

# Safeguarding adults at risk from abuse procedure



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Tower Hamlets Clinical Commissioning Group

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## 1 Purpose and scope

Living a life free from harm and abuse is a fundamental right of every person. Tower Hamlets Clinical Commissioning Group (the CCG) is committed to commissioning care that is effective and safe and which results in a positive patient experience. The CCG recognises it has particular responsibilities to ensure that those patients who may be unable to uphold their rights and protect themselves from harm or abuse, receive high-quality care and that their rights are upheld, including their right to be safe.

'No secrets'<sup>[1]</sup> gave local authority social care departments lead responsibility for coordinating local multi-agency systems, policies and procedures to protect adults at risk from abuse. In January 2011 the Social Care Institute for Excellence (SCIE) translated the *No Secrets* guidance into the *London multi-agency policy and procedure to safeguard adults from abuse*<sup>[2]</sup>. The CCG, with the London Borough of Tower Hamlets, Barts Health and East London NHS Foundation Trust have adopted the *London multi-agency policy and procedure* as our main guidance.

This CCG policy is a supplement to the London multi-agency document, providing additional information on specific internal arrangements for safeguarding adult procedures. This document:

- describes the link between safeguarding adult procedures and clinical governance procedures<sup>[3]</sup>
- describes the responsibilities of the CCG to commission for compliance with safeguarding policies and procedures
- sets out how the CCG may be involved in identifying adults who are particularly at risk, the internal decision making processes for responding to suspicion or evidence of abuse or neglect, and, the routes for making a referral and channels of communication within and beyond the CCG.
- should be read in conjunction with the *London multi-agency policy & procedures*<sup>[2]</sup>.

This procedure applies to all staff employed by THE CCG - permanent staff, agency workers, locums and other temporary staff, students, trainees and volunteers.

This procedure also advises commissioners on including safeguarding adults' principles in the commissioning process. A set of minimum service standards is included to which providers should adhere.

## 2 Responsibilities

Party	Key responsibilities
CCG Governing Body	<ul style="list-style-type: none"> <li>• Responsible for ensuring safeguarding adults systems are in place and monitored</li> <li>• Ensures safeguarding and promoting the welfare of adults at risk is implemented effectively across the local health economy, both through commissioning arrangements and through the responsibilities of provider boards and committees</li> <li>• Receives an annual report on safeguarding adults in the CCG, and other reports as required</li> </ul>
CCG Governing Body Lead for Adult Safeguarding	<ul style="list-style-type: none"> <li>• Governing Body lead with responsibility for safeguarding adults</li> <li>• Ensures strategic ownership of safeguarding adults at Governing Body level</li> <li>• Attends the CCG Safeguarding Committee</li> <li>• Provides regular feedback to the Governing Body on all safeguarding adults activity in the organisation, including Serious Incident and Serious Case Review reporting, root cause analysis and lessons learnt from events.</li> </ul>
CCG Lead Officer for Adult Safeguarding	<ul style="list-style-type: none"> <li>• Delegated day to day responsibility for safeguarding adults</li> <li>• Attends the CCG Safeguarding Committee; and with the support of the North East London Commissioning Support Unit (CSU) Quality Team, ensures a regular report is submitted to the Committee detailing safeguarding adults compliance and performance in commissioned services</li> <li>• Attends the borough Safeguarding Adults Board (SAB)</li> <li>• Coordinates the CCG's involvement in SAB workstreams, participation in serious case reviews, with the CSU Quality Team</li> <li>• Prepares with CSU Quality Team support, annual reports for the Governing Body and SAB</li> <li>• Works with the CSU Quality Team to ensure appropriate training is available for all staff including the Board, and that attendance is monitored</li> <li>• With the support of the CSU Quality Team, provides support and advice to the CCG on safeguarding matters</li> </ul>
Safeguarding Adults Committee	<ul style="list-style-type: none"> <li>• Ensures the Board's safeguarding responsibilities are discharged effectively and comprehensively through commissioning arrangements</li> <li>• Sets a strategic direction for safeguarding adults within the CCG</li> <li>• Ensure commissioning intentions, integrated delivery and other strategic health plans are considered from a safeguarding adults' perspective</li> <li>• Takes strategic responsibility for supporting commissioners to effectively monitor and challenge healthcare providers to safeguard adults</li> <li>• Advises commissioners about the appropriate content of contracts, service specifications and service level agreements</li> <li>• Ensures strong multi-agency relationships are developed and maintained with all the borough Safeguarding Adults Boards</li> <li>• Learns and disseminates lessons from Serious Case Reviews, Serious Incidents and other audit or performance information</li> </ul> <p>Responsible for updating the <i>Safeguarding adults at risk of abuse procedure</i></p> <p>Responsible for overseeing and monitoring the progress of investigations declared as safeguarding adult Serious Case</p>

