

# **Adult safeguarding policy**

**Date approved:** 31 May 2022

# Document control sheet

**Title of document:** Adult safeguarding policy

**Originating directorate:** Nursing and quality directorate

**Originating team:** Safeguarding team

**Document type:** Policy

**Subject category:** Adult safeguarding

**Author(s) name:** Sarah Pulley

**Date ratified:** 31 May 2022

**Ratified by:** Quality committee

**Review frequency:** 3 years (standard, unless otherwise indicated)

**To be reviewed by date:** 31 May 2025

**Target audience:** All CCG staff

**Can this policy be released under FOI?** Yes

**Give reasons for exemption if no:**

## Version control

Version number	Revision date	Revision by	Nature of revisions
Version 2	March 2022	Sarah Pulley, lead for adult safeguarding	Full policy re-write
Version 2.1	May 2022	Charlotte Brown head of nursing	Formatting, grammatical changes minor amendments throughout
Version 2.2	May 2022	Charlotte Brown, head of nursing	Impact assessment completed
Version 3	June 2022	Governance team	Further accessibility and governance checks

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## 1. Introduction

This policy describes the way in which NHS Kernow will implement its duties and responsibilities in relation to adult safeguarding and includes the CCGs expectations for services from which we commission care.

For the purposes of this policy NHS Kernow, as the clinical commissioning group for Cornwall and the Isles of Scilly will also be referred to as ‘the CCG.’

*Please note, during the transition process to the establishment of the Cornwall and Isles of Scilly Integrated Care Board (ICB), this policy will remain relevant and used by NHS Kernow clinical commissioning group both prior and post transfer to the ICB.*

It is the responsibility of every NHS health care worker and NHS funded organisation to ensure the safeguarding of adults and children. This policy supports staff working within the CCG. It sets out the roles and responsibilities of the CCG in effective multi-professional and partnership working, promoting adults’ welfare and safeguarding them from abuse and neglect. The policy applies to all staff (permanent, fixed term, seconded or temporary and volunteers) of the CCG as well as all people who work on behalf of the CCG, including independent contractors. The CCG, as a commissioner of local health services is required to assure itself that the organisations from which it commissions health services have effective safeguarding arrangements in place.

The policy addresses the risk of harm from abuse and neglect. Everyone has the right to live their lives free from abuse and neglect. Some people, because of their circumstances, may not be able to exercise this right and are unable to protect themselves from abuse and neglect. People who identify for protected characteristics may be at greater risk from abuse and exploitation and this policy aims to advance equality of opportunity between people who share a protected characteristic and those who do not.

## 2. Purpose

NHS Kernow must ensure that staff meet the legal requirements as laid out in law, such as The Care Act 2014, Equality Act 2010, and the Human Rights Act 1998 and to meet its statutory obligations with regards to safeguarding.

This policy describes the responsibilities of all staff to identify abuse and to correctly share information and make referrals.

Adherence to this policy will ensure the aims of safeguarding which are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- making safeguarding personal by ensuring adults at risk are supported to maintain choice and control over the decisions that affect their lives and to be involved to the extent that they are able
- promote an outcomes approach in safeguarding that works for people resulting in the best experience possible

The commissioners' safeguarding responsibilities include assuring themselves of the safeguarding safety and effectiveness from the services it commissions. The CCG must work with key partners such as NHS England and NHS Improvement, local authorities and safeguarding adult boards to meet their duties as outlined in the NHS England 'Safeguarding children, young people and adults at risk in the NHS: [safeguarding accountability and assurance framework](#)' updated 2019 and in the document 'Adult Safeguarding: [roles and competencies for health care staff 2018](#)'.

NHS Kernow is committed to delivery of care that is culturally and religiously sensitive to the needs of all individuals and groups.

People identified for protected characteristics may be at greater risk from abuse and exploitation and this policy aims to demonstrate how we support staff to work with people so we can advance equality of opportunity between people who share a protected characteristic and those who do not.

### **3. Adult safeguarding legislation, guidance and policy**

#### **Legislation**

Care Act 2014  
 Crime and disorder act 1998  
 Human Rights Act 1998  
 Female Genital Mutilation Act 2003  
 Domestic Violence, Crimes and Victims Act 2004  
 Mental Health Act 2007  
 Mental Capacity Act 2005  
 Modern Slavery Act 2015  
 Serious Crime Act 2015  
 Domestic Abuse Act 2021  
 Counter Terrorism and Security Act 2015

#### **Safeguarding statutory guidance**

Care and support [statutory guidance](#) updated January 2022  
 Domestic abuse- [draft statutory guidance](#) framework  
 Multi-agency [statutory guidance](#) on female genital mutilation 2016  
 Prevent duty [guidance](#) 2015  
 Channel duty [guidance](#) 2021  
 Mental Capacity Act [Code of practice 2007](#), updated October 2010

## Safeguarding policy documents

This policy should be read in conjunction to the Cornwall and Isles of Scilly Adult Safeguarding Board [Adult safeguarding policy 2017](#)

NHS England and NHS Improvement set out the safeguarding responsibilities for NHS organisations in the [Safeguarding children, young people and adults at risk in the NHS: safeguarding accountability and assurance framework 2019](#).

The training and competency requirements for all healthcare staff is set out in the intercollegiate document; [Adult safeguarding: roles and competences for health care staff 2018](#).

### 4. Scope and definitions

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is vital that people and organisations work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.' Department of Health and Social Care [Care and support statutory guidance \(2014 updated January 2022\)](#).

This policy relates to adults who are 18 or over; noting that legislation relating to domestic abuse and mental capacity applies to those who are 16 and over.

NHS Kernow supports a 'think family' approach. This approach recognises that anyone may suffer abuse or neglect at some time in their life and be at risk of poor outcomes. It also recognises that neither adults nor children exist in isolation. When responding to concerns, about abuse or neglect, staff working across all NHS services have a responsibility to consider the risks to everyone living in a household and those who are part of a person's family and relationship network. If matters arise relating to safeguarding children, the NHS Kernow safeguarding children policy must be applied.

The policy uses the term 'adult safeguarding'. By this term, the policy includes but is not limited to the following areas of abuse, neglect, exploitation and violence:

- safeguarding adults with care and support needs
- domestic violence and abuse
- prevent
- modern slavery
- female genital mutilation
- sexual violence
- serious violence



The Mental Capacity Act 2005 is relevant to all the above areas as it is the statutory framework that we use to support all people over the age of 16 who are unable to make, or need additional support in making, decisions about their life.

