

<b>Corporate</b>	<b>Safeguarding Adults Policy</b>
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<b>Prepared By:</b>	Leesa Stephenson, Designated Nurse Safeguarding Adults
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<b>Approved By:</b>	Executive Committee

## **EQUALITY IMPACT ASSESSMENT**

<b>Date</b>	<b>Issues</b>
May 2022	No issues identified.

## **POLICY VALIDITY STATEMENT**

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

## **ACCESSIBLE INFORMATION STANDARDS**

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [NECSU.comms@nhs.net](mailto:NECSU.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
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## Approval

Role	Name	Date
Approver	Executive Committee	July 2022

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# 1. Introduction

For the purposes of this policy NHS Integrated Care Board (the ICB) will be referred to as “the ICB”.

The ICB will ensure that it has in place robust structures, systems, standards and an assurance framework for safeguarding adults which are in accordance with the legal structure and Safeguarding Adults Board (SAB) inter-agency policy and procedures. The [Care Act 2014](#), and updated [Care and Support statutory guidance ,2022](#) requires adult safeguarding practise to be person led and outcome focused, aiming towards resolution and recovery. This embodies the Making Safeguarding Personal approach. Adult Safeguarding should follow the edict of ‘no decision about me without me’ and means that the adult their families and carers must work together with agencies to find the right solutions to keep people safe and support them in making informed choices.

The ICB arrangements will ensure that both its own functions and those services provided on its behalf are discharged with regard for the need to Make Safeguarding Personal and safeguard adults at risk of abuse and neglect.

The ICB aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources.

The ICB is required to fulfil its legal duties under the Care Act 2014 and associated statutory guidance, and all staff working within the ICB’s health economy that commission or provide services for adults at risk of abuse and neglect must make safeguarding an integral part of the care they offer to patients and their families.

The ICB will also ensure that it complies with the requirements of the NHS England Safeguarding Children, Young People and Adults at Risk in the [NHS: Safeguarding Accountability and Assurance Framework \(NHSE 2019\)](#), providing assurance to NHS England of such compliance as part of the ICB assurance framework.

The ICB, as a member of the place based Safeguarding Board or Partnerships and, place based Adult Safeguarding Subgroups has formally adopted the principles of the Safeguarding Adults Inter-Agency Policies and Procedures.

## 1.1. Status

This policy is a corporate policy.

## 1.2. Purpose and Scope

This policy aims to ensure that no act or omission by the ICB as a commissioning organisation, or via the services it commissions, puts adults at risk of abuse or neglect and rigorous systems are in place to proactively safeguard adults at risk of abuse or neglect and to support staff in fulfilling their obligations.

This policy describes how the ICB will discharge the responsibility for ensuring its own organisation, and the health services it commissions, fulfil the ICBs duty to safeguard adults at risk of abuse or neglect. The ICB will ensure compliance with the safeguarding requirements of the Care Act 2014, Care and Support Statutory guidance, 2022, the Health & Social Care Act 2012 ( as amended 2022), the Mental Capacity Act 2005, the Human Rights Act 1998, Equality Act 2010, Vulnerable Groups Act, 2006, and NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019).

This policy applies to all staff employed by the ICB, including any agency, self-employed or temporary staff.

All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation within their line of responsibility and accountability.

All ICB staff have an individual responsibility for the protection and safeguarding of adults at risk of abuse or neglect and must know what to do if concerned that an adult is at risk of being abused or neglected.

## **2. Definitions and Key principles**

The safeguarding adult duties outlined within the “Care and Support Statutory Guidance, 2022, Chapter 14.2, apply to an adult 18 years and over, 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.

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.

