NHS Waltham Forest Clinical Commissioning Group Safeguarding Adult Policy 2018-20

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Contents

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1.0 Purpose and scope

This Policy sets out how NHS Waltham Forest Clinical Commissioning Group (WFCCG) will prioritise safeguarding adults within the commissioning cycle during 2018-20. The CCG will work collaboratively with the local community, strategic partners and services commissioned and contracted out to fulfil our duty to safeguard the human rights and autonomy of adults accessing our services and to ensure that service users are treated with dignity and respect.

The safeguarding vision and strategic objectives for the CCG are aligned with the Priorities of London Borough Waltham Forest (LBWF) four strategic partnership boards; Health and Wellbeing Board (HWBB), SafetyNet, Waltham Forest Safeguarding Adults Board (WFSAB) and Waltham Forest Safeguarding Children Board (WFSCB) and their priorities. They are also informed by the principles of the Accountability and Assurance Framework (NHSE, 2015).

Together these principles and priorities reflect the intention of working in partnership and having a shared vision across the safeguarding partnership in Waltham Forest and that "safeguarding is everyone's responsibility''. They also include a safeguarding commitment to contribute to the North East London Commissioning Alliance (NELCA) sustainability and transformation programme (2015) and evaluation of outcomes. This policy is also informed by the safeguarding priorities of NHS England as the system leader for safeguarding in the NHS. These priorities are outlined below and are reflected in this policy:

This WFCCG policy is a supplement to the Pan London Adult Safeguarding Policy and Procedures launched by the Association of Directors of Adult Social Services (ADASS) London in 2016, providing additional information on specific internal arrangements for safeguarding adult procedures. This document:

- Describes the link between safeguarding adult procedures and clinical governance procedures.
- Sets out how NHS WFCCG may be involved in identifying adults, who are particularly at risk, the internal decision making processes for responding to suspicion or evidence of abuse or neglect, and, the routes for making a referral and channels of communication within and beyond the CCG.
- Should be read in conjunction with the *London multi-agency policy & procedures*.
- This procedure applies to all staff employed by NHS WFCCG - permanent staff, agency workers, locums and other temporary staff, students, trainees and volunteers.
- This procedure advises commissioners on including safeguarding adults' principles in the commissioning process. A set of minimum service standards is included to which providers should adhere.
- Outlines legislative requirements and procedures under the Care Act 2014.

1.1 Care Act 2014 : Statutory Responsibilities

Safeguarding and promoting the welfare of adults is defined for the purposed of this policy as: Protecting an adult's (age 18 or over) right to live in safety, free from abuse and neglect. An Adult who:

- has needs for care and support (whether or not services are 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.' (Care Act 2014, section 42)

The key responsibility lies 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 had to:

- 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.

1.2 Waltham Forest CCG - A Think Family Approach to Safeguarding

In Waltham Forest, all agencies have committed to taking a Think Family approach. Think Family is about recognising that families are a complex system and working in a way that helps families to be self-sufficient and develops their resilience so that changes are long lasting.

As a Health Commissioner, WFCCG is committed to utilising an integrated approach to safeguarding adults, children, young people and their families through keeping service users at the centre of commissioning decisions. We will work in partnership with statutory agencies and the voluntary sector across health and social care to achieve our shared vision.

A 'Think Family ' ethos, means a holistic and strength based approach to safeguarding which enables an outcomes focus by listening to the voices of children and families to manage risk and build resilience within the family unit through early intervention wherever possible. Early intervention helps to prevent problems from escalating and becoming entrenched.

SAB
WFCCG has continued to strengthen and promote positive relationships with strategic partners in order to meet its' safeguarding obligations. This includes playing a pivotal role at the WF SAB and the associated Executive Business Management group, and providing leadership across the health and social care system with regards to safeguarding related issues and contributing to safeguarding expertise across the health and social care economy. WFCCG adult safeguarding lead and safeguarding executive lead attend both forums.