Party	Key responsibilities
	Reviews by the Tower Hamlets Safeguarding Adults Board, and action plans by health organisations in accordance with the CCG's Serious Incident policy.
North and East London Commissioning Support Unit Special Clinical Expertise Lead for Safeguarding	<ul style="list-style-type: none"> <li>• Attends the CCG Safeguarding Committee; and working with the CCG Lead Officer, ensures a regular report is submitted to the Committee detailing safeguarding adults compliance and performance in commissioned services</li> <li>• Provides expert advice to the CCG Board Lead, Officer Lead and other staff on matters relating to adult safeguarding, including the management of serious case reviews</li> <li>• Prepares, working with the CCG Lead Officer, annual reports for the Governing Body and SAB</li> <li>• Works with the CCG Lead Officer to ensure appropriate training is available for all staff including the Board, and that attendance is monitored</li> </ul>
Patient Advice and Liaison Services (PALS) and complaints departments in provider Trusts	<ul style="list-style-type: none"> <li>• Act as an early warning system about concerns including quality of care in providers</li> <li>• Assess all informal and formal complaints for potential that the person could be at risk of abuse or neglect, reporting any issues to their managers</li> <li>• Where necessary, agree with their managers who will make referrals to the local authorities' Safeguarding Adults leads in accordance with this procedure</li> </ul>
Directors and line managers	<ul style="list-style-type: none"> <li>• Ensure that staff are aware of the CCG and multi-agency policies and procedures</li> <li>• Support staff in responding to and reporting concerns of abuse against adults</li> <li>• Ensure staff attend the safeguarding adult training which is relevant to their role</li> <li>• Record and report on safeguarding adult training attendance levels in respect of staff they manage</li> </ul>
CCG Staff	<ul style="list-style-type: none"> <li>• Ensure safeguarding principles are encompassed within all commissioning arrangements</li> <li>• Ensure appropriate systems are in place which provide assurance to the Board that adults at risk, on whose behalf the CCG commissions services, receive appropriate care</li> <li>• Apply service standards to contracts and service level agreements, and monitor providers' adherence to them</li> <li>• Attend relevant training and to maintain appropriate knowledge and skills in identification and responding to concerns of abuse against adults</li> <li>• Act in a timely manner on any concern or suspicion that an adult is being or is at risk of being abused, neglected or exploited and ensure that the situation is assessed and investigated</li> </ul>
Safeguarding Adults Board, Tower Hamlets	<ul style="list-style-type: none"> <li>• Develop, promote and monitor multi-agency safeguarding adults arrangements</li> <li>• Set the agenda for safeguarding adults at risk across the partnership</li> <li>• Seek assurance from all organisations that appropriate arrangements are in place</li> </ul>

### 3 Procedure

#### 3.1 Definitions

This procedure uses the term 'patient' to include the variety of descriptions often used to describe the relationship between staff and people who receive services from the NHS and local authority.

An 'adult at risk' is an adult aged 18 years or over who is, or may be, in need of community care services by reason of mental or other disability, age or illness, and who is unable to take care of her/himself, or unable to protect her/himself against significant harm or exploitation.

The term 'community care services' includes all social and health care services provided in any setting or context.

The people most likely to be assessed as adults at risk are those who:

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

Abuse is the violation of an individual's human rights and civil rights by any other person(s). The *London multi-agency policy & procedure*<sup>[2]</sup> sets out further guidance on how widely the term 'abuse' should be interpreted for the purpose of these procedures.

