

**Surrey Downs
Clinical Commissioning Group**

Safeguarding Adults at Risk

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Version:	Final
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Owner	Helen Blunden, Designated Nurse for Safeguarding Vulnerable Adults in Surrey
Last review date:	10 th August 2015
Next review date:	13 th June 2016

EQUALITY STATEMENT

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

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Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	No	
	Disability A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No	
	Gender reassignment The process of transitioning from one gender to another.	No	

<p>Marriage and civil partnership</p> <p>In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.</p> <p>Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).</p>	No	
<p>Pregnancy and maternity</p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	No	
<p>Race</p> <p>Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins</p>	No	
<p>Religion and belief</p> <p>Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition</p>	No	

	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	N/A	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

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Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Eileen Clark – Head of Clinical Quality, Surrey Downs CCG	11 th August 2015

Version History

V.	Date	Status and/ or amendments
V1	October 2012	First draft for authorisation
V2	August 2013	Draft for scheduled update
V3	January 2014	Draft for agreement
V4	June 2014	Agreement and adoption by Governing Body
V5	August 2015	<p>Amendments to reflect changes as a result of The Care Act 2014 as follows:</p> <p>Changes to layout:</p> <ul style="list-style-type: none"> • Inclusion of contents page • Reference page moved to Section 2 • Updated reference section to include new legislation and guidance <p>Reference to Safeguarding Vulnerable Adults is amended to Safeguarding Adults at Risk throughout the document</p> <p>Serious case Reviews are now known as Safeguarding Adults Reviews</p> <p>Amendment to definitions – Section 3</p> <ul style="list-style-type: none"> • A Vulnerable Adult is now referred to as an Adult at Risk and definition has been refined. • Institutional abuse is now referred to as Organisational abuse, Modern slavery is included as a definition • The role of the Designated Adult Safeguarding Manager included <p>Section 5.6 - New Section detailing reporting requirements</p> <p>Section 6 – Definition of target audience</p> <p>Section 7 – Legal Framework includes the Care Act 2014 & Revised Safeguarding Vulnerable People in the NHS –</p>

	<p>Accountability and Assurance Framework – June 2015</p> <p>Section 7.1.4 - Amended link to Surrey Multi-Agency Safeguarding procedures and removal of detail around the sections within the procedures</p> <p>Section 8 – Inclusion of the contact details of the Care Quality Commission</p> <p>Section 10 – Frequency of reporting to the Quality Committee is now six-monthly with exception reporting in the interim</p> <p>Appendices – addition of Appendix 2 – SSAB Quick Guide for Staff/volunteers to responding and reporting</p> <p>Review date remains unchanged at 13th June 2016 unless there are further national changes.</p>
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1. Introduction

All adults have the right to live lives free from abuse and neglect. Clinical Commissioning Groups (CCG's) have particular responsibilities to safeguard patients who may be unable to protect themselves from abuse or neglect. Surrey Downs CCG (SDCCG) supports the six CCG's across Surrey in discharging these responsibilities through a hosted arrangement. Safeguarding is about [people and] organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted.

The safety and welfare of adults at risk is of paramount importance to SDCCG. We work closely with other CCG's across Surrey to ensure that all of the services we commission deliver high quality safe effective care and that all organisations commissioned or contracted to provide services will in the discharge of their functions, have regard to the duty to safeguard and promote the welfare of adults at risk. Organisations should always promote the adults wellbeing, views, wishes and beliefs in their safeguarding arrangements.

The following measures ensure that safeguarding and promoting the welfare of adults at risk is given priority and is discharged effectively across the whole local health community through commissioning arrangements:

- SDCCG is a member of the Surrey Safeguarding Adults Board (SSAB), representing all Surrey CCGs within the collaborative agreement and has representation on key working groups to ensure that safeguarding is at the forefront of service planning.
- Safeguarding adult strategies and associated policies are in place, including the safe recruitment of staff, a whistle-blowing policy and safeguarding training and supervision policies.
- Providers of services are held to account through regular review of safeguarding adults arrangements through quality scrutiny processes.
- Designated nurse and doctors are in post to offer professional expertise and advice around safeguarding adults matters across the whole health economy. The Designated Nurse currently undertakes the role of Designated Adult Safeguarding Manager (DASM) on behalf of SDCCG.
- Effective contribution to multi-agency approaches through MAPPA (Multi-Agency Public Protection Arrangements) and MARAC (Multi-Agency Risk Assessment Conference)
- SDCCG has a lead for the Mental Capacity Act, supported by the relevant policies and who will provide advice as agreed through the collaborative arrangements.