One Panel
One Panel was launched in Waltham Forest in September 2016. It was developed to further embed Think Family practice into all the review processes and create an opportunity to share learning and expertise across the partnership in terms of all aspects of the review process from discussing referrals against the criteria, through to commissioning and monitoring review. This panel takes referrals and make recommendations on any case that may meet the criteria for a SCR, Safeguarding Adult Review (SAR) or Domestic Homicide Review (DHR). The panel also NHS Waltham Forest CCG Safeguarding Through Commissioning Policy, August 2016 - 19 Page 25 of 44 WFCCG/August 2016-19/v9.0 takes referrals for pieces of work that would not meet the criteria but would be good opportunities to learn and identify whether a case meets more than one criteria and if it needs to commissioned as such.

The chair of the One panel is the Director for Nursing Quality and Governance, WFCCG makes recommendations to the appropriate strategic board chair, who has the authority in statue to overturn the recommendation. If they make a decision to undertake a review the action below will be completed by the one panel. The actual review would then be completed by a different group of people for each review. It was noted that the SAR and DHR process are less embedded that SCR due to the length of time in statue and number of reviews completed and there needed to be consideration of how to ensure that the panel process encourages referrals particularly for SAR.

1.3 Safeguarding Adult & Care Homes Lead

In WFCCG the role of the designated adult safeguarding manager (DASM) as defined in the Care Act 2014 sits with the safeguarding adult and care homes lead. The Director of Nursing Quality and Governance has executive responsibility in relation to the statutory functions of the CCG for delivering the safeguarding agenda. The safeguarding adult and care home lead role and the DASM function are combined and this role delivers the safeguarding responsibilities 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 safeguarding adult and care homes lead will offer support and advice to the executive lead for safeguarding and will also attend the Safeguarding Adult Board and business management group which supports the work of the SAB.

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

1.4 Safeguarding enquiries by local authorities

The Act also requires local authorities to make enquiries, or ask others to make enquiries under Section 42 of the Act, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.

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.

2.0 Responsibilities

Party	Key responsibilities
NHS WFCCG Governing Body	• Responsible for ensuring safeguarding adults systems are in place and monitored • Ensures safeguarding and promoting the welfare of adults at risk is implemented effectively across the local health economy, both through commissioning arrangements and through the responsibilities of provider boards and committees • Receives regular and an annual report on safeguarding adults in NHS WFCCG
Director of Nursing Quality & Clinical Governance	• Director with Board responsibility for safeguarding adults • Ensures strategic ownership of safeguarding adults at Board level. • Provides regular feedback to the CCG Governing Body on all safeguarding adults activity in the organisation, including Serious Incident and Serious Case Review reporting, root cause analysis and lessons learnt from events • Member of borough Safeguarding Adults Board

Safeguarding adults and care home lead (DASM)	• Delegated day to day responsibility for safeguarding • Attends the borough Safeguarding Adults Board (SAB) • Attends SAB Business Management group • Works with Workforce and Leadership Development to ensure appropriate training is available for all staff including the Board, and that attendance is monitored • Prepares annual reports for the SAB, borough committees and the CCG Governing Body • Provides support and advice to commissioners and safeguarding leads in commissioned providers • Promote, develop, maintain and monitor operational links with all partners to promote effective multi agency Safeguarding Adults practice and awareness of Mental Capacity and the Mental Capacity Act. • Assist the Organisational Development Manager and Community Education Provider lead in the development and delivery of the workforce strategy for safeguarding, Mental Capacity and Deprivation of Liberty Safeguards • Promote monitor and audit the standards of care in borough nursing and care homes to improve care and reduce safeguarding concerns in partnership with London Borough Waltham Forest.
Patient Experience Team	• Act as an early warning system about concerns including quality of care across the CCG • Assess all informal and formal complaints for potential that the person could be at risk of abuse or neglect, reporting any issues to their managers • Where necessary, agree with their managers who will make referrals to the local authorities' Safeguarding Adults leads in accordance with this procedure
WF CCG through its commissioning arrangements	• Ensure safeguarding principles are encompassed within all commissioning arrangements • Ensure appropriate systems are in place which provide assurance to the Board that adults at risk, on whose behalf the CCG commissions services, receive appropriate care
Party	**Key responsibilities**
North East London Support Unit (CSU)	• Apply service standards to contracts and service level agreements, and monitor providers' adherence to them
NHS England (London Region)	• NHSE are responsible for developing overall NHS policy on safeguarding, providing oversight and assurance of CCGs and independent contractors safeguarding arrangements and supporting WF CCG in meeting its responsibilities. This will include working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners to ensure organisational as well as individual compliance
All staff	• Attend relevant training to maintain appropriate knowledge and skills in identification and responding to concerns of abuse against adults • Act in a timely manner on any concern or suspicion that an adult is being or is at risk of being abused, neglected or exploited and ensure that the situation is assessed and investigated

