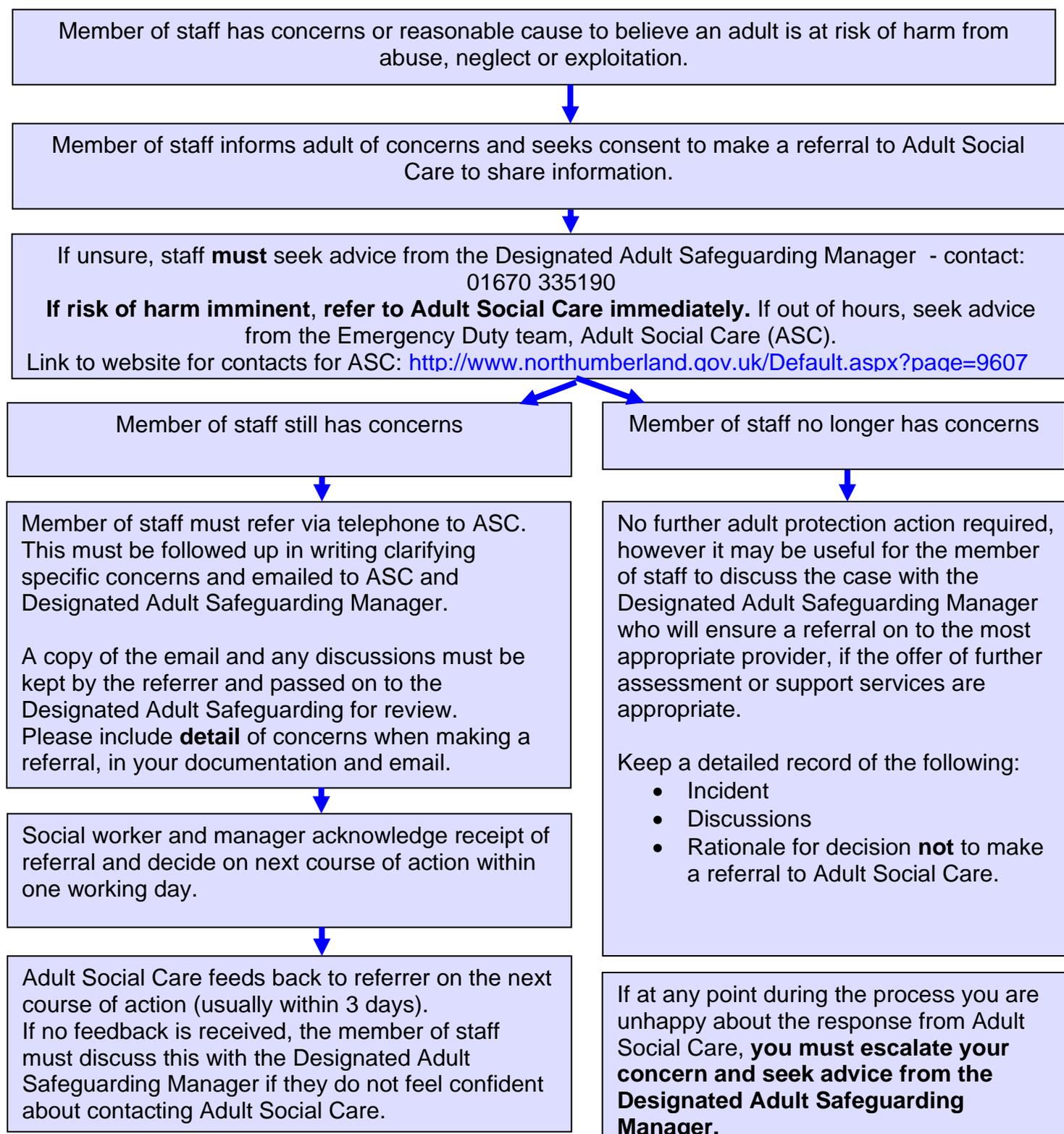
This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to: NECSU.Equality@nhs.net for audit purposes.

Appendix 1

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



Northumberland's Safeguarding Adults Boards' (NSAB) Policies and Procedures can be accessed via the link below and they incorporate further information and guidance regarding specific circumstances.

Link to web site: <http://www.northumberland.gov.uk/default.aspx?page=9598>

Appendix 2

Safeguarding Adults Training Needs Analysis for Northumberland Clinical Commissioning Group Staff

ALL STAFF:

A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation.

