

<b>Corporate</b>	<b>Safeguarding Adults Policy</b>
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Version Number	Date Issued	Review Date
V3	July 2018	July 2020

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<b>Consultation Process:</b>	<b>CCG Internal Safeguarding Committee - 17.5.2018</b> <b>Director of Nursing Patient Safety and Quality</b>
<b>Formally Approved:</b>	5 July 2018

<b>Policy Adopted From:</b>	V2 Safeguarding Adults Policy
<b>Approval Given By:</b>	QSR Committee

### Document History

Version	Date	Significant Changes
V3	11.5.2018	Addition of Prevent Duty and Reference to GDPR.

### Equality Impact Assessment

Date	Issues
May 2018	None identified

## 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.

The CCG is responsible for securing the expertise of designated professionals on behalf of the local health landscape. Designated professionals should play an integral role in all parts of the commissioning cycle, from procurement to quality assurance, this is to ensure services commissioned support adults vulnerable to abuse or neglect.

This policy is supported by the multi-agency policy and procedures produced by both Newcastle and Gateshead Safeguarding Adults Boards and note is made this policy must reflect those documents.

By defining different kinds of abuse and outlining what should happen when confronted with possible abuse ,this document will help to clarify the safeguarding responsibilities of those staff working in the CCG and Commissioning Support Unit.

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## 1. Introduction

For the purposes of this policy, Newcastle Gateshead CCG will be referred to as the CCG.

The Newcastle Gateshead CCG works in partnership to ensure that adults, with care and support needs, are protected from abuse and neglect. We wish to ensure that anyone raising a concern that an adult, with care and support needs, is being abused or neglected is taken seriously and it is acted on promptly and appropriately.

This policy confirms the priority we give to safeguarding adults, outlines the principles and definitions that underpin this work, and describes how the CCG will fulfil its statutory duties under the Care Act 2014.

### 1.1 CCG safeguarding role

The CCG as commissioners of local health services needs to receive assurance from organisations from which they commission services have effective safeguarding arrangements. Safeguarding forms part of the NHS standard contract (service condition 32) commissioners need to agree with their providers, what contract monitoring process is used to demonstrate compliance with safeguarding duties. The CCG is responsible for securing the expertise of designated professionals on behalf of the local health landscape. Designated professionals should play an integral role in all parts of the commissioning cycle, including procurement and quality assurance; this is to ensure services commissioned support adults at risk of abuse or neglect. This policy is supported by the multi-agency policy and procedures produced by both Newcastle and Gateshead Safeguarding Adults Boards and note is made this policy must reflect those documents.

By defining different kinds of abuse and outlining what should happen when confronted with possible abuse, this document will help to clarify the safeguarding responsibilities of those staff working in the CCG and Commissioning Support Unit. Mandatory training is in place for all staff to support them in their safeguarding responsibilities.

Training will also be available on the requirements and provisions of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS)

**Mistreatment and abuse of any person is not acceptable. Doing nothing is not an option. Your actions can help make a difference.**

### 1.2 Status

This policy is a corporate policy.

### 1.3 Purpose and scope

This policy relates to all adults who are resident in, or access services commissioned by the CCG.

This policy describes how the CCG will discharge their statutory responsibility for ensuring their own organisation and health services they commission fulfil their statutory duty to safeguard adults who may be at risk of abuse or neglect.

This policy applies to all staff employed by the CCG and Commissioning Support – including agency, self- employed or temporary staff.

All CCG and Commissioning Support staff have an individual responsibility for raising concerns that an adult is suffering or is at risk of abuse or neglect

#### 1.3.1 Who does this policy safeguard?

This policy is intended to safeguard any adult who:

- Is aged 18 or over, and
- Has needs for care and support (whether or not those needs are being met), and
- Is experiencing, or is at risk of abuse or neglect, and
- As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Previously these adults may have been referred to as “vulnerable adults” or “adults at risk”.

