

## **SAFEGUARDING ADULTS POLICY**

### Ratification Process

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<b>Approved by:</b>	Quality, Safety and Patient Experience Directorate
<b>Ratified by:</b>	Patient Safety and Quality Committee
<b>Version:</b>	2
<b>Latest Revision date:</b>	June 2015
<b>Review date:</b>	June 2017

## Document Control Sheet

<b>Development and Consultation:</b>	This policy was developed in conjunction with the Peterborough and Cambridgeshire Local Authorities and meets the requirements of the Care Act 2014
<b>Dissemination</b>	The policy will be available to all CCG staff and independent contractors via the CCG website.
<b>Implementation</b>	This policy will be implemented on 1 June 2015 and will be applicable for all CCG staff and independent contractors
<b>Training</b>	There is a training needs analysis which identifies which groups of staff require what level and the frequency. Sessions are provided in house and by Peterborough and Cambridgeshire Local Authorities
<b>Audit</b>	Audit of compliance with this policy will be undertaken should an incident suggest that it has not been followed Audit of training will be undertaken by the human resources department
<b>Review</b>	The Designated Nurse for Safeguarding Adults will review this every 2 years or sooner if there is new national guidance
<b>NHSLA Risk management Standards</b>	These are not relevant to the CCG
<b>Links with other documents</b>	The policy should be read in conjunction with the Peterborough and Cambridgeshire Local Authority Multiagency Safeguarding Adult Procedures The Care Act 2014
<b>Equality and Diversity</b>	The Designated Nurse for Safeguarding Adults has carried out an Equality Impact Assessment and concluded the document is compliant with the CCG Equality and Diversity Strategy. The assessment is registered with the CCG Equality and Diversity Adviser

## Revisions

Version	Page/Para No	Description of Change	Date Approved
1		Safeguarding Adults policy November 2013	Nov 2013
2		This guidance has been substantially rewritten to be Care Act 2014 compliant and replaces the previous CCG guidance 'Safeguarding Adults policy' November 2013	9 June 2015

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## 1. Introduction

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is committed to working with partner agencies to identify all forms of abuse and mistreatment ensuring that safeguarding is everyone's business. The CCG is ultimately accountable for ensuring their duties to Safeguard Adults are met.

Each geographical area within the CCG will need to refer to the relevant Local Authorities safeguarding procedures in the area where the safeguarding concern occurs. (Appendix 1).

The Care Act 2014 was passed in April 2014 to be implemented from 1 April 2015 and sections 42-46 outline the requirements in relation to Safeguarding. Care Act (Care and Support Statutory Guidance) was published in October 2014 giving guidance on the practical implementation of the Care Act, and chapter 14 relates to safeguarding. This replaces the previous guidance on Safeguarding Adults 'No Secrets' 2000.

The Care Act 2014 defines safeguarding as *protecting an adult's right to live in safety, free from abuse and neglect*

Adult Safeguarding duties apply to an adult who;

- Has needs for care and support (whether or not the Local Authority is meeting any of those needs)
- Is experiencing, or at risk of abuse and neglect
- As a result of their care and support needs, is unable to protect themselves from the risk or experience of abuse and neglect

Safeguarding involves 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, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The principle of making safeguarding personal is to ensure that the person is involved with the safeguarding arrangements and processes at all stages and that their wishes are considered and honoured whenever possible.

## 2. Purpose and Scope

This policy outlines the statutory responsibilities of the CCG in relation to the Care Act 2014 in order to promote well being, prevent harm and respond effectively if concerns are raised.

This policy is applicable to all CCG staff including those working as independent contractors. It should be read in conjunction with the Peterborough and Cambridgeshire Local Authorities safeguarding procedures which have the statutory responsibility to be the lead agency for Safeguarding Adults.

## 3. Duties, Roles and Responsibilities

### 3.1 Duties

It is the duty of the CCG to comply with its statutory requirements in relation to the Care Act 2014:

- Have Adult Safeguarding policies and procedures
- Duty to cooperate in a safeguarding enquiry and Safeguarding Adults Review (SAR)
- Be a member of the Safeguarding Adults Board
- Train staff

- Rigorous recruitment
- Information sharing

### **3.2 Roles and Responsibilities**

#### **Executive Lead**

The ultimate accountability for safeguarding sits with the Accountable Officer of the CCG to ensure that safeguarding responsibilities are discharged effectively across the whole local health economy through the organisation's commissioning arrangements.

The Executive Lead for Safeguarding Adults is the Director of Quality and Nursing who delegates this responsibility to the Deputy Director of Quality and Nursing. The Executive Lead will ensure that policies and procedures are in place with regard to Safeguarding Adults within the CCG and Providers whose services it commissions. The Executive Lead will represent the CCG as a statutory partner on the Local Authorities Safeguarding Adults Boards.

#### **Designated Adult Safeguarding Manager (DASM)**

The Care Act 2014 requires the CCG to have a DASM. The person in this role has the responsibility for the management and oversight of individual complex cases and co-ordination where allegations are made or concerns raised about a person, whether an employee, volunteer, or student, paid or unpaid. This role is fulfilled by the Designated Nurse for Safeguarding Adults.

#### **Commissioning Leads**

Commissioning leads have a responsibility to ensure that Safeguarding Adults is an integral part of any commissioned service. They need to ensure that they liaise with the Executive Lead and the DASM when any new services are being proposed and commissioned.

They need to ensure that there are contracts in place with the providers with whom the CCG commission from and that the contracts have explicit clauses about holding the Providers to account for both preventing and dealing promptly and appropriately with abuse and neglect should this occur.