Waltham Forest Safeguarding Adults Board	• Develop, promote and monitor multi-agency safeguarding adults arrangements • Set the agenda for safeguarding adults at risk across the CCG • Seek assurance from all organisations that appropriate arrangements are in place
Human Resources Staff acting on behalf of WF CCG	• Apply safer recruitment best practice and the policies. • Provide advice and support to managers, directors and associate directors over allegations against staff • Co-ordinate any investigations into allegations against staff as necessary • Follow Independent Safeguarding Authority procedures for reporting staff who have harmed individual parents or clients • Advises on Disclosure and Barring Principles and processes
Performance and Quality Committee	Ensure that WF CCG duties for safeguarding and improving the health and wellbeing of children and young people are effectively and comprehensively carried out at a local level. Assure the Governing Body that the services it commissions, operates within national, regional and local parameters of expected quality and safety standards by: • Ensuring safeguarding is integral to commissioning arrangements • Monitoring these commissioning arrangements. • Monitoring the quality, safety and effectiveness of service provision. • Review and recommend to the Governing Body courses of action that will enable the improvement in the quality and standards of services
GP Practice Members	Attend relevant training to maintain appropriate knowledge and skills in identification and responding to concerns of abuse against adults Act in a timely manner on any concern or suspicion that an adult is
arty	**Key responsibilities**
	being or is at risk of being abused, neglected or exploited and ensure that the situation is assessed and investigated. Participate in Individual Management Reviews, Serious Case Reviews, Domestic Homicide Reviews and provide evidence and information where required.

3.0 Procedure

3.1 Definitions

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

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

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

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

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

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

3.2 Types of abuse

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

3.3 Female Genital Mutilation (FGM)

FGM has been a specific criminal offence in the UK since 1985 when the (UK-wide) Prohibition of Female Circumcision Act ("the 1985 Act") was passed. The Female Genital Mutilation Act 2003 ("the 2003 Act") replaced the 1985 Act in England, Wales and Northern Ireland. It modernised the offence of FGM and the offence of assisting a girl to carry out FGM on herself while also creating extra-territorial offences to deter people from taking girls abroad for mutilation. To reflect the serious harm caused, the

2003 Act increased the maximum penalty for any of the FGM offences from five to 14 years' imprisonment.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2014).

According to the NSPCC, female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons and it can be known as female circumcision, - cutting or Sunna. Sometimes, religious, social or cultural reasons are put forward for. This happening but it is abuse and a criminal offence, to a woman or child. The term covers all harmful procedures to the female genitalia for non-medical purposes.

There are four types of FGM and all are illegal and have serious health risks. FGM ranges from pricking or cauterising the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening. FGM is usually performed by someone with no medical training and no anaesthetic or antiseptic treatment is used. Victims are often forcibly restrained and cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade and serious health problems are common.

Female Genital Mutilation Act (2003) makes it a criminal offence for any UK national or permanent resident to mutilate the whole or any part of a girl or woman's genitalia or to aid, abet, counsel or procure the carrying out of FGM in the UK or abroad, even in countries where the practice may be legal. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Section 74 inserts new section 5B into the 2003 Act which creates a new mandatory reporting duty requiring specified regulated professionals in England and Wales to make a report to the police. The duty applies where, in the course of their professional duties, a professional discovers that FGM appears to have been carried out on a girl aged under 18 (at the time of the discovery).

3.4 Child Sexual Exploitation

The serious and high profile issues surrounding Child Sexual Exploitation – for example Rochdale, Rotherham and the Jimmy Savile affair, make it imperative that the agenda is as well know within the arena of Adult Safeguarding as it is within Children's Safeguarding. Furthermore, children who have been exploited or abused can often become vulnerable as adults and may need protection or support beyond their 18th birthday.

Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability (Berelowitz et al, 2012).