In developing this policy the ICB recognises that safeguarding adults is everyone’s responsibility and that there is the need for effective joint working between agencies and professionals who have different roles and expertise if those vulnerable adults in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels. The ICB will ensure that the principles identified within “NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019) are consistently applied. The ICB is also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of adult safeguarding. This includes:

- a clear line of accountability for safeguarding, properly reflected in the ICB governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements;
- clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate;
- training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding;
- effective interagency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Safeguarding Partnerships and health and wellbeing boards;
- having a designated Safeguarding lead at place which should include responsibility for the Mental Capacity Act and PREVENT supported by the relevant policies and training;
- effective systems for responding to abuse and neglect of adults;
- supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not risk averse; and the role of ICBs is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. ICBs need to demonstrate that their designated clinical experts and professionals at place (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

The Care Act 2014 provides a comprehensive framework for the care and protection of adults, stating the following aims:

- 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 MSP
- promote an approach that concentrates on improving the life of the adult 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.

The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help SABs and organisations more widely, by using them to examine and improve their local arrangements.

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*
- **Prevention** – It is better to take action before harm occurs. *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

- **Proportionality** – The least intrusive response appropriate to the risk presented. *“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*
- **Protection** – Support and representation for those in greatest need. *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*
- **Accountability** – Accountability and transparency in delivering safeguarding. *“I understand the role of everyone involved in my life and so do they.”*

### Types of abuse and indicators

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. The Domestic Abuse Act, 2021, 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 <https://www.kingsleynapley.co.uk/insights/blogs/criminal-law-blog/domestic-abuse-act-2021-an-overview>
- **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.

Prevent is part of the [national counter-terrorism strategy](#) in the UK.

It is important that ICB staff are aware of the strategy and consider this under the banner of safeguarding. The ICB Adult Safeguarding Policy should be read in conjunction with the ICB Prevent Policy which details NHS organisations statutory duties and responsibilities.

### **3. Safeguarding Adults Decision Making**

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

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

It is important that advice is sought at an early stage. Please refer to ICB procedures, including reference to the ICB Single Point of Contact (SPOC).

Where concerns are raised an alert/referral to the appropriate Local Authority must be made. The contact details in relation to the Local Authorities can be found at appendix B.

All alerts/referrals should be appropriately recorded. The ICB Designated Adult Professional at place or the LA Adult Safeguarding Lead will provide advice and guidance including signposting where appropriate (e.g. to Prevent (Channel), Multi Agency Risk Assessment Conferences and Multi Agency Public Protection arrangements etc.

The Local Authority will respond to the alert within 48 hours of the alert being raised. The Local Authority will identify whether or not the alert meets the criteria.

It is the responsibility of those who have made the alert/referral to the Local Authority to ensure that the alert has been received and is being dealt with, should a formal response not be received within three working days.

Where possible discuss concerns openly and honestly with the adult. Consent and the person's wishes must be considered, and individuals should be supported and encouraged to make their own decisions regarding safeguarding from the outset. Making Safeguarding Personal is a personalised approach that supports safeguarding to be done with, and not to, the individual.

#### **4. Governance and Accountability – Commissioned Services and local place based systems**

The ICB must gain assurance from all commissioned services, both NHS and Independent healthcare providers, that each has effective safeguarding arrangements in place. Such assurance consists of performance reporting against both standard contract and local quality requirements in place across all main providers via the Quality Systems, commissioner attendance at provider steering groups/committees where in existence and via provider assurance to the Safeguarding Board/ Partnership in the form of a Section 11 audit or similar.

The ICB is provided such assurance via regular reporting from the Place Based Designated Adult Safeguarding professional at place referencing the outcomes of the above processes, reporting on the progress and learning from any Safeguarding Adult Reviews in progress and on the implication for the ICB of any changes in national or local policy.

**4.1.** The ICB will ensure effective leadership, commissioning and governance of safeguarding adult's services across the local health community and local place based systems by:

- ensuring a robust governance structure is in place to support the work of the Place Based Safeguarding Adults Board (SAB), and the ICB in delivering adult safeguarding responsibilities.
- ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding adults and that the ICB commissioning, contracting, contract monitoring and quality assurance processes fully reflects this:
- ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- ensuring that adults safeguarding is a standing agenda item on provider services' place-based Quality System Group meetings.
- working with provider collaboratives to collectively strengthen and embed learning outcomes

- monitoring safeguarding compliance both within the ICB and across commissioned services, addressing weaknesses as a matter of priority.
- reviewing Safeguarding Adult Reviews/Safeguarding Lessons Learned Adult Reviews and Domestic Homicide Reviews (DHR) and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- ensuring a system is in place for escalating risks.