#### **Designated Nurse for Safeguarding Adults**

The Designated Nurse will provide specialist advice to the CCG and to staff on the safeguarding of adults.

They will review information submitted by Providers in relation to safeguarding adults as outlined in their contracts to assure the CCG that they are meeting their safeguarding responsibilities

#### **Named Nurse for Safeguarding Adults**

The Named Nurse will provide advice to the CCG and to staff on the safeguarding of adults.

They will review information submitted by Providers in relation to Safeguarding Adults as outlined in their contracts to assure the CCG that they are meeting their safeguarding responsibilities.

#### **Nurse for Safeguarding Adults**

The Nurse for Safeguarding Adults will work with the Designated Nurse and Named Nurse for Safeguarding Adults to ensure that commissioned providers of care are meeting their contractual requirements.

#### **Line Managers**

Managers have a responsibility to ensure that they follow the CCG recruitment policies and procedures with regard to safer recruiting practices including references, DBS checks, ID checks and Rehabilitation of Offenders Act 2014 requirements.

Managers also have a responsibility to ensure that the staff for whom they have line management responsibility attend training in Safeguarding Adults relevant to their role according to the training needs analysis (Appendix 3).

They must ensure that staff who have direct contact with patients receive clinical supervision and understand their role in relation to identification of neglect and abuse and the need to refer to Local Authorities Safeguarding Adult teams.

### **Staff and Volunteers**

All staff, including volunteers, will have an individual responsibility to identify and respond to allegations of abuse, neglect and substandard practice. Concerns must be shared, acted on and documented, and referred to the Local Authorities safeguarding teams.

Staff have a responsibility to ensure that they attend training in safeguarding adults relevant to their role in line with the training needs analysis (Appendix 3).

### **Regulated Professionals**

Staff governed by a professional regulatory body should understand how their professional standards and requirements underpin their CCG role to prevent, recognise and respond to abuse and neglect.

### **HR Department**

The HR department have a responsibility to ensure that the CCG Recruitment, Selection and Appointment of Staff policy and procedure is current and in line with national requirements and adheres to the principles of safer recruitment. For example;

- Safeguarding statements in job descriptions and adverts
- Seeking appropriate references (2 minimum, including most recent employer)
- Checking ID
- Checking professional qualifications
- Seeking appropriate DBS checks
- Checking employment history and accounting for anomalies

The HR department will have the responsibility to maintain a system for monitoring compliance of staff training in adult safeguarding adults outlined in the training needs analysis.

### **Whistleblowing**

A culture of open practice underpins effective safeguarding within an organisation. The CCG's 'Raising Issues of Serious Concern at work (whistleblowing) policy contributes to the CCG's safeguarding children and adult arrangements by supporting a culture where issues can be raised safely and addressed by the organisation. This may be in relation to an individual's conduct and practice, illegal activity or a widespread or systemic failure in the provision or management of services to children and adults which places them at risk.

### **Professional Boundaries**

Maintaining professional boundaries is central to providing safe and quality care for patients. It ensures personal and organisational reputation is maintained, professional standards are upheld and statutory requirements are met.

Staff should be aware that this responsibility extends to conduct on the internet and in the use of communication devices such as mobile phones and tablets.

If there is an allegation that a member of the CCG staff has been involved with abuse or neglect of an adult then this will be dealt with sensitively involving the DASM, HR department and investigation/ disciplinary framework, regulatory body or police if necessary

### **Case discussion / Safeguarding Supervision**

Staff who have direct involvement with patients where there may be safeguarding concerns should have an identified route to seek advice or obtain clinical / safeguarding supervision. Both supervisor and supervisee should keep a written record of any individual cases discussed and advice given should be written in the patients records where applicable.

Please refer to the CCG Management Supervision Policy and Procedures for guidance.

Supervision for Safeguarding Adults Leads in Commissioned Providers will be offered by the CCG Designated Nurse although these may be accessed from other sources and also individual 1:1 meetings will be offered to provide support and professional development.

### **4. PREVENT**

PREVENT is part of the Government's overall counter-terrorism strategy CONTEST introduced in 2011 by the Home Office. The aim is to reduce the threat to the UK from terrorism by stopping people becoming terrorists, supporting or being drawn into terrorism and extremism. This fits into the wider context of safeguarding adults and there are close links with safeguarding children. There is a separate CCG PREVENT policy which gives more detail.

### **5. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards 2009 (DOLS)**

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. When an adult is thought to lack capacity then a formal MCA assessment must be undertaken. CCG staff in contact with patients who need to give consent to them for whatever reason must have had training in MCA assessments. This is available from the Local Authorities.

Patients deemed to lack capacity to make their own decisions who are not free to leave their care setting must have their deprivation of liberty safeguarded and this is done by making a DOLS application. Patients without capacity who are in a CQC registered care setting will require a DOLS application to the Local Authority and this would be the responsibility of the Provider organisation. If the patient is receiving care at home via a package of supported care then a DOLS application would need to be made to the Court of Protection.

Application forms are available from the Local Authorities. (Appendix 1).

### **6. Partnership working Safeguarding Adults Board (SAB)**

The Local Authority is the lead agency for safeguarding adults. Within CAPCCG boundaries, there are two Local Authorities – Peterborough and Cambridgeshire. They have a responsibility to facilitate a Safeguarding Adults Board with representation of local agencies. There are three statutory partners who must be part of the SAB;

- Local Authority
- Police
- CCG
- 

However, there are a range of agencies represented on the SABs. The role of the SAB is to ensure that there is strategic oversight of safeguarding arrangements for all agencies as it is essential that agencies work together to Safeguard Adults.

