NHS
Enfield
Clinical Commissioning Group

SAFEGUARDING ADULTS POLICY

1.	**SUMMARY**	This policy aims to ensure that no act or omission by Enfield CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of adults, and to protect vulnerable adults from abuse, or the risk of abuse, and to support staff in fulfilling their obligations.
2.	**RESPONSIBLE PERSON:**	Carole Bruce-Gordon, Assistant Director of Safeguarding.
3.	**ACCOUNTABLE DIRECTOR:**	Director of Service Quality and Clinical Services.
4.	**APPLIES TO:**	All staff employed within ECCG
5.	**GROUPS/INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:**	Safeguarding Adult Lead: Carole Bruce-Gordon
6.	**GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:**	Aimee Fairbairns – Director of Service Quality and Clinical Services. ECCG Quality and Risk Subgroup

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1 Introduction

The Government white paper, *liberating the NHS (2010)*, puts patients at the heart of the NHS.

Some patients, however, may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency and yet be unable to hold services to account for the quality of care they receive. In such cases, NHS commissioners have particular responsibilities to ensure that **those** patients receive high quality care and that their rights are upheld, including their right to be safe.

Safeguarding adults is at the center of this agenda, focusing upon adults who are at risk of abuse.

There are two fundamental requirements for effective safeguarding in the delivery of NHS care:

To prevent safeguarding incidents arising through the provision of high quality care.

To ensure effective responses where harm or abuse occurs through implementing multi agency safeguarding adults policies and procedures.

Safeguarding adults is highly relevant to the Quality, Innovation, and productivity and Prevention (QIPP) agenda. Providing quality care; working innovatively with partners; preventing harm from arising and reducing costly avoidable treatment arising from neglect and harm.

2 Policy Statement

In March 2000, the Department of Health published 'No Secrets requiring statutory, voluntary and independent sector agencies to work together to produce policy, guidance and training about working with adults in need of safeguarding. The procedures can be accessed by following the link: No Secrets http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf.

More recent guidance Protecting Adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (January 2011) should be read in conjunction with the Government's No Secrets document (2000).

This policy applies to Enfield Clinical Commissioning Group referred to as' the ECCG hereafter. The organisation has a responsibility to ensure that the health contribution to safeguarding of adults is discharged effectively across the health economy through the CCG's commissioning arrangements.

To enable compliance with this policy, all staff within the CCG will be required to attend mandatory safeguarding adults training at the commencement of their employment and then as a refresher every three years.

Enfield CCG will be required to have appropriate contract monitoring arrangements in place to ensure all providers and commissioners (on behalf of Enfield CCG) are meeting their contractual responsibilities in ensuring they are providing safe services.

Adult patient care taking action to promote the safety and wellbeing of any adult at risk of abuse.

3 Scope of the Policy

This policy aims to ensure that no act or omission by Enfield CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of adults, and to protect vulnerable adults from abuse, or the risk of abuse, and to support staff in fulfilling their obligations.

The policy applies to Enfield CCG as a commissioning organisation; it also provides clear standards against which all providers, including public sector, third sector and social enterprises, will be expected to comply.

This document will be reviewed, every two years or in line with changing national and local guidance.

4 Safeguarding Principles

The CCG must ensure that in any commissioning decisions or involvement in Safeguarding adult matters that they strive to adhere to the Government six principles for safeguarding

4.1 Principle 1 – Empowerment

Presumption of person led decision and consent

4.2 Principle 2 – Protection

Support and representation for those in greatest need

4.3 Principle 3 – Prevention

Prevention of neglect harm and abuse is a primary objective

4.4 Principle 4 – Proportionality

Proportionality and least intrusive response appropriate to the risk presented

4.5 Principle 5 – Partnerships

Local solutions through services working with their communities

4.6 Principle 6 – Accountability

The government has agreed safeguarding principles that provide a foundation to achieve good outcomes for patients (Safeguarding Adults the Role of Health Service Managers, DOH 2011).

5 Safeguarding Adults- A Core responsibility in NHS Commissioning

5.1 The Government reforms put patients and the quality of their care at the heart of the NHS. The Government's commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations.

5.2 As Commissioners this organisation acknowledges its responsibilities for commissioning , high quality health care for all patients who live in Enfield, in particular those patients who are less able to protect themselves from harm, neglect or abuse, for example due to impaired mental capacity.

5.3 Commissioners have specific responsibilities to address failure of care with providers and will ensure that staff is capable to carry out these roles in line with multi agency procedures.

5.4 The increasing plurality of health providers requires strong leadership. Leadership sets the direction for safeguarding, develops best practice and leads within the multi-agency partnership.

5.5 Providers contracting with this organisation need to demonstrate that they have strong leadership in place, staff that see safeguarding as integral to care and staff that are capable of carrying out roles within the multi-agency procedures.

5.6 Within the organisation, services are commissioned to have a safe and capable workforce and contracts include standards, for example, for safe recruitment supervision and training.

6 Making Safeguarding Adults a part of commissioning

6.1 Prevention and effective responses to neglect harm and abuse underpins all aspects of commissioning within this organisation.

Safeguarding is a strategic objective

Safeguarding is integral to commissioning activity by:

- Putting patients first, in how services are commissioned and assured.
- Ensuring that there is a culture that safeguards patients in services commissioned, using systems and processes that support safeguard and connect aligned areas.

- Developing partnerships with patients, public and multi-agency partners.
- Using robust assurance to understand and improve safeguarding adult's arrangements.

6.2 Enfield Clinical Commissioning Group, as a Commissioner, works with providers, regulators and multi-agency partners to address concerns in services. A process for review of partner organisation's policies, procedures and safeguarding arrangements have been adopted with the Enfield Safeguarding Adults Board as part of the Strategic Plan of Enfield borough.

6.3 Lay members also have a vital role to play in embedding the safeguarding agenda. They have the opportunity to provide independent scrutiny and hold this commissioning organisation to account. They can also help ensure that quality and safety are not pushed from the agenda by other operational or financial pressures.

7 Care Act 2014

What has changed under the new legislation?

7.1 Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect (hereafter referred to as "adults"). It is an important part of what many public services do, but the key responsibility is with local authorities in partnership with the police and the NHS. **The Care Act 2014** puts adult safeguarding on a legal footing, from **April 2015** each **local authority** must:

Make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom

Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies

Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR)

Where the adult has 'substantial difficulty' in being involved in the process and where

there is no other appropriate adult to help them

Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

7.2 It also updates the scope of adult safeguarding:

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –

- Has needs for care and support (whether or not the authority is meeting any of those needs),
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In effect this means that regardless of whether they are providing any services, councils must follow up any concerns about either actual or suspected adult abuse. SABs will be strengthened and have more powers than the current arrangements set up by "No Secrets" but they will also be more transparent and subject to greater scrutiny. All organisations who are involved in adult safeguarding will need to reflect the statutory guidance, good practice guidance and ancillary products that have been developed when devising their training and implementation plans for staff. Policies and procedures should be based on the processes laid out in the statutory guidance.

8. Safeguarding enquiries by local authorities

The enquiry may lead to a number of outcomes, depending on the circumstances, including to prosecution if abuse or neglect is proven. In other cases, the risk of abuse may be tackled, but the adult may have other care and support needs, which require different services, and may lead to a needs assessment or review of an existing care and support plan.

9 The NHS

9.1 The NHS is a key component of safeguarding and the local Clinical Commissioning Group/s is one of the three statutory core partners of the Safeguarding Adults Boards.

The CCG is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements with them. However, SABs are free to invite additional partners to sit on the Board. For example, many SABs also have local NHS Provider Trusts on their Boards. Many Boards have also found it extremely helpful to have a representative GP on their Board who can communicate directly with their colleagues to emphasis the importance of their role in protecting adults at risk of abuse and neglect.

9.2 There have been a number of high profile hospital scandals that have highlighted the need for vigilance and action among staff and managers. The Act therefore sets out CQC registration requirements, which introduce a '**Duty of Candour';** this would place a duty on providers to be open with patients and their families about failings in their care. The NHS has particular duties for patients less able to protect themselves from harm, neglect or abuse. All commissioners and contractors have a responsibility to ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures. Commissioners must also assure themselves that care providers know about and adhere to relevant CQC Standards. Contract monitoring must have a clear focus on safeguarding and robustly follow up any shortfalls in standards or other concerns about patient safety.

