

Safeguarding Adults Policy C016



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Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
V1	28 February 2013	N/A	April 2014	Head of Safeguarding
V1.1	2 April 2014		April 2015	Head of Safeguarding
V2	April 2015		April 2016	Head of Safeguarding
V3	April 2016		April 2018	Designated Nurse Safeguarding Adults
V4	07/10/2018	Quality and Safety	October 2021	Designated Nurse Safeguarding Adults
V5	10/08/2021	Quality and Safety	July 2024	Designated Nurse Safeguarding Adults

1. Introduction

- 1.1 For the purposes of this policy, Sunderland Commissioning Group will be referred to as “the CCG”.
- 1.2 The safeguarding chapter (14) on sections 42-46 of the [Care Act 2014](#) within the [Care and Support Act Statutory Guidance 2018](#) which outlines agencies roles and responsibilities, to work together, to ensure adults at risk are safeguarded from abuse and neglect.
- 1.3 Underpinning the legislation and guidance is the fact that ‘safeguarding adults’ is everybody’s business. All staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected.
- 1.4 This policy sets out how, as a commissioning organisation, the CCG will fulfil their statutory duties and responsibilities effectively both within their own organisation and across their local health economies via their commissioning arrangements.
- 1.5 The CCG will ensure that they have in place robust structures, systems, standards and an assurance framework which enable compliance with legal and local governance arrangements as well as the [Safeguarding Vulnerable People in the NHS: Accountability & Assurance Framework 2015 \(updated 2019\)](#).
- 1.6 The CCG, as members of the Sunderland Safeguarding Adult Board (SSAB) have formally adopted the principles of the [Sunderland Safeguarding Adults Board](#).

2. Status

- 2.1 This policy is a corporate policy.

3. Purpose and Scope

- 3.1 This policy relates to all adults at risk who are resident in Sunderland, or access services commissioned by Sunderland CCG.
- 3.2 This policy describes how the CCG will discharge their responsibility for ensuring their own organisation, and how the health services they commission fulfil their legal obligation under the [Care Act 2014](#) to safeguard adults at risk, including compliance with the [Mental Capacity Act 2005](#) and [Deprivation of Liberty Safeguards \(DoLS\)](#), [the Prevent Duty Guidance 2015 \(updated April 2021\)](#) and the [Female Genital Mutilation \(FGM\) duty report 2015](#). This policy also references the [Domestic Abuse Act 2021](#).
- 3.3 This policy applies to all staff employed by the CCG – including agency staff, self-employed, temporary staff, students on placement and volunteers.
- 3.4 All CCG staff have an individual responsibility for raising concerns that an adult at risk is experiencing, or at risk of, abuse or neglect.

4. Definitions

4.1 The safeguarding adult duties have a legal effect from April 2015 under the [Care Act 2014](#) and apply to an adult, 18 years and over, who:

- has needs for care and support (whether or not those needs are being met) 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 [Care and Support Act Statutory Guidance 2018](#).

4.2 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.

4.3 Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the [Care Act 2014](#), and those partners, including the CCG, must also co-operate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.

4.4 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.
- *Accountability* – Accountability and transparency in delivering safeguarding.

4.5 Abuse and neglect can take many different forms including:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **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.
- **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.
- **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.
- **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.

4.6 Domestic Violence

4.6.1 Domestic abuse is defined by the Home Office as “Any incident of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality.” This definition includes honour-based violence, forced marriage and female genital mutilation. The impact of domestic abuse can range from loss of self-esteem to loss of life.

4.6.2 Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity. When dealing with domestic abuse it is important to recognise differences between all protected characteristics. It follows that different approaches and resources are needed when addressing domestic abuse with different groups. Where a member of staff makes a disclosure concerning domestic abuse this policy should be read in conjunction with Sunderland CCG’s Domestic Abuse and the Workplace Policy.