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Staff Group	Standard	Training Level	Frequency	Delivery
All staff working in health settings All non-clinical staff	CCG Safeguarding Policy	Level 1 (content must include Female Genital Mutilation (FGM) and Sexual Exploitation (SE) Modern Day Slavery and Human Trafficking)	Refresher training equivalent to a minimum of 2 hours over a 3 year period.	<ul style="list-style-type: none"> • CCG induction. • E-Learning
	PREVENT	Prevent level 1 raising awareness	One off session.	E-Learning or Face to face
Board Members	CCG Safeguarding Policy	Level 1 (content must include Female Genital Mutilation (FGM) and Sexual Exploitation (SE) Modern Day Slavery and Human Trafficking)	Refresher training equivalent to a minimum of 2 hours over a 3 year period.	<ul style="list-style-type: none"> • CCG induction. • E-Learning. All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership, as outlined below. This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competences, as well as

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Staff Group	Standard	Training Level	Frequency	Delivery
				Board level i.e. quality assuring providers systems and processes, and thereby ensuring they are meeting their safeguarding responsibilities. Designated safeguarding professionals within commissioning organisations provide expert advice to commissioners.
	PREVENT	Prevent level 1 raising awareness	One off session.	E-Learning or Face to face
Administrators for safeguarding teams & Primary Care Practice nurses.	CCG Safeguarding Policy National Competence Framework for Safeguarding Adults	Level 2 (content must include Female Genital Mutilation (FGM) and Sexual Exploitation (SE) Modern Day Slavery and Human Trafficking)	3 yearly.	It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional education programmes. Over a three-year period refresher training equivalent to a minimum of 3-4 hours . Training, education and learning opportunities should include <ul style="list-style-type: none"> • Multi-disciplinary learning. • Scenario-based discussion.

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Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Staff Group	Standard	Training Level	Frequency	Delivery
				<ul style="list-style-type: none"> • Case studies. • Lessons from research and audit. • Learning from regular multi-professional and / or multi-agency staff meetings. • Critical incidents and significant unexpected events. • Peer discussions. <p>Training should be appropriate to the speciality and roles of participants, encompassing for example:</p> <ul style="list-style-type: none"> • The importance of early help. • Domestic violence. • Vulnerable adults. • Learning disability. • Communicating with vulnerable people.

Safeguarding Adults Training Needs Analysis for Northumberland Clinical Commissioning Group Staff

ALL STAFF:

A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation.

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Staff Group	Standard	Training Level	Frequency	Delivery
	PREVENT	Prevent level 1 raising awareness	One off session.	E-Learning or Face to face
GPs Clinical Staff	National Competence Framework for Safeguarding Adults	Level 3	3 yearly. To be completed over a 3 year period (rolling program) and valid for 3 years. Refresher training equivalent to a minimum of 12 - 16 hours over 3 yrs.	E-Learning, Single agency training (SAT) and Multi agency training (MAT). Training, education and learning opportunities should include: <ul style="list-style-type: none"> • Multi-disciplinary & inter-agency training. • Internal & external training. It should be appropriate to the speciality and role of GPs and include: <ul style="list-style-type: none"> • Personal reflection. • Scenario-based discussion. • Case studies. • Serious case reviews. • Lessons from research and audit. • Communicating with adults at risk.

Safeguarding Adults Training Needs Analysis for Northumberland Clinical Commissioning Group Staff

ALL STAFF:

A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation.

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Staff Group	Standard	Training Level	Frequency	Delivery
				<ul style="list-style-type: none"> • Learning from regular multi-professional and / or multi-agency staff meetings, or le adults at risk meetings. • Critical incidents and significant unexpected events. • Peer discussions. <p>At level 3 this could also for example include attendance at a Health WRAP / prevent workshop.</p>
	PREVENT	Workshop to Raise Awareness of Prevent Level 3 (WRAP 3)	One off session.	Face to face and must be delivered by an accredited WRAP trainer.
Safeguarding Adults Lead Professionals	National Competence Framework for Safeguarding Adults	Level 5	3 yearly.	<p>Lead professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.</p> <p>This should include non-clinical knowledge acquisition such as:</p> <ul style="list-style-type: none"> • Management. • Appraisal.

Safeguarding Adults Training Needs Analysis for Northumberland Clinical Commissioning Group Staff

ALL STAFF:

A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation.

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Staff Group	Standard	Training Level	Frequency	Delivery
				<ul style="list-style-type: none"> • Supervision. • Training. • The context of other professionals' work. <p>Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded).</p>
	PREVENT	Workshop to Raise Awareness of Prevent Level 3 (WRAP 3)	One off session.	Face to face and must be delivered by an accredited WRAP trainer.