This **definition** includes those at greater risk of a range of abuses because of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. It includes the carers, family and friends of those people, who provide care to them on an unpaid basis. It includes those adults who purchase their own care through personal budgets, those who fund their own care; and those whose care is funded by local authorities and/or health services.

## 2. Definitions

- **Abuse**

Abuse and neglect can take many forms. Professionals should not be constrained in their view of what constitutes abuse or neglect, and the circumstances of an individual case should always be considered.

Abuse may be:

- A single act or repeated acts;
- an opportunistic act or a form of serial abusing where the perpetrator seeks out and “grooms” individuals;
- an act of neglect or a failure to act;
- multiple in form (many situations involve more than one type of abuse);
- deliberate or the result of negligence or ignorance;
- a crime.

For the purposes of this policy, abuse is categorised as follows:

- **Discriminatory**

Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of race, gender and gender identity, age, disability, religion or because someone is lesbian, gay, bisexual or transgender. This includes racism, sexism, ageism, homophobia or any other form of hate incident or crime.

- **Domestic abuse or violence**

Including an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so called ‘honour’ based violence, forced marriage or Female Genital Mutilation (FGM).

- **Financial or material**

Including theft, fraud, internet scamming, exploitation, 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.

- **Neglect and acts of omission**

Including ignoring medical, emotional or physical care needs. Failure to access appropriate health, care and support or educational services. The withholding of the necessities of life such as medication, adequate nutrition and heating.

- **Organisational (sometimes referred to as institutional)**

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 a person'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.

- **Physical**

Including assault, hitting, slapping, pushing, burning, misuse of medication, restraint or inappropriate physical sanctions.

- **Psychological (sometimes referred to as emotional)**

Including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, and isolation. Also unreasonable and unjustified withdrawal of services or support networks.

- **Sexual**

Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting. It also includes **sexual exploitation** which is exploitative situations, contexts and relationships where the person receives "something" (e.g. food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing sexual acts.

- **Self-neglect**

Includes a person neglecting to care for their personal hygiene, health or surroundings; or an inability to provide essential food, clothing, shelter or medical care necessary to maintain their physical and mental health, emotional wellbeing and general safety. It includes behaviour such as hoarding.

The response to the concern of abuse or neglect will be proportionate to the level of harm that has occurred or may occur.

The seriousness of harm, or extent of the abuse, is not always clear at the point of concern or referral. All reports of suspicions or concerns should be approached with an open mind.

Abuse can be perpetrated by anyone and can occur in any relationship. More often, people are abused by someone who is well known to them.

Abusers may be, but are not limited to:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local Residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers
- Strangers.

Abuse often occurs where the person who is abusing is in a more powerful position than the person who is being abused. In some instances, the abuser themselves may be at risk of, or vulnerable to, abuse.

Abuse can take place anywhere, including in people's own homes, in the homes of their family or friends, in a public place, in care settings such as hospitals or care homes, at places of work or education.

## **2.1. Preventing Radicalisation (Prevent)**

In addition to the ten categories of abuse outlined in the Care Act 2014, radicalisation is also an area of abuse that has been incorporated in to the wider safeguarding agenda.

PREVENT is a strategy that seeks to stop people becoming terrorists and supporting violent extremism. There are numerous government departments and local partners involved in the strategy, and one of the main organisations involved are health care services.

The specific PREVENT objectives that relate to healthcare services are to:

- Support individuals who are vulnerable to recruitment, or have already been recruited by violent extremists
- Disrupt those who promote violent terrorism and support the places where they operate
- Address the grievances which radicalisers are exploiting

NHS services have been identified as a key partner in preventing vulnerable people being radicalised.

The key message is that all staff must escalate a concern and have confidence that each issue will be taken seriously, handled appropriately and that, where necessary, specialist advice will be available.

### 3. Policy Development: Principles and process

#### 3.1. Guiding principles and values

Safeguarding adults' 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.