## 5. Safeguarding Adults Standards

5.1. Clear service standards for safeguarding adults will be included in all commissioning arrangements, as appropriate to the service, in accordance with the key requirements of:

- the Care Act 2014
- standards outlined by the Care Quality Commission
- NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019)

These include (but are not limited to):

### *i. Leadership and Accountability*

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding adults.
- A senior lead for adult safeguarding to ensure their needs are at the forefront of local planning and service delivery.
- Safeguarding adults is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

### *ii. Policies / Strategies*

- Each provider must have comprehensive up to date safeguarding adults policy and procedures, which are in line with Government, CQC Safeguarding Partnership guidance and take account of guidance from any relevant professional body. The policy should include an adult's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.
- Clear priorities for safeguarding adults should be explicitly stated in providers' key policy documents and strategies.

### **iii. Staff training and Continued Professional Development**

- Staff should be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults, know how to act on their concerns and fulfil their responsibilities in line with the place based safeguarding partnerships policy and procedure.
- A staff training strategy and programme should be in place that includes the levels of safeguarding adults training appropriate to staff's roles and responsibilities. This should comply with the Adult Safeguarding: Roles and Competencies for Health Care Staff First Edition August 2018.
- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews/safeguarding adult reviews and internal management reviews with regards to safeguarding adults.

### **iv. Safe Recruitment and Vetting Procedures**

- Safe recruitment policies and practices including the necessary Disclosure and Barring (DBS) checks for all staff working with adults must be in place and must make certain no person who is barred by the Independent Safeguarding Authority is recruited.

### **v. Managing Allegations Against Staff**

- Concerns about a Person in a Position of Trust (PiPoT)
- A Person in a Position of Trust (PIPOT) is anyone who works or volunteers with adults with care and support needs.
- People can be considered to be in a 'position of trust' where they are likely to have contact with adults with care and support needs as part of their employment or voluntary work, and
- Where the role carries an expectation of Trust and
- The person is in a position to exercise authority, power or control over an adult(s) with care and support needs (as perceived by the adult)
- Positions of trust may include, but are not limited to, any staff working on behalf of:

-  Social Care
-  Health services
-  Police and Criminal Justice
-  Housing
-  Education

- Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority safeguarding process Placed Based policy to be followed.

#### **vi. *Effective Inter-agency Working***

- Staff should work together with other agencies in accordance with the Safeguarding Partnership policies and procedures.

#### **vii. *Information Sharing***

- Providers should have in place or have adopted local policies and procedures for sharing information where there are concerns in relation to safeguarding adults.
- Senior Managers should promote good practice in information sharing according to the published national guidance; *Information Sharing; Guidance for Practitioners and Managers* HM Government 2008. Look at updated advice include Prevent etc.

#### **viii. *Supervision***

- Supervision policies are in place for the provision of adult safeguarding supervision.

#### **ix. *Response to Incidents and Complaints***

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding adults and it should include the requirement to inform the Named or Safeguarding lead at place within the organisation/practice.
- Procedures are in place for reporting Serious Incidents to the ICB via the Serious Incident Management Policy and Policy and Procedure for the Management of Complaints.

#### **x. *Safeguarding Adult Reviews(SARs) /Safeguarding Lessons Learned Reviews (SLLRs) and Domestic Homicide Reviews (DHR)***

- Providers will cooperate with any Local Safeguarding Partnership conducting a Safeguarding Adult Review /Safeguarding Lessons Learned Reviews and Domestic Homicide Reviews and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

## ***xi. Raising Concerns at Work***

- Providers will ensure their Raising Concerns at Work Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding adult's issues should continue to be referred through Place Based Safeguarding Partnership procedures.

## **6. Implementation**

This policy will be available to all Staff within the ICB via the shared intranet and the internet sites.

All Executive leads and Managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties.