Key facts about Child Sexual Exploitation

- Child Sexual Exploitation (CSE) often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.
- It affects both girls and boys and can happen in all communities.

- Any person can be targeted but there are some particularly vulnerable groups: Looked After Children, Children Leaving Care, Children with Disabilities or a child who has had a recent bereavement.
- Over 70% of adults involved in prostitution were sexually exploited as children or teenagers.

Good practice – Individuals

- Recognise the symptoms and distinguish them from other forms of abuse
- Treat the child/young person as a victim of abuse
- Understand the perspective / behaviour of the child/young person and be patient with them
- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice / refer to Social Care

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss.
- Gang-association either through relatives, peers or intimate relationships (in cases of gang‑associated CSE only).
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Homeless.
- Living in residential care.
- Low self-esteem or self-confidence.
- Young carer.

What are the signs and symptoms of child sexual exploitation?

Grooming and sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour and/or development. However, parents, carers, school teachers and practitioners are advised to be alert to the following signs and symptoms:

- inappropriate sexual or sexualised behaviour
- exhibiting sexually harmful behaviour
- repeat sexually transmitted infections; in girls repeat pregnancy, abortions, miscarriage
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- going to hotels or other unusual locations to meet friends
- getting in/out of different cars driven by unknown adults
- going missing from home or care
- having older boyfriends or girlfriends
- associating with other young people involved in sexual exploitation
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- drug or alcohol misuse
- getting involved in crime
- injuries from physical assault, physical restraint, sexual assault (further reading Enfield LSCB CSE Operating protocol, 2015, Berelowitz et al, 2012).

This is not an exhaustive list and indicators can change over time.

3.5 PREVENT

Waltham Forest 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 WF CCG is aiming to raise awareness in preventing terrorism. Staff have a responsibility to help WF CCG fulfil 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.

Prevent is part of the government Contest strategy. WFCCG Safeguarding Policies and Procedures (2016-19) and Safeguarding in Commissioning Policy (2016-19) highlights potential risks of radicalisation and direct staff on how to make a referral. Prevent deliverables are included within the NHS Standard Contract safeguarding clause. Prevent has been mainstreamed into safeguarding and the Lead Board in the LBWF multiagency partnership for this priority area is Community Safety Partnership Board (Safety Net).

WF 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.

3.6 Learning Disabilities Mortality Review (LeDeR) Programme

The Care Quality Commission (CQC) published the report 'Learning, Candour and Accountability, A review of the way NHS trusts review and investigate the deaths of patients in England,' in December 2016.

The Learning Disabilities Mortality Review (LeDeR) Programme was set up as a result of one of the key recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). CIPOLD reported that people with learning disabilities three times more likely to die from causes of death amenable to good quality healthcare than people in the general population.

In support of recommendation 7 of the Care Quality Commission (CQC) report 'Learning, Candour and Accountability' and the London Learning Disability Mortality Review, ADASS, NHS England and NHS Improvement, are requesting the following;

All health and social care agencies to report all deaths of people with learning disabilities to the LeDeR Programme from 20th March 2017. This includes the deaths of both children and adults with learning disabilities. Review all deaths of people with learning disabilities for potential safeguarding concerns and whether it meets the criteria for a serious incident.

From the 1st May 2017 Review:

- all deaths of adults with learning disabilities using the LeDeR Review process, and
- all deaths of children with learning disabilities should be reviewed using the Child Death

A steering group for the borough has been established to monitor all reviews, and action plans resulting from recommendations for improvement. The steering group is chaired by the CCG Safeguarding adults lead and contains representatives from the CCG, local authority, and commissioned providers.

NHS Waltham Forest CCG Safeguarding Adults Lead leads on the learning from deaths programme. This includes the role of the Local Area Contact for the Learning Disability Death Reviews (LeDeR) programme, which is the pathway recommended for reviewing deaths of those with a learning disability.

3.7 Modern Day Slavery

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. Modern slavery is a largely covert crime: victims tend to be controlled and hidden away. The SAB is responsible for tackling modern slavery though this is a cross cutting theme across all four strategic partnership board's in the borough.

Waltham Forest CCG participated in the creation and delivery of a borough wide action plan for 2018 which implements the goals within the Modern Slavery Act 2015. '**PURSUE PREVENT PROTECT PREPARE.'** This provides a robust multi-agency response to modern slavery and human trafficking which promotes a coordinated, needs led provision and service modelling across services to enable earlier identification of and support for victims.