SDCCG's leadership arrangements for adult safeguarding include responsibility for ensuring that all organisations that we commission services from provide safe

systems that safeguard adults at risk of abuse and neglect. This includes interagency working with the local authority, police and third sector organisations.

2. References

- British Medical Association (Oct 2011) Safeguarding Vulnerable Adults – A toolkit for general practitioners
- Cabinet Office (1998) *Human Rights Act 1998*. London. HMSO
- Cabinet Office (2000) *Freedom of Information Act 2000*. London. HMSO
Cabinet Office (2005) *Mental Capacity Act 2005*. London. HMSO
Cabinet Office (2006) *Equality Act 2006*. London. HMSO
- Cabinet Office (2007) *Mental Health Act 2007*. London. HMSO
- Care Quality Commission (2010) *Essential standards of quality and safety*, London: CQC
- Care Quality Commission (2010) *Our Safeguarding Protocol; The Care Quality*
- Commission's Commitment to Safeguarding
- Changing Lives (2012) *Quality of Health Principles*
<http://changingourlives.org/index.php/what-we-do/our-workstreams/quality-of-health-principles>
- Department for Constitutional Affairs (2007) *mental capacity act 2005: code of practice*, London: TSO
- Department of Health (2012) *Compassion in Practice; Nursing Midwifery and Care Staff; (Our Vision and Strategy; NHS National Commissioning Board, London*
- Department of Health (2008) *Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005*
- Code of Practice. London. DH
- Department of Health (2000) *No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and (Procedures to Protect Vulnerable Adults from Abuse*, London: DH
- Department of Health (2011) *Building Partnerships, Staying Safe*. London DH
- Department of Health (2014) *The Care Act 2014* London DH

- Department of Health (2014) Care and support Statutory Guidance London DH
- Department of Health (2013) Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework NHS Commissioning Board, London DH - (Revised in June 2015 and taken into account in the document)

<http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

- DH (Department of Health) (2012) Transforming care: A national response to Winterbourne View Hospital; Department of Health Review: Final report; DH
- Equality and Human Rights Commission (2009) Promoting the safety and security of disabled people
- HMSO (2013) Report of the Mid Staffordshire NHS Trust Public Inquiry, chaired by Robert Francis QC
- Home Office (2011) Multi-agency statutory guidance for the conduct of Domestic Homicide Reviews (www.homeoffice.gov.uk/publications/crime/DHR-guidance).

3. Definitions

Neglect and abuse may occur within individual's homes and communities. Neglect and abuse may also occur through care provided by regulated health and social care services.

3.1. Definition of an Adult at Risk

An adult at risk (previously referred to as a vulnerable adult), is defined as an adult who:

- *Has needs for care and support (whether or not the local authority is meeting any of those needs); and*
- *Is experiencing, or at risk of, abuse or neglect; and*
- *As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect" (Care Act 2014)*

An adult at risk may be a person who:

- is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- has a learning disability
- has a physical disability and/or a sensory impairment

- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- 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.

The list is not exhaustive and nor does it indicate that a person who may fall within this description is inevitably 'at risk'.

3.2. Definition of abuse

Abuse occurs in many forms and can occur in any relationship. It may result in significant harm of the person subjected to it. Abuse or neglect can take many forms and the circumstances of the individual case should always be considered. However, the criteria of 3.1 will need to be met before the issue is considered a safeguarding concern. It can include the following examples:

- **Neglect and acts of omission:** such as 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
- **Physical Abuse:** such as assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- **Psychological Abuse:** such as emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Sexual Abuse:** such as rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- **Domestic Abuse:** which includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Forced Marriage:** when one or both spouses do not consent to the marriage. This differs from an arranged marriage, which has been consented to by both parties.
- **Financial or Material Possessions:** such as theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Discrimination:** includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

- **Organisational Abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Civil Rights:** denial of the right to be treated with dignity and respect, freedom of speech and movement.
- **Hate Crime:** defined as any crime that is perceived by the victim, or another person, to be due to a person's race, religious belief, gender identity or disability. This is based on the perception of the victim or another person and is not reliant on evidence.
- **Mate Crime:** when someone has faked a friendship in order to take advantage of a vulnerable person, committed by someone known to the victim, either for a long time or a more recent friendship.
- **Female Genital Mutilation (FGM):** a procedure that involves the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.
- **Modern Slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

4. Purpose and Scope

This statement and policy provides Safeguarding Adults at Risk guidance and what is required of SDCCG to ensure that CCG staff and service providers comply with this.