## **Safeguarding adults who have care and support needs**

The Care Act 2014 sets out safeguarding duties and responsibilities that apply to adults with care and support needs. These duties apply to an adult where all the following apply:

- has need for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse and neglect, 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

6 key principles are laid out in the [Care and support statutory guidance \(2014 updated January 2022\)](#) and should underpin the CCG's approach to safeguarding:

1. empowerment: people being supported and encouraged to make their own decisions and informed consent
2. prevention: it is better to act before harm occurs
3. proportionality: proportionate and least intrusive response appropriate to the risk presented
4. protection: support and representation for those in greatest need
5. partnership: local solutions through services working with their communities. communities have a part to play in preventing, detecting and reporting neglect and abuse
6. accountability: accountability and transparency in delivering safeguarding

To support the safeguarding of vulnerable adults, consideration is needed regarding Prevent and the Mental Capacity Act 2005. This policy should be read in conjunction with the CCG [Prevent policy](#) and [Mental Capacity Act policy](#).

## **Domestic violence and abuse**

Some people who are experiencing domestic abuse and violence may not be able to protect themselves because of the coercion and control applied by the perpetrator. Domestic abuse can happen to any person, with or without care and support needs.

People identified by a protected characteristic may experience additional barriers to protecting themselves. The [Domestic Abuse Act 2021](#) provides the following statutory definition of domestic abuse:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if both the following apply:

- A and B are each aged 16 or over and are personally connected to each other
- the behaviour is abusive

Behaviour is “abusive” if it consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- economic abuse
- psychological, emotional or other abuse
- acquire, use or maintain money or other property or obtain goods or services

2 people are “personally connected” to each other if any of the following applies:

- they are or have been married to each other
- they are or have been civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they are, or have been in an intimate personal relationship with each other
- they have, or there has been a time when they each have had a parental relationship in relation to the same child
- they are relatives (as per the meaning given in the Family Law Act 1996)

The aim of the Domestic Abuse Act 2021 is to:

- provide clear information on what domestic abuse is, and how to identify it
- provide guidance and support to frontline professionals who have responsibilities to safeguard and support victims of domestic abuse
- signpost responding agencies to other sources of guidance on domestic abuse

The [pathfinder project report \(2020\)](#) found that health-based support will often identify survivors who are otherwise missed by services and offer them the chance to engage and receive specialist support. For some victims it may be the only service they are able to access alone. The Domestic Abuse Act 2021 states that the NHS has a key role in providing care and support to victims through a wide range of health care services. Staff working in the NHS can help identify victims, potential victims and perpetrators of domestic abuse and provide, signpost or refer them to appropriate support.

## PREVENT

The Prevent strategy, published by the government in 2011, is part of the overall counter-terrorism strategy, CONTEST. This arises from the [Counter Terrorism and Security Act 2015](#). The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Healthcare workers should be trained to recognise the safeguarding signs correctly and be aware of and can locate available support, including the Channel programme where

necessary. Preventing someone from being drawn into terrorism is comparable to safeguarding in other areas, including child abuse or domestic violence. This is required in the prevent [statutory guidance](#).

Staff should refer to the CCG Prevent policy for guidance on how to respond to concerns about people being drawn into terrorism.

## Modern Slavery

The Modern Slavery Act 2015 covers a number of situations and circumstances where people are exploited. This exploitation is often accompanied by intimidation, threats of violence and other abuse to keep the victim enslaved. It covers, for example, forced labour, sexual exploitation, criminality and organ harvesting. Children and adults may both be affected either directly, or indirectly. Some of the signs that a person is being subjected to modern slavery are:

- their behaviour: they may be frightened, withdrawn, and not willing to talk
- their appearance: they may be unkempt, have few possessions or be malnourished, inappropriate work conditions; little or no pay, working long hours with inappropriate clothing and or equipment for the job
- a fear of or reluctance to speak to agencies or those deemed to be in authority
- debt bondage- being in debt to or dependant on someone else
- their accommodation, which may be overcrowded and poorly maintained
- a lack of control with no form of identification, no access to a bank account and transport to work provided
- a lack of freedom, being unable to move freely and unwilling or scared to leave

## Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia. It includes any other purposeful injury to the external female genitalia for non-medical reasons.

FGM is an abusive and violent practice against females, both children and adult women. It is an extremely harmful practice leading to significant morbidity both in the short and long term and can result in death. FGM has been illegal in the UK since 1985.

The CCG must ensure that through its commissioning processes, mandatory reporting and recording of FGM to the Department of Health and NHS England is included in the safeguarding procedures of providers.

The FGM Information sharing system is a national IT system, linked to the NHS spine that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who are potentially at risk of female genital mutilation.

## **Sexual Violence and Sexual Exploitation**

Sexual assault and abuse are serious crimes which continue to have a significant impact on our society. The devastating consequences for any victim can often be misunderstood and neglected. Despite this, a vast number of victims remain hidden due to a fear of coming forward or a lack of faith in organisations.

## **Serious Violence Duty**

The Serious Violence Bill proposes that local authorities, the police, fire and rescue authorities, specified criminal justice agencies and health authorities will be required to work together to formulate an evidence-based analysis of the problems associated with serious violence in a local area, and then produce and implement a strategy detailing how they will respond to those issues. Prisons, youth custody agencies and educational authorities may also need to work with these core partners.

## **The Mental Capacity Act and Deprivation of Liberty**

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect anyone aged 16 or over that is unable to make their own decisions or needs support in doing so. It is essential that all CCG staff work in accordance with the MCA and its associated code of practice. Staff should refer to the Mental Capacity Act and Deprivation of Liberty Safeguards policy for guidance.

## **Other definitions**

### **Adult**

A person who is over the age of 18.

### **Adult at risk**

This refers to the person who has experienced, or who is at risk of experiencing abuse and or neglect.

### **Advocacy**

If the adult has 'substantial difficulty' in understanding and engaging with a safeguarding enquiry, the local authority must ensure that there is an appropriate person to help them and, if there is not, arrange an independent advocate.  
(Care Act 2014 Ss.42 and 68)

### **Commissioning**

The process of arranging and continuously improving services which deliver the best quality outcomes for patients and meet the population's health needs.

## **Deprivation of Liberty (DoL)**

This means to deprive someone of their liberty, in that they are not free to live elsewhere and are under continuous supervision and control.