The Safeguarding Adults lead for WFCCG will be the single point of contact for the organisation within the local plan and will provide regular updates to the governing body through the performance and quality committee.

3.8 Mental Capacity Act (MCA) / Deprivation of Liberty (DoLs)

Under the Mental Capacity Act (2005), there is a presumption that an individual has capacity until it is deemed through assessment the individual does not have capacity. If a person is believed not to have capacity then a Mental Capacity Assessment should be completed. This is for any individual who is 16 years of age or over.

If a person is deemed not to have capacity and is in an institutionalised or care home setting and required to have their liberties removed under section 5 of the Human Rights Act then a Deprivation of Liberties application is required and this is completed through the Local Authority.

WF CCG staff must ensure as part of any contractual or service developments that Mental Capacity and Deprivation of Liberties are integral to these services. Key performance indicators should be included to ensure adequate provision of training and process is embedded into the services provided.

Following the 2014 High Court ruling in relation to Deprivations (Cheshire West Case) deprivation of liberties assessment should be considered in all cases whereby a Deprivation of Liberty occurs. All assessments should consider the likelihood and the effect the DoLs has on the individual. This should be implemented using Best Interest Principles. This new ruling also includes other care settings which may previously not been considered when the original legislation was set in 2009. WFCCG staff should consider this when commissioning any form of healthcare services.

WFCCG contributes to the borough steering group for MCA / DoLs which has a strategic and operational overview for implementation of good practice.

3.9 Other Considerations

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

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

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

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

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

3.10 NHS WFCCG staff Responsibilities and Involvement in identifying and reporting concerns regarding adults at risk

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

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

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

3.11 Risk factors

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

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

- Where there is a relationship, there is usually a dependence of the person at risk on the person carrying out the abuse who may be a care giver/partner, relative, friend, volunteer or someone who is employed to care. In some cases the person carrying out the abuse may be an adult at risk her/himself.

- Abuse in domestic settings often occurs in the context of long-standing poor relationships and/or carer stress. In some of these cases, someone carrying out abuse may themselves be maltreated by the person they are caring for.

- Abuse in domestic settings are more likely to occur if there is a history of drug and alcohol abuse, previous domestic violence, mental health. Any or one or a combination of these factors increases the risk of domestic abuse.

3.12 Prevention of Abuse

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

- Commissioning assurance of quality and safety issues via contracts
- Rigorous recruitment practices – including permanent staff, NHS approved agency workers, locums and other temporary staff, students, trainees and volunteers
- Identification of risk factors through routine and specialist assessments of patients

- Empowering individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them is an important aspect of prevention of abuse. Empowering individuals with knowledge and information as to their rights is also important and will include a well-publicised and user-friendly complaints procedure
- NHS WFCCG policies and procedures e.g. the *Whistleblowing Policy*
- Access to training and supervision
- Information for users, carers and the general public
- Point of contact for staff to the Safeguarding Adults lead for advice and support.

3.13 Procedural steps and flow chart

The London multi-agency Adult Safeguarding Policy and Procedures sets out four key stages of the Safeguarding Adults process:

- Stage One: Concerns
- Stage Two: Enquiry
- Stage Three: Safeguarding Plan and Review
- Stage Four: Closing the enquiry

During each stage, key considerations are:

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

The full policy and procedures document is available at http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf

3.14 Consent

Under the Mental Capacity Act (2005), there is a presumption that an individual has capacity until it is deemed through assessment the individual does not have capacity. If a person is believed not to have capacity then a Mental Capacity Assessment should be completed. This is for any individual who is 16 years of age or over.

If a person is deemed not to have capacity and is in an institutionalised or care home setting and required to have their liberties removed under section 5 of the Human Rights Act then a Deprivation of Liberties application is required and this is completed through Local Authority.

Waltham Forest CCG staff must ensure as part of any contractual or service developments that Mental Capacity and Deprivation of Liberties are integral to these services. Key performance indicators should be included to ensure adequate provision of training and process is embedded into the services provided.