Safeguarding Adults at Risk is the responsibility of all staff that during the course of their work comes into direct or indirect contact with adults at risk.

This policy applies to all staff and volunteers working within SDCCG. The key principles are also applicable to all services that are commissioned by the CCG.

All employees of the CCG have an individual responsibility for the protection and safeguarding of adults at risk. All managers within the CCG and service providers commissioned by SDCCG must ensure their staff are aware of and are able to access the Surrey Multi-Agency Safeguarding Adults Procedures, and ensure its implementation in their line of responsibility and accountability.

The CCG is committed to all processes that safeguard adults and promote their welfare and aims to commission services that will ensure equal access to all, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status

5. Duties

5.1. Governing Body

The Chair of SDCCG's Governing Body has responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of adults at risk is discharged effectively across the whole local health economy through the CCGs' commissioning arrangements. Within the CCG this role is supported by the Head of Clinical Quality, who is the Executive Lead for Safeguarding, CCG adults safeguarding designated professionals and clinical leads. The CCG Quality Committee and Governing Body will regularly receive information relating to:

- Safeguarding performance of commissioned services;
- Safeguarding Adults Reviews (previously known as Serious Case Reviews) from Surrey Safeguarding Adults Board; and
- Reports and papers regarding any specific issues requiring Governing Body approval or decision.

5.2. Chief Officer

The Chief Officer has overall responsibility to ensure that SDCCG complies with all legal, statutory and good practice guidance requirements in relation to Safeguarding Adults at Risk. He/she delegates' operational responsibility for Safeguarding Adults to the CCG and Head of Clinical Quality Clinical Governance and Patient Safety.

5.3. Head of Clinical Quality, Clinical Governance and Patient Safety

The Head of Clinical Quality Clinical Governance and Patient Safety is responsible for Safeguarding Adults within the CCG. As the Executive Lead for safeguarding, the Head of Clinical Quality, Clinical Governance and Patient Safety will liaise with other senior members of the CCG and service providers as required.

5.4. All Heads of Service

The Heads of Service of the CCG within their service areas/ teams are responsible for ensuring that all staff act in accordance with the CCG's Safeguarding Adults at Risk Statement and Policy and the Surrey Multi-agency Safeguarding Adults Procedures. Heads of Service should advise the Head of Clinical Quality, Clinical Governance and Patient Safety on any risk issues in relation to safeguarding adults at risk.

5.5. All Staff

All SDCCG and service provider staff, whether clinical or non-clinical have the responsibility to ensure they adhere to the Surrey Multi-Agency Safeguarding Adults Procedures and in line with SDCCG's Safeguarding Adults at Risk Statement and any policies and procedures laid down to ensure compliance. All SDCCG staff should attend level 1 induction training and should be able to:

- Understand what constitutes an adult at risk and adult abuse and neglect
- Know the relevant procedure to follow and who to contact when they are concerned that an adult at risk is being abused

The level of competency that is expected is detailed in the Competency Framework that has been developed by the Surrey Safeguarding Adults Board (Appendix1). Guidance in relation to mandatory training at levels 2-4 is available via the Surrey Safeguarding Adults Training Prospectus. All staff should identify their training needs in respect of policies and procedures and bring them to the attention of their line manager, attending training/ awareness sessions when provided.

All managers are to ensure their staff they are aware of, and adhere to, the Policy. They are also responsible for ensuring that all staff are updated with regards to any changes in the Policy

5.6. Reporting

All staff and volunteers, whatever the setting, have a key role in preventing abuse or neglect occurring and in taking action when concerns arise. Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted

upon their concerns or sought more information, then death or serious harm might have been prevented. Where an adult at risk (the adult) is experiencing, or at risk of being abused, neglected or where an adult may be being harmed by others usually in a position of trust, power or authority, this must always be reported immediately.

The concern may arise by:

- a direct disclosure by the adult
- a concern raised by staff or volunteers, others using the service, a carer or a member of the public
- an observation of the behaviour of the adult, of the behaviour of another person(s) towards the adult at risk or of one adult towards another.

If you think that someone you know is being abused or is at risk of abuse you should tell a Manager of the organisation, and your Line Manager and/or the Designated Lead responsible for receiving concerns of abuse within the CCG.