## **Deprivation of Liberty Safeguards (DoLS)**

This is the process conducted by local authorities to authorise a deprivation of liberty, ensuring that any deprivation of liberty is made in the person's best interest.

## **MSP**

Making safeguarding personal. Asking the person for their wishes and wants and keeping these central to the decision making as far as possible.

## **Safeguarding Adult Reviews (SARs)**

SARs are required under the Care Act 2014 and convened by a safeguarding adult board when an adult has died from, or has experienced, serious abuse or neglect, and there is reasonable cause for concern about how service providers and agencies worked together to safeguard the person.

## **Domestic Homicide Reviews (DHRs)**

The home office statutory guidance for [Domestic Homicide reviews \(2016\)](#) states 'A DHR is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria'.

## **5. How to safeguard adults in Cornwall and the Isles of Scilly**

If you need to safeguard an adult first assess: is there an immediate danger or crime?  
If there is call the police on 999.

At all times if you are unsure of your decision making, please discuss with your manager or safeguarding lead. You can contact the NHS Kernow safeguarding lead via [Kccg.scatconcern@nhs.net](mailto:Kccg.scatconcern@nhs.net)

If you are concerned that an adult may be at risk of or experiencing abuse or neglect, then please discuss with your line manager or safeguarding lead and consider the following:

- Any immediate steps you or your organisation can take to support the person (or others) and keep them safe.
- If the concern relates to neglect of care by a provider, have you informed the manager of the service (unless doing so would put people at risk)?
- Does the person need any referrals for general support to partner agencies for their physical, emotional or social wellbeing such as social care, mental health, substance misuse services?
- Are there any children as part of the family network who may be at risk? If so, apply the NHS Kernow [Child protection policy and procedure](#).
- Do they meet the Care Act 2014 adult safeguarding criteria as:
  - needing care and support (whether or not they are being met)
  - is experiencing, or at risk of, abuse and neglect; and as a result of the care and support needs is unable to protect themselves from abuse and neglect?
- Once you have considered consent and capacity (see section below on [consent and capacity](#)) and deemed this to be appropriate then make a referral to the Cornwall Council adult safeguarding service (see the section below on [how to make a referral](#)).
- Does the person need any referral to other safeguarding services, for example domestic abuse or sexual violence?
- Once you have considered [consent and capacity](#) and deemed this to be appropriate then make a referral. See [table 1](#) for services that are available.
- Check that you have documented the assessment, rationale and actions contemporaneously. Plan to review this if needed.

## Consent and capacity to make a safeguarding referral

### Step 1

Does the person have the mental capacity to consent to the safeguarding (or any other) referral? If yes, proceed to step 3. If no, proceed to step 2.

### Step 2

If they do not have mental capacity then make a best interest decision. If the outcome is that the referral is in the person's best interest, then make a safeguarding referral to the county council safeguarding team if they have care and support needs and to or any other agency as per [table 1](#).

### Step 3

If they do have mental capacity, do they give informed consent for the referral?

If yes refer if needed to the adult safeguarding team at the council or any other agency as per [table 1](#) or encourage the person to do so. If they do not consent proceed to step 4.

## Step 4

If they do not give consent, consider if your referral will protect others or if there is significant risk to that person. Is the abuse or neglect related to their care? If it is, then [refer to the adult safeguarding team at the council](#) as per the section below. If there is no significant risk to others, consider referring for support to other agencies.

There is more information in this policy on the sections about [information sharing](#) and [capacity and consent](#).

## To make a referral for an adult with care and support needs:

### Cornwall

All professionals must complete an [interagency adults safeguarding referral form](#) or you can email [adultsafeguardingconcerns@cornwall.gov.uk](mailto:adultsafeguardingconcerns@cornwall.gov.uk) or ring the Adult Safeguarding Service on 01872 326433 for advice. You will receive a written response to your referral.

### Isles of Scilly

Contact [Isles of Scilly Adult Social Care Team](#) on 01720 424 470. If you need to speak to someone outside of the hours of 9am - 5pm, phone 01720 422699.

## Ongoing responsibilities after a safeguarding referral has been made

Making a safeguarding referral does not affect the responsibilities of staff to continue working with the person after the referral has been made. This should continue in accordance with the role of the employing organisation. All healthcare organisations have a responsibility to work together with other agencies and the person as part of the safeguarding process. This may include undertaking actions requested by the local authority that are appropriate for the person's role and responsibility.

Staff are also expected to consider the outcome of any referrals that are made and to raise any concerns about the outcome with their line manager, the service or the NHS Kernow safeguarding lead.

## 6. Training

All CCG staff need to be competent to safeguard adults who have care and support needs as outlined in [Adult safeguarding: roles and competencies for health care staff 2018](#). All managers have a duty to ensure their staff are compliant with the guidance. The CCG must ensure staff safeguarding training is in place as outlined in the [NHS safeguarding accountability and assurance framework 2019](#). It is the duty of the employee to comply with the training standards that are set in accordance with their



roles and responsibilities. Staff are also responsible for seeking out additional training, supervision and where any gaps are identified.

The CCG will have a safeguarding training and supervision strategy that will set out how we support staff to receive the appropriate training so they can support individuals who need safeguarding in an effective and competent manner, in accordance with their roles and responsibilities.

## **7. Supervision**

All clinical CCG staff must ensure they access safeguarding supervision regularly and when the need arises. All managers must ensure their staff are adequately supervised in line with their needs. The CCG must ensure staff supervision is in place as outlined in the [NHS accountability and Assurance Framework](#).

The CCG will have a safeguarding training and supervision strategy sets out how we support its to receive the appropriate supervision so they can support individuals who need safeguarding in an effective and competent manner, in accordance with their roles and responsibilities.

## **8. Capacity and consent**

Each adult person affected by abuse, should be consulted where possible regarding whether or not they wish action to be taken in relation to their own situation. If the adult person does not wish to report the abuse, a discussion must take place with the safeguarding adults lead regarding the appropriate course of action. A referral may be needed to safeguard other service users and staff, such as whether it is in the public interest or to prevent or report a crime. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the principles of the Mental Capacity Act 2005 and to ensure the principles of [making safeguarding personal](#) (Local Government Association and Association of Directors of Adult Social Care, 2017).

## **9. Safeguarding and information sharing**

The effective functioning of this policy relies on the sharing of information about safeguarding between organisations. Robust information-sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act 1998. CCG and provider staff must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and adults safe. It is crucial to understand that sharing information, when there is a lawful need to do so, and maintaining its security and confidentiality are compatible activities. [Section 3](#) of this policy describes the lawful



ways that permit appropriate sharing of information with others for the purpose of protecting people from abuse and neglect.