There are a range of multiagency subgroups of the SAB at which the CCG is represented to give an overview of health service arrangements

### **Safeguarding Adult Reviews (SAR)**

The SAB have a responsibility to identify cases where there has been abuse or neglect that resulted in serious harm or death for a person and to review the involvement of each agency and produce an investigation report identifying any learning and make recommendations. This process is known as a Safeguarding Adults Review (SAR).

### **Health Safeguarding Executive Board – (HSEB)**

This is a subgroup of the SABs and brings together executive leads with responsibility for safeguarding adults and children within the CCG, provider organisations and both Local Authorities with an aim of improving and developing safeguarding practice across the health economy.

### **Safeguarding Adults Health Subgroup**

This group reports to the HSEB and brings together Safeguarding Adult Leads with responsibility within the CCG, provider organisations and both Local Authorities with the aim of providing a forum for discussion and comment on local, regional and national guidance and sharing of best practice in relation to Safeguarding Adults.

### **Shared responsibilities with Safeguarding children**

There are certain areas which have shared or overlapping responsibilities with safeguarding children such as

- Female Genital Mutilation (FGM)
- Domestic Abuse
- Perinatal mental health

In these areas the safeguarding children team will be the lead for developing policies and guidance for CCG staff.

The Safeguarding Adults Team leads on the Prevent Agenda.

### **The Multi-Agency Safeguarding Hub (MASH)**

The MASH is a multi-agency forum where referrals can be reviewed, assessed and triaged to decide what level and urgency of action is required. The MASH for Cambridgeshire and Peterborough has been in existence since 1 September 2014 and has well established processes for Safeguarding Children. The processes for Safeguarding Adults are still being finalised but a joint referral form has been developed and agreed by both Cambridgeshire and Peterborough Local Authorities. (Appendix 4)

### **Information Sharing and Confidentiality**

In order to effectively Safeguard Adults, information needs to be shared appropriately between agencies. There is an agreed information sharing agreement hosted by the MASH consistent with the Caldicott principles 2013 and ensures:

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

In cases where an adult refuses to consent to information being shared, then staff must consider whether there is an overriding public interest that would justify information sharing. This should be discussed with the Caldicott Guardian wherever possible.

## 7. Safeguarding principles and procedures

### 7.1 Six key responsibilities of Adult Safeguarding work

1. **Empowerment** - People being supported and encouraged to make their own decisions and informed consent
2. **Prevention** – It is better to take action before harm occurs
3. **Proportionality** – The least intrusive response appropriate to the risk presented
4. **Protection** – Support and representation for those in greatest need
5. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. **Accountability** – Accountability and transparency in delivering safeguarding

### 7.2 Identifying abuse and neglect

Incidents of abuse may be one-off or multiple and may affect one person or more. Repeated instances of poor care may be an indication of more serious problems and may be described as organisational abuse. Abuse can take place anywhere including a person's home, hospital, care home, college and public place and by anyone. Statistically, a person is more likely to know their abuser.

<b>Physical abuse</b>	Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
<b>Domestic violence</b>	Including psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence
<b>Sexual abuse</b>	Including rape, indecent exposure, sexual harassment inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
<b>Psychological</b>	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
<b>Financial or material abuse</b>	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
<b>Modern slavery</b>	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
<b>Discriminatory abuse</b>	Includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
<b>Organisational abuse</b>	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
<b>Neglect and acts of omission</b>	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
<b>Self neglect</b>	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

### **7.3 Recognising abuse or neglect**

#### **Abuse or neglect may be:**

- A single act or repeated acts
- Cause harm temporarily or over a period of time
- Occur when a person is persuaded to enter into a transaction to which they have not consented to, or cannot consent to
- Be an act of neglect or an omission to act
- Occur through deliberate targeting/grooming
- Occur in any relationship
- Be perpetrated by an individual or as part of a group/organisation
- Be the result of deliberate intent or negligence or ignorance – unintentional
- A number of abusive acts are crimes and informing the police must be a key consideration

#### **Who may abuse or neglect:**

- Spouses/partners
- Other family members
- A relative or unpaid carer
- Neighbours, friends
- Paid staff including professionals
- Volunteers
- Another adult at risk
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Children
- Strangers – member of public not known to the abused

#### **People at high risk of abuse or neglect:**

- Older person who is particularly frail
- Someone with a mental disorder, including dementia or a personality disorder
- Someone with a significant and impairing physical or sensory disability
- Someone with a learning disability
- Someone with a severe physical illness
- An unpaid carer who may be overburdened, under severe stress or isolated
- A homeless person
- Any person living with someone who abuses drugs or alcohol
- Women who may be particularly vulnerable as a result of isolating cultural factors.

### **7.4 Reporting and responding to abuse and neglect**

The circumstances surrounding any actual or suspected abuse or neglect will inform the response, however the primary focus will be to safeguard the adult. If abuse is suspected then consideration should be given to others who may also be at risk such as other adults or children.

If an adult is in immediate danger then the police should be called and if necessary then evidence should be preserved.

If there are more general concerns about care then a safeguarding referral should be made to the relevant Local Authority Safeguarding Team (Appendices 1 and 4). Consent from the person should be obtained wherever possible however circumstances may suggest that action needs to be taken in the best interests of the person. The staff member should document their concerns and this is likely to form part of the referral process.

The Designated Adult Safeguarding Manager should be notified of any concerns of neglect or abuse by a member of the CCG staff.

CCG staff will not be involved in direct patient care and as such will not be involved in;

- Managing challenging of distressing behaviour
- Personal or intimate care
- Control and restraint
- Giving medication
- Handling patients monies

Any allegations of abuse by a member of the CCG staff should be reported to the line manager, HR department and the DASM so that an investigation and appropriate action is taken

### **7.5 Documentation and Record keeping**

Good documentation is an essential part of professional practice and especially in relation to safeguarding of adults. Documentation should be contemporaneous, dated, timed, and signed including designation (role).