## **7. Training Implications**

- 7.1.** All staff in the ICB will be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults and act on their concerns and fulfil their responsibilities in line with the Place Based Safeguarding Partnership procedures and as determined by the ICB Executive Chief Nurse.
- 7.2.** All ICB staff will adhere to the safeguarding adult training programme and complete the level of training commensurate with their role and responsibilities informed by the NHS adult safeguarding intercollegiate document, which incorporates a health care staff competency framework.  
(Royal College of Nursing (RCN), 2018 as amended in 2019,) \* update pending autumn 2022
- 7.3.** The ICB will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 7.4.** The Chief ICB Executive Nurse with support from the Directors of Nursing at place and Designated Safeguarding Professionals at place will ensure ICB staff are aware of any new guidance or legislation and any recommendations from Local and National, Safeguarding Adult Reviews and Internal Management Reviews.

## **8. Supervision**

- 8.1.** Designated Adult Safeguarding Professionals at place should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required.

- 8.2. Support and supervision regarding safeguarding adults is available from the designated professionals at place to all employees of the ICB. The level of the employees' involvement with adults will determine the frequency of the supervision and this will be agreed in discussion with the designated professionals at place.

## 9. Documentation

### 9.1 Related Policy 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
- Freedom To Speak Up: Raising Concerns (Whistle Blowing) Policy
- Managing Allegations Against Staff Policy
- Internet/Intranet Acceptable Use Policy
- Complaints Policy and Procedure
- Deprivation of Liberty Safeguards (DoLS) Policy
- Mental Capacity Act Policy
- Safeguarding Children/looked after children Policy
- Serious Incident & Management Policy
- Workplace – Domestic Abuse Policy
- Risk management policy.
- Recruitment policy.
- Training policy.
- Incidents and Serious Incidents policy.
- [Prevent Strategy, HM Government, June 2011](#)

### 9.2 Relevant Legislation

- [Health and Social Care Act 2022](#)
- [Data Protection Act \(1998\)](#)
- [Care Standards Act \(2000\)](#)
- [Domestic Abuse Act 2021](#)
- Mental Capacity Act (2005)  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>  
<http://www.legislation.gov.uk/ukpga/2007/12/contents>
- [Care Act \(2014\)](#)

- [Safeguarding Vulnerable Groups Act \(2006\)](#)
- [Public Interest Disclosure Act \(1998\)](#)
- Equality Act 2010
- Provisions relating to Human Rights and discrimination on grounds of race, religion or belief, sexual orientation amend the Disability Discrimination Act 1995.
- Freedom of Information Act 2001
- Trust policies and procedures are subject to disclosure under the Freedom of Information Act.
- [Human Rights Act 1998 London: HMSO.](#)
- Rights and freedoms protected under the European Convention on Human Rights.
- [Counter Terrorism and Security Act 2015](#)
- [Domestic Violence, Crime and Victims Act 2004](#)
- [Health and Social Care Act 2012](#)

### 9.3 Statutory Guidance

- [Care Act 2004](#)
- [Care and Support statutory guidance ,2022](#)

### 9.4 Best practice guidance

- [Royal College of Nursing](#)
- [Department of Health \(2009\) \*Responding to Domestic Abuse: A Handbook for Health Professionals\*. London: Department of Health.](#)
- [Care Quality Commission, 2009 Essential Standards for Quality](#)
- [Foreign and Commonwealth Office & Home Office \(2009\) \*Multi-agency practice guidelines: Handling cases of Forced Marriage\*. Forced Marriage Unit: London](#)
- [NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework \(NHSE 2019\)](#)

- [Foreign and Commonwealth Office \(2011\) \*Female Genital Mutilation. Multi Agency Practice Guidance.\*](#)
- [General Medical Council \(2009\) \*Confidentiality: protecting and providing information.\*](#)
- [HM Government \(2008\) \*Information Sharing: Guidance for practitioners and managers\* London: DCSF publications](#)
- [NMC Guidelines for Records and Record Keeping \(2010\)](#)
- [Royal College of General Practitioners \(2012\) \*Responding to domestic abuse: Guidance for General Practices\*](#)