9.3 NHS managers, commissioners and regulators will want assurance that when abuse or neglect occurs, responses are in line with local multi-agency safeguarding procedures, national frameworks for Clinical Governance and investigating patient safety incidents. Therefore, these services must produce clear guidance to managers and staff that sets out the processes for initiating action and who is responsible for any decision making. To prevent cases falling through the net, the NHS and the local authority should have an agreement on what constitutes a 'serious incident' and what is a safeguarding concern and appropriate responses to both.

10 Local authorities (LAs)

10.1 Since 2000 and the publication of "No Secrets" the local authority has been required to take a leading coordinating role with all relevant organisations on safeguarding adults in its area, the Care Act now places this in primary legislation for the first time.

10.2 The Care Act introduces new legislation governing social care but there is still a need for specialist and ongoing training to keep up the legal literacy of specialist practitioners. LAs must also ensure they support workers to make sure they use the least restrictive options and comply with the Human Rights Act (HRA) and the Mental Capacity Act (MCA).

10.3 Staff must be aware of the criteria that are in force for adults to be considered under the section 42 duty to make enquiries. The enquiry could begin and end with a conversation with the individual who is the subject of the concern or to escalation to a much more formal multi-agency arrangement. Staff in all organisations should be given clear direction as to what information should be recorded and in what format. Managers must ensure that practitioners are properly equipped and supported; recognising that dealing with abuse and neglect can be stressful and distressing. Professional, skilled supervision by line managers is an essential part of managing any safeguarding concern.

10.4 There must be enough capacity to provide an advocate to individuals when they are unable to speak for themselves without support (and meet the test set out in the Act) or an Independent Mental Capacity Advocate (IMCA) if they are subject to the MCA or an Independent Mental Health Advocate if they are subject to that Act.

10.5 All council departments must make their staff aware of adult abuse and neglect and where and how to report any concerns that they have. Councillors should also be made aware of their corporate role in preventing and reporting abuse. The Overview and Scrutiny Committee and Health and Wellbeing Board will have sight of the SAB's strategy and annual reports so must have an understanding in how to interpret and challenge them. The Director of Public Health must ensure that their service is working within a safeguarding context to prevent abuse.

11 Care providers

11.1 Provider of domicilliary, residential and nursing home care, including hospitals are regulated by the Care Quality Commission (CQC(and have a duty to report any allegations of abuse or neglect to the CQC. The statutory guidance states that all service providers should have clear operational policies and procedures that reflect the framework set by the SAB in consultation with them. This should include what circumstances would lead to the need to report outside their own organization to the local

authority.

The employers must be clear where responsibility lies when abuse or neglect is perpetrated by employers – they should investigate any concern unless there is compelling reason why it is inappropriate or unsafe (e.g. serious conflict of interest on the part of the employer). However if the employer considers a criminal offence may have occurred then they must urgently report it to the police. A new law is currently being considered to give greater protection to people with mental capacity (legislation already covers people with mental capacity); it will make ill treatment or willful neglect by any person employed by a care service a criminal offence.

11.2 All care providers should share a common value base ensuring that people are treated with dignity and respect, safeguarded from harm and founded in person-centred care. Managers and senior staff must be trained in MCA and DoLS requirements and all their staff should have at least basic awareness safeguarding training.

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12 Other organisations

12.1 The Act recognises and reinforces that other organisations make a significant contribution to adult safeguarding. The statutory guidance lists many of them and encourages SABs to include relevant bodies on their Board. Each organisation must be familiar with the local multi-agency policy and procedures and draw up internal procedures to direct staff on what to do if they encounter abuse. They must also make it clear to staff that they must share information in cases of abuse. All staff (including personal assistants employed using direct payments) and volunteers in any organisation who have contact with adults who could be at risk of abuse or neglect have a duty to act if they have any concern that an adult is being abused, neglected or exploited.

13 Making Safeguarding Personal (MSP)

13.1 Since 2010, the national programme Making Safeguarding Personal (MSP) has aimed to promote a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Making Safeguarding Personal is about having conversations with people, about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery.

It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of Conversations supported by a process.

13.2 The Care Act (2014) statutory guidance states that all safeguarding partners should "take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life- styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised." Safeguarding "should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety."

13.3 Taking a more creative approach to responding to safeguarding situations may help to resolve situations more satisfactorily and possibly more cost effectively. The objective of this toolkit is to provide a resource that encourages councils and their partners to develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered and their outcomes are improved.

14 How Does MSP Affect Staff at Enfield CCG

14.1 The Care Act 2014[1] requires all health partners who work operationally with individuals (Continuing Health Care staff, safeguarding staff) to ensure that Safeguarding Adult processes should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety

14.2 Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcome they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were fulfilled at the end.

14.3 The work is supported by 'The Association of Directors of Adult Social Care' and other

national partners. The programme reports to the Towards Excellence in Adult Social Care Programme Board.

14.4 MSP seeks to achieve:

A personalised approach that enables safeguarding to be done with, not to many people

Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'

An approach that utilises nursing skills rather than just 'putting people through a process'

An approach that enables practitioners, families, teams and SABs to know what difference has been made.

15 What is Abuse of vulnerable Adults

What is abuse?

Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it (No Secrets 2000).

Who is an 'adult at risk'?

An 'adult at risk' is someone who is 18 years or over who may be in need of community care due to a mental health problem, learning disability, physical disability, age or illness. As a result, they may find it difficult to protect themselves from abuse (London Multi-agency policy and procedures to safeguard adults from abuse 2019).

15.1 Circumstances where adults are considered at risk

The London Procedures offers guidance on a range circumstances that can be considered to put adults-at-risk of harm. These are listed in this document and staffs are referred to t h e London multi-agency policy and procedures to safeguarding adults from abuse 2019.

15.2 There are many different types of abuse:

Physical – this is 'the use of force which results in pain or injury or a change in a person's natural physical state' or 'the non-accidental infliction of physical force that results in bodily injury, pain or impairment'.

Sexual – examples of sexual abuse include the direct or indirect involvement of the adult at risk in sexual activity or relationships, which they do not want or have not consented to.

Emotional and psychological – this is behavior that has a harmful effect on the person's emotional health and development, or any form of mental cruelty that results in mental distress, the denial of basic human and civil rights such as self-expression, privacy and dignity.

- Institutional – institutional abuse is the mistreatment or neglect of an adult at risk by a regime, or individuals within settings and services, that adults at risk live in or use. Such abuse violates the person's dignity, resulting in lack of respect for their human rights.

- Discrimination – discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunities to some groups or individuals.

- Financial and material – this is the use of a person's property, assets, income, funds or any other resources without their informed consent or authorisation. It includes theft, fraud, exploitation and the misuse or misappropriation of property, possessions or benefits.

- Modern Slavery – encompasses slavery, human trafficking and 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.

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- 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 behavior such as hoarding.

15.3 Enfield Clinical Commissioning Group recognises that other definitions exist within partner organisations. An adult at risk may therefore be a person who:

is a frail older person in ill health with physical disability and cognitive impairment

has a Learning Disability

Has a physical disability

has a sensory

impairment

Has mental health needs including dementia or a personality disorder

has a long-term illness / condition

Adults who misuse alcohol or drugs

Confused, sedated or unconscious patients

Is a carer such as a family member / friend who provides personal assistance and care to adults and is subject to abuse

Is unable to demonstrate the capacity to make a decision and is in need of care and support

Is subject to domestic

violence Is subject to human

trafficking Is subject to forced

marriage Has complex needs

Is at the end of

life

15.4 This list is not exhaustive:

The risk factors listed do not imply that just because a person is old or frail or has

a disability they are inevitably 'at-risk'. For example a person with a disability and has the mental capacity to make decisions about their own safety could be perfectly able to make informed choices and protect themselves from harm.

The level of risk a person is exposed to is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

16 People with Learning Disability

16.1 A learning disability means that a person has a reduced ability to understand new or complex information, or to learn new skills and a reduced ability to cope independently.

This starts before adulthood and has a lasting effect on development (Valuing People, DOH 2001).

People with learning disabilities are all potentially adults at risk whose needs require focused assessment and attention. Hospital Staff play a key role in identifying people at risk and developing 'reasonable adjustments' to meet their needs.