It is not for staff or volunteers to second-guess the outcome of an enquiry in deciding whether or not to share their concerns.

You have a responsibility to take immediate action to keep the person safe, assess any immediate risks, gain the consent of the adult and ascertain the wishes of the adult, and inform Social Services, this is called reporting a safeguarding adults concern. (See appendix 2) During work hours all staff must inform their line manager as soon as possible of any suspected or actual abuse. Outside of office hours any incident should be reported to the Surrey Adult Social Care contact centre or the police control room. The on call manager for SDCCG should also be informed.

In an emergency ring 999

If you are concerned that you have not been believed or taken seriously then refer to the SDCCG Whistleblowing Policy.

6. Target Audience

This policy is aimed at all employees, lay members, representatives and volunteers working within SDCCG.

7. Legal framework

7.1. Legislation relevant to Safeguarding Adults at Risk

- **Care Act 2014** – Makes provision for safeguarding adults from abuse and neglect, setting out the legal obligations placed on the statutory organisations. The provisions within this Act replace the No Secrets (2000) Guidance.
- **NHS and Community Care Act 1990** – Under Section 47 of the NHS and Community Care Act, Local Authorities have a duty to assess people who may be in need of community care services. It is through this provision that assessments to safeguard adults are carried out.
- **Human Rights Act 1998** – Since coming into force in 2000, the Human Rights Act has made the European Convention on Human Rights enforceable in UK Courts. As public authorities, the NHS has a 'positive obligation' to take proactive steps to protect human rights. The particular articles of the convention that is relevant to Safeguarding adults are: Article 2 Right to Life; Article 3 Prohibition of Torture, Article 5 Rights to Liberty and Security; Article 8 Right to respect for private and family life; Article 9 Freedom of thought conscience and religion and; Article 14 Prohibition of Discrimination
- **Mental Capacity Act (MCA) 2005** - The MCA and MCA Code of Practice provides a legal framework for acting or making decisions on behalf of individuals who lack mental capacity to make particular decisions for themselves. The MCA is of central importance in delivering health care as it is the statute that sets out patients' rights to make decisions about their care and treatment, balancing this with the right to be protected from harm, and requiring others to act in the patient's 'best interests' where they lack capacity for a particular decision.
- **Deprivation of Liberty Safeguards 2007** – The Deprivation of Liberty Safeguards is an addition to the Mental Capacity Act 2005. The Mental Capacity Act (section 6(4)) permits restraint and restrictions to be used where it is necessary and proportionate to prevent harm to the person who lacks capacity. However, additional safeguards are needed if the restrictions and restraints are so excessive that they deprive a person of their liberty; these are called the Deprivation of Liberty Safeguards. These safeguards do not apply to patients detained under the Mental Health 1983. Following the Cheshire West Judgement (2014) this includes anyone who cannot consent to their care and treatment, is under continuous supervision and control, is not free to leave and the placement is imputable to the state.
- **Equality Act 2010** - The Equality Act provides protection from direct or indirect discrimination; harassment and victimisation for people with a 'protected characteristic' that relate to: disability, gender reassignment, pregnancy and maternity, race, religion belief or non-belief, sex, sexual orientation and age.
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- **Health and Social Care Act 2008 (regulated activities) regulations 2009** – These regulations describe the Essential Standards of Quality and Safety that people who use Health and Social Care services have the right to expect. Outcome 7: ‘Safeguarding people who use services from abuse’ is specifically about safeguarding but all standards are relevant in delivering quality care to patients and reducing risks of abuse and neglect.

7.2. Policy relevant to Safeguarding Adults at Risk

Two high profile inquiries during 2012/13 have had a major impact on learning and government policy and are fundamental to safeguarding adults - Winterbourne View and The Francis Inquiry. Also relevant are the Prevent agenda and the Surrey Multi Agency Safeguarding Adults Procedures

7.1.1 Winterbourne View

Winterbourne View was an independent hospital operated by Castlebeck Care that was commissioned to provide care to people with learning disability and autism. In May 2011, BBC Panorama reported the findings from an undercover investigation that revealed shocking levels of sustained and widespread abuse to the patients of Winterbourne View. Subsequent criminal investigations led to 11 individuals being prosecuted and sentenced, 6 were imprisoned.