## **9.5 Safeguarding Adults Board**

Please refer to Place based local partnerships for referral pathways:

- [Darlington Borough Council](#)
- [Durham County Council](#)
- [Gateshead Council](#)
- [Hartlepool Borough Council](#)
- [Middlesbrough Council](#)
- [Newcastle upon Tyne Council](#)
- [Northumberland County Council](#)
- [North Tyneside Council](#)
- [Redcar and Cleveland Borough Council](#)
- [South Tyneside Council](#)
- [Stockton Borough Council](#)
- [Sunderland City Council](#)
- [Cumbria Council](#)

## 9.6 References

- [Care Quality Commission \(2009\) Guidance about compliance: Essential Standards of Quality and Safety London: CQC](#)
- [NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework \(NHSE 2019\)](#)

## 9.7 Useful websites

- [Department of Health:](#)
- 
- [Home Office:](#)

# 10. Monitoring, Review and Archiving

## 10.1 Monitoring

The ICB 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 ICB 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 the Nurse Directors of Place and Safeguarding Designated Professionals at place as soon as possible, who will notify the Chief Executive Nurse. The ICB 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 '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.

## 10.3 Archiving

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Conduct for Health and Social Care 2021

## Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

<b>Lead</b>	<b>Duties and Responsibilities</b>
<b>ICB Chief Executive</b>	<p>The Chief Executive 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.</p>
<b>Executive Chief Nurse</b>	<p>The Executive Chief Nurse has overall accountability and responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice requirements.</p> <p>The Executive Chief Nurse is accountable for ensuring that the health contribution to the Safeguarding Adults Policy is discharged effectively across the whole local health economy through ICB arrangements.</p> <p>Board level leadership and responsibility for Safeguarding Adults and Children's Supervision rests with the Chief Executive which is devolved to the Chief Executive Nurse, ensuring the ICB meets its statutory and non-statutory responsibilities, who is also responsible for monitoring progress against the Safeguarding Adults agenda within the ICB.</p>
<b>Nurse Directors of Place</b>	<p>The Nurse Directors at Place hold devolved responsibility for safeguarding adults and delivery of the statutory functions and will represent the ICB on Safeguarding Adults Boards and Inter – Agency Partnerships.</p> <p>The Nurse Directors at Place will work closely with and be responsible for the Designated Safeguarding Adult Professional at place and the Named GP and/or Named Primary Care clinical professionals for Safeguarding Adults function at place.</p> <p>The Nurse Directors at Place will also ensure that the ICB has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the designated and named professionals at place.</p>

	<p>The implementation of this policy at place will include the following:</p> <ul style="list-style-type: none"> <li>• the necessary training required to implement this document is identified and resourced.</li> <li>• mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.</li> <li>• There is a link to the work of the Partnership boards for Domestic Abuse and domestic homicide, ensuring that lessons are shared across into adult services.</li> <li>• The Chief Executive and ICB members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to a vulnerable person or persons.</li> <li>• The ICB has in place assurance processes to ensure compliance with adult safeguarding legislation, guidance, policy, procedures, quality standards and contract monitoring of providers</li> </ul>
<p><b>Policy Author</b></p>	<p>The Designated Safeguarding Adult at professionals at place are responsible for:</p> <ul style="list-style-type: none"> <li>• generating and formulating this policy document</li> <li>• identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives</li> <li>• establishing mechanisms for regular the monitoring of compliance</li> <li>• notifying the Nurse Directors of Place should any revision to this document be required. Nurse Directors at place will notify the Executive Chief Nurse in the ICB.</li> </ul>
<p><b>Designated Professionals at place (Nurse or Allied Health Professional or Social Worker)</b></p>	<p>The Designated Safeguarding Adult Professional at place and the Named GP and/or Primary Care clinical professionals for safeguarding adults at place will take a professional lead on all aspects of the NHS contribution to safeguarding adults across the ICB area, which includes all commissioned providers. They will:</p> <ul style="list-style-type: none"> <li>• Work with the Nurse Directors of Place to ensure robust safeguarding adult assurance arrangements are in place within the ICB and provider services.</li> <li>• Provide advice and expertise to the ICB Board and to the Local Safeguarding Adults Board / Interagency Partnership and to professionals across both the NHS and partner agencies.</li> <li>• Provide professional leadership, advice and support to lead adult safeguarding professionals across provider trusts/services and independent contractors.</li> </ul>