This approach is further supported by the [Caldicott principles](#), updated in 2017. Principle 7 states that the duty to share information can be as important as the duty to protect patient confidentiality.

## 10. Trauma informed practice

As NHS Kernow staff undertake safeguarding activities, it will need to be aware of the impact of trauma on the individuals within the organisation and the individuals and the families it cares for. This approach will enable people to feel safe enough to establish and build trust with NHS Kernow services and to re-establish control over their lives.

## 11. Communication

It is important to be able to communicate clearly with the people you are safeguarding. Communication barriers sometimes prevent professionals from being able to accurately assess, support and protect. If it is a language barrier and an interpreter is required you must use an official interpreter, a family member may be influenced by other interests, and you may not get a clear picture. Be aware a person may be able to speak in English but may not be able to read English.

It can be necessary to adjust communication techniques and to seek advice regarding how and when to best communicate with a person.

## 12. The types of abuse and how people can access information and support

Table 1 provides:

- a summary and definition of the different areas of safeguarding
- the types of abuse that may occur
- links to the services that can support the person
- links to further information and guidance

**Table 1: Areas and types of abuse: definitions, examples and sources of support**

Type of abuse	Definitions, examples and sources of support
Safeguarding Adults who	<a href="#">The National Institute for Health and Care Excellence (NICE)</a>

<p>have care and support needs</p>	<ul style="list-style-type: none"> <li>• Safeguarding is defined as the protection of a person's health, wellbeing, and right to live in safety, free from harm, abuse, and neglect.</li> <li>• The term 'Safeguarding Adults' refers to all work done to help adults with care and support needs stay safe from abuse and neglect.</li> </ul> <p>For any of the types of abuse below, if the adult has care and support needs you need to See <a href="#">Care Act 2014</a> guidance regarding a referral to the relevant Local Authority:</p> <ul style="list-style-type: none"> <li>• Who to contact if you have concerns about an adult or you are an adult experiencing abuse or neglect.</li> <li>• If someone is in immediate danger, or there is an emergency, call 999.</li> </ul> <p><b>For concerns about an adult Cornwall:</b></p> <ul style="list-style-type: none"> <li>• If you are an adult experiencing abuse or neglect, or if you are concerned about an adult experiencing abuse or neglect telephone 0300 1234 131 (out of hours number 01208 251300) or email <a href="mailto:accessteam.referral@cornwall.gov.uk">accessteam.referral@cornwall.gov.uk</a>.</li> <li>• You can find advice and information on the websites below: <a href="#">Safeguarding adults - Cornwall Council</a> <a href="#">Cornwall and Isles of Scilly Safeguarding Adults Board</a>.</li> </ul> <p><b>For Concerns about an adult on the Isles of Scilly:</b></p> <ul style="list-style-type: none"> <li>• Contact the Council of the Isles of Scilly Adult Social Care department on 0300 1234 105 or if out of hours, on 01720 422699.</li> <li>• You can find advice and information on webpage <a href="https://www.scilly.gov.uk/health-social-care/safeguarding-adults">https://www.scilly.gov.uk/health-social-care/safeguarding-adults</a>.</li> </ul>
<p>Physical abuse</p>	<p>Including assault, hitting, slapping, pushing, misuse of medication, inappropriate or unlawful use of restraint, rough handling.</p> <p>See Safeguarding Adults who have care and support needs section above</p>
<p>Domestic violence and abuse</p>	<p>See the <a href="#">Domestic Abuse Bill 2021</a>.</p> <p>For advice and how to make a referral see <a href="https://saferfutures.org.uk/">https://saferfutures.org.uk/</a></p>

	<a href="https://www.firstlight.org.uk/">https://www.firstlight.org.uk/</a> <a href="https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=nWHtHjMsg3I">https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=nWHtHjMsg3I</a>
Sexual violence and abuse	<p>Including rape, indecent exposure, sexual harassment inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting, Indecent exposure.</p> <p>For advice see <a href="https://sarchelp.co.uk/">https://sarchelp.co.uk/</a>  <a href="https://www.firstlight.org.uk/">https://www.firstlight.org.uk/</a>  The Survivor Pathway is a free resource for anyone who has experienced sexual violence and abuse. Developed by experts, this directory is the first step in accessing support - <a href="https://bit.ly/3jafDBr">https://bit.ly/3jafDBr</a></p>
Psychological or emotional abuse	<p>This includes issues such as:</p> <ul style="list-style-type: none"> <li>• enforced social isolation</li> <li>• removing mobility or communication aids or intentionally leaving someone unattended when they need assistance,</li> <li>• preventing someone from meeting their religious</li> <li>• preventing someone from meeting their cultural needs</li> <li>• preventing the expression of choice and opinion</li> <li>• failure to respect privacy</li> <li>• bullying, swearing or verbal abuse</li> <li>• threats of harm or abandonment</li> <li>• Cyber bullying</li> </ul>
Financial abuse	<p>Theft, fraud internet scamming.</p> <p>This can also be an aspect of domestic abuse, such as coercive control. Financial abuse can take a lot of different forms so will look different within different relationships. Examples would be theft, fraud, misuse of personal allowance in a care home, someone moving into a person's home and living rent free without agreement or under duress, misuse of a power of attorney, deputy, appointee ship or other legal authority, denying assistance to access benefits.</p> <p>For advice see <a href="https://www.actionfraud.police.uk/">https://www.actionfraud.police.uk/</a>  <a href="https://www.gov.uk/report-concern-about-attorney-deputy-guardian">https://www.gov.uk/report-concern-about-attorney-deputy-guardian</a></p>