Following the recent High Court ruling in relation to Deprivations (Cheshire West Case) deprivation of liberties assessment should be considered in all cases whereby a deprivation of Liberty occurs. All assessments should consider the likelihood and the effect the DoLs has on the individual. This should

be implemented using Best Interest Principles. This new ruling also includes other care settings which may previously not been considered when the original legislation was set in 2009. WFCCG staff should consider this when commissioning any form of healthcare services.

In terms of raising a referral due to safeguarding concerns, consent must be sought from the individual being abused unless:

- Potential or actual crime has been committed
- There are children involved or living at the address
- The individual is at serious risk of harm resulting in serious injury or death
- The individual does not have insight into the abuse under mental capacity (2005).

In each of these cases a safeguarding referral can be raised under Best Interest.

3.15 If abuse is suspected.

If someone is at risk of immediate harm, or requires medical treatment, call the police or ambulance service on 999.

For all other concerns, call Waltham Forest Direct on **020 8496 3000** explain that you are concerned about possible adult abuse, or ask for the Safeguarding Adults Team. Or call police on 101.

Email: safeguarding.adults@walthamforest.gov.uk

4.0 Allegations or suspicions of inadequate care or abuse against a member of staff employed by NHS WFCCG

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

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

In the first instance, any allegations of this type must be communicated immediately to the Lead Director Safeguarding Adults. Where staff are concerned that appropriate action has not or will not be taken, the staff member should initiate the NHS WFCCG Whistleblowing policy.

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

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

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

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

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

Complex cases may involve other organisations or agencies. The local authority social care Lead Officer for Adult Protection should be contacted and all cases must be reported to them by a senior manager

following agreement of the appropriate associate director / director. It may be necessary to initiate or co-operate with a joint investigation.

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

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

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

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

All staff involved will be asked for a written statement and may be interviewed by the investigating officer. An investigation into allegations or incident of inadequate care or abuse of an adult will be undertaken in accordance with the same timeframes as an SI investigation.All investigations into allegations of abuse by NHS WFCCG staff must be reported to the Director of Nursing Quality & Governance who has lead responsibility for safeguarding.

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

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

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

The Local Authority Designated Officer (LADO) will be informed of any referrals of allegations against staff within one working day of the allegation being made

4.1 Supporting staff

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

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

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

4.2 Training and Supervision

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

It is the responsibility of line managers to oversee and record the attendance at safeguarding adults training by their staff appropriate to their level of responsibility and to provide reports on attendance to

ensure optimal coverage across all staff groups.

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

4.3 The Purpose of Training

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

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

4.4 Target audience and levels of training

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

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

The levels of safeguarding adults training are as follows:

- **Corporate induction** - basic awareness raising describing the importance of safeguarding adults and local procedures/ referral routes.

- **E-Learning** - training for all WFCCG staff. This will provide the legislative background, highlight types of abuse, how to recognise abuse, actions to be taken and local procedures

- **Specialist training**:
  Training for commissioners. This training will equip commissioners with the knowledge of their role within the safeguarding adults' framework.

  Supervision training – to enable supervisors to support staff and help staff identify and respond to possible abuse and neglect.

All staff should be assessed as competent against the competences that are relevant to their occupational role. Whatever their role, all staff should know when and how to report any concern about abuse of an adult. Therefore all staff need to be competent in the first 5 competences as described in the framework. Beyond this it will depend on their occupational role and level of responsibilities. This is summarised in the table in Appendix 2.

5.0 Making Safeguarding Personal (MSP)

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.

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 lifestyles, 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."

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.

5.1 How MSP Affects Staff at Waltham Forest CCG

The Care Act 2014 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. 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 outcomes 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. 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.

WFCCG actively contributes to the MSP working group chaired by LBWF and assists in delivering its work plan to orientate services towards the patients perspective and where investigations, care plans and desired outcomes are orientated by the patient's own perspectives and choices.

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.

6.0 Governance arrangements

The following governance arrangements are in place:

- NHS WFCCG contributes to effective inter-agency working and joint working partnerships through membership of the Safeguarding Adults Board (SAB), Community Safety Units, MAPPA (Multi-agency Public Protection Arrangements) and MARAC (Multi-agency Risk Assessment Conference)

- The Investigation Management Group (IMG) is responsible for overseeing and monitoring the progress of Serious Incident investigations and investigations declared as safeguarding adult Serious Case Reviews (SCRs) by Waltham Forest Safeguarding Adults Board
- The IMG also monitors implementation of action plans by health organisations in accordance with NHS WFCCG's Serious Incident policy
- The NHS WFCCG Board and Borough Committees are kept informed of safeguarding adult investigations and issues via the Performance and Quality Committee Minutes and progress report.