Responsibility includes staff alertness to abuse that takes place in family or marital relationships, in neighborhood settings or in other services and also alertness to the less direct form of abuse that can occur when patients with learning disabilities receive in-patient treatment. Problems of communication, diagnostic overshadowing and inconsistent personal care may act to block or delay prompt diagnosis and appropriate treatment. It is important that staff receive training and supervision in relation to the care of people with learning disabilities so as to avoid this type of unintentional abuse from occurring.

16.2 LeDeR

Who are we?

The Learning Disabilities Mortality Review (LeDeR) Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. It is being delivered by a team based at the University of Bristol, led by Dr Pauline Heslop.

Many of the delivery team were involved with the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD).

Why is the LeDeR programme necessary?

CIPOLD reported that for every one person in the general population who dies from a cause of death amenable to good quality care, three people with learning disabilities will do.

One of the key recommendations of CIPOLD was for the greater scrutiny of deaths of people with learning disabilities. In this way, potentially modifiable circumstances leading to a death could be identified and avoided in the future through improvements to health and care services.

What does the LeDeR Programme do?

The LeDeR Programme supports local reviews of deaths of people with learning disabilities aged 4-74 years of age across England.

A confidential telephone number and website enables families and other key people to notify the LeDeR team of the death of someone with learning disabilities.

An initial review of the death will then take place. The purpose of this is to provide sufficient information to be able to determine if there are any areas of concern in relation to the care of the person who had died, and if any further learning could be gained from a multiagency review of the death that would contribute to improving practice.

If indicated, a more in-depth, multiagency review will be conducted.

As part of the review, the local reviewer would speak to family members, friends, professionals and anyone else involved in supporting the person who has died to find out more about their life and the circumstances leading to their death.

When is the LeDeR programme coming to my area?

The LeDeR programme will be supporting local reviews of deaths of people with learning disabilities from January 2016.

For further information about the LeDeR programme

If you would like further information about the LeDeR Programme, please contact:

Pauline Heslop
Programme Manager

LeDeR Programme
University of Bristol Norah Fry
Research Centre Priory Road
Bristol BS8 1TZ

Tel: 0117 3310686

Email: leder-team@bristol.ac.uk

Website: www.bristol.ac.uk/sps/LeDeR

17 Significant Harm

In determining what justifies intervention and what sort of intervention is required, No Secrets uses the term significant harm. This refers to:

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical.
- The impairment of available deteriorations in, physical or mental health And/or
- The impairment of physical, intellectual, emotional, social or behavioural development The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer term harm.

Seriousness of harm or the extent of abuse is not always clear at the point of referral. All reports of suspicions or concerns should be approached with an open mind and could give risk to an action under the Safeguarding Adults Policy.

No Secrets sets out guidance on developing and implementing multi- agency policies and procedures to protect vulnerable adults from abuse.

18 What you do if an adult is experiencing abuse and he /she tells you about it

If an adult experiencing abuse or neglect speaks to you about this, assure them that you are taking them seriously. Listen carefully to what they are saying, stay calm and get a clear and factual picture of the concern.

Be honest and avoid making assurances that you may not be able to keep, for example, complete

If an adult experiencing abuse or neglect speaks to you about this, assure them that

you are taking them seriously.

All staff (professionals and volunteers) of any service involved with adults at risk should inform the relevant manager if they are concerned that an adult has been abused or may be at risk of harm.'

Be clear and say that you need to report the abuse. Do not be judgmental and try to keep an open mind.

If you hear about an incident of abuse from a third party (this is when someone else tells you about what they have heard or seen happen to a vulnerable adult at risk), encourage them to report it themselves or help them to report the facts of what they know.

19 What to do if you suspect abuse

19.1 An alerter is anyone who suspects that a service user or other vulnerable adult is being or has been abused.

Everyone with a duty of care to an adult at risk should:

- act to protect the adult at risk
- deal with immediate needs and ensure the person is, as far as possible, central to the decision making process
- report the abuse to an appropriate person or service (e.g. your line manager)
- if a crime has or may have been committed, contact the police to discuss or report it
- record the events.

A concern may be a direct disclosure by the adult at risk, or a concern raised by staff or volunteers, others using the service, a career or member of the public, or an observation of the behavior of the adult at risk, or the behavior of another.

All staff (professionals and volunteers) of any service involved with adults at risk should inform the relevant manager if they are concerned that an adult has been abused or may be at risk of harm on the same day they are aware of the situation.

20 How to report suspected abuse in Enfield

20.1 Multi Agency Safeguarding Hub (MASH)

The MASH ensures that vulnerable people and their families within Enfield are able to live save lives, free from the risk of abuse and neglect. It is an integrated approach where a number of agencies work together in one place, sharing information and making collaborative decisions. Interventions are put in place at the earliest opportunity across the MASH partnership.

Safeguarding and promoting the welfare of vulnerable adults and older people is everyone's responsibility and the evidence nationally and locally indicates that information sharing is vital to achieving this. MASH provides the opportunity for agencies to provide all professionals with information on which to make better decisions.

The MASH focuses on vulnerability for safeguarding vulnerable adults/older people. It does this by receiving referrals from professionals and from the public. The outcomes of this process inform the level of risk to the vulnerable person and can escalate or de- escalate the concern so that appropriate action is taken.

20.2 Benefits of the MASH

Vulnerable people get a better service and are better protected

All agencies are in a better position to safeguard vulnerable children and adults

Allocating the right agency first time reduces demand for others

Repeat incidents are identified and a problem solving approach is initiated

Early identification leads to early help

Preventing continued victimization of the vulnerable

Professionals have a central point for advice and the decision making process is better informed by having access to a more holistic view of a person's situation

20.3 How does the MASH operate in Enfield Local Authority? (Alerter Process)

The MASH Team is available at the following times:

Monday – Thursday	9am – 5pm
Friday	9am – 4.45pm

Concerns can be received by MASH by telephone, e-mail or letter.

Telephone: 0208 379 3196

Fax: 0208 379 2707

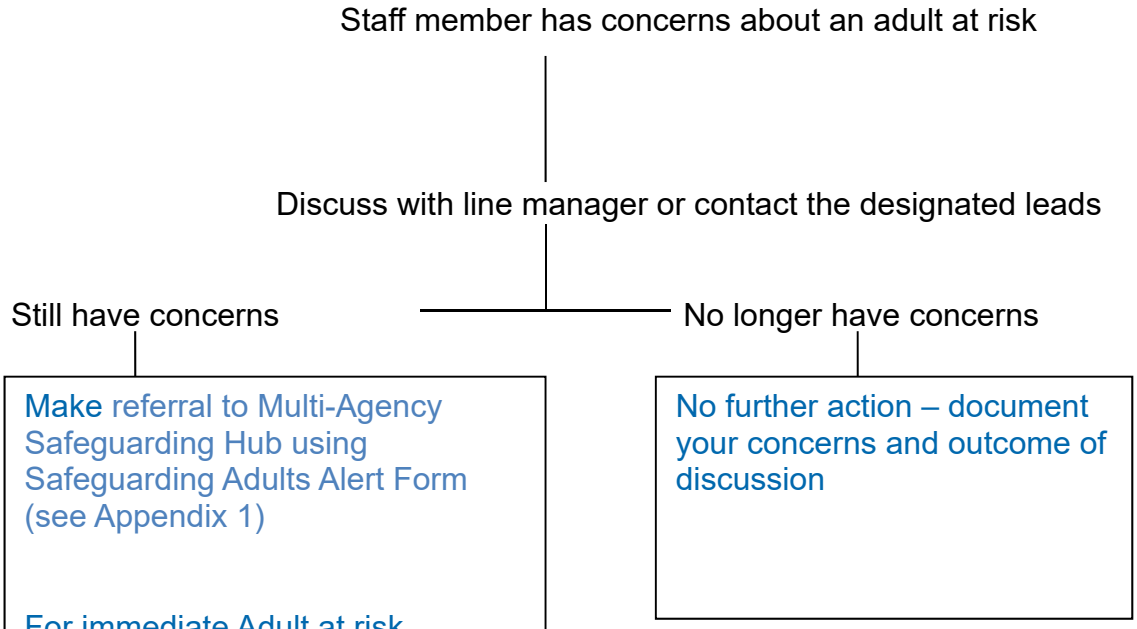
E-mail: TheMashTeam@Enfield.gov.uk (Caps not required)

Address: 3rd Floor, Civic Centre, Silver Street, Enfield, Middx EN1 3XA

Most concerns will be completed on the safeguarding alert form and e-mailed to the team (**See Appendix 1**)

If you have any urgent concerns after hours you should contact the Enfield Adult Abuse Line: 0208 379 5212

What to do if you have concerns flowchart



If you do not agree with the outcome of your referral or still have concerns, please contact the leads below to discuss how to escalate referral -

Safeguarding Adult Lead,

Carole Bruce-Gordon, 0203 688 2809 or via e-mail c.bruce-gordon@nhs.net

Named GP

Dr Cristina Lopez-Peig, 07960 875 271or via e-mail c.lopez-peig@nhs.net

20.4 Concerns of abuse or neglect of a vulnerable adult at risk can also be reported to:

Report abuse to Enfield Adult Abuse line (24 hour line) Phone 0208-379-5212.