Appendix 3

	Minimum Standards for Providers regarding their Safeguarding Adults arrangements.	CCG monitoring arrangements
1.	Recruitment:	
2.	All providers must have safe recruitment and vetting systems in place.	Audit, annually
3.	Policy:	

	Minimum Standards for Providers regarding their Safeguarding Adults arrangements.	CCG monitoring arrangements
4.	All providers must have up to date organisational safeguarding adult's policy and procedures that are compliant with the relevant legislation, statutory and best practice guidance and the Northumberland Safeguarding Adults Board (NSAB) policies.	Quarterly provider performance Dashboard.
5.	All providers must ensure that staff have access to their organisation's Safeguarding Adults Policies and Procedures.	Audit, annually.
6.	<p>The providers' Safeguarding Adults policies and procedures must include the following:</p> <ul style="list-style-type: none"> • Clear guidance on how to recognise and refer adults regarding safeguarding concerns. • How and when to undertake an assessment and which staff groups would be expected to do this. • Comply with, and reference safeguarding legislation, national policy/guidance and local multiagency safeguarding policies and procedures. • Clearly state how staff can access support and advice in relation to concerns. • All providers must ensure that staff have access to the Northumberland Safeguarding Adults Board's (NSAB) Policies and Procedures and know how to access them. • All providers must ensure that staff have access to and are aware of related policies and guidance e.g. whistle blowing policy. • A monitoring and audit action plan to assure staff compliance with the policies and procedures. 	Audit, annually.
7.	Governance:	
8.	All providers must have a Board Level Executive Director with lead responsibility for safeguarding adults.	Audit, annually & Provider safeguarding Adults annual report.

	Minimum Standards for Providers regarding their Safeguarding Adults arrangements.	CCG monitoring arrangements
9.	All providers must monitor the effectiveness of their organisational safeguarding arrangements and provide an annual safeguarding adults report to their board.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report.
10.	All providers must complete and submit to their NSAB, the annual audit.	Audit, annually & NSAB annual report.
11.	All providers must have in place an annual audit program to assure their Board and the CCG that safeguarding systems and processes are effective.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report. NSAB bi-monthly.
12.	All providers must develop action plans with regard to the recommendations from any Case Reviews and ensure that recommendations are implemented and that learning is disseminated across the organisation.	Data from NSAB Case Review sub-group bi-monthly, NSAB annual report & Provider safeguarding Adults annual report. Quarterly provider performance Dashboard.
13.	All providers must ensure that there is an effective system for monitoring the number of referrals to Adults Social Care to enable the identification of any significant change and trends.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report & NSAB Performance sub-group and NSAB bi-monthly.
14.	All providers must report and record Serious safeguarding adults incidents via the Serious Incident (SI) process as per the NHS England Serious Incident Framework (2013).	The number and details of reported SI's are monitored by NECS and the CCG on a monthly basis.
15.	The provider must have an identified person / team with lead responsibility for safeguarding adults to include compliance with national strategies e.g. MAPPA, MARAC, Prevent Strategy and Sexual Exploitation.	Audit, annually
16.	The provider must ensure senior representation on the Local Safeguarding Adults Board and contribution to their sub groups.	NSAB annual report.
17.	The provider must cooperate with any request from the Safeguarding Board to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the production of an Individual Management Review (IMR) or a chronology of events.	Data from NSAB Case Review sub-group bi-monthly, NSAB annual report & Provider safeguarding Adults annual report.

	Minimum Standards for Providers regarding their Safeguarding Adults arrangements.	CCG monitoring arrangements
		Quarterly provider performance Dashboard.
18.	Multi-agency working and responding to concerns:	
19.	All providers must ensure effective contribution to the adult protection process to include attendance at safeguarding meetings when required and the submission of a written report as per the NSAB procedures.	Quarterly provider performance Dashboard & Provider safeguarding Adult annual report. NSAB Performance sub-group and NSAB.
20.	Training:	
21.	All providers must ensure that their staff undertake safeguarding training appropriate to their role and level of responsibility.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report. NSAB Performance sub-group and NSAB.
22.	Supervision:	
23.	All providers must have a supervision policy setting out the frequency and model of supervision for all groups of staff. The policy should meet the requirements of National Guidance.	Quarterly provider performance Dashboard & Provider safeguarding Adults annual report.