#### 3.2 Types of abuse

- **Physical** – Deliberately inflicting pain, physical harm or injury including, hitting, punching, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- **Sexual** - rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.
- **Psychological** – emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material** – theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission** – intentionally or unintentionally ignoring medical or physical care needs; failure to provide access to appropriate health, social care or educational services; the withholding of the necessities of life such as medication, adequate nutrition and heating.
- **Discriminatory** – can manifest itself in any of the above ways and frequently will include a combination of types of abuse. What differentiates it from other categories is that the abuse is motivated by prejudice, it can also be caused by people being negligent or can stem from ignorance, in which case the abuser may not be aware of the abusive effect of their actions. This type of discrimination against the individual is often because he or she is perceived to belong to a specific group; this may be gender, sexual orientation, race, religion or disability, amongst others.
- **Institutional** – may occur when the rituals and routines in use force residents to sacrifice their own values and life style to the needs of the institution. Daily activities should be centred on the clients' and not the institution's needs as far as possible. Abuse of this type is an abuse of a person's citizenship; it is as serious as personal abuse and should be treated with the same concern.

### **3.3 Other points to consider**

These categories of abuse are not mutually exclusive and many situations will involve a combination of types of abuse.

Any or all of these categories of abuse may be perpetuated as a result of deliberate intent, negligence or ignorance.

Abuse causes significant harm or distress to, or exploitation of a person. It may consist of a single act or repeated acts over a period of time. It may be caused by action or by failure to act or by neglect. It may be intentional or unintentional.

In some instances the abuse may have happened a long time ago and may only recently have been suspected or disclosed.

Where abuse or neglect involves someone aged under 18, the CCG's *Safeguarding Children Policy*<sup>[3]</sup> should be followed. If a child or young person lives with an adult who is subject to abuse or neglect then the child or young person's safety must also be considered and the *Safeguarding Children Policy* should be followed.

### **3.4 How might the CCG staff be involved in identifying and reporting concerns about the safety of adults?**

Staff employed by the CCG do not directly provide care to patients; however they may identify risks to the safety of adults during the course of their role e.g.

- Direct observation during visits to providers of care
- Conversations with patients, family, carers and /or staff from provider organisations
- Complaints and PALS enquiries
- Incident reporting and/or significant event audits
- Concerns raised through whistleblowing
- Concerns raised by an organisation following the transfer of a patient from another organisation's care

Staff should also be conscious that they may also become aware of risks to the safety of vulnerable adults who are known to and/or cared for by colleagues.

### **3.5 Risk factors**

There are certain risk factors and situations that may place people at particular risk of being abused. The presence of these factors does not automatically imply that abuse will result, but may increase the likelihood.

The list below is not exhaustive and other risk factors may please people at particular risk:

- Where there is a relationship, there is usually a dependence of the person at risk on the person carrying out the abuse who may be a care giver/partner, relative, friend, volunteer or someone who is employed to care. In some cases the person carrying out the abuse may be an adult at risk her/himself.
- Abuse in domestic settings often occurs in the context of long-standing poor relationships and/or carer stress. In some of these cases, someone carrying out abuse may themselves be maltreated by the person they are caring for.

### **3.6 Prevention of Abuse**

As part of the CCG's commitment to ensuring that patients are protected from abuse, the CCG has the following mechanisms in place to contribute to the prevention of abuse:

- Commissioning assurance of quality and safety issues via contracts
- Rigorous recruitment practices – including permanent staff, NHS approved agency workers, locums and other temporary staff, students, trainees and volunteers

- Identification of risk factors through routine and specialist assessments of patients
- Empowering individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them is an important aspect of prevention of abuse. Empowering individuals with knowledge and information as to their rights is also important and will include a well-publicised and user-friendly complaints procedure
- CCG policies and procedures e.g. the *Whistleblowing Policy*<sup>[4]</sup>
- Access to training and supervision
- Information for users, carers and the general public