Action on Elder Abuse Helpline
Phone 0808-808
8141
Website: www.elderabuse.org.uk.

Police Community Safety Unit
Phone 0208-345-4500
Website: www.met.police.uk/csu.

Victim Support Enfield (part of the national charity giving free and confidential help to victims of crime) phone 0845-450-4443

National helpline: 0845 303 0900 Website:
www.victimsupport.org

20.5 What happens when I make a report of suspected abuse?

Referrals to the relevant safeguarding adult's referral point will be taken from anyone who has a concern that an adult is at risk. The relevant local referral process should be used. This will be a telephone call. Details from the referrer about the allegation of abuse will be needed so it is helpful to have the facts of the circumstances ready to hand. The details will be used to fill out a safeguarding alert.

Protecting adults at risk is the responsibility of all the agencies working together.
The referral may be passed to the local safeguarding adult's team or allocated to a worker who will seek to:

- clarify the circumstances of the alleged abuse or neglect
- take any immediate steps to protect the adult at risk, if needed
- decide if the safeguarding adult procedures are the required and appropriate response to the situation
- work in partnership with other agencies, like the police or health services, where necessary.

The allocated worker will call a multi-agency strategy meeting where details of the investigation and responsibilities will be agreed. Protecting adults at risk is the responsibility of all the agencies working together and they will all follow the 'protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' (2011).

21 The Role of the CCG Designated Safeguarding Adult Manager (This role is incorporated into the Assistant Director of Safeguarding role)

21.1 The DASM role will incorporate the safeguarding adult lead role as required through the CCG authorisation process. This combined role will have a strategic overview of safeguarding adults across the health economy. It will support all activity required to ensure that the organisation meets its responsibilities in relation to safeguarding adults. The DASM will offer support and advice to the CCG Board member responsible for adult safeguarding who attends the Safeguarding Adult Board. The

21.2 The DASM will oversee the regular provision of training to the staff and Board of the CCG. The DASM will be a source of expertise and advice to those working in the CCG as well as the designated nurse leads in the Trusts. The DASM must have clear agreed sources of clinical advice where not a clinician. The DASM will be able to advise the local authority, police and other organisations on health matters in relation to adult safeguarding.

22 Supervision

22.1 For services commissioned and contracted by ECCG, all members of staff whose work brings them into direct contact with adults at risk should have access to regular structured supervision.

23 Safer Recruitment/Employment Practice

23.1 ECCG must ensure that it has in place safe recruitment policies and practices including Disclosure and Barring Service (DBS) checks and re-checks for all staff, including agency staff, students and volunteers and Barring Service (DBS) checks and re-checks for all staff, including agency staff, students and volunteers working with children:

23.2 There should be a system in place to ensure that managers who are interviewing for posts involving working with adults at risk have attended Safer Recruitment Training;

23.3 All job descriptions should reflect requirements for staff to have due regard for safeguarding;

23.4 A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with adults. The NSO must ensure any allegations Involving adults in work or personal life are reported to Local Authority (This will be the Assistant Director for Safeguarding in ECCG)

24 Legislation

24.1 People have fundamental rights contained within the Human Rights Act 1998. Health services have positive obligations to uphold these rights and protect patients who are unable to do this for themselves. Other legislation particularly relevant to safeguarding

24.2 adults is listed in Table 1:

Table 1

Legislation/Guidance	Links
Mental Health Act 1983 Mental Health Act 2007	http://www.dh.gov.uk/en/PublicationsAndStatistics/ Legislation/ActsAndBills/DH_40020 34 http://www.opsi.gov.uk/acts/acts2007/pdf/u kpga_20070012_en.pdf
Disability & Discrimination Act 1995	http://www.opsi.gov.uk/acts/acts1995/ukpg a_19950050_en_1
Human Rights Act 1988	http://www.opsi.gov.uk/ACTS/acts1998/ukp ga_19980042_en_1
Health Act 1999 Health Act 2006	http://www.opsi.gov.uk/acts/acts1999/ukpg a_19990008_en_1 http://www.opsi.gov.uk/acts/acts2006/ukpg a_20060028_en_1
Care Standards Act 2000	http://www.opsi.gov.uk/acts/acts2000/ukpg a_20000014_en_1
Mental Capacity Act	http://www.opsi.gov.uk/ACTS/acts2005/ukp
2005	ga_20050009_en_1
Mental Capacity Act	http://www.opsi.gov.uk/si/si2008/uksi_2008
(Deprivation of Liberty) 2008	1858_en_1
White Paper on Health, Our Care, Our Say 2006	http://www.dh.gov.uk/en/Healthcare/ourhealthourcareoursay/index.htm

Employees Guidance on Protection of Vulnerable Adults List 2006	http://www.barnet.gov.uk/pova-scheme- guidance-2006.pdf

25 Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf, all decisions taken in the Safeguarding Adults Process must comply with the Act.

Staffs are referred to the Enfield Mental Capacity Act (including Deprivation of Liberty Safeguards) Policy.

26 Consent

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Process and subsequent decisions made in their best interests in line with the Mental Capacity Act as outlined in the Pan-London Policy (Section 1.2.2) and in the Trust Mental Capacity Policy. Section 44 of the Mental Capacity Act makes it a specific criminal offence to willfully ill-treat or neglect a person who lacks capacity.

The London Procedures and principle 1 indicates that it is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent to share information. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A safeguarding adult's investigation going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consent all the risks and fully understand the likely consequences of that decision over the short and long term.

- The recommendations of an individual protection plan being put into place.
- A medical / nursing / therapy examination or assessment.
- An interview
- Certain decisions and actions taken during the Safeguarding Adults processes with the person or with people who know about their abuse and its impact on the adult at risk.

26.1 If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- A crime has been or may have been committed against an adult at risk without the capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- The concern is about institutional to systematic abuse
- Other people or children are at risk from the person causing harm
- The person causing harm is also an adult at risk
- There is a public interest, for example, not action will place other adults or children at risk
- There is a duty of care to intervene, for example, a crime has been or may be committed.

27 Regulation

27.1 Care QualityCommission

The Care Quality Commission, Essential Standards for Quality and Safety set specific outcomes for safeguarding and safety as a requirement for registration. However all the CQC outcomes are fundamental to preventing neglect, harm and abuse?

The Care Quality Commission will take enforcement action where services fail to comply with standards and patients are put at risk.

The CQC outcome standard (Standard 7) which states that 'People who use services are

protected from abuse, or the risk of abuse and their human rights are respected and upheld'. Standards in respect of engagement in policies require the identification and reporting of abuse, appropriate action when this has occurred or is suspected, and that staff have access to information about safeguarding procedures. Standards in respect of prevention of abuse relate for example to the use of control and restraint, the impact of diversity and the appropriate use of Deprivation of Liberty Safeguards.

27.2 The Scope of the CQC Safeguarding Standard is:

Take action to identify and prevent abuse from happening in a service.

Respond appropriately, when it is suspected that abuse has occurred or is at risk of occurring.

Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.

Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.

Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.

Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.

Protect others from negative effect of any behaviour by people who use services.

Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005. (Care Quality Commission 2010).

28 Duties within the Organisation

28.1 All Staff

- All staff working for Enfield Clinical Commissioning Group must be familiar with and have access to the Enfield Safeguarding Adult Board (ESAB) business strategy and Annual Report (see Enfield CCG website).

- All staff must become familiar with issues relating to Safeguarding Adults through attendance in **Mandatory** Safeguarding Adult training.

- All staff should recognise what constitutes abuse and to remain alert at all times to the possibility of significant harm and adult abuse, whether working with adults presenting

with mental health needs, substance misuse difficulties, learning disabilities, older people or children and young people. All staff should know what actions to take in order to protect adults once abuse is suspected.