The CCG is committed to ensuring that all adults have the right to:

- live their lives free from fear, violence, harassment, humiliation, degradation, abuse and neglect
- be safeguarded from harm and exploitation
- be protected from mistreatment and abuse; and
- live an independent lifestyle and to make choices, even if some of those choices involve a degree of risk.

In recognition of this, the CCG identifies the following principles (Government Policy statement on adult safeguarding) and commitments that underpin safeguarding adults work in Newcastle and Gateshead, we are committed to ensuring that:

- **Empowerment.** We ask people what outcomes they want as a result of the safeguarding adults process and these directly inform what happens.
- **Protection.** We help and support people to report abuse. We support people to be involved in the safeguarding adults process to the extent to which the adult wants.
- **Prevention.** We can effectively identify and appropriately respond to signs of abuse and suspected criminal offences and take action before harm occurs. We make everyone aware, through provision of appropriate training and guidance, of how to recognise signs and take any appropriate action to prevent abuse occurring.
- **Proportionality.** We work in the best interests of the adult and undertake the least intrusive response appropriate to the risk that is presented.
- **Partnership.** We will work together to place the welfare of individuals above organisational boundaries. We have effective local information-sharing and multi-agency partnership arrangements in place and staff understand these.
- **Accountability.** The roles of the agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

In addition to these principles, the CCG recognises the importance of ensuring that safeguarding adults interventions are *person-led and outcome-focused*.

This means that all involved will have regard to the views, wishes, feelings and beliefs of the adult whom the concern is about in determining what action to take.

### **3.2. CCG systems to discharge statutory duties:**

- CCG governance arrangements and named executive for Safeguarding.
- Safe recruitment practices.
- Internal arrangements for dealing with allegations against staff.
- Staff training to allow staff to recognise and respond to abuse.
- Arrangements for support and supervision of staff with regards to Adult Safeguarding.
- Effective interagency working and participation in local Safeguarding Boards.
- Local information sharing agreements.
- Securing of Adult Safeguarding expertise via Named Doctor and Designated Nurse to support CCG responsibilities.
- Mental Capacity Act/Deprivation of Liberty Lead
- Prevent Lead
- Effective process in order to respond to abuse and neglect of adults
- Support a positive learning culture via role in Safeguarding Adult Reviews (SARs, DHRs)
- Work with LA to improve resources to reduce social and physical isolation of adults.

## **4. Duties and Responsibilities**

### **4.1. Responding to abuse**

#### **Procedure to follow when there is a concern about an adult at risk of abuse or neglect**

Staff have a duty to report any concerns or suspicions that an adult is being or at risk of being abused or neglected. Staff should fully understand their role and responsibilities in regard to this policy. They should know how to recognise abuse, how to respond to it and report it.

Where concerns are raised an alert/referral to the appropriate local authority must be made.

**If you have a concern that someone is being abused or neglected then you must take action.**

**In an emergency always contact the Police or emergency services: 999**

## Newcastle

<b>Person/Agency</b>	<b>When to use</b>	<b>Contact in Newcastle</b>
Community Health and Social Care Direct	To raise a safeguarding adults alert.	0191 278 8377
Safeguarding Adults Unit	For advice around safeguarding adults.	0191 278 8156
Northumbria Police Public Protection Unit	For any concern where a crime has taken place.	101
Children's Initial Response Service	To raise a safeguarding children's alert.	0191 277 2500
Out of Hours Social Care Duty Team	To raise a safeguarding children's or adults alert out of office hours.	0191 2787878

For more information about safeguarding adults in Newcastle visit the web pages:

<http://www.newcastle.gov.uk/care-and-wellbeing/adult-social-care/safeguarding-adults>