### **3.7 Procedural steps and flow chart**

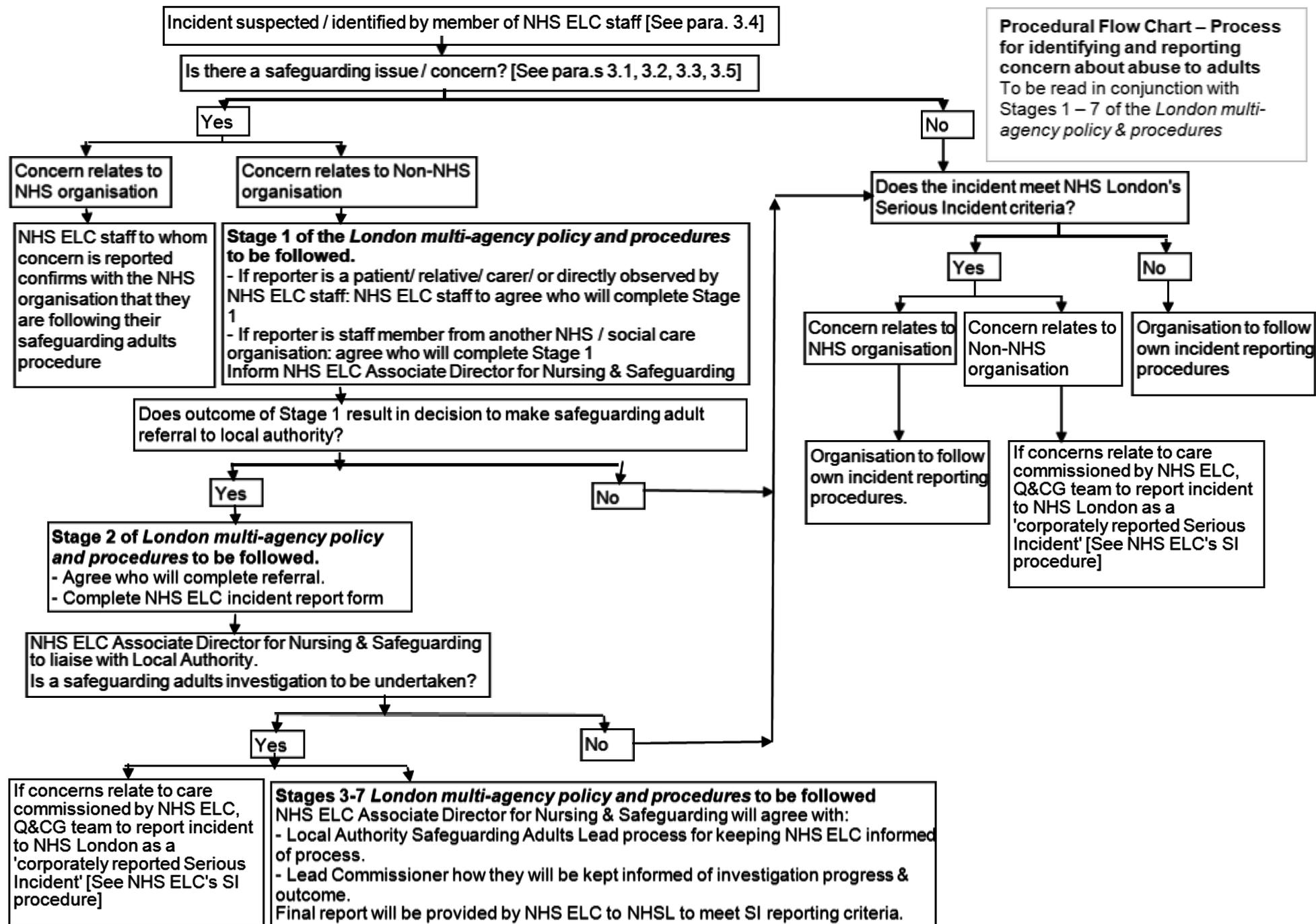
The London multi-agency policy and procedures sets out seven key stages of the Safeguarding Adults process:

- Stage One: Raising an alert
- Stage Two: Making a referral (click on the following links for information on how to make referrals to the London Borough of [Tower Hamlets](#)).
- Stage Three: Strategy discussion or meeting
- Stage Four: Investigation
- Stage Five: Case conference and protection plan
- Stage Six: Review of the protection plan
- Stage Seven: Closing the Safeguarding Adults process

During these stages, key considerations are:

- supporting and enabling the adult at risk to achieve outcomes that they see as the best for them, where possible
- the need for the person at risk to be represented by an advocate, including an Independent Mental Capacity Advocate (IMCA)
- assessing and addressing risk
- taking action to protect and support the adult
- deciding whether a mental capacity assessment is needed to clarify issues of consent
- taking appropriate action for the person causing harm
- taking appropriate action with a service and/or its management if they have been culpable, ineffective or negligent
- identifying any lessons to be learnt for the future, including recommendations for any changes to the organisation and service delivery.