	<ul style="list-style-type: none"> <li>• Represent the ICB on relevant committees, networks and multiagency groups charged with the management of safeguarding vulnerable adults.</li> <li>• Lead on investigation and provision of appropriate information to inform and support reviews including Safeguarding Adult Reviews and Independent Management Reviews in accordance with local NHSE and SAB guidance.</li> <li>• Lead and support the development of adult safeguarding policy, and procedures in the ICB in accordance with national, regional, local requirements.</li> <li>• Provide advice and guidance in relation to safeguarding adults training including standards.</li> <li>• Ensure quality standards for safeguarding adults are developed and included in all provider contracts and compliance is evidenced.</li> <li>• The is responsible for ensuring that the Safeguarding Adult Review process links in appropriately with the Serious Incident reporting process and governance arrangements</li> <li>• The Designated Safeguarding Adult Professional at place will work closely with the Designated Professionals for Safeguarding Children/looked after children at place to ensure that where appropriate there is effective information flow across both adults and children’s safeguarding teams</li> </ul>
<p><b>Named GP and Named Primary Care Clinical Professionals at place</b></p>	<p>The Named GP and/or Named Primary Care clinical professionals at place will lead and support the development of practice within Primary Care which includes training standards and compliance with statutory guidance.</p>
<p><b>Managers and Executive leads</b></p>	<p>Managers and Executive leads have responsibility for:</p> <ul style="list-style-type: none"> <li>• Ensuring they are aware of and carry their responsibilities in relation to safeguarding adults in accordance with local Safeguarding Partnership procedures.</li> <li>• Ensure that the adult safeguarding policy is implemented in their area of practice.</li> <li>• Ensuring staff are aware of the contact details of the ICB Adult Safeguarding Team and the local authority contact number for safeguarding concerns.</li> <li>• Identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in practice and advising the Designated Safeguarding Adult Professional at place accordingly.</li> </ul>

	<ul style="list-style-type: none"> <li>Ensuring that all staff undertake mandatory safeguarding adults training commensurate to their role</li> </ul>
<b>All Staff</b>	<p>All staff, including temporary and agency staff are responsible for:</p> <ul style="list-style-type: none"> <li>All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.</li> <li>Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken</li> <li>Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>Identifying the need for a change in policy and procedures as a result of becoming aware of changes in practice, changes in statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>Attending training/awareness sessions when provided.</li> </ul>
<b>Commissioning staff</b>	<p>As commissioners of local health care the ICB will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of vulnerable adults.</p>
<b>CSU Staff</b>	<p>Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.</p>
<b>All NHS Providers</b>	<p>All NHS Providers are responsible for ensuring they have clear operational policies and procedures that reflect the ICB Policy.</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>

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.
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## Appendix 1

### 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:** Designated Nurse Safeguarding Adults

**Organisation:** NENC ICB

**Title of the service/project or policy:** Safeguarding Adults policy - corporate

#### 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:

This policy sets out how, the ICB will fulfil its statutory duties and responsibilities effectively both within the ICB and Place Based organisations regarding safeguarding Adults.

#### 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<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:**

Safeguarding is a statutory responsibility of the ICB and safeguarding duties apply to all.

**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.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: <b>“If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact <a href="mailto:NECSU.comms@nhs.net">NECSU.comms@nhs.net</a>”</b>		
<b>If any of the above have not been implemented, please state the reason:</b> Click here to enter text.		