Details of the safeguarding concern, action taken, who it was shared with, and who it was notified to must be documented, include what the adult is aware of and what outcome they expect. Any such documentation must be stored securely.

### **7.6 Escalation/Professional disagreements**

If a member of staff has concerns that they feel an individual or organisation is not responding to appropriately or they are being asked to undertake enquiries or reviews which they feel are not appropriate, then they need to escalate this to a more senior staff member within the CCG for them to raise with their counterparts in that organisation. See section 3 above.

## **8. Training**

Ensuring that staff understand their responsibilities and have the knowledge and skills to recognise abuse and neglect and take appropriate action is essential to Safeguard Adults. In order to achieve this staff need to be trained in safeguarding procedures relevant to their level of responsibility and degree of patient contact. The Care Act Support Statutory Guidance gives advice about training and four levels:

1. Basic mandatory induction training with respect to awareness that abuse can take place and duty to report
2. More detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency
3. Specialist training for those who will be undertaking enquiries, and manager; and, training for elected members and others
4. Post qualifying or advanced training for those who work with more complex enquiries and response or who act as their organisations expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or Board

The CCG has developed a training needs analysis (TNA) interpreting this guidance, however, there needs to be consistency; with the Local Authorities interpretation and NHS England who are currently reviewing this. NHS England aim to produce some guidance at the end of 2015 following which the CCG guidance may need to be reviewed.

(see Appendix 3).

## **9. Quality Assurance**

### **9.1 Commissioned Provider responsibilities**

Services commissioned by the CCG will be expected to comply with the Care Act 2014 and the Care and Support Statutory Guidance and CQC regulations. There are Safeguarding Adult requirements in the Quality Schedule of the NHS Contract and compliance with these by providers will be monitored via the Contract Quality Review (CQR) process and the quality dashboard which has metrics and thresholds. These metrics and thresholds are reviewed on an annual basis.

Announced and unannounced visits to a Provider may be undertaken where concerns have been identified or to triangulate information in relation to safeguarding arrangements

It would be the responsibility of the Designated Nurse/Named Nurse/Nurse for Safeguarding Adults to review the evidence submitted by the Providers and RAG rate accordingly. If there are concerns about compliance then this will follow the same process as other metrics on the quality dashboard and in the quality schedule of the contract and may result in a Contract Query. (Appendix 5)

### **9.2 Serious safeguarding concerns within a Provider organisation**

If there are serious safeguarding concerns identified within a provider organisation such as a Local Authority Large Scale Safeguarding Investigation or Care Quality Commission rating of Inadequate for Regulation 13 Safeguarding, then the CCG will make a plan to ensure that any CCG patients being cared for in that setting are safe and make an assessment and judgement about whether any patients would need to be moved to a different setting. These reviews can be undertaken by either the safeguarding team, CHC team or other nominated party depending on the setting. The frequency of reviews will depend on the nature of the concerns and the findings at the first review. This information will be reported internally to the Patient Safety and Quality Committee (PSQ) meeting.

### **9.3 CCG Quality Assurance**

The CCG Designated Nurse for Safeguarding Adults will have a responsibility to ensure that services commissioned by the CCG are discharging their responsibilities to safeguard adults in line with national and local guidance and that information about safeguarding is shared appropriately within the CCG. This will involve submission of reports to the Patient Safety and Quality Committee on:

- Information about quality and safeguarding concerns in relation to care homes where CCG funded patients are placed
- Information about quality and safeguarding concerns in relation to commissioned Providers where CCG funded patients receive care
- Review of the risk assessment for safeguarding adults
- Produce a quarterly Safeguarding Adults report outlining activity and any concerns
- Produce an annual Safeguarding Adults report outlining activity and a work plan for the year

The CCG Head of Quality Assurance will ensure that information submitted by providers in relation to safeguarding adults is reviewed by the CCG Designated Nurse for Safeguarding Adults and will collate this information into a quality exception report for PSQ.

Issues raised in complaints and reported serious incidents will be considered as to whether these have any safeguarding concerns and whether a referral is required and there will be close liaison between the patient experience manager, serious incident manager and the safeguarding adult's team.

## Local Contacts for Safeguarding Adults

If a referral is required for an Adult Safeguarding concern, the referral will need to be made to the Local Authority where the abuse occurs.

### Local Authorities

Cambridgeshire	Telephone: 0345 045 5202 Minicom: 01480 376 743 Email: <a href="mailto:referral.centre-adults@cambridgeshire.gov.uk">referral.centre-adults@cambridgeshire.gov.uk</a> Outside of office hours: 01733 234 724
Hertfordshire	General: 0300 123 4040 Out of ours service: 0300 123 4042
Northamptonshire	Telephone: 0300 126 100 Out of hours support: 01604 626 938 Email: <a href="mailto:adultcarenc@northamptonshire.gcsx.gov.uk">adultcarenc@northamptonshire.gcsx.gov.uk</a>
Peterborough	Telephone: 01733 747474 Outside of office hours: 01733 234 724
Multi Agency Safeguarding Hub MASH	Telephone: 101
Police	999

### CCG

Designated Nurse for Safeguarding adults/DASM	01733 776176 07950 441030 <a href="mailto:doreen.simpson1@nhs.net">doreen.simpson1@nhs.net</a>
Named Nurse for Safeguarding Adults	07773 244404 <a href="mailto:carol.davies4@nhs.net">carol.davies4@nhs.net</a>

### References and reading

Department of Health. Care and Support Statutory Guidance Issued under the Care Act 2014, 14.4 safeguarding.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-forimplementation>

HM Government. Care Act 2014. Sections 42 – 45 Safeguarding of Adults

<http://www.legislation.gov.uk/ukpga/2014/23/contents>, and

<http://www.legislation.gov.uk/ukpga/2014/23/notes/division/5/1/10>

HM Government. Channel: Protecting vulnerable people from being drawn into terrorism. A guide for local partnerships. October 2012, accessed April 2015.