## Gateshead

<b>Person/Agency</b>	<b>When to use</b>	<b>Contact in Newcastle</b>
Adult Social Care Direct	To raise a safeguarding adults alert. 24 hours a day, 7 days a week	0191 433 7033
Northumbria Police Public Protection Unit	For any concern where a crime has taken place.	101
Children's Initial Response Service	To raise a safeguarding children's alert.	0191 4332653 <b>Email:</b> <a href="mailto:R&amp;Aduty@gateshead.gov.uk.cjism.net">R&amp;Aduty@gateshead.gov.uk.cjism.net</a>
Out of Hours Social Care Duty Team	To raise a safeguarding children's or adults alert out of office hours.	0191 4770844

For further information

<http://www.gateshead.gov.uk/lscb/Worried-for-a-child/Worriedforachild.aspx>

For more information about safeguarding adults in the rest of the North East;

<http://www.safeguardingadultsne.com>

Staff within the CCG and Commissioning Support Unit should access the CCG Safeguarding team for support and advice.

Name	Role	Email	Landline	Mobile
Dr Karen Hutchinson	Named GP	<a href="mailto:karen.hutchinson9@nhs.net">karen.hutchinson9@nhs.net</a>	0191 217 2829	N/A
Howard Stanley	Designated Nurse	<a href="mailto:howard.stanley1@nhs.net">howard.stanley1@nhs.net</a>	0191 217 2581	07825 696200
Marie Brown	Safeguarding Adults Officer	<a href="mailto:mbrown14@nhs.net">mbrown14@nhs.net</a>	0191 217 2671	07825696205
Catherine Turner	Safeguarding Adults Officer	<a href="mailto:catherine.turner2@nhs.net">catherine.turner2@nhs.net</a>	0191 217 2738	07467004441
Central CCG Contact	8:30 – 17:30 Mon - Fri	<a href="mailto:ngccg.asg@nhs.net">ngccg.asg@nhs.net</a>	0191 217 2829	N/A

**4.2** All concerns should be appropriately recorded; the Safeguarding team will give advice and guidance if necessary in relation to recording of information. When a concern is reported to the Local Authority, Newcastle or Gateshead Council (depending on where the abuse has occurred) they have powers to make enquiries or cause others to do so, if they reasonably suspect that an adult who fits the statutory criteria is at risk of being abused or neglected Staff should ensure that any concerns, alerts, referrals made to the local authority has been received and is being dealt with.

Where it is believed that the abuse could be a crime the Police should be notified as soon as possible. If unsure, this should be discussed with the CCG Safeguarding Adults team or with the local authority Safeguarding unit.

Initial actions should be taken to protect the adult from abuse, where it is safe and practicable to do so. Concerns or allegations should then be reported without delay and all agencies must cooperate with each other to protect the adult(s) concerned. Early information sharing is key to providing an effective response where there are emerging concerns.

The primary focus around decisions and actions must be as close as possible to the adult concerned and individuals must be supported to make their own choices. Adults should be offered support services as appropriate to their needs. Specific advocacy may be needed and will be provided to help some adults participate in the Safeguarding process. This can be accessed via the locally commissioned Independent Mental Capacity Advocacy (IMCA) service.

There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having capacity to make decisions about their safety, those decisions will be made in their best interests as set out in the Mental Capacity Act (MCA) 2005 and the MCA Code of practice.

### 4.3 Prevention

It is far better to put in place strategies to minimise the likelihood of abuse (preventative strategies) than after it has occurred. The CCG is committed to playing its part in prevention of abuse and neglect.

Commissioners, regulators and licensing bodies should ensure services implement standards that prevent abuse and respond appropriately to safeguarding adults issues.

People can be at risk of abuse whilst they are receiving health and/or care services whether this is in a care setting or at home. Service providers should tackle factors which contribute to abuse on all levels.

### 4.4

<b>Commissioners Forum</b>	Commissioners forum has responsibility 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
<b>Accountable Officer</b>	Accountable Officer has overall responsibility for ensuring that the CCG has appropriate strategies and structures, policies and procedures in place to ensure adequate safeguards are in place for adults at risk of abuse or neglect .Also that the organisation complies with all relevant national legislation and discharges its duties effectively.