- All staff has an individual responsibility to discuss any concerns about the welfare of a vulnerable adult with their Line Manager. Any concerns must be raised with the Line Manager, Profession Lead for Safeguarding Adults or Assistant Director for Safeguarding in Enfield CCG and Enfield Local Authority (Enfield Adult Abuse Line 0208-379-5212).

28.2 All staff has a duty and commitment to protect adults at risk from abuse and their participation in interagency working is essential if the interests of vulnerable adults are to be safeguarded. All relevant persons must be informed of actions taken and outcomes.

- On occasions, it is appreciated that staff may wish to maintain their anonymity when reporting safeguarding issues. This may be because, for example, they have concerns about the behaviour of a colleague. Whilst staff are encouraged (where appropriate) to obtain patient consent to report safeguarding issues, it is recognised that by doing so, it would be very difficult for that staff member to then maintain their anonymity. In such circumstances, staff will not be required to obtain patient consent.

- Staff has the right to be given support and protection to help them in exercising their responsibilities in respect of abuse, without fear, in accordance with the whistle blowing Policy.

- All staffs are obliged to declare any pending criminal acts/records that could affect their DBS status.

29 Professional Leads within Enfield CCG:

The leads for safeguarding adults' matters are:

Chief Officer (Designate)	**The Chief Officer (Designate) has overall responsibility for Safeguarding Adults.**
Director of Service Quality and Clinical Services (Executive Lead)	The Director of Service Quality and Integrated Governance has delegated responsibility from the Chief Officer (Designate). The Director is responsible for ensuring that Enfield CCG and lay person receive relevant information regarding safeguarding issues within the organisation and commissioned services, in order to inform the decisions of the Board. Ensuring that Safeguarding is a strategic objective within commissioning healthcare Ensure that Enfield CCG has in place policy & assurance systems to monitor the Safeguarding performance of commissioned services. Provide executive leadership on safeguarding issues within commissioning. Ensure senior representation of commissioning on the Safeguarding Adults Board. Ensure that service contracts include relevant Adult Safeguarding

Chief Officer (Designate)	**The Chief Officer (Designate) has overall responsibility for Safeguarding Adults.**
	• Ensure that commissioned services are performance managed against the safeguarding adult's standards in this policy. • Work with Safeguarding Leads, Quality, Governance, Risk and Safety • Commissioning Managers to ensure that commissioned services effectively performance managed in relation to safeguarding adults. • Work with the Head of Safeguarding to identify safeguarding related issues and ensure that these are effectively managed where appropriate within the multiagency adult protection procedures.
All staff in provider and commissioning organisations	• Ensure that they are familiar with their responsibilities under this policy and under the Enfield Multi-Agency Safeguarding Adults Partnership Policies and Procedures • Working actively to identify and safeguard people who may be experiencing or at risk of abuse. • Support and work within agreed provider and multi-agency adult protection policies • And procedures relevant to their role and responsibility. • Attend safeguarding adults training appropriate to their role and responsibilities and draw any learning needs (in relation to safeguarding adults) to the attention of their manager. • Take immediate action to minimise risk to adults where abuse is suspected. • Reporting suspicion of abuse or neglect using organisational or multiagency • Procedures. • Report serious crimes or situations where a person is at immediate risk to the police • Reporting suspicions of fraud according to their organisations Fraud and Corruption Policy. • Reporting all concerns to a senior manager

Chief Officer (Designate)	**The Chief Officer (Designate) has overall responsibility for Safeguarding Adults.**
	• Work within professional codes of practice. • Identify the need for additional safeguarding advice and support and seek this from their organisation's lead professional or the Enfield Safeguarding Adults Team in the Local authority. • Safeguarding Team or the Enfield Safeguarding Adult Unit when required. • Share information with other agencies in accordance with Enfield Safeguarding • Adults Board Procedures and the Joint Agency Information Sharing Protocol • Provide or contribute to a written report where required for the purpose of a case conference and or review conference.
	• All staff have a duty to participate in training as identified in the training needs analysis. Level 1: All staff to understand Safeguarding adults and why would raise an alert. Level 2: Continuing Health Care Team – Investigations Course at the Local Authority
Line Managers	• Ensure the implementation of their organisation's and multi-agency safeguarding adult policy and procedures within their team. • Ensure that safeguarding concerns are reported using organisational and multi-agency procedures. • Ensuring all staff know who and how to contact key safeguarding professionals for advice and support around safeguarding children Issues. • Ensure that all their teams have adequate and appropriate • training for their roles and responsibilities within adult safeguarding. To provide support and advice (within their own competencies) to all staff when dealing with Safeguarding Adults

Chief Officer (Designate)	The Chief Officer (Designate) has overall responsibility for Safeguarding Adults.
	issues and to provide support, advice and resources to enable the Head of Safeguarding to fulfill their role. • Ensure there is sufficient expertise within the team to fulfill safeguarding requirements. • Ensure that systems are in place to monitor staff attendance on identified safeguarding adults training relevant to their role, according to agreed organisational guidelines. • Identify support for staff who raise safeguarding concerns • Identify potential safeguarding related risks within their area of responsibility and ensure that risks which cannot be managed are escalated to the team/directorate/corporate risk register appropriately. • Ensure that implications for the safeguarding of adults are considered in all service developments. • Ensure all staff have access to the Enfield Multi-Agency Safeguarding • Adults Partnership Policies and procedures, Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards Code of practice.
Assistant Director for Safeguarding	• Deliver strategic objectives and lead across the service • Develop, monitor and enhance systems and structures to support safeguarding processes e.g. Procedures, monitoring activity, provide & commission training, facilitate Case Review and Operation and Case Review network. • Support individuals and departments in their engagement in safeguarding cases. • Liaise with Safeguarding Leads in partnership agencies to support complex cases. • Assure safeguarding adult processes. • Support and advise on safeguarding escalations and Investigations • Work collaboratively with community health and social care

Chief Officer (Designate)	The Chief Officer (Designate) has overall responsibility for Safeguarding Adults.
	partners within adult safeguarding. • Represent ECCG at local authority adult safeguarding Partnership meetings and Safeguarding Adult Board. • Liaise with local authority Safeguarding Teams of Safeguarding Teams within the Trusts locality. • Preparation of annual reports of Safeguarding adults Activity. • Ensure training content is in line with national guidelines, local requirements and statute. • Review the quality and effectiveness of the training provision through evaluation. • Ensure that attendance at mandatory training programmes is recorded centrally • on the CCG's database. • Ensure that they or staff delivering their training has the correct knowledge and skills to do so. • Representing the Enfield CCG at the Safeguarding Adults Board and reporting back any issues likely to impact on the CCG. • Provide professional advice to the organisation and teams regarding ECCG and multi-agency safeguarding procedures. • Lead and support the development of safeguarding adults' documentation and practice across the organisation. • Provide advice and support to the commissioning and contract management process to ensure that commissioned services have appropriate safeguarding systems and monitoring in place. • To inform the appropriate Enfield CCG Board of safeguarding adults' activity, practice development and potential risks via an annual report. • Support and advise the work of contract monitoring boards and clinical review groups. • Provide briefings to the Enfield CCG Board on Safeguarding Adults issues. •

Chief Officer (Designate)	**The Chief Officer (Designate) has overall responsibility for Safeguarding Adults.**
	authorisations for patients in a hospital setting (or as deputy). Chair the NHS Enfield Safeguarding Committee assign deputy) Act as lead for Mental Capacity Act (MCA) and Deprivation Liberty Safeguards (Dols) requirements.
Lead GP for Enfield CCG	Delegate investigative responsibilities for primary care safeguarding issues when required as part of multi-agency procedures Delegate expert medicine safety advice in relation to safeguarding investigations with a primary care component. Attend the Safeguarding adults training. Give medical opinion on Safeguarding adult cases. Attend and co-chair quality and safety sub- group for Enfield Safeguarding Board.

30 Minimum Safeguarding Adults standards for Providers

30.1 All providers of services commissioned by ECCG are required to meet the following minimum standards in relation to safeguarding adults. These standards are not comprehensive and may be in addition to those standards required by legislation, national guidance or other stakeholders, including regulators and professional bodies. The standards in this policy focus on the structure, processes and systems providers should have in place in order to meet required safeguarding outcomes.