7.1.2 Francis Report

A Public Inquiry was called into the serious failings at Mid-Staffordshire NHS Foundation Trust between 2005 and 2008. Building on the report of the first inquiry, the report tells of the appalling suffering of many patients primarily caused by a serious failure on the part of the provider Trust Board.

The Trust failed to listen to patients and staff concerns about the care provided. The Trust also failed to tackle a culture that accepted poor standards and a disengagement from management and leadership responsibilities. The inquiry highlighted that this was in part due to a focus on targets, finance and achieving foundation status, to the cost and disregard of the care of the quality of care provided to patients. The Trust was seen to have a closed culture that ascribed more weight to positive information and sought to find alternative interpretations of information implying concerns.

7.1.3 The Prevent Agenda

Contest is the UK’s counter-terrorism strategy that aims to reduce the risk we face from terrorism so that people can go about their lives freely and with confidence. The Prevent strategy is one work stream within this agenda and it aims to stop people becoming terrorists or supporting terrorism. Prevent is different from the other work streams as it operates in the pre-criminal space. Prevent is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals are susceptible to radicalisation.

There is no single profile of a terrorist and it is not about race, religion or ethnicity. The many contacts staff have with people through their work in the NHS mean that they may well come across someone who is being exploited for terrorism. There are factors which can make individuals susceptible to the terrorist message, including factors personal to

the individual, such as low self-esteem and rejection, and external factors such as foreign policy and group identity.

Radicalisation is a process and not an event and at points through the process it is possible to intervene. Frontline staff in the NHS can potentially make a difference to supporting and redirecting individuals who are being exploited in this way.

7.1.4 Surrey Multi-Agency Safeguarding Adults Procedures

SDCCG staff and all NHS Commissioned provider services should refer at all times to the Surrey Safeguarding Adults Multi-Agency procedures, information and guidance, details of which can be accessed via the following link:

http://new.surreycc.gov.uk/_data/assets/pdf_file/0017/51245/Section-2-SCC-Adult-Social-Care-Safeguarding-Adult-Procedures-FINAL.pdf

8. Relevant Local Contacts

Surrey Downs Clinical Commissioning Group

Head of Clinical Quality, Clinical Governance and Patient Safety – Eileen Clark
01372 201584

Designated Nurse for Safeguarding Adults - Helen Blunden

01372 201553

Surrey County Council Contact Centre

Adults Services Contact Centre: 0300 200 1005 Monday to Friday 8am – 6pm
Email: contact.centre@surreycc.gov.uk Fax 020 8541 7390
Minicom: 020 8541 9698 Textphone: 07527 182 861

Surrey County Council Emergency Duty Team (Out of Hours Service)

PO Box 473, Guildford Surrey GU4 7ZL Telephone: 01483 517898
Fax: 01483 517895 Minicom: 01483 517844
Textphone 07968 833626 Email: edt.ssd@surreycc.gov.uk

Surrey Domestic Abuse Helpline

Telephone: 01483 776822

Surrey Police

The non-emergency numbers for the police is 101 - then ask for relevant public protection unit. **In the event of an emergency please dial 999**

Care Quality Commission (CQC)

Telephone: 0300 061 6161

Email: enquiries@cqc.org.uk

9. Document Control including archiving arrangements

This is a new document, written in compliance with the Care Act 2014, replacing the previous policy.

Version X Author, Helen Blunden, Designated Nurse for Safeguarding Vulnerable Adults in Surrey

10. Monitoring Compliance

NHSLA Monitoring Table				
Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Effectiveness of safeguarding adults	Safeguarding Report	Quarterly	Clinical Quality Committee	
Appropriateness of safeguarding mechanisms	Annual review	Annual	Clinical Quality Committee	
KPI and safeguarding adults dashboard	Data collection and reporting	Quarterly	Clinical Quality Committee	
Alignment with best practice for safeguarding	Attendance at Surrey wide meetings	As and when	Clinical Quality Committee	

11. Appendices

Appendix 1

SSAB Multi Agency SGA competency Framework (guidance)