	<a href="https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=nWHtHjMsg3I">https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=nWHtHjMsg3I</a>
Modern slavery	<p>Encompasses slavery, human trafficking, forced labour, debt bondage 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.</p> <p>For advice see  <a href="https://www.gov.uk/government/publications/uk-government-modern-slavery-statement">https://www.gov.uk/government/publications/uk-government-modern-slavery-statement</a>  <a href="https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted">https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted</a>  <a href="#">Information about help and support is available in 11 different languages on the government modern slavery web page</a></p>
Discriminatory	<p>Unequal treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation. This can be direct or indirect.</p> <p>For advice see  <a href="https://www.gov.uk/discrimination-your-rights">https://www.gov.uk/discrimination-your-rights</a>  <a href="https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010">https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010</a></p>
Organisational	<p>Examples are neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p> <p>See adults with care and support needs</p>
Neglects and acts of omission	<p>Examples of this include failure to administer medication as prescribed, ignoring or isolating the person, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support, withholding of the necessities of life, not taking account of individuals' cultural, religious or ethnic needs, preventing the person from making their own decisions.</p> <p>See adults with care and support needs</p>
Self-neglect	See <a href="https://www.cornwall.gov.uk/media/39715421/self-neglect_policy_and_guidance_final.pdf">https://www.cornwall.gov.uk/media/39715421/self-neglect_policy_and_guidance_final.pdf</a>

	<p>This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.</p> <p>For advice see  <a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1</a>  <a href="#">see adults with care and support needs</a></p>
Female genital mutilation (FGM)	<p>FGM is illegal in the UK. It is a cultural not religious practice.</p> <p>For commissioning see commissioning services to support women and girls with female genital mutilation (2015)  <a href="https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm">https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm</a>  <a href="https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation">https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation</a>  <a href="https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation">https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation</a></p>
Forced marriage	<p>A forced marriage is where one or both people do not or cannot consent to the marriage, and pressure or abuse is used to force them into marriage.</p> <p>For advice see  <a href="https://www.gov.uk/government/publications/what-is-a-forced-marriage">https://www.gov.uk/government/publications/what-is-a-forced-marriage</a> ).</p> <p>For support contact the forced marriage unit or charities for this, such as <a href="#">Halo</a></p>
Trafficking	<p>Human trafficking involves the use of force, fraud, or coercion to obtain some type of labour or commercial sex act.</p> <p>For advice see  <a href="https://www.dhs.gov/blue-campaign/what-human-trafficking">https://www.dhs.gov/blue-campaign/what-human-trafficking</a></p>
County lines	<p>This term relates to gangs moving illegal drugs within the UK into one or more imported area, using vulnerable people or children. They do this using dedicated mobile phone or 'deal lines' They are likely to exploit children and vulnerable adults to move and</p>

	<p>store the drugs and money using intimidation, violence, including sexual violence and weapons. The national crime agency provides information how to recognise those who are be subject to exploitation and provides information about support services.</p> <p>For advice see  <a href="https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines">https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines</a></p>
Hate crime	<p>This is a criminal offence which is perceived to be motivated by hostility or prejudice related to someone's race, religion, sexual orientation, transgender identity or disability.</p> <p>For advice see  <a href="https://hatecrime.campaign.gov.uk/Victim-Support">https://hatecrime.campaign.gov.uk/Victim-Support</a> can provide support and advice to people experiencing hate crime</p>
Anything else. Or if you are not sure or which service to contact	<p>Contact the CCG safeguarding team  <a href="mailto:kccg.scatconcern@nhs.net">kccg.scatconcern@nhs.net</a>  who will be in touch to support</p> <p>Remember 101 to report a crime  <a href="#">Victim Support</a>  In an emergency dial 999</p>

## 13. Staff roles and responsibilities

The CCG is accountable to NHS England and NHS Improvement. NHS Kernow has a clear line of accountability in relation to the delivery of its safeguarding duties. These are set out below.

### The accountable officer

The accountable officer is responsible for:

- ensuring that the CCG fulfils its safeguarding statutory duties effectively
- ensuring that safeguarding quality assurance processes are in place through contractual arrangements with all provider organisations
- providing strategic leadership that promotes a culture of supporting good practice about safeguarding within the CCG
- providing strategic leadership that promotes collaborative working with other agencies
- ensuring that the health contribution to safeguarding is discharged effectively across the

local health economy through the CCG's commissioning arrangements

## **Chief nursing officer**

The chief nursing officer is accountable to and reports to the accountable officer.

The chief nursing officer acts as the executive lead for safeguarding, providing professional advice to the CCG's governing body and the quality committee including all statutory and commissioning issues related to safeguarding; supported by the deputy director of nursing, head of nursing and the designated, named and lead professionals for safeguarding. The responsibilities of the chief nursing officer are to:

- promote a positive culture of adult safeguarding
- ensure scrutiny of the organisations safeguarding performance
- represent the CCG at the local safeguarding boards and partnership and provide local safeguarding partnerships with a strategic overview of safeguarding issues within the CCG and its partner health agencies
- ensure that adult safeguarding is positioned as core business in strategic and operating plans and structures
- oversee the on-going assurance of child protection and looked after children's arrangements, including implementation of audit
- ensure the appointment of designated professionals
- ensure provider organisations safeguarding arrangements are quality assured
- ensure that the organisation adheres to relevant national guidance and standards for child protection and looked after children
- appoint an executive director lead for safeguarding and ensure that operational services are effectively resourced to support or respond to the demands of child protection and looked after children
- promote safe, partnership working and information sharing practices

## **Deputy director of nursing**

The deputy director of nursing reports and is accountable to the chief nursing officer.

They support the chief nursing officer to deliver the responsibilities, providing the CCG with the capacity to meet all the statutory duties in relation to this policy, including providing representation on safeguarding boards and partnerships. They provide advice to the accountable officer, directors and governing body about safeguarding and the delivery of this policy when required. They function as a point of escalation. The deputy director of nursing is responsible for ensuring the effective management of the process of implementation and evaluation of this policy, as well as preparing submissions on a regular basis to the quality committee.

## **Head of nursing**

The head of nursing reports to the deputy director of nursing and is accountable to the chief nursing officer.

The head of nursing is responsible for leading and overseeing programmes of work to ensure the effective implementation of this policy. The head of nursing provides leadership to and coordination of all safeguarding activities, for children, young people and adults, including mental capacity and deprivation of liberty.

## **Adult safeguarding lead**

The professional lead for adult safeguarding reports to the head of nursing and is accountable to the chief nursing officer.

The professional lead for adult safeguarding is an expert and leader for adult safeguarding. They are a vital source of safeguarding advice and expertise for all relevant agencies, including health commissioners in CCGs, the local authority and NHS England and NHS Improvement, other health professionals in provider organisations, Quality Surveillance Groups, regulators, safeguarding adult boards and the Health and Wellbeing Board.