30.2 All providers of commissioned services are required to comply with requests for assurance that they are meeting these standards and their overall safeguarding obligations. Standards that only apply to specific provision, i.e. NHS or Care Home providers have this identified within the body of the standard; all other standards should be viewed as universal.

31 Policyand Procedure Standards

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.

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.

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.

The Provider will ensure that all policies and procedures are consistent with legislation/guidance in relation to Mental Capacity Act 2005 and consistent, and that staff practices in accordance with these policies.

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 and to external agencies.

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.

NHS Trusts and all providers of hospitals and care homes will have up to date policy(s) and procedures(s) covering the use of all forms of restraint.

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.

32 Governance Standards

The Provider will identify a person(s) with lead responsibility for safeguarding adults.

The NHS Trusts will identify a board level Executive Director with lead responsibility

for safeguarding adults. The NHS Trust will also have in post a Named Doctor and Named Nurse for adult safeguarding with sufficient capacity to effectively carry out these roles.

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.

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.

Providers will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including, risk managements systems, patient safety systems, complaints PALs and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.

NHS Trusts should identify and analyse the number of complaints and PALs contacts and include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board.

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.

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.

The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually.

NHS Trusts must have in place robust annual audit programmes, shared with the NHS Enfield, to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005).

The result should be shared with NHS Enfield on request.

The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Adult 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.

NHS Trusts will ensure their board receives an annual safeguarding report including a business plan or strategy. The report must include:

i) Assurance that all the minimum standards in this policy are being met.

ii) Assurance that all legislative requirements and national standards are being met.

iii) Information about risk areas and action plans.

iv) Audit activity and action plans.

NHS Trusts will ensure they send quarterly board papers to the Clinical Commissioning Group on their safeguarding adults' activity. All Executive leads or nominated deputies are required to give assurance to ECCG on their safeguarding adult arrangements.

NHS Trusts must ensure they have a safeguarding adults committee where all safeguarding adult's issues are discussed within the organisation.

33 Multi-agency Working Standards

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.

The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multiagency safeguarding procedures.

The Provider will ensure that written information is available to patients/service users and their significant others that defines and describes how they can make a safeguarding referral.

The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of

grade 3 or 4 (NICE, 2005) and that a multi-agency referral is made where abuse or neglect are believed to be a contributory factor.

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.

The Provider will ensure that organisational representatives/practitioners make an effective contribution to safeguarding case conferences/strategy meetings where required as part of multi-agency procedures.

The Provider will, where required, ensure senior representation on the Enfield Safeguarding Adults Partnership Board and contribution to their subgroups.

34 Recruitment and Employment Standards

The Provider must ensure safe recruitment policies and practices which meet the NHS employment check standards, including enhances Disclosure and Barring Service (DBS) checks for all eligible staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.

The Provider will ensure that post recruitment criminal checks are repeated for eligible staff in line with national guidance/requirements.

The Provider must ensure that their employment practices meet the requirements of the Vetting, Barring Scheme, and those referrals are made to this organisation, for their consideration in relation to inclusion on the adults barred list.

The Provider will ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding adults.

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 allowed in safeguarding cases.

35 Training Standards

The Provider and Commissioners 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.

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.

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.

The Provider will ensure that all staff, (including locums, temporary/agency staff and volunteers) who provides care or treatment understands the principles of the Mental Capacity Act 2005 and consent to processes at the point of induction.

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.

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 training to recognise and respond to abuse (please see the Safeguarding Adults in Health Intercollegiate guidance - https://www.rcn.org.uk/professional-development/publications/pub-007069

The Provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local safeguarding boards.

All commissioning managers must ensure their staffs are aware of this policy and all staff whether substantive or interim must have safeguarding children and adults training.

36 Performance and Monitoring of Providers

Providers' performance in relation to safeguarding adults will be managed primarily through

usual contract monitoring arrangements. Contract Managers/Lead Commissioners are expected to invite the Head of Safeguarding to contract monitoring meetings as required and when concerns about the provider's ability to manage safeguarding issues are discovered. The Assistant Director for Safeguarding will inform the Contract Manager/Lead Commissioner when they discover safeguarding concerns and will attend contracting monitoring meetings as they see fit in response to safeguarding concerns.

Providers will be expected to complete a safeguarding adult's performance monitoring form on a quarterly basis. The minimum will be an annual declaration of compliance. The precise nature and frequency of reporting will be negotiated with the provider and Enfield Clinical Commissioning Group. Adults at risk should expect the same high standard of safeguarding from all providers regardless of the size of the organisation, whether the organisation is in the statutory, voluntary or independent sector or nature of the service received. The level of assurance that Enfield Clinical Commissioning Group will require will be proportionate, taking into account a number of aspects including the potential risk to individuals and the contract size. Generally, the greater the potential risk to individuals and the larger the size of the contract the more detailed and frequent the assurance requirements will be.

Where a provider is unable to demonstrate compliance with any adult safeguarding standards, they will produce an action plan with timescales that details steps to be taken to achieve compliance. This action plan will be monitored by the Enfield Clinical Commissioning Group/Contract Lead/Commissioner and Assistant Director for Safeguarding for Enfield Clinical Group. Providers will also be subject to performance management as set out in their contract.

Enfield Clinical Commissioning Group may require providers to produce additional information regarding their safeguarding adults' work, in order to monitor compliance with this policy.

In addition to the standards required by this policy, legislation, national guidance or other stakeholders,

i) Information about risk areas and action plans

ii) Audit activity and action plans

NHS Trusts will ensure they send quarterly board papers to the Clinical Commissioning Group on their safeguarding Adults Activity to the board. All Executive leads or nominated deputies are required to speak to their report.

NHS Trusts must ensure they have a safeguarding adults committee where all safeguarding adults' issues are discussed within the organisation.

37 Assurance Framework - Independent Contractors

GP practices' own safeguarding adults responsibilities and standards are set out in guidance as follows:

Protecting Adults at risk (2011) places a statutory duty on GPs to 'maintain their skills in the recognition of abuse and neglect, and to be familiar with the procedures to be followed if abuse or neglect is suspected. GPs should take part in training about safeguarding and promoting the welfare of vulnerable adults, and have regular updates as part of their post-graduate educational programme.

Each GP and member of the Primary Health Care Team should have access to a copy of the Enfield Local Safeguarding Adults Board Strategy.

GPs also have responsibilities towards their staff:

GPs have an important role to play as employers in ensuring staff whom they employ are trained in safeguarding and promoting the welfare of vulnerable adults

All healthcare staff involved in working with adults should attend training in safeguarding and promoting the welfare of vulnerable adults and have regular updates as part of continuing professional development.

Practices should have 'a clear means of identifying in records those adults with a learning disability who require additional support at a GP appointment and the practice should arrange annual health checks.

Practices should ensure that there is appropriate attendance at case conferences or alternative methods of facilitating appropriate participation when required

Each practice should ensure good information sharing between social services and GPs on adult protection matters

Each practice should have its own Adult protection policy and procedures that are accessible to all staff in the practice.

Each practice should have a safer recruitment policy and

procedures. Each practice should identify a lead safeguarding

professional.

Arrangements should be in place to support staff and doctors through mentoring and supervision.

There should be an electronic system for flagging vulnerable adult protection cases.

A whole practice team meeting to discuss the safeguarding of vulnerable adults within the practice should take place annually.

As part of their quality assurance processes, GP practices should undertake audits of their safeguarding practice.

Dentistry and dental services

All healthcare staff involved in working with vulnerable adults should attend training in safeguarding and promoting the welfare of adults, and have regular updates as part of continuing professional development.'

Dental service providers must:

- have safeguarding systems and arrangements in place
- Ensure that their staff are competent
- Nominate safeguarding advisors
- Work with the public / local communities

The dental team should have the knowledge and skills to identify concerns, know how to refer vulnerable adults to social care and who to contact for further advice – including the lead professionals for vulnerable adults.

Dental teams should:

Have access to a copy of Protecting adults at risk: London Multi-agency policy and procedures to safeguard adults from abuse (2011)

Have access to good practice guidance

Good practice guidance states that dental practices should:

Identify a member of staff to take the lead on adult protection

Adopt an adult protection policy

Develop a step-by-step guide of what to do if staff have concern

Follow best practice in record keeping

Undertake regular team training

Practice safe staff recruitment

Community Pharmacy Services

All healthcare staff involved in working with vulnerable adults should attend training in safeguarding and promoting the welfare of adults, and have regular updates as part of continuing professional development.