4.6.3 The Domestic Abuse Act 2021 came into legislation law in April 2021

www.lawsociety.org.uk. The Act not only focuses on substantive and procedural changes to the criminal law, but also includes provisions which are relevant to family proceedings. The key provisions contained in the Act are as follows.
[Domestic Abuse Act 2021 overview](#)

4.7 Prevent - part of the counter-terrorism strategy in the UK

4.7.1 Prevent aims to reduce the number of people becoming or supporting violent extremists. Prevent is one of the most challenging parts of the [counter terrorism strategy 2018](#), because it operates in a **pre-criminal space**, before any criminal activity has taken place. It is important that CCG staff are aware of the strategy and consider this under the banner of safeguarding. [The Prevent Duty](#) was introduced on 31st July 2015. Issued under [s29 Counter Terrorism Act 2015](#). [s26 of the Counter Terrorism Act](#) places a duty on certain bodies (“specified authorities”) to have “due regard to the need to prevent people from being drawn into terrorism”. Specified Authorities include NHS Trusts and Foundation Trusts. The duty requires that healthcare workers are trained to recognise signs where people may be vulnerable to being drawn into terrorism and can locate available support, including the Channel programme where necessary.

4.8 The Executive Lead for Safeguarding Adults in the CCG is the Director of Nursing, Quality and Safety.

5. Safeguarding Adults

5.1 Procedures to follow when there is a concern about an adult at risk

5.1.1 Any member of staff, who believes that an adult at risk has suffered abuse or is likely to do so, has a legal duty to respond.

5.1.2 The Designated Nurse Safeguarding Adults / Named GP and / or Safeguarding Nurse within the CCG Safeguarding Team will provide advice, support and guidance as required.

5.1.3 Where concerns are raised:

- Ensure the immediate safety of any adults and children at risk Ensure urgent medical attention if required
- Contact the police if a criminal offence suspected
- Refer to the [Sunderland Safeguarding Adults Threshold Guidance](#) to determine the level of risk.
- Ensure any risks to children follow [Sunderland SCP procedures](#).

5.1.4 Discuss concerns openly and honestly with the adult at risk, unless there are specific reasons where it is not safe or appropriate to do so, e.g., in the presence of an alleged perpetrator. Consent to make an alert/referral **must** be obtained unless:

- the adult lacks mental capacity for the decision **OR**
- It is in the public interest (*i.e., others at risk or a criminal offence suspected*) to act without consent

- 5.1.5** Having considered the above, an alert/referral should be made to the Local Authority following [Sunderland Safeguarding Adults Board \(SSAB\) Multi-Agency Procedural Framework](#).
- 5.1.6** All concerns, actions taken, reasons to share information and alerts/referrals should be appropriately recorded, following organisational procedures.
- 5.1.7** The Local Authority safeguarding team will review, and risk assess the referral, where all appropriate actions have been taken to safeguard those at risk the Local Authority will record the concern and advise the referrer.
- 5.1.8** Where the local authority identifies that the referral meets the criteria for a s42 Safeguarding Enquiry it must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the Local Authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.
- 5.1.9** It is the responsibility of those who have made the referral to the Local Authority to ensure that the referral has been received and is being dealt with, should a formal response not be received.

5.2 Commissioned Services - Governance and Accountability

- 5.2.1** The CCG Governing Body is responsible for ensuring that NHS services commissioned on behalf of the CCG have in place arrangements to meet their statutory duties in relation to safeguarding adults and that these arrangements are being complied with. The CCG Governing Body will assure itself that safeguarding adults is a priority across the health economy and will receive regular reports and updates with reference to safeguarding adult matters across its health economy.
- 5.2.2** The CCG will ensure effective leadership, commissioning and governance of safeguarding adult services across the local health community by:
- Ensuring a robust governance structure is in place to support the work of the Sunderland Safeguarding Adult Board and the CCG governing body in delivering safeguarding adult responsibilities.
 - Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding adults and that the CCG's commissioning, contracting, contract monitoring and quality assurance processes fully reflect this.
 - Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding and MCA requirements as outlined in this policy, with specific reference to the clear standards for service delivery.
 - Monitoring safeguarding adult and MCA compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.