<https://www.gov.uk/government/publications/channel-guidance>

HM Government. CONTEST: The United Kingdom's Strategy for Countering Terrorism. July 2011

<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>

HM Government. Prevent Strategy. June 2011

<https://www.gov.uk/government/publications/Prevent-strategy-2011>

Social Care Institute for Excellence (SCIE). Adult safeguarding: sharing information. Accessed April 2015.

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

Peterborough Local Authority Safeguarding guidance

[http://www.peterborough.gov.uk/health\\_and\\_social\\_care/adult\\_social\\_care/safeguarding/safeguarding\\_adults\\_board.aspx](http://www.peterborough.gov.uk/health_and_social_care/adult_social_care/safeguarding/safeguarding_adults_board.aspx)

Cambridgeshire Local Authority Safeguarding guidance

[http://www.cambridgeshire.gov.uk/info/20077/adults\\_and\\_older\\_people\\_practitioners\\_and\\_providers\\_information/414/adults\\_and\\_older\\_people\\_partnership\\_boards/2](http://www.cambridgeshire.gov.uk/info/20077/adults_and_older_people_practitioners_and_providers_information/414/adults_and_older_people_partnership_boards/2)

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

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

Raising issues of serious concern at work (Whistleblowing) Policies and Procedures CAPCCG April 2014

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Policies/Human%20Resources%20CCG/CPCCG%20Raising%20Issues%20of%20Serious%20Concern%20at%20Work%20Whistleblowing%20Policy%20and%20Procedure.pdf>

Recruitment, Selection and the Appointment of Staff Policy and Procedure. CAPCCG January 2015

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Policies/Human%20Resources%20CCG/CPCCG%20Recruitment%20and%20Selection%20Policy%20and%20Procedure.pdf>

Management Supervision Policy and Procedures CAPCCG October 2013

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Policies/Human%20Resources%20CCG/CPCCG%20Management%20Supervision%20Policy%20and%20Procedure.pdf>

Deprivation of Liberty Safeguards: putting them into practice Social Care Institute for Excellence August 2014

<http://www.scie.org.uk/publications/reports/report66.pdf>

Mental Capacity Act 2005 Code of Practice November 2014 Department of Constitutional Affairs

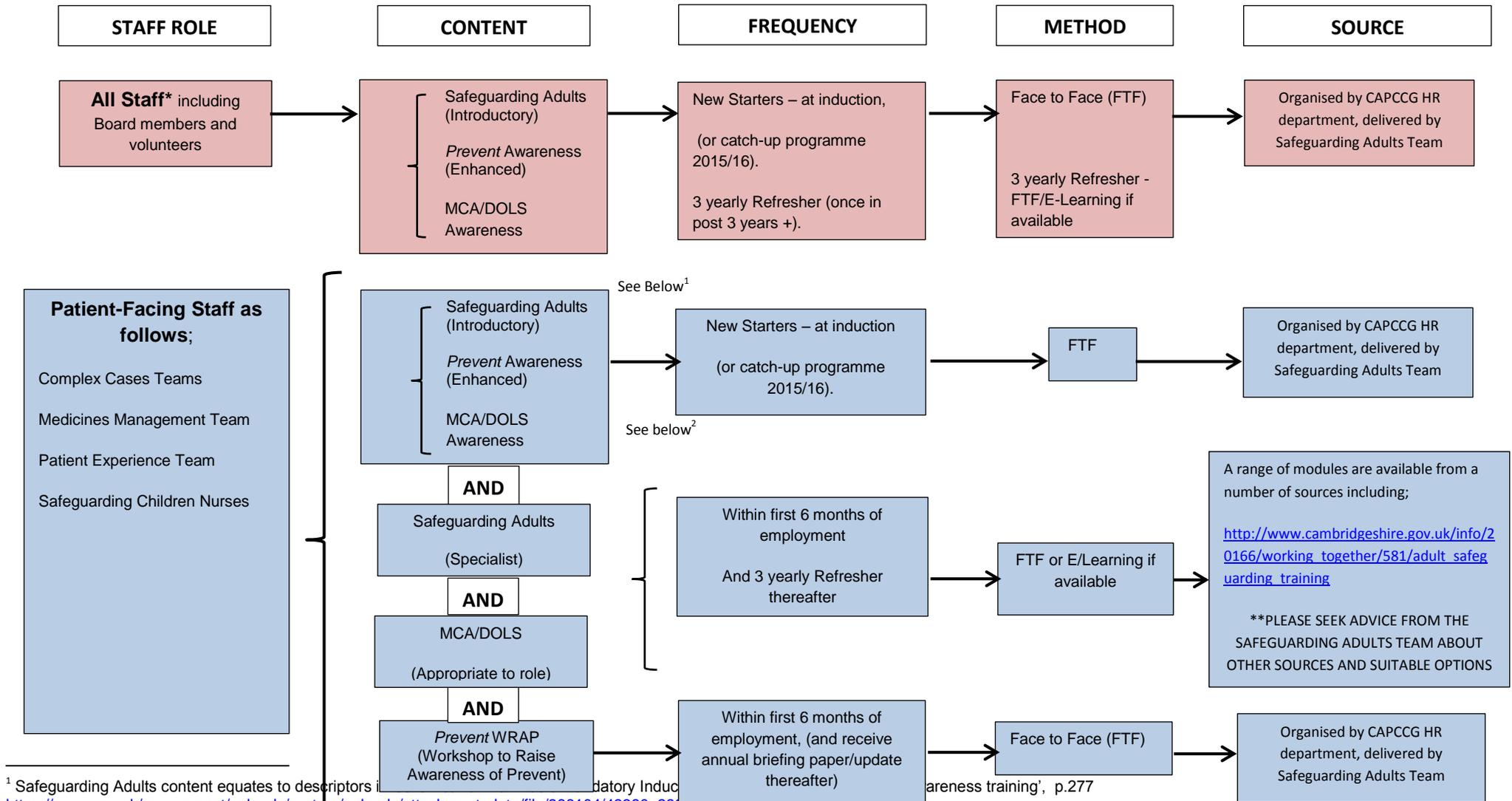
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224660/Mental\\_Capacity\\_Act\\_code\\_of\\_practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf)