The adult safeguarding lead is required to:

- be able to access to the CCG Executive (Board level) lead, to ensure that there is the right level of influence of safeguarding on the commissioning process
- work across the local health system to support professionals in their agencies on all aspects of adult safeguarding and Prevent
- for single and multi-agency learning reviews provide a health perspective and be responsible for quality assuring the health content and disseminating the lessons learnt
- attend reflective/restorative supervision meetings regularly. These supervision meetings must be formally documented and should be professionally facilitated if possible
- be part of the assurance that the CCG meet the requirements of the Mental Capacity Act 2005 (MCA), and Mental Capacity (Amendment) Act 2019
- ensure that safeguarding adults is an integral part of the CCG clinical and quality governance framework
- promote, influence, and develop safeguarding training and supervision for both Kernow CCG and other related agencies to meet the training and supervision needs of staff and provide advice on the development and monitoring of the safeguarding aspects of contracts and/or service specifications
- in accordance with the safeguarding adult board guidance, support with allegations against people in positions of trust (PIPOT) concerns; resolving any interagency issues that may arise whilst adhering to the relevant human resources policy
- ensure all CCG staff are trained to safeguard adults at the appropriate level to their role as per [Safeguarding Adults: Roles and competences for health care staff Intercollegiate Document \(2018\)](#)



- provide reports and an annual report for assurance on adult safeguarding which is presented for approval to the CCG governing body

### **Named GP for adult safeguarding**

The named GP reports to the deputy director of nursing and is accountable to the chief nursing officer.

The named GP promotes within general practices the provision of effective primary care services to safeguard adults at risk and to improve their outcomes. They facilitate GPs and practice staff to understand their roles and fulfil their responsibilities towards the protection and safeguarding of adults. They also link with the CCG governing body about safeguarding adults and work with the lead professional.

### **Mental Capacity Act Lead**

This role is responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and/or complex. They also have a role in highlighting the extent to which their own organisation is compliant with the MCA through undertaking audit, reporting to the governance structures and providing training. GP practices are required to have a lead for safeguarding and MCA, who should work closely with the named GPs and the adult safeguarding lead.

### **Commissioning managers and procurement**

They will liaise with the safeguarding leads in the CCG to ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of adults. These standards will then be robustly managed through the CCG's contract monitoring processes, ensuring oversight from the safeguarding leads. The commissioning managers will ensure that all new pathways, commissioning cases and schemes are impact assessed by the CCG's quality impact assessment to ensure all consideration is given to safeguarding requirements.

### **All staff**

All CCG staff have a responsibility to play a part in the prevention, detection and reporting of neglect and abuse.

Each member of staff has responsibilities to:

- follow the safeguarding policies and procedure
- recognise abuse and neglect and know where to seek advice
- participate in safeguarding training in line with the job role [Adult safeguarding: roles and competencies for health care staff \(2018\)](#)

- understand the principles of confidentiality and information sharing in line with local and government guidance
- discuss any safeguarding concerns for an adult at risk with their line manager, senior colleague or designated/ lead nurse for safeguarding adults
- have regard for the Care Act (2014) Mental Capacity Act (2005), including the Mental Capacity Amendment Act (2019) and the Deprivation of Liberty Safeguards (2009)

All healthcare staff must comply with their professional codes of conduct, policies, guidelines, and contracts of employment.

## **Managers**

- Ensure that all their own staff members have adequate and appropriate training for their roles and responsibilities within adult safeguarding.
- Managers have a responsibility to ensure that they follow the CCG recruitment policies and procedures regarding safer recruiting practices including obtaining references, DBS checks, ID checks and Rehabilitation of Offenders Act 2014 requirements.
- Must ensure that staff who have direct contact with patients have access to supervision and understand their role in relation to identification of the types of abuse and the need to refer to local authority safeguarding adult teams.
- Provide a safe environment and an approachable atmosphere, so staff can raise and discuss safeguarding concerns.

## **People and development team**

The people and development team have a particular role in relation to implementing those areas of the framework that relate to safer recruitment and responding to concerns about a person's suitability to work in a position of trust, along with ensuring that staff are suitably trained to conduct any function in relation to safeguarding in accordance with their roles.

## **CHC nurse assessors and coordinators**

Additional expectations of the coordinators who are assessing a person for CHC eligibility:

- be able to apply the MCA 2005 in accordance with their day-to-day work and evidence this in records
- recognise a deprivation of liberty
- check a DoLS authorisation is in place
- recognise a situation which may need escalation to the court of protection and to refer to the MCA lead

## Mental health commissioning team

Additional expectations to ensure that the Mental Capacity Act's principles are considered in all commissioned care.

### Transforming care clinical review officers

Expectations of the clinical reviews officers are:

- be able to apply the MCA in accordance with their day-to-day work and evidence this in records
- recognise a deprivation of liberty
- check a DoLS authorisation is in place
- recognise a situation which may need escalation to the COP and to refer to the MCA lead

## 14. NHS Kernow's adult safeguarding responsibilities

NHS Kernow has a statutory responsibility as part of the safeguarding partnership in Cornwall and the Isles of Scilly and has a number of statutory safeguarding duties to the adults within our geographical area.

Clinical commissioning groups are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, CCGs need to assure themselves that organisations they commission have effective safeguarding arrangements in place.

Integral to the development of networks is the support, guidance and peer review that can be provided for safeguarding. CCG safeguarding leaders must work in collaboration with their local integrated care system, primary care networks, general practice GPs and other professionals to ensure safeguarding, such as the [Care Act 2014](#) and [Mental Capacity Act 2005](#) legal requirements are integral to their networks.

CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year. Assurance may consist of assurance visits, such as SAB audits and attendance at provider safeguarding committees.

Safeguarding forms part of the NHS standard contract (service condition 32) and commissioners need to agree with providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties.

The roles and responsibilities of CCG's are laid out in the [NHS EI Accountability and Assurance Framework 2019](#) and The [Care Act 2014](#).