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
David Purdue	Executive Chief Nurse NENC ICB	July 2022

### **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.

## **Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)**

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

**This document is to be completed following the STEP 1 – Initial Screening Assessment**

### **STEP 2 EVIDENCE GATHERING**

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

**Name:** Leesa Stephenson

**Job Title:** Designated Nurse Safeguarding Adults

**Organisation:** ICB NENC

**Title of the service/project or policy:** Safeguarding Adults policy - corporate

**Existing**  **New / Proposed**  **Changed**

**What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;**

To set out the policy for health to meet its statutory responsibilities of safeguarding children and looked after children as detailed in the Children Act (1989, 2004) and Government's Working Together to safeguard children (2018)

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

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	The existing policy has been reviewed and amended in preparation for transition to the Integrated Care Board.

**STEP 3: FULL EQUALITY IMPACT ASSESSMENT**

**PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.**

<p><b>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.</b></p> <p>Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p><b>Age</b>  <i>A person belonging to a particular age</i></p>
No impact
<p><b>Disability</b>  <i>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</i></p>
No impact

**Gender reassignment (including transgender) and Gender Identity**

*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.*

No impact

**Marriage and civil partnership**

*Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters*

No impact

**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.*

No impact

**Race**

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

No impact

**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.*

No impact

**Sex/Gender**

*A man or a woman.*

No impact

**Sexual orientation**

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

No impact

**Carers**

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

No impact

**Other identified groups relating to Health Inequalities**

*such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.  
(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”*

*Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)*

No impact

## STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

### Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

CCG representatives, NHSE and NECS have all been involved and in agreement with the amendment of this policy

If no engagement has taken place, please state why:

Click here to enter text.

## STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- Verbal – meetings       Verbal - Telephone  
 Written – Letter       Written – Leaflets/guidance booklets  
 Written - Email       Internet/website       Intranet page  
 Other

If other please state: Available in other formats on request

## Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

### Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
- Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

**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 [NECSU.comms@nhs.net](mailto:NECSU.comms@nhs.net)”**

If any of the above have not been implemented, please state the reason:  
[Click here to enter text.](#)

### **STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN**

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
<a href="#">Click here to enter text.</a>						

### **GOVERNANCE, OWNERSHIP AND APPROVAL**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
David Purdue	Executive Chief Nurse NENC ICB	July 2022

<b>Presented to (Appropriate Committee)</b>	<b>Publication Date</b>
NENC ICB board	July 2022

1. Please send the completed Equality Impact Assessment with your document to: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team:  
[necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)

## Appendix 2

### Adult Safeguarding Mandatory Training requirements

The ICB has adopted the Adult Safeguarding: Roles and Competencies for Health Care Staff TSAB adult safeguarding training framework which outlines core competencies which must be evidenced by staff in relation to the different levels.

ICB staff are expected to comply with the following:

Title	ICB Staff	Status	Method of Training	Period
Level 1 Foundation –	All ICB staff	Mandatory	<u>Provided by NECS</u>	Every three years
Level 2 – Intermediate Safeguarding Adults Awareness Raising	(Adults)	Mandatory	E-Learning	Once Only
Advanced safeguarding training – risk assessment, chairing, investigations, Leadership	TBC	Mandatory	In accordance with commissioned training providers availability	Once only

Competence level required by role		LEVEL OF TRAINING (confirmed by Training Passport)					
LEVEL 1	All staff working in health care settings.	1	2	3	4	5	BOARD
LEVEL 2	All staff who have regular contact with patients, their families or carers, or the public.						
LEVEL 3	All registered health and social care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).						
LEVEL 4	Specialist roles – named professionals						
LEVEL 5	Specialist roles – designated professionals						
BOARD LEVEL	Chief Executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent health care and voluntary sector as well as statutory providers.						
NB: It is expected that Level 3 competencies will be met within 12 months of induction							
INDUCTION	30 mins within 6 weeks of commencing post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRESHER TRAINING HOURS	Duration over a three-year period: 2 hours 4 hours 8 hours 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + Board specific

## **Glossary of Terms**

### **Accountable:**

- subject to the obligation to report, explain, or justify something; responsible; answerable.
- capable of being explained; explicable; explainable.

### **Devolve:**

- to transfer or delegate (a duty, responsibility, etc.) to or upon another; pass on.