**Training needs analysis summary for safeguarding adults training for CCG staff**

- please refer to full TNA below for more detail on types and training

Staff group	Safeguarding adults Basic and detailed awareness	Safeguarding adults Specialist training	Safeguarding adult Advanced training	PREVENT Basic awareness	PREVENT WRAP training	PREVENT Advanced training- Prevent lead only	MCA/DOLS Basics awareness	MCA/DoIs Specialist Appropriate to role
All staff including volunteers and Board members	√ At induction and then 3 yearly			√ At induction and then 3 yearly			√ At induction and then 3 yearly	
Patient facing staff eg Complex cases team Medicines management Patient Experience	√ At induction	√ and then 3 yearly		√ At induction	√ And then yearly update via Newsletter		√ At induction	√ and then 3 yearly
Safeguarding children nurses	√ At induction and then 3 yearly			√ At induction	√ And then yearly update via Newsletter		√ At induction and then 3 yearly	
Safeguarding adult nurses	√ At induction	√ and then 3 yearly		√ At induction	√ And then yearly update via Newsletter	√ And then yearly update	√ At induction	√ and then 3 yearly
Designated leads for safeguarding children	√ At induction and then 3 yearly			√ At induction	√ And then yearly update via Newsletter		√ At induction and then 3 yearly	
Designated leads for safeguarding adult Executive leads for safeguarding children and adults	√ At induction	√ and then 3 yearly	√ and then 3 yearly	√ At induction	√ And then yearly update via Newsletter		√ At induction	√ and then 3 yearly