The procedural flow chart 1 below links the seven stages to the CCG's governance processes. It should be read in conjunction with Stages 1 – 7 described in the London multi-agency policy & procedure <http://www.scie.org.uk/publications/reports/report39.pdf>



### **3.8 Allegations or suspicions of inadequate care or abuse against a member of staff employed by the CCG**

Staff employed by the CCG do not directly provide care or treatment to patients; it is therefore anticipated that it will be unlikely that staff will be in a position to abuse anyone during the course of their work. However, if such allegations are raised about staff employed by the CCG, the organisation will take action in accordance with the *London multi-agency policy and procedures to safeguard adults from abuse*.

If a member of staff is accused of abuse within their personal life outside of work, they should inform their line manager. Consideration will then be given to their suitability to continue with their work role.

In the first instance, any allegations of this type must be communicated immediately to the lead director. Where staff are concerned that appropriate action has not or will not be taken, the staff member should initiate the the CCG Whistleblowing policy<sup>[4]</sup>.

All allegations must be taken seriously but treated with fairness and openness.

If the incident is reported when the member of staff is still on duty, consideration must be given to the immediate action to be taken. With emphasis on protection, action must be taken to separate the member of staff from continuing direct contact with the patient and their relatives.

The situation must be discussed with senior members of the Human Resources department and HR policies followed with the support and or direction of HR personnel as required.

If the allegation/witnessed incident is of a criminal nature, then the Police must be contacted. If the Police decide to initiate an investigation into the allegations, the CCG is still obliged to follow its own disciplinary policy and procedure by investigating the allegation/complaint and both investigations may run concurrently.

Any actions taken following the allegations/complaints being made must be taken by the relevant associate director /director.

Complex cases may involve other organisations or agencies. The local authority social care Lead Officer for Adult Protection should be contacted and all cases must be reported to them by a senior manager following agreement of the appropriate associate director / director. It may be necessary to initiate or co-operate with a joint investigation.

The member of staff must be informed immediately about the allegations made against him/her and clearly understand the decisions and actions taken in that initial phase and possible outcomes of investigations i.e. disciplinary hearing. Union representation should be sought for that individual at this stage, wherever possible, and counselling should be offered.

Confidentiality to protect the case and the individuals must be in place to guard against publicity whether that of an internal or external nature.

Support for the adult at risk must be in place to ensure needs are addressed and catered for.

The lead director will agree which policy the incident / allegations will be investigated under and identify a senior person to undertake an investigation into the allegations.

All staff involved will be asked for a written statement and may be interviewed by the investigating officer. An investigation into allegations or incident of inadequate care or abuse of an adult will be undertaken in accordance with the same timeframes as an SI investigation.

All investigations into allegations of abuse by CCG staff must be reported to the Chief Officer.

Following the investigation, the member of staff must be informed in writing of the outcome of the investigation and the recommendations of the investigating officer. These could include:

- A plan to return the member of staff to work with or without developmental support and objectives.
- The plan to organise a disciplinary hearing according to the CCG's disciplinary policy and procedure.

Throughout this process the member of staff will be informed of, and encouraged to contact, supportive structures within The CCG, such as staff counselling. If they belong to a trade union or professional association, they will be advised to seek advice and guidance from them.

### **3.9 Supporting staff**

The CCG is committed to ensuring that appropriate support is offered to staff who work with adults at risk and who may report suspicions of abuse against adults, or who are accused of abuse.

Safeguarding adults as a topic will be discussed in individual supervision, and at team meetings as appropriate to ensure all staff are confident in reporting concerns and to encourage reflective practice.

Throughout this process, staff will be informed of, and encouraged to contact, supportive structures within the CCG. These include clinical supervision, and, accessing occupational health, staff counselling (self-referral via occupational health), and Union Representatives.