The CCG must demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, to include:

- a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- clear policies outlining their commitment, and approach, to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults
- training their staff in recognising and reporting safeguarding issues, adequate supervision and ensuring staff are competent to carry out their safeguarding responsibilities
- equal system leadership between the local authority, the police and the CCG and effective inter-agency working with local authorities, the police and third sector organisations, including appropriate arrangements to co-operate with the local authority in the operation of safeguarding adult boards and health and wellbeing boards
- ensuring effective arrangements for information sharing
- employing the expertise of designated professionals or equivalent professional for safeguarding adults
- effective systems for responding to abuse and neglect of adults
- supporting the development of a positive learning culture across partnerships for safeguarding adults, ensuring organisations manage risk correctly
- working with the local authority to ensure access to community resources that reduce isolation for adults and promote making safeguarding personal, means it should be person-led and outcome focused
- ensuring that adult and children's services work together to commission and provide health services that ensure a smooth transfer/transition for young people and children in care from children's to adult's services

## **NHS Kernow's Care Act 2014 duties**

The [Care Act 2014](#) states the following about the statutory responsibilities of the CCG and health. This includes:

- the requirement that each local authority must set up a safeguarding adults board (SAB) of which the CCG must be a member and is responsible for co-delivering the functions of the board
- cooperating with the local authority, each of its relevant partners and other agencies to protect adults experiencing or at risk of abuse or neglect

Where appropriate, must undertake a safeguarding enquiry when caused to do so by the local authority. For example, when a person is funded by continuing healthcare and is experiencing abuse or neglect, CCG staff may lead on or contribute to the safeguarding enquiry. In undertaking the enquiry, staff should apply the principles of the [Care and support statutory guidance 2022](#) and in accordance with the terms of reference agreed with the local authority.

## 15. Safeguarding Boards and Partnerships in Cornwall and the Isles of Scilly

NHS Kernow has a duty to be a member of and is responsible for the co-delivery of the functions of the safeguarding boards and partnerships below.

### Cornwall and the Isles of Scilly Safeguarding Adult Board (SAB)

Under the terms of the [Care Act 2014](#), each local authority must set up a safeguarding adult board (SAB), with statutory partners from the local authority, police and CCG. A SAB has a strategic role, with oversight of safeguarding adult reviews. The Care Act 2014 formalised the supply of information between partners if the information is relevant to the enquiry or to the SAB and for co-operation between partners to protect adults. The CCG must be represented on the SAB.

We fulfil the above requirements by the attendance of the CCG executive for safeguarding, or their deputy, at all board meetings. The executive lead or their deputy attends the executive subgroup of any board or partnership. The work programme of the SAB is supported by the NHS Kernow lead and named safeguarding adult professionals for safeguarding through their attendance at the board subgroups.

### Safer Cornwall community safety partnership

The CCG is a 'responsible authority' of the local community safety partnership, known as Safer Cornwall.

[The Crime and Disorder Act 1998](#) introduced a statutory framework for community safety partnerships (CSPs). CSPs are made up of representatives from the police, local council, fire service, health service, probation as well as many others. Their purpose is to make the community safer, reduce crime and the fear of crime, reduce anti-social behaviour and work with business and residents on the issues of most concern. They also manage strategic plans for certain areas of safeguarding for example Prevent, domestic abuse, serious violence and modern-day slavery.

The CCG must be represented on Safer Cornwall as a 'responsible authority.'

## 16. Statutory safeguarding reviews

The Cornwall and Isles of Scilly Safeguarding Adult Board and Safer Cornwall have a duty, under certain circumstances to undertake a review of a death or serious harm when abuse or neglect has occurred.

Statutory adult safeguarding reviews include:

- safeguarding adult reviews

- domestic homicide reviews
- multi-agency public protection (MAPPA) reviews

## **Safeguarding adult reviews (SARs)**

The purpose of SARs is described very clearly in the [statutory guidance](#) as to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again.' The aim is that lessons can be learned from what happened to the person and for those lessons to be applied to future cases to prevent similar harm re-occurring.

A panel, which includes a CCG representative, is convened to review the involvement of each agency and produce an investigation report identifying any learning and make recommendations for improvement. Other cases of concern can be referred for a SAR if it is felt there are opportunities for multiagency learning which could improve future outcomes.

## **Domestic Homicide Reviews (DHRs)**

The home office guidance relating to [Domestic Homicide reviews \(2016\)](#) states 'A DHR is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria'

Other agencies and organisations that are requested to participate must do so. The input and involvement required will be discussed and agreed in the terms of reference for the review. This is likely to involve services directly commissioned by the NHS Kernow. All health providers, including GPs, are required to provide and share information relevant to any statutory review processes.

## **17. Partnership Working**

To fulfil the requirements of its duties to work in partnership with the local authority and other agencies, and meets its duties in relation to the CIOS Safeguarding Adult Board and Safer Cornwall, including shared responsibility for the completion of SARs and DHRs, NHS Kernow CCG will:

- support and guide the safeguarding agenda of its partners and in monitoring the effectiveness of partnership working
- represent health on the SAB and appropriate SAB sub-groups
- represent health on the partnership boards
- participates in assurance processes

- provide appropriate professional advice to the local authorities as needed when deciding the outcome of Section 42 enquiries relating to commissioned health care services
- be committed to the monitoring of safeguarding training within its provider organisations to ensure it is compliant with the [Adult Safeguarding: Roles and Competencies for healthcare staff \(2018\)](#) (Intercollegiate Document) to ensure public safety with regards to safeguarding and to promote well-being

## **18. Allegations against staff involving abuse or neglect – adults**

It is a requirement of the [Care Act \(2014\)](#) that SABs should establish a framework and process for any organisation to respond to allegations against anyone who works (in either a paid or an unpaid capacity) with adults with care and support needs. In Cornwall, this is known as the 'managing allegations against people in a position of trust (PiPoT)' process.

Any allegations against staff must be escalated immediately to the line manager, the people and development team and the safeguarding leads who will consult with the appropriate people and development team partner. For concerns about staff misconduct, the appropriate people and organisational development policy must be followed.

Where there is an allegation that a member of staff in a CCG or primary care services has abused or neglected an adult in their personal life, the designated/ lead professional for safeguarding adults in the CCG should be informed. [NHS EI Accountability and Assurance Framework 2019.](#)

The senior lead responsible for safeguarding may raise a safeguarding concern with the appropriate local authority where the alleged incident happened. The local authority will determine if a Care Act Section 42 Enquiry is required and will make a referral to the police if needed.

In conjunction with the senior nurse responsible for safeguarding, the line manager and the people and development team, a decision will be made regarding proportionate action for the worker. This may include suspension or relocation within the organisation.

When the local authority and or police deem necessary the case will be passed to the CCG human resources team for internal management with support from the safeguarding leads.

The worker will be offered support from the people team, occupational health Support and or other means as needed.



## 19. Freedom to speak up at work (whistleblowing)

Please see [NHS Kernow](#) policy.

A culture of open practice is needed to protect and support safeguarding within the organisation.