## Detailed Training Needs Analysis for Safeguarding Adults for CCG Staff p. 1 of 2

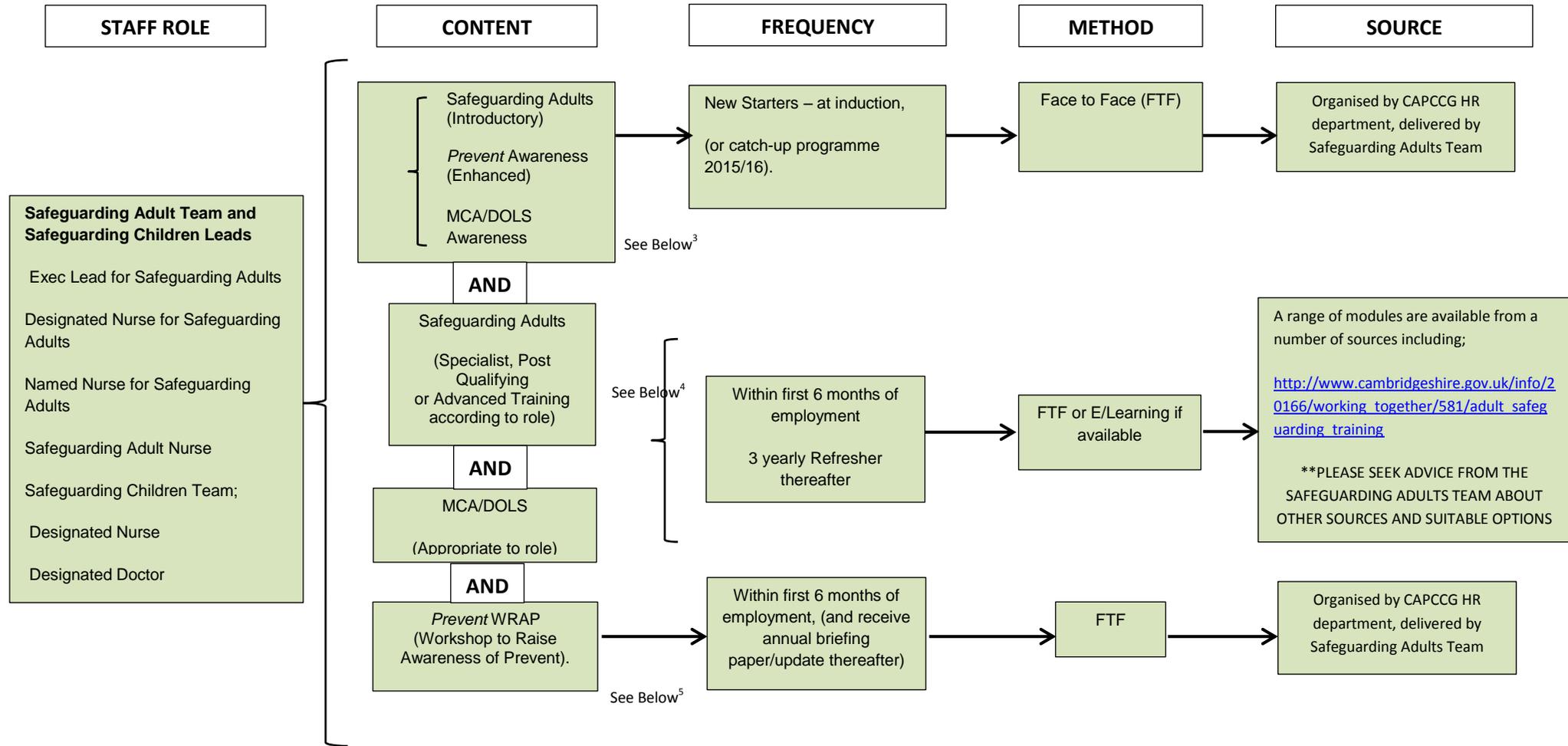


<sup>1</sup> Safeguarding Adults content equates to descriptors in the 'Mandatory Induction' section of the 'Care Act Book' at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23592777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23592777_Care_Act_Book.pdf).  
 Prevent Awareness training is an enhanced version of 'Basic Prevent Awareness'.

\*Managers of staff who are not 'patient facing' may decide that their team members would benefit from more detailed training to inform their role e.g. Commissioning Managers

<sup>2</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-fmwrk.pdf> NHS England Prevent Training Competencies

TRAINING NEEDS ANALYSIS – CAPCCG SAFEGUARDING TEAM AND LEADS p.2 of 2



<sup>3</sup> Safeguarding Adults content equates to descriptors in Care Act 2014 of ‘Basic Mandatory Induction training’, and ‘More detailed awareness training’, p.277  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)  
 Prevent Awareness training is an enhanced version of ‘Basic Prevent Awareness’.

<sup>4</sup> ‘post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation’s expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board’ p277.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf).

<sup>5</sup> Prevent Operational Lead for organisation is Named Nurse for Safeguarding Adults and is required to meet additional competencies; <sup>5</sup> [http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-fmwrk.pdf\\_p11-12](http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-fmwrk.pdf_p11-12).



## MASH Referral Form

**CAMBRIDGESHIRE & PETERBOROUGH**  
**ADULT SAFEGUARDING REFERRAL FORM**

**1. DETAILS OF ADULT AT RISK:**

*An adult at risk is a person who is aged 18 + and*

- *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.*

Name:	Date of Birth:
Address	Gender: M <input type="checkbox"/> F <input type="checkbox"/> MX (gender neutral) <input type="checkbox"/>
Tel No.	
GP name: GP address:  GP telephone number	NHS no. RiO no. SWIFT no. Framework i no. Crime reference no. Police incident no.
Date of referral	Date of Incident

**Ethnicity of Adult at Risk:** (Tick one only)

- Any other ethnic group
- Arab
- Asian other
- Bangladeshi
- Black-African
- Black-British
- Black-Caribbean
- Black-Other

- Chinese
- Client declines to answer
- Indian
- Irish Heritage Traveller
- Mixed Other
- Not yet known
- Pakistani

- Roma/Gypsy
- White and Asian
- White and Black-African
- White and Black-Caribbean
- White-British
- White-Irish
- White-Other

**Primary Client Group:**

**Client is:** Adult 18-64  Older person 65+

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol misuse       | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Terminal illness |
| <input type="checkbox"/> Asylum seeker        | <input type="checkbox"/> Mental health       | <input type="checkbox"/> Visual Impaired  |
| <input type="checkbox"/> Carer                | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Welfare benefits |
| <input type="checkbox"/> Dual sense loss      | <input type="checkbox"/> Physically frail    |   |
| <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Sensory disability  |   |
| <input type="checkbox"/> Dementia             | <input type="checkbox"/> Temp ill            |   |
| <input type="checkbox"/> Drug misuse          |  |   |

Is the Adult placed in Cambridgeshire/ Peterborough by another Local Authority (LA) / Clinical Commissioning Group (CCG) / National Commissioning Board (NCB):

- Yes  No
- if yes, have they been informed of this incident?  Yes  No

If yes, please give details of that organisation's main contact:

Contact name: \_\_\_\_\_ Contact job title: \_\_\_\_\_

Contact address:

Contact telephone number:

**Details of children of Adult**

Name	DOB	Gender	Lives with Adult Y/N

**IF THERE ARE ANY CONCERNS FOR THE SAFETY OF THE CHILDREN, THESE SHOULD BE REFERRED TO CHILDREN'S SAFEGUARDING LEAD**  
**Contact details (TBA)xxx**

**2. REFERRER DETAILS**

Name:		
Employing organisation: (if any)		
Designation/ job title		
Address:		e-mail address
Contact tel. number:		

**3. DETAILS OF THE CONCERNS:**

**Include: The nature, degree and extent of the abuse or neglect (what happened);  
The length of time it has been occurring ( previous incidents, what happened and date);  
The impact on the individual and / or their carers / family (injury, distress)**

**Nature of alleged abuse: (tick all that apply)**

- Discriminatory
- Domestic Violence
- Psychological
- Financial or Material
- Organisational
- Modern Slavery
- Neglect & Acts of Omission
- Physical
- Self Neglect
- Sexual abuse
- Sexual exploitation

If there are multiple types of abuse indicate which is the main category of abuse:

Location of abuse (if known):

Witnesses names and details (if known):

Has a referral been made for this adult at risk before?  Yes  No

If yes, date(s) of incident(s) if known \_\_\_\_\_

**What does the Adult want to happen from this referral;**  
If wishes can not be expressed, why not (e.g. a lack of capacity to express wishes);

**4. ADULT'S CAPACITY**

**Capacity**

Has the A@R been assessed as having capacity in relation to this safeguarding referral?