## **4 Training and Supervision**

The key element of safeguarding adults is that all staff in all agencies and services have a clear understanding of their individual and their agencies roles and responsibilities and are able to undertake these in an effective manner. This includes being able to recognise when an adult may require safeguarding and knowing what to do in response to concerns about their welfare. Practitioners and managers must also be able to work effectively with others both within their own agency and across organisational boundaries. It is recognised that this will be best achieved by a combination of single agency and interagency training (*No Secrets*, DoH 2000).

It is the responsibility of line managers to oversee and record the attendance at safeguarding adults training by their staff appropriate to their level of responsibility and to provide reports on attendance to ensure optimal coverage across all staff groups.

Line managers are also responsible for ensuring that staff receive clinical and managerial supervision which allows them to reflect on their practice and the impact of their actions on others.

### **4.1 The Purpose of Training**

The purpose of training in safeguarding adults is to help staff to develop and foster the following in order to achieve better outcomes for adults at risk:

- A shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance and local arrangements for safeguarding adults and promoting their welfare
- More effective and integrated services at both strategic and individual case level
- Improved communication between staff including a common understanding of key terms, definitions and thresholds for action
- Effective working relationships including an ability to work in multi-disciplinary groups or teams; and sound decision making based on information sharing through assessment, critical analysis and professional judgment

### **4.2 Target audience and levels of training**

Training should be linked to increasing levels of specialism, complexity of task and level of contact with adults at risk. Individual staff training requirements should be identified in consultation with the line manager and documented in professional development plans.

Training should take place at all levels of the organisation and within specified timescales and is therefore deemed mandatory training. To ensure that procedures are carried out consistently, no staff group should be excluded. Training should include issues relating to staff safety and referenced to other relevant CCG policies and procedures.

The levels of safeguarding adults training are as follows:

- **Corporate induction** - basic awareness raising describing the importance of safeguarding adults and local procedures/ referral routes.
- **E-Learning** - training for all CCG staff. This will provide the legislative background, highlight types of abuse, how to recognise abuse, actions to be taken and local procedures
- **Specialist training:**
  - Training for commissioners. This training will equip commissioners with the knowledge of their role within the safeguarding adults' framework.
- Supervision training – to enable supervisors to support staff and help staff identify and respond to possible abuse and neglect.

## 5 Governance arrangements

- The CCG contributes to effective inter-agency working and joint working partnerships through membership of the Safeguarding Adults Partnership Board (SAB), Community Safety Units, MAPPA (Multi-agency Public Protection Arrangements) and MARAC (Multi-agency Risk Assessment Conference)
- **The Investigation Management Group (IMG) is responsible for overseeing and monitoring the progress of Serious Incident investigations and investigations declared as safeguarding adult Serious Case Reviews (SCRs) by the City, Hackney, Newham or Tower Hamlets Safeguarding Adults Partnership Boards**
- The IMG also monitors implementation of action plans by health organisations in accordance with the CCG's Serious Incident policy
- The CCG Governing Body is kept informed of safeguarding adult investigations and issues via the Quality & Clinical Governance teams' quarterly reports

## 6 Service Standards

Commissioners should ensure safeguarding adults principles are integral to contracts and service level agreements. Appendix One includes a minimum set of service standards to which mainstream provider services should adhere. For smaller (e.g., third sector) contracts, commissioners will agree a sub-set of these standards appropriate to the size and complexity of the organisation.

## 7 Monitoring, audit and evaluation of this procedure

What standards / key performance indicators will you use to confirm this document is working / being implemented	Method of monitoring	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
All CCG staff will be up to date with training requirements	Audit	TBD	Six monthly	CCG Governing Body
The CCG will be represented at the multi-agency Safeguarding Adults Partnership Board (SAPB).	Audit	Officer Lead for Adult Safeguarding	Six monthly	CCG Governing Body
All investigations commissioned by the SAB which involve concerns relating to provision of health care will be reported to NHS England via the Serious Incident reporting policy	Audit	TBD	Six monthly	CCG Governing Body
Safeguarding adult service standards are included within all contracts, service level agreements and service specifications (as described in section 6) and are monitored effectively by the lead commissioner	Audit (rolling programme of audit of contract management)	TBD	Six monthly	CCG Governing Body

## 8 Equality Impact Assessment

Stage 1 only. Full Equality Impact Assessment required by December 2013.  
See separate document