- Reviewing [Safeguarding Adult Reviews \(SARs\)](#) and their subsequent action plans and ensuring that learning from each case/review is reflected in the strengthening of commissioning, quality assurance and practice across the health economy.
- Ensuring a system is in place for escalating risks.

5.2.3 The (SSAB) has the lead responsibility for keeping adults safe, as set out in the statutory guidance under [Care Act 2014](#). This includes the prevention and protection of significant harm or the risk of significant harm. The Chief Officer has responsibility for safeguarding adults and along with the Head of Safeguarding and Designated Nurse Safeguarding Adults, is a member of the Sunderland Safeguarding Adults Board.

5.2.4 Standards have been developed and incorporated into contracts with providers that will ensure the following arrangements in relation to adult safeguarding are adhered to:

- **Leadership** – a named Lead(s) is identified who is responsible and accountable for safeguarding adults.
- **Policies/Procedures/Strategies** – Policies are produced that are accessible and ensure clarity in relation to raising and reporting concerns relating to an adult at risk. These policies comply with the Sunderland Multiagency Safeguarding Adults Procedural Framework.
- **Training and Continuous Professional Development** – staff will receive relevant mandatory adult safeguarding training appropriate to their roles and responsibilities.
- **Safe Recruitment and Vetting Procedures** – It is essential that there is an identity check (and record the outcome) of all applicants for employment is in accordance with NHS Employment Check Standards 2017. It is essential that previous employment history is checked before any unconditional offer of employment is made and a criminal record check via the [Disclosure and Barring Service \(DBS\)](#) is undertaken for all new staff, who may have access to adults at risk. This should be renewed every 3 years.
- **Whistleblowing** – Providers will ensure policies are in place and staff are aware of how to raise concerns.
- **Safeguarding Adult Reviews (SARs)**– Providers contribute to Safeguarding Adult Reviews (SARs) in accordance and ensuring compliance with the [Care Act 2014](#) and Sunderland Multiagency Policies and Procedures.
- **Domestic Homicide Reviews (DHRs)** - [DHRs](#) were established on a statutory basis under section 9 of the [Domestic Violence, Crime and Victims Act \(2004\)](#). This provision came into force on 13th April 2011. All health organisations, including commissioning bodies, are obliged to participate in these reviews under the Act.
- **[Mental Capacity Act 2005 and Deprivation of Liberty Safeguards](#)** – provides a framework to provide protection for people, 16 years and over, who cannot make decisions for themselves due to an impairment of, or a disturbance in the functioning of the mind or brain. All health organisations are legally obliged to ensure compliance and follow the [MCA Code of Practice](#).

- **Incidents/Serious Incidents** – Policies are in place and confirm how incidents/serious incidents relating to adult safeguarding are dealt with.
- **Supervision** – Supervision policies are in place for the provision of adult safeguarding supervision.

6. Duties and Responsibilities

Member Practices	The Member Practices have delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such Documents.
Chief Officer	The Chief Officer has overall responsibility for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to ensure that adults at risk are safeguarded from harm and abuse and that the organisation complies with all relevant national legislation and discharges its duties effectively.
The Director of Nursing, Quality and Safety	<p>The Director of Nursing, Quality and Safety will ensure that the CCG has in place assurance processes to monitor CCG and commissioned services' compliance with adult safeguarding legislation, guidance, policy, procedures, quality standards, and contract monitoring of providers.</p> <p>The Director of Nursing, Quality and Safety is responsible for ensuring that the Chief Officer and Governing Body members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to an adult at risk.</p> <p>The Director of Nursing, Quality and Safety will ensure appropriate representation of the CCG at the Local Adult Safeguarding Boards/Committees.</p> <p>The Director of Nursing, Quality and Safety will work closely with and performance manages the CCG Designated Nurse Adult Safeguarding.</p>