Pharmacists must:

Have safeguarding systems and arrangements in place

Ensure that their staff are competent

Nominate safeguarding adult advisor

Work with the public / local communities

Pharmacists should have the knowledge and skills to identify concerns, know how to refer vulnerable adults to social care and who to contact for further advice – including the lead professionals for vulnerable adults.

Pharmacists have a responsibility for ensuring that any staff working closely (and alone) with vulnerable adults are vetted and have clear Criminal Records Bureau checks.

Optometrists/Opticians:

All healthcare staff involved in working with adults should attend training in safeguarding and

promoting the welfare of vulnerable adults, and have regular updates as part of continuing professional development.

Optometrists must:

Have safeguarding systems and arrangements in place

Ensure that their staff are competent

Nominate safeguarding adult advisor

Work with the public / local communities

Optometrists should have the knowledge and skills to identify concerns, know how to refer vulnerable adults to social care and who to contact for further advice – including the lead professionals for vulnerable adults.

Optometrists should:

Have access to a copy of Protecting adults at risk: London Multi- agency policy and procedures to safeguard adults from abuse (2011)

Have access to good practice guidance

38 Sharing Information

Enfield Clinical Commissioning Group is committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for safeguarding adults in accordance with the law and multi-agency procedures. This may include personal and sensitive information.

All providers of services commissioned by Enfield Clinical Commissioning Group are required to share information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding adults in accordance with the law and the Enfield Safeguarding Adults Board Information Sharing Agreement. This may include personal and sensitive information.

The person(s) at risk of or experiencing abuse family members.

Staff.

Members of the public.
All providers are also required to share anonymised and aggregated data where requested, for the purposes of monitoring and developing safeguarding practice.

The Enfield Safeguarding Adults Partnership Board will monitor referrals into multi-agency procedures from providers, independent contractors and Enfield Clinical Commissioning Group.

39 Management of Safeguarding Adults Related Serious Incidents

All serious safeguarding adults' incidents must be reported to the Head of Safeguarding, as well as being managed and reported to Enfield Locality Authority.

Any Enfield Clinical Commissioning Group manager dealing with any claims, complaints, disciplinary or performance issues will be responsible for seeking advice regarding any safeguarding risks and making referrals to the multi-agency procedures according to this policy and informing the Head of Safeguarding.

40 Allegations of Abuse against Staff

Enfield Clinical Commissioning Group and commissioned services will ensure that all allegations of abuse against staff, including where there is a clear evidence that they are false or malicious, will be recorded and reported to the Head of Safeguarding and Enfield Local Authority.

All allegations of abuse against staff must be managed according to Enfield safeguarding adults' procedures and reported to the Local Authority Designated Officer (LADO) in Enfield Local Authority.

In line with Enfield safeguarding adults procedures, if there is clear and immediate evidence that an allegation is false, the reasons for not undertaking any further investigation must be stated along with any other measures taken to manage risks. A history of making allegations does not constitute evidence that this allegation is false.

All other allegations that a member of staff has caused of been complicit in abuse or neglect (i.e. W here there is no immediate evidence that it is false) must be referred using local multi-agency procedures.

Enfield Clinical Commissioning Group managers and commissioned services must also consider the need for temporary exclusion or redeployment under the disciplinary policy

based on potential risk to the alleged victim(s) if the allegation is found to be true.

Enfield Clinical Commissioning Group and providers must ensure that all other concerns relating to the conduct or capability of staff are monitored and that any safeguarding related concerns are managed in accordance with this policy and local multi-agency procedures.

Enfield Clinical Commissioning Group and providers must also ensure that any safeguarding concerns arising from disclosures made during the course of an investigation or other human resources process are managed in accordance with this policy and local multi- agency procedures.

41 Serious Adult Reviews

Serious Case Reviews are an important mechanism to understand whether there are lessons to be learned about how professionals and services worked together. They provide accountability and transparency within the service, to patients, public and the multi- agency partnership.

Importantly, the review provides the opportunity to highlight good practice, equally issues and learning across and learning across the multi-agency partnership.

Close attention to safeguarding adults is core to delivering quality care, complying with statue and achieving the cost effective outcomes expected of modern health care services.

Commissioners play an essential role in safeguarding patients in the most vulnerable situations. This is why Enfield CCG has a duty to work in partnership with Enfield Safeguarding Adults Board, and/or any other Safeguarding Adults Board in conducting Serious Case Reviews in accordance with local multi-agency procedures and protocols.

All Independent Management Reports commissioned across the health economy will be submitted to the CCG as commissioners of the health service.

It is expected that each provider sign off process by his or her board level lead and that reports received will have been subject to this scrutiny process. The organisations will ensure that individuals are given sufficient time and necessary support to complete individual management reviews.

Enfield CCG must ensure that the review, and all actions following the review, is carried

out according to the time scale set out by the Serious Case Review panel scoping and terms of reference.

The Quality and Clinical Governance Committee will monitor the progress of identified recommendations and supporting actions plans for issues relating to the Enfield health economy.

42 PREVENT (There is an ECCG PREVENT Policy on the Intranet)

42.1 Enfield Clinical Commissioning Group is committed to ensuring vulnerable individuals are safeguarded from supporting terrorism or becoming terrorists themselves as part of the Home Office counter-terrorism strategy PREVENT. Due to recent high profile cases associated with the NHS, there is a great need for our organisation to support the counter-terrorism strategy and Enfield CCG is aiming to raise awareness in preventing terrorism.

42.2 Staff have a responsibility to help Enfield CCG fulfill its statutory obligation to minimize risks by identifying and supporting adults who may be prone to exploitation or influence from radical right wing extremism by following the PREVENT programme. The programme will help staff to understand their role in reducing that risk by supporting and therefore protecting those individuals who may be at risk/are vulnerable.

42.3 Enfield CCG is supporting the training of staff working across the heath economy including GPs. Awareness sessions will be provided to all Clinical Commissioning Group Boards.

42.4 If you have any concerns about individuals who may be susceptible to extremism or is suspected of being engaged in terrorist activity, please contact any of the following individuals. You will be supported to share concerns:

42.5 Please see Enfield CCG's PREVENT Policy

43 What is Modern Slavery?

43.1 Modern Slavery includes, but is not limited to, the crimes of forced labour, sexual exploitation, domestic servitude, forced criminality and human trafficking – all offences where a person has their freedom taken away and is kept in slavery or servitude by the use of threats, violence, coercion, abuse of power or deception. It affects an estimated 40 million women, men and children worldwide*. That is about 1 in every 184 people.

Modern slavery and human trafficking are complex and abhorrent crimes. They destroy lives

and are taking place in the UK. Our own government estimates 10-13,000 people** to be held in slave-like-conditions in the UK, although some sources believe this figure is much higher.

**Source: The Global Slavery Index UN/ILO*

*** Source: Home Office*

43.2 How to recognise the signs

Look out for signs that suggest someone could be a victim of modern slavery.

Pay attention if you see someone who:

Looks malnourished and unkempt

Is not wearing the right clothing or safety equipment for the job he or she is doing, doesn't seem to know where they are or where they live

Appears to be fearful of another individual who is controlling their interaction with others, doesn't have their own passport, ID or travel documents

Doesn't seem to be have freedom of movement

Has untreated injuries

43.3 Please refer to Enfield Adult MASH on: Safeguarding Adults alert form (Appendix 1)

44 Key contacts in Enfield CCG and Enfield community

Adult Safeguarding Lead

Carole Bruce-Gordon,

Ext 2809

NHS Enfield Clinical Commissioning Group Holbrook

House

Cockfosters Road Barnet

Herts EN4 0DR

Email: c.bruce-gordon@nhs.net

Designated Nurse Safeguarding Children

Christina Keating

Ext 2810

NHS Enfield Clinical Commissioning Group Holbrook

House

Cockfosters Road Barnet

Herts EN4 0DR

Email: christinakeating@nhs.net

Alpesh Patel

Named Safeguarding Children GP

NHS Enfield Clinical Commissioning Group
Holbrook House
Cockfosters Road
Barnet
Herts EN4 ODR

Email: alpeshpatel@nhs.net

Named Safeguarding Adult GP

Cristina Lopez

NHS Enfield Clinical

Commissioning Group

Holbrook House Cockfosters

Road Barnet Herts EN4 0DR

Email: c.lopez-peig@nhs.net

Adult Safeguarding Lead

Nhamo Paz

Barnet, Enfield and Haringey

Mental Health Trust

Email: nhamo.paz@nhs.net

0208 702 3118

North Middx University Hospital Adult

Safeguarding Lead Sarah Pope:

Email: sarah.pope5@nhs.net

0208 887 3949

Royal Free Hospital Safeguarding

Adult Lead Deirdre Blakie

Email: deirdre.blaikie@nhs.net

PREVENT Police Officer for Enfield CCG

Mobile: 07887 546395

Metropolitan Police: 999 Crime

Stoppers (anonymous)
0800 789321

45 Monitoring of Policy

Implementation of the policy will be monitored through the CCG Quality and Clinical Governance Committee.