## 20. Governance

### National Governance

**The chief nurse** for NHS England and NHS Improvement (NHSEI) has ultimate accountability for safeguarding in the NHS, supported by a national head of safeguarding.

**NHS EI** provide [oversight and assurance](#) of CCGs' safeguarding arrangements and support CCGs in meeting their responsibilities. NHS EI is responsible for empowering local systems to hold partners to account, ensuring that there are safe systems in place to meet their safeguarding needs.

**The regional chief nurse** Within each NHS EI region, the regional chief nurse has the lead responsibility for safeguarding for both children and adults, with a regional safeguarding lead heading the portfolio of work.

### NHS Kernow governance

Governance of the safeguarding process is defined in the NHS England [NHS EI Accountability and Assurance Framework 2019](#).

The CCG is accountable for all duties and responsibilities through its governing body.

These duties are described in the NHS Kernow safeguarding accountability and assurance framework.

The quality committee is a subcommittee of the CCG's governing body. The role of the quality committee is to ensure systems are in place to monitor and improve the safety and quality of healthcare commissioned by the CCG and that any areas of concern are addressed. In relation to safeguarding, it is the role of the committee to ensure that safeguarding standards are integrated into the organisation's objectives and strategies. The committee meets once every two months, and minutes are presented to the governing body.

The reporting and recommendations to the quality committee are prepared through the CCG safeguarding assurance meeting. The safeguarding assurance meeting is a



subcommittee of the NHS Kernow quality committee. The safeguarding assurance meeting is also the route of escalation to the quality committee.

Safeguarding expertise is also provided to the primary care committee, enabling triangulation of information and escalation to the quality committee if required.

## **21. Quality assurance and monitoring**

Where review is necessary due to legislative change, this will happen as soon as practicably possible.

NHS Kernow has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services and this is set out in the NHS Kernow safeguarding accountability and assurance framework.

Contract leads and providers should raise concerns if they are concerned about compliance.

## **22. Update and review**

All policies and similar documents must be dated when approved and a review date also included. This will usually be three years unless there is an indication to the contrary. It is the responsibility of the author (or nominated officer) to be aware of influencing factors and to initiate reviews promptly within the three years if appropriate.

## **23. Policies referred to in this document**

- NHS Kernow safeguarding children policy
- NHS Kernow Prevent policy
- NHS Kernow Mental Capacity Act and Deprivation of Liberty policy
- Adult Safeguarding: Roles and Competencies for healthcare staff (2018) (Intercollegiate Document) (updated June 2020). Available at <https://www.rcn.org.uk/professional-development/publications/pub-007069> [accessed 25/02/2021]
- Care Act 2014. Available at <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> [accessed 18/03/2021]
- Care Act Statutory Guidance 2019. Available at <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1> [accessed 25/02/2021]
- Care and Support Statutory Guidance (2014). Available at <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> [accessed 25/02/2021]

- Cornwall and Isles of Scilly Adult Safeguarding Board Adult Safeguarding Policy Operational Procedure and General Guidance (2017). Available at <https://www.cornwall.gov.uk/media/fvbknt32/adult-safeguarding-policy.pdf> [accessed 25/02/2021]
- Crime and Disorder Act 1998. <https://www.legislation.gov.uk/ukpga/1998/37/contents> [accessed 25/02/2021].
- Data Protection Act 2018. Available at <https://www.gov.uk/data-protection> [accessed 25/02/2021]
- General Data Protection Regulation GDPR. Available at <https://ico.org.uk/for-organisations/guide-to-data-protection/> [accessed 25/02/2021]
- HM Government Prevent Strategy (2011). Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97976/prevent-strategy-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf) [accessed 10/03/2021]
- Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016). Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575273/DHR-Statutory-Guidance-161206.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf) [accessed 25/02/2021].
- Human Rights Act 1998. Available at <https://www.legislation.gov.uk/ukpga/1998/42/contents> [accessed 18/03/2021]
- LGA and ADASS (2017) Making Safeguarding Personal: Supporting increased involvement of service users. Available at <https://www.local.gov.uk/publications/making-safeguarding-personal-supporting-increased-involvement-services-users> [accessed 17/05/2021]
- Mental Capacity Act (MCA) 2005. Available at <https://www.legislation.gov.uk/ukpga/2005/9/contents> [accessed 18/03/2021]
- Modern Slavery Act 2015. Available at <https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted> [accessed 25/02/2021]
- NHS Constitution 2019. Available at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> [accessed 25/02/2021]
- NHS England (2015, updated 2019) Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework. Available at <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/> [accessed 18/03/2021]
- NHS England (2020) NHS Standard Contract 2020/21 Service Conditions (Full Length). Available at <https://www.england.nhs.uk/wp-content/uploads/2020/03/2-FL-SCs-100320.pdf> [accessed 17/03/2021]
- Prevent - Statutory guidance issued under section 29 of the Counterterrorism and Security Act 2015 revised 2019. Available at <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales> [accessed 25/02/2021].
- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. Available at <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> [accessed 18/03/2021]

## Appendix 1: Impact assessment

**Name of policy, service or decision to be assessed:** Safeguarding children's policy

**Department or section:** Safeguarding and quality

**Date of assessment:** 25 May 2022

**Person(s) responsible for the assessment:** Charlotte Brown

**Is this a new or existing policy?** Existing

### General background information

**Reason for undertaking full impact assessment:** Change to policy or procedure

**Describe the aims, objectives and purpose of the policy, service change or development:**

To ensure NHS Kernow has processes in place to keep adults at risk of abuse or neglect whilst, wherever possible, keeping their wishes and beliefs are the heart of decision making. To minimise the effects of or prevent abuse and harm.

**Anticipated timetable for decision:** Less than 1 month

**What areas will this impact?** Cornwall and Isles of Scilly

**Which of the strategic objectives apply to this full impact assessment?** Other - improve care experience and improve health and well being

**What are the commissioning arrangements?** Other – cover whole of NHS Kernow in all aspects of practice

**What are the contractual implications for the policy or service change?** All staff and commissioned services should comply with this policy

**Who implements the policy or service?** NHS Kernow

**Who benefits or is intended to benefit from this policy or service?** All service users especially adults at risk of abuse or neglect.

**What health and social care outcomes are achieved or wanted from this policy or service?** Reducing health inequalities

**How will this be monitored?** Multiple sources

**What factors or forces could contribute or detract from the outcomes?** service pressure can affect impact

**Who are the main stakeholders in relation to the policy or service?** All staff and safeguarding partners

**