Safeguarding Adults: Competence in working with people and delivering Safeguarding Services		
	Including, but not limited to:	Staff from our organisation within this group are:
<p>Staff Group A</p> <p>Members of this group have a responsibility to contribute to Safeguarding adults, but do not have specific organisational responsibility or statutory authority to intervene</p>	<ul style="list-style-type: none"> • Police, Secamb, SFRS, Trading Standards, Probation • Drivers, other transport staff • Adult Education • All staff in health and social care Settings • HR staff • Admin staff and business support • Domestic and ancillary staff • Health and Safety Officers • Elected Members • Voluntary Staff • District and Borough Council staff • Charity trustees • Complaints staff • Housing officers 	
<p>Staff group B</p> <p>This group have considerable professional and organisational responsibility for Safeguarding adults. They have to be able to act on concerns and contribute appropriately to local and national policies, legislation and procedures. This group needs to work within an inter or multi-agency context</p>	<ul style="list-style-type: none"> • OT's/SALT's/Physiotherapists • Social Workers • Nurses • Frontline managers/supervisors • Integrated team managers • Health and Social Care Provider Managers (Safeguarding champions) • ABE Trained Investigating Officers (Police/Social Care) • Dentists, GP's, Doctors, Acute and Community • Commissioning Managers • Registered Managers 	
Safeguarding Adults: Competence in Strategic Management and Leadership of Safeguarding Services		
<p>Staff Group C</p> <p>This group is responsible for ensuring the management and delivery of Safeguarding Adult services is effective and efficient. In addition they will have oversight of the development of systems, policies and procedures within their organisation to facilitate good working partnerships with allied agencies to ensure consistency in approach and quality of service</p>	<ul style="list-style-type: none"> • Proprietors and RM's • Heads of Health and Social Care Services • Head of Nursing (Acute and Community) • Designated Lead for safeguarding (all organisations) • Chair of LSAB • Named GP 	
<p>Staff Group D</p> <p>This group is responsible in ensuring their organisation is, at all levels, fully committed to Safeguarding Adults and have in place appropriate systems and resources to support this work in an intra and inter agency context</p>	<ul style="list-style-type: none"> • Executive and Senior Managers • Chief Executive • Owner/Manager • Head of Service and above • Non Executive Director • Trustees of Charitable/Voluntary Organisations • LA Lead Members • Elected posts e.g. Police Crime Commissioner 	

Quick Guide for staff / volunteers to responding and reporting		
Responding to an adult who discloses a concern of abuse:		
<ul style="list-style-type: none"> • In an emergency ring 999 • Do ensure the safety of the individual and others if in immediate danger, contact the relevant emergency service e.g. GP. • Do not be judgemental or jump to conclusions • Do listen carefully • Do provide support and information to meet their specific communication needs • Do use open questions • Do tell the adult that they did a good/right thing in telling you • Do tell the adult you are treating the information seriously • Do tell the adult it was not their fault • Do ask the adult what they need to keep themselves safe do not make promises you cannot keep • Do not promise to keep secrets 	<ul style="list-style-type: none"> • Do seek consent of the adult to share the information with your Manager; however lack of consent should not prevent you from reporting your concerns. • Do explain that you have a duty to tell your Manager or other designated person • Do provide support and information to meet their specific communication needs. Do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses • Do explain that you will try to take steps to protect them from further abuse or neglect. • Do support and reassure the person. • Do preserve any forensic or other evidence. 	
Action after the concern of abuse has been recognised: (to be taken as soon as possible or within 4 hours)		
<ul style="list-style-type: none"> • Report concerns to a designated safeguarding Manager or other designated person. • Record your concerns and how they came to light, any information given by the adult, information about any witnesses, the wishes of the adult, actions taken, who was present at the time, dates and times of incident(s). • Record details of the adult alleged to have caused harm. • Do record any concerns about the adults capacity to make any decisions and the reasons for the concerns. 	<ul style="list-style-type: none"> • Do record whether the adult is aware that the concerns have been reported. • Do record the perspective of the adult. • Do record any previous concerns about the adult. • Do not breach confidentiality for example by telling friends, other work colleagues. • Do use Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager may be causing the risks of abuse to the adult. 	
Ongoing action:		
<ul style="list-style-type: none"> • Ensure that you receive support from your employer/organisation. • You may be required to give evidence to the Police. • You may be required to give evidence in a Coroner's Inquest. • You may be required to be interviewed as part of a disciplinary investigation. 	<ul style="list-style-type: none"> • You may be required to participate in a section 42 safeguarding enquiry. • You may be required to attend safeguarding meetings. 	
Useful Telephone Numbers:		
Adult Social Care: 0300 200 1005		
If you work for Police, SFRS, SECamb or Trading Standards - contact the MASH on: 01483 639887		
Police 101 or 999 in an emergency	Care Quality Commission 03000 616161	Whistleblowing Helpline 08000 724725