48. References

Protecting Adults at Risk (2019) London Multi Agency Policy and Procedures Safeguarding Adults

Care and Support Statutory Guidance Care Act (2014), Section 14 Safeguarding Adults: (2011) The role of NHS Commissioners

Enfield Safeguarding Adults Strategy 2018-2023

APPENDIX 1

Safeguarding Adults in Enfield **Updated July 2013**

Safeguarding Adults Alert Form

If you are making a report of abuse, please ensure you complete as much detail and information as possible that you hold.

The sections in grey are to be completed only by the receiving social work team. The receiving team must ensure all sections are completed with additional information gained through any fact finding on receipt of the alert (prior to any alerts being sent to the Police). The last section of the form is for Police use only.

Investigating team that safeguarding adults case is allocated to (if progressed):	
Named person and Team (contact point)	
Tel	
E-mail	
Requires Police Action	Yes ☐ No ☐

Details of adult at risk	
Title	
Name	
Persons age	
Gender	
Ethnicity	
Current address	
Telephone	

Other details		
Adult at risk has capacity, including to contribute and understand the safeguarding process and protection plan	Yes ☐ No ☐ *(if no capacity assessment to be arranged)*	
Adult at risk knows the alert has been made	Yes ☐	No ☐
Adult at risk has given consent to share information	Yes ☐	No ☐
If no consent given, please state reason why:		
Has advocacy been offered as a result of this alert	Yes ☐	No ☐
Is there already an advocate / IMCA in place (paid, professional or family member)	Yes ☐	No ☐
Adult at risk has consented to police involvement	Yes ☐	No ☐
This alert has a public or vital interest	Yes ☐	No ☐

Details of the alert	
Date of alert	
Brief description of incident: *Including any relevant background information, communication difficulties and fact finding information gathered in addition to the original alert details.*	
Impact on adult at risk:	
Location of abuse:	

Type of abuse:	Discriminatory ☐ Sexual ☐ Physical ☐ Neglect ☐	Psychological ☐ Financial ☐ Institutional ☐
Does this abuse also fall under hate crime, domestic violence or trading standards?	Yes ☐ No ☐ Please specify: _____	
Any other vulnerable people in the household		
Name		
Adult/ child		
Has another adult care team or child protection team been contacted? Yes ☐ No ☐ Please specify:_____		
Any animals in the household who have been harmed or threatened harm?		
Yes ☐ No ☐ Unknown ☐		

Name and contact details of any witnesses		
Name	Contact address	Telephone number

Actions taken to protect adult at risk		
Adult at risk in immediate danger	Yes ☐	No ☐
Has police or medical assistance been sought	Yes ☐	No ☐
Action taken to protect adult at risk*: such as action by police, care worker suspended, adult at risk removed from place of abuse, other, etc*		
If other, please specify:		

Alleged perpetrator (s)		
Name		
Address		
DoB or age		
Gender	Male ☐ Female ☐ Transgendered ☐ Unknown ☐	
Ethnicity:		
Relationship to adult at risk:		
Does alleged perpetrator live with adult at risk	Yes ☐	No ☐
Is the alleged perpetrator also an adult at risk?	Yes ☐	No ☐
Is alleged perpetrator aware of the alert?	Yes ☐	No ☐
Is the alleged perpetrator working for a provider (domiciliary care/ residential/ nursing/ supported tenancy)	Yes ☐ Name_____	No ☐

Referrer details	
Name	
Organisation and address:	
Contact details:	
Relationship to adult at risk:	
Screening /Receiving Officer completing this form	
Name	

Team and Contact Number	

Other agencies/organisations involved or consulted		
Name	**Agency or organisation**	**Contact details**

MANAGEMENT: Outcome and rationale	
Following initial fact finding and strategy discussion, can this case to be progressed under safeguarding adults to strategy meeting or investigation? Yes ☐ No ☐	
Rationale for decision arising from initial fact finding and/or strategy discussion:	
Name of manager:	
Date:	

Please include a very brief description of the social services involvement with this adult or other relevant information that may affect Police involvement (e.g. lives in sheltered housing, residential home is under Provider Concerns, history of abuse, issues around safe contact):

For police use only
Crime reference number Allocated officer Officers E-MAIL Address   Actions taken   Outcome

APPENDIX 2 – Enfield Clinical Commissioning Group Equality Impact Analysis (EQIA) Screening

Enfield Clinical Commissioning Group Equality Impact Analysis (EQIA) screening

Proposal Title: Safeguarding Adults Policy

Author /editor/assessors	At least one of the people carrying out an EQIA must be the person responsible for the policy/function/service	Alison Mitchell-Hall/Aimee Fairbairns/ Carol Bruce-Gordon
Partners/decision-makers/ implementers	Identify who else will need to be involved. This can be decision-makers, frontline staff implementing the policy, partner/parent organisations, etc.	Governing Body Director of Service Quality and Clinical Services Head of Safeguarding Quality and Safety Committee

Start date	The EQIA should be started prior to policy/service development or at the design stages of the review and continue throughout the policy development/review. For an existing policy/service, any changes identified have to be implemented.	April 2013
End date	The EQIA will need to inform decision-making so the date should take this into account	November 2015
Due regard, proportionality and relevance in relation to the following characteristics Gender including gender reassignment Race/ethnicity Disability Age Religion or belief	Has due regard been given to equality (i.e. promote equality of opportunity between communities, eliminate discrimination that is unlawful, promote positive attitudes towards communities) for this proposal/policy/function? Due regard has two linked elements: proportionality and relevance. The weight given to equality should therefore be proportionate to its relevance to a particular function. The greater the relevance of a function/policy/proposal to equality, the greater regard that should be paid. Where it is concluded that the policy is not relevant for an EQIA, this should be recorded here with the reasons and evidence.	Please refer to completed EQIA assessment tool  The organisation will comply with the following guidance: March 2000, Department of Health 'No Secrets' Safeguarding Adults the Role of Health Service Managers, DOH 2011 London Multi-agency policy and procedures

Pregnancy and maternity Sexual orientation Deprivation		to safeguard adults from abuse 2011 Valuing People, DOH 2001 Disability & Discrimination Act 1995 Mental Capacity Act 2005
Proposal/ policy/function/service aims	Consider: Why is the proposal/policy/function/service needed? What doe s ECCG hope to achieve by it? How will ECCG ensure that it works as intended? Who benefits? Who doesn't benefit and why not? Who should be expected to benefit and why don't they?	The purpose of this policy is to ensure that no act or omission by Enfield CCG as a Commissioning organisation, or via the services it commissions, puts a service user at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of adults, and to protect vulnerable adults from abuse, or the risk of abuse, and to support staff in fulfilling their obligations. All staff and third-parties are expected to comply with this Policy in full.

Evidence gaps	Identify what evidence is available and set it out here. This includes evidence from involvement and consultation. Identify where there are gaps in the evidence and set out how these will be filled.	None
Involvement & consultation	What involvement and consultation has been done in relation to this (or a similar) policy or function, and what are the results? What involvement and consultation will be needed and how will it be undertaken? Report any results.	Director of Service Quality and Integrated Governance Quality and Safety Committee ECCG Governing Body

Addressing the impact	Outcome 1: No major change: the EQIA demonstrates the policy /change is robust and there is no potential for discrimination or adverse impact Outcome 2: Adjust the policy: the EQIA identifies potential problems or missed opportunities. Adjust the policy to remove barriers or better promote equality. Outcome 3: Continue the policy: the EQIA identifies the potential for adverse impact or missed opportunities to promote equality. Clearly set out the justifications for continuing with it. The justification must be in line with the duty to have due regard. For the most relevant policies, compelling reasons will be needed. Outcome 4: Stop and remove the policy: the policy shows actual or potential unlawful discrimination.	No major change