7.0 Service Standards

Commissioners should ensure safeguarding adults principles are integral to contracts and service level agreements. Appendix 1 includes a minimum set of service standards to which mainstream provider services should adhere. For smaller (e.g., third sector) contracts, commissioners will agree a sub-set of these standards appropriate to the size and complexity of the organisation.

8.0 Monitoring, audit and evaluation of this procedure

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

9.0 References

London Multi-Agency Adult Safeguarding Policy & Procedures
http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf

Learning Disabilities Mortality Review (LeDeR) Programme
http://www.bristol.ac.uk/sps/leder/

NHS WFCCG Safeguarding Children Policy
http://www.walthamforestccg.nhs.uk/downloads/aboutus/publications/policies/NHS-Waltham-Forest-Safeguarding-Children-Policy-September-2015.pdf

Care Act, 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

NHS WFCCG Whistleblowing Policy Mental Capacity (2005)
http://www.walthamforestccg.nhs.uk/downloads/aboutus/publications/policies/Waltham%20Forest%20CCG%20Whistleblowing%20Policy.pdf

Modern Day Slavery
https://www.gov.uk/government/collections/modern-slavery

Deprivation of Liberties (2009)
http://www.legislation.gov.uk/uksi/2009/827/contents/made

Outcome Cheshire West Case
http://www.mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_(2011)_EWCA_Civ_1257

Appendix 1 Service Standards

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

2	**Governance**
2.1	The Provider will identify a person(s) with lead responsibility for safeguarding adults.
2.2	NHS Trusts will identify a Board level Executive Director with lead responsibility for safeguarding adults.
2.3	NHS Trusts will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.
2.4	The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback in order to identify and refer any concerns including potential neglect.
2.5	NHS Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.
2.6	NHS Trusts should identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints

	report reviewed by their board.
2.7	The Provider must ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding and issues and inform constant service improvement.
2.8	Providers of hospitals and care homes, will ensure that there are effective systems for recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection
2.9	The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually.
2.10	NHS Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental Capacity Act (2005).
2.11	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Serious Case Review(s) and will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation.

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

4	**Recruitment and employment**
4.1	The Provider must ensure safe recruitment policies and practices which meet the NHS Employment check standards, including enhanced 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.

4.2	The Provider will ensure that post recruitment criminal checks are repeated for eligible staff in line with national guidance / requirements.
4.3	The Provider must ensure that their employment practices meet the requirements of the Independent Safeguarding Authority (ISA) scheme and that referrals are made to the ISA, where indicated, for their consideration in relation to inclusion on the adults barred list.
4.4	The Provider should ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding children and adults.
4.5	The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.

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

Appendix 2 Competency Framework

Safeguarding Adults – Competence in Working with people and delivery Safeguarding Services	
Staff Group A Members of this group have a responsibility to contribute to Safeguarding adults, but do not have specific organisational responsibility or statutory authority to intervene	**Included but not limited to:** • Drivers, other transport staff • Day service staff • All support staff in health and social care settings • HR staff • Clerical and admin staff • Domestic and ancillary staff • Health and Safety Officers • Elected Members • Volunteer Befrienders • Charity trustees
Staff Group B 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	• Social workers • Nurses • Frontline managers • Integrated team managers • Head of Nursing • Health and Social Care Provider Service • Managers (Safeguarding champions) • Social Worker or Care Manager who has • received joint training, with the Police, on adult protection • ABE Trained Investigating Officers
Safeguarding Adults – Competence in Strategic Management and Leadership of Safeguarding Services	
Staff Group C This group is responsible for ensuring the management and delivery of Safeguarding Adult services are 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	• Operational Managers • Heads of Assessment and Care managers • Service Managers

Staff Group D 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	• Heads of Support Services • Heads of Directly Provided Services • Heads of Assessment and Care • Management Services