## 9 References

- 1 Department of Health, 2000. No secrets. Available at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_400848](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_400848)
- 2 Social Care Institute for Excellence with the Pan London Adult Safeguarding Editorial Board (January 2011)  
Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse  
<http://www.scie.org.uk/publications/reports/report39.pdf>
- 3 NHS Tower Hamlets CCG *Safeguarding Children Policy*
- 4 NHS Tower Hamlets CCG *Whistleblowing Policy*

## Appendix One – Service Standards

<b>Policy and procedures</b>	
1.1	The Provider will ensure that it has up to date organisational safeguarding adults policies and procedures which reflect and adhere to the Local Safeguarding Adults Board policies.
1.2	The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.
1.3	The Provider will ensure that all relevant policies and procedures are consistent with and referenced to safeguarding legislation, national policy / guidance and local multiagency safeguarding procedures.
1.4	The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to Mental Capacity Act 2005 and consent, and that staff practice in accordance with these policies.
1.5	The Provider will have an up to date 'whistle-blowing' procedure, which is referenced to local multiagency procedures and covers arrangements for staff to express concerns both within the organisation or to external agencies.
1.6	The providers of care homes and hospitals will have an up to date policy and procedure covering the Deprivation of Liberty Safeguards 2009, and will ensure that staff practice in accordance with the legislation.
1.7	NHS Trusts and all providers of hospitals and care homes will have an up to date policy(s) and procedure(s) covering the use of all forms of restraint.
1.8	The Provider will ensure that there is a safeguarding supervision policy in place and that staff have access to appropriate supervision, as required by the provider or professional bodies.

<b>Governance</b>	
2.1	The Provider will identify a person(s) with lead responsibility for safeguarding adults.
2.2	NHS Trusts will identify a Board level Executive Director with lead responsibility for safeguarding adults.
2.3	NHS Trusts will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.
2.4	The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback in order to identify and refer any concerns including potential neglect.
2.5	NHS Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.
2.6	NHS Trusts should identify and analyse the number of complaints and PALS contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board.
2.7	The Provider must ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding and issues and inform constant service improvement.
2.8	Providers of hospitals and care homes, will ensure that there are effective systems for recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection
2.9	The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually.
2.10	NHS Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005).
2.11	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.

<b>Multiagency working</b>	
3.1	The Provider will cooperate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the

	production of an individual management report
3.2	The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.
3.3	The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of grade 3 or 4, and that a multi agency referral is made where abuse or neglect are believed to be a contributory factor.
3.4	The Provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures.
3.5	The Provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings where required as part of multiagency procedures.
3.6	The Provider will where required, ensure senior representation on the Local Safeguarding Adults Board and contribution to their sub-groups.

<b>Recruitment and employment</b>	
4.1	The Provider must ensure safe recruitment policies and practices which meet the NHS Employment check standards, including enhanced Criminal Record Bureau (CRB) checks for all eligible Staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.
4.2	The Provider will ensure that post recruitment criminal checks are repeated for eligible staff in line with national guidance / requirements.
4.3	The Provider must ensure that their employment practices meet the requirements of the Independent Safeguarding Authority (ISA) scheme and that referrals are made to the ISA, where indicated, for their consideration in relation to inclusion on the adults barred list.
4.4	The Provider should ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding children and adults.
4.5	The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.

<b>Training</b>	
5.1	The provider will ensure that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.
5.2	The Provider will ensure that all staff, contractors and volunteers who come into contact with service users/patients undertake safeguarding awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency procedures.
5.3	The Provider will ensure that all staff who provide care and/or treatment, undertakes training in how to recognise and respond to abuse (How to make an alert) at least every 3 years.
5.4	The Provider will ensure that all staff, (including locums, temporary / agency staff and volunteers) who provide care or treatment understand the principles of the Mental Capacity Act 2005 and consent processes at the point of induction.
5.5	The Provider will ensure that all staff and volunteers undertake Mental Capacity Act 2005 and consent training, including the Deprivation of Liberty Safeguards appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.
5.6	The Provider will undertake regular training needs analysis to determine which groups of staff require further safeguarding adult training in accordance with Pan London Procedures
5.7	NHS providers will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include all professionally registered staff with team leadership roles undertaking multiagency training in how to recognise and respond to abuse.
5.8	The Provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local safeguarding adult boards.