<p><b>Executive Lead for Safeguarding Director of Nursing Patient Safety and Quality</b></p>	<p>Executive Lead for Safeguarding will ensure that the CCG has in place assurance processes to ensure compliance with adult safeguarding legislation, guidance, policy and procedures quality standards and contract monitoring of providers. The Executive Lead is responsible for ensuring the accountable officer and governing body members are aware of any concerns relating to a commissioned service which may be presenting safeguarding risks to adults who may be vulnerable to abuse or neglect.</p> <p>The Executive Lead will ensure appropriate representation of the CCG at the local Safeguarding Adults Boards. The Executive Lead will work closely with and performance managers the CCG Designated Safeguarding Adults Manager (DASM).</p>
<p><b>Designated Nurse Safeguarding Adults</b></p>	<p>The Designated Nurse Safeguarding Adults is the strategic and professional lead on all aspects of Adult Safeguarding which includes all commissioned providers. As a member of the safeguarding adults board CCGs are specifically required by statutory guidance an identified lead for Adult Safeguarding. Specific responsibilities include:</p> <ul style="list-style-type: none"> <li>• Responsibility for the management and oversight of individual complex cases</li> <li>• Coordination where allegations are made, or concerns raised about a person whether an employee volunteer, student, paid or unpaid.</li> <li>• Promoting partnership working and keeping in regular contact with their counterparts in partner organisations</li> <li>• Assessing and highlighting the extent to which their own organisation prevents abuse and neglect taking place</li> <li>• Ensuring that appropriate recording systems are in place that provide clear audit trails about decision making and recommendations in all processes relating to the management of safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.</li> <li>• The Designated Nurse role should incorporate the safeguarding lead role as required by the CCG authorisation process. The safeguarding lead role provides: <ul style="list-style-type: none"> <li>• Support and advises Commissioners, including CCGs, NHS England and public health on adult safeguarding within contracts and commissioned services and in securing assurance from providers that they have effective safeguarding arrangements in place</li> <li>• Advice to commissioned services how to improve systems for safeguarding adults.</li> <li>• Guidance on identifying adults at risk from different sources and in different situations</li> </ul> </li> <li>• Understand and embed the routes of referral for adults at risk across the health system</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide a health advisory role to the Safeguarding adults boards, supporting the CCG SAB member and take a lead for health in working with the SABS to undertake safeguarding adult reviews and take forward any learning for the health economy</li> </ul>
<b>Designated Mental Capacity Act</b>	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 those issues may be particularly prevalent and/or complex. They should also have a role in highlighting the extent to which their own organisation and the services they commission are compliant with the MCA through undertaking audit, reporting to governance structures and providing training
<b>Prevent Lead</b>	CCGs are required to identify a Prevent Lead who will work with and support the NHSE Regional Prevent Co-ordinators in supporting NHS commissioned services in complying with the duties outlined in the Prevent Duty Guidance: for England and Wales 2016.
<b>Senior Managers</b>	Senior managers are responsible for ensuring the adult safeguarding policy is implemented within their area of responsibility
<b>Continuing Health Care(CHC)  Strategic and operational</b>	<ul style="list-style-type: none"> <li>• The CHC manager will be responsible for ensuring that adult safeguarding concerns identified by CHC staff are raised with the adult safeguarding lead and referred to local multiagency procedures where necessary.</li> <li>• The CHC manager will be responsible for ensuring representation at adult safeguarding strategy and process meetings.</li> <li>• The CHC manager will be responsible for ensuring relevant and timely information is shared with the multiagency safeguarding meetings and any CCG staff undertaking Safeguarding investigations</li> <li>• The CHC manager ensures staff are familiar with and implement the safeguarding policy and procedures</li> <li>• The CHC manager ensures staff undertake mandatory training in accordance with their role.</li> </ul>
<b>All line managers</b>	All line managers are responsible for ensuring that staff have completed mandatory safeguarding adults training. They should make sure staff are aware of this policy and local multiagency policies and understand how to raise a concern relating to an adult who may be at risk of abuse or neglect
<b>All staff</b>	All Staff CCG and Commissioning support staff are responsible for actively cooperating 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 and the actions required by them should they identify any concerns. They should be familiar with the local multiagency policy and procedures and attend training commensurate to their role