Yes  No

If the A@R has been assessed as not having capacity, were they supported or, represented by an advocate family member or friend?

Yes  No

If so, whom?

.....

Does the A@R have substantial difficulty in engaging with the safeguarding process?

Yes  No

If yes, why?

Are they un-befriended?

Yes  No

Does an advocate need to be appointed?

**5. THE ADULT'S FAMILY / SOCIAL /PROFESSIONAL NETWORKS**

Has the family / carers been informed about this referral ?

Yes  No

Does the adult at risk have anyone else they want to be informed?

If so whom? .....

Support by other agencies		
Name of agency	Name of key worker	Contact number

**6. ALLEGED PERPETRATOR OF ABUSE**

Name:  
Date of Birth:  
Address:  
Gender: Male  Female   
Lives with adult at Risk Yes  No

**Relationship of alleged perpetrator:**

<input type="checkbox"/> Community Health Care	<input type="checkbox"/> Primary Health Care
<input type="checkbox"/> Neighbour/Friend	<input type="checkbox"/> Regulator
<input type="checkbox"/> Not Known	<input type="checkbox"/> Relative/Family Carer
<input type="checkbox"/> Other Private Sector	<input type="checkbox"/> Secondary Health Care
<input type="checkbox"/> Other Public Sector	<input type="checkbox"/> Social Care Staff – Local authority
<input type="checkbox"/> Other Voluntary	<input type="checkbox"/> Social Care Support or Service Provider – Private Sector
<input type="checkbox"/> Other Adult with care needs	<input type="checkbox"/> Social Care Support or Service Provider – Public Sector
<input type="checkbox"/> Police	

Does the perpetrator have care and support needs?  Yes  No  
If so what are these?

**7. INITIAL ACTION TAKEN:**

**Preliminary investigation**  
Details of any initial investigation (if any) by referrer



## Appendix 1 CONSENT TO INFORMATION SHARING

If the adult at risk has capacity please ask them to complete this section

I hereby consent to sharing information with (Tick)

Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NHS staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

My family (Please specify)		
Wife / husband / partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Son	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daughter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grandmother	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grandfather	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information I consent to sharing relates to: The allegation of abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My health and care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My personal and family circumstances	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p><b>Signed:</b> .....</p> <p><b>Print Name:</b> .....</p> <p><b>RiO Number</b> .....</p> <p><b>SWIFT Number</b> .....</p> <p><b>Fi Number</b> .....</p>
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## Safeguarding Metrics and Thresholds 2015-2016

REF	METRIC	INDICATOR	FREQUENCY OF REPORTING	THRESHOLDS		
				RED	AMBER	GREEN
12a	Safeguarding Adults	Training needs analysis identifying levels of adult safeguarding training by staff group	Quarterly	Less than 75% of relevant staff are trained to the level appropriate for their role as per TNA	Between 75% and 89% of relevant staff are trained to the level appropriate for their role as per TNA	90% or more of relevant staff are trained to the level appropriate for their role as per TNA
12b		Training needs analysis identifying Mental Capacity Act training by staff group	Quarterly	Less than 75% of relevant staff are trained to the level appropriate for their role as per TNA	Between 75% and 89% of relevant staff are trained to the level appropriate for their role as per TNA	90% or more of relevant staff are trained to the level appropriate for their role as per TNA or a trajectory to achieve compliance to be agreed with CCG
12c		Training needs analysis identifying Deprivation of Liberty Safeguards (DoLS) training by staff group	Quarterly	Less than 75% of relevant staff are trained to the level appropriate for their role as per TNA	Between 75% and 89% of relevant staff are trained to the level appropriate for their role as per TNA	90% or more of relevant staff are trained to the level appropriate for their role as per TNA
12d		Training needs analysis identifying levels of PREVENT training by staff group	Quarterly	Less than 75% of relevant staff are trained in basic PREVENT awareness or there is no plan in place to achieve 90% WRAP training for staff identified in the TNA by April 2017 to the level appropriate for their role	Between 75% and 89% of relevant staff are trained in basic PREVENT awareness and there is a plan in place to achieve 60%-89% WRAP training for staff identified in the TNA by April 2017 to the level appropriate for their role	90% or more of relevant staff are trained in basic PREVENT awareness and there is a plan in place and on track to achieve 90% WRAP training for staff identified in the TNA by April 2017 to the level appropriate for their role
12e		Submission of quarterly/annual report to the Provider's Board outlining safeguarding adults activity. eg: Number of referrals to Adult Social Care, Outcomes of referrals, actions taken following ASC referrals, contribution/learning to SARs, Number of MCA completed and outcome, Number of DoLS referrals and outcomes, attendance at appropriate meetings eg SAB, Health Executive Safeguarding and Group/response to national reports	Quarterly/Annual	Reports not produced or submitted	Reports produced demonstrating activity	Reports submitted demonstrating activity, identification of areas for improvement, action plans to address any areas for improvement and progress against any actions
12f	Self Assessment Assurance Framework (SAAF) return / other reviews / assessments / policies and action plan and progress against identified actions Safeguarding policy/policies	Annual - month of submission to be agreed with provider	SAAF return and action plan not provided No Safeguarding policy	SAAF return and action plan provided but does not cover relevant national and local audits Safeguarding policy but not all aspects covered	SAAF return and action plan provided covering relevant national and local audits. Safeguarding policy containing reference to MCA, DoLS, Prevent, Training, domestic abuse, safer recruitment, responsibilities of identified staff	