<p>The Designated Nurse Safeguarding Adults</p>	<p>The role of the Designated Nurse is the strategic and professional lead on all aspects of adult safeguarding, which includes all commissioned providers. They will</p> <p>Work with the Director of Nursing, Quality and Safety to ensure robust safeguarding adults assurance arrangements are in place within the CCG and provider services.</p> <p>Provide advice and expertise to the Local Safeguarding Board/ Subgroups and to professionals across both the NHS and partner agencies.</p> <p>Provide professional leadership, advice and support adult safeguarding professionals in the CCG and each provider organisation.</p> <p>Represent the CCG SSAB and relevant sub-committee's networks and multiagency groups charged with the management of safeguarding adults.</p> <p>Lead on investigation and provision of appropriate information to inform and support all Safeguarding Adult Reviews.</p> <p>Lead and support the development of adult safeguarding policy, and procedures in the CCG in accordance with national, regional, local requirements.</p> <p>Provide advice and guidance in relation to safeguarding adults training including standards.</p> <p>Ensure quality standards for safeguarding adults are developed and included in all provider contracts and compliance is evidenced.</p> <p>Manages the Named GP Safeguarding Adults and the CCG Safeguarding Nurse.</p>
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<p>Named GP safeguarding Adults</p>	<p>Work with the Named GP for Safeguarding Children to provide leadership advice and guidance to GP Practices in Sunderland.</p> <p>To work closely with other Named, Lead Practitioners and Designated Professionals in supporting all activities necessary to ensure that the CCG meets its responsibilities in safeguarding adults.</p> <p>Ensure that the GPs across Sunderland have appropriate safeguarding policies and procedures in place, in line with national and local multi-agency guidance.</p>
<p>All CCG employees</p>	<p>All CCG employees are responsible for ensuring that they have completed mandatory adult safeguarding training. They will ensure that they are aware of this policy and the South Tyneside Multiagency Adult Safeguarding Procedural Framework and understand how to raise a concern relating to an adult at risk.</p> <p>CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular; all staff must be aware of the potential for abuse of adults at risk and the actions required of them should they have any concerns. They should be familiar with the agreed multi-agency policy and procedure and attend training commensurate with their role. Staff must adhere to this policy.</p> <p>CCG employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p>
<p>NHS Providers</p>	<p>All NHS Providers are responsible for ensuring they have clear operational policies and procedures that reflect the SAB framework.</p> <p>NHS employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p> <p>NHS Providers will ensure that all staff undertake mandatory training at the appropriate level for their role and that a record of this training is maintained.</p>

7. Implementation

- 7.1** This policy will be available to all staff for use in the circumstances described on the title page.
- 7.2** 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.

8. Training Implications

- 8.1** All CCG staff are required to complete mandatory Safeguarding Adults training commensurate with their role and responsibilities. Refer to the CCG Safeguarding Training Strategy. The CCG Safeguarding team have issued further guidance for staff which references the intercollegiate document and the roles and responsibilities of staff linked to the required training standards.

9. Related Documents

9.1 Other related policy documents

Other related policy documents are hyperlinked throughout this policy.

9.2 Legislation and statutory requirements

Legislation and statutory requirements are hyperlinked throughout this policy.

9.3 Best practice guidance

Best practice guidance is hyperlinked throughout this policy.

10. Monitoring, Review and Archiving

10.1 Monitoring

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

10.2 Review

- 10.2.1** The Governing Body 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.

- 10.2.2** Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

10.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second 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.

10.3 Archiving

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

11. Equality Analysis

An Equality Impact Assessment has been completed (Appendix1)

Appendix 1 - Equality Impact Assessment

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: Wendy Proctor

Job Title: Designated Nurse Adult Safeguarding

Organisation: Sunderland CCG

Title of the service/project or policy: 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 advise the Quality and Safety Committee of key changes /updates to the policy

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:

This policy has been reviewed and refreshed there are no significant changes or detrimental impact on any equality group caused by this refreshed policy

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
Wendy Proctor	Designated Nurse Adult Safeguarding	19/07/2021
Presented to (Appropriate Committee)		Publication Date
Quality and Safety Committee		October 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.