## **5. Implementation**

- 5.1 This policy will be available to all Staff for use with regard to safeguarding adults at risk of abuse or neglect
- 5.2 All directors and managers are responsible for ensuring that relevant staff within the CCG and Commissioning Support have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

See section related to responding to abuse or neglect

## **6. Training Implications**

All CCG and Commissioning Support staff are required to complete mandatory safeguarding adults training.

Specific staff in CCG and Commissioning Support in clinical roles, risk management and complaints should undertake further training commensurate with their role and responsibilities. Refer to Safeguarding Adults team for signposting to in house or multi agency training.

Refer to Appendix 1

Training regarding the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) will also be recommended. Contact CCG Mental Capacity Act Lead for signposting to in house or multiagency training.

## **7. Documentation**

With regards to cases of adult abuse the Safeguarding Adults team will advise staff how to record safeguarding information and safe storage of associated records. This will be via electronic systems, paper records or in personal health records for the client (CHC teams) and will comply with standards outlined in the General Data Protection Regulations 2018. The Safeguarding team will also support staff on occasions where report writing is required.

## **7.1 Other related policy documents.**

This Policy should be read in conjunction with the Newcastle and Gateshead Multi Agency Policy and Procedures;

<http://www.newcastle.gov.uk/health-and-social-care/adult-social-care/report-suspected-adult-abuse/newcastle-safeguarding-adults-board>

[www.gateshead.gov.uk/safeguardingadults](http://www.gateshead.gov.uk/safeguardingadults)

- CCG CO10 Mental Capacity Act
- CCG CO03 Deprivation of Liberty Safeguards
- CCG CO15 Safeguarding Children
- CCG CO02 Complaints Policy and Procedures
- IG03 Information Governance and Information Risk Policy

## **7.2 Legislation and statutory requirements**

- Care Act 2014
- Care Act Support and Guidance 2014
- Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework.2015
- Prevent Duty Guidance for England and Wales 2016

## **7.3 Best practice recommendations**

NICE Guidance 50 Domestic Violence and Abuse - How health organisations social care and the organisations they work with can respond effectively. NICE 2014

[www.nice.org.uk/guidance/ph50](http://www.nice.org.uk/guidance/ph50)

# **8. Monitoring, Review and Archiving**

## **8.1 Monitoring**

The Commissioner Forum will agree with the Designated Nurse Adult Safeguarding a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

## 8.2 Review

- 8.2.1 The Commissioner Forum 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.**
- 8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Commissioner Forum will then consider the need to review the policy or procedure outside of the agreed timescale for revision.
- 8.2.3 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.

## 8.3 Archiving

The Commissioner Forum 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.

Partners in improving local health



An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



## STEP 1 - EVIDENCE GATHERING

<b>Name of person completing EIA: Howard Stanley</b>	
<b>Title of service/policy/process: Safeguarding Adults Policy</b>	
<b>Existing:</b> <input type="checkbox"/> <b>New/proposed:</b> <input type="checkbox"/> <b>Changed:</b> <input type="checkbox"/>	
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
<p>The Newcastle Gateshead CCG works in partnership to ensure that adults, with care and support needs, are protected from abuse and neglect. We wish to ensure that anyone raising a concern that an adult, with care and support needs, is being abused or neglected is taken seriously and it is acted on promptly and appropriately.</p> <p>This policy confirms the priority we give to safeguarding adults, outlines the principles and definitions that underpin this work, and describes how the CCG will fulfil its statutory duties under the Care Act 2014.</p>	
<b>Who will be affected by this policy/service /process? (please tick)</b>	
<input checked="" type="checkbox"/> <b>Staff members</b> <input checked="" type="checkbox"/> <b>Other</b>	
<b>If other please state:</b>	
<b>What is your source of feedback/existing evidence? (please tick)</b>	
<input type="checkbox"/> <b>National Reports</b> <input type="checkbox"/> <b>Staff Profiles</b> <input type="checkbox"/> <b>Staff Surveys</b> <input type="checkbox"/> <b>Complaints/Incidents</b> <input type="checkbox"/> <b>Focus Groups</b> <input checked="" type="checkbox"/> <b>Previous EIAs</b> <input checked="" type="checkbox"/> <b>Other</b>	
<b>If other please state:</b>	
<ul style="list-style-type: none"> <li>• <b>NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework</b></li> <li>• <b>Internal Audit</b></li> </ul>	

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	<ul style="list-style-type: none"> <li data-bbox="667 253 1369 320">• NHSE Safeguarding Vulnerable People in the NHS - Accountability and Assurance framework 2015</li> </ul>
Staff Profiles	
Staff Surveys	
Complaints and Incidents	
Staff focus groups	
Previous EIA's	
Other evidence (please describe)	



## STEP 2 - IMPACT ASSESSMENT

**What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)**

**Age** A person belonging to a particular age

The Safeguarding Adult Policy is required, by statute, to only apply to adults. The Care Act 2014 defines an "adult" as anyone over the age of 18

**Disability** A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy applies to adults at risk which may include individuals with a physical or mental impairment which could make them vulnerable to abuse.

**Gender reassignment (including transgender)** Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

This policy makes no reference to gender reassignment or transgender. There is no need for an additional privacy procedure.

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

This policy applies to all adults and makes no distinction between marriage and civil partnerships.

**Pregnancy and maternity** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

There are no implications for pregnancy and maternity.

**Race** It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

This policy applies to all adults and makes no distinction in regard of race, colour or nationality.

**Religion or belief** Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

This policy applies to all adults and makes no distinction in regard of religion.

**Sex/Gender** A man or a woman.

This policy is non-gender specific. There is no discrimination between males and females.

**Sexual orientation** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

This policy makes no reference to sexual orientation - there is no distinction between sexual orientation.

**Carers** A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

No impact identified



## STEP 3 - ENGAGEMENT AND INVOLVEMENT

**How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?**

All staff to whom the Policy applies have been engaged in its development.

**Please state how staff engagement will take place:**

Via management supervision and the CCG Safeguarding Committee



#### **STEP 4 - METHODS OF COMMUNICATION**

<b>What methods of communication do you plan to use to inform staff of the policy?</b>
<input checked="" type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
<b>If other please state:</b>



#### **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 - Workforce characteristics	May require other formats for dissemination such as font size or language.



#### **STEP 6- ACTION PLAN**

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access or use policy due to particular characteristics	Disability	Alternative formats provided if required	All staff can access and use policy	Designated Nurse Safeguarding Adults	On request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	All members of the CCG Safeguarding workforce		At Policy review



#### **SIGN OFF**

<b>Completed by:</b>	<b>Howard Stanley, NGCCG</b>
<b>Date:</b>	<b>June 2018</b>
<b>Presented to: (appropriate committee)</b>	<b>QSR Committee</b>
<b>Publication date:</b>	<b>July 2018</b>

### **Multi agency training Newcastle**

<http://www.newcastle.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults-information-for-professionals/safeguarding-adults-learning-and-deve>

### **Multi Agency training Gateshead**

<https://www.gateshead.gov.uk/DocumentLibrary/LSCB/Adults--Childrens-Safeguarding-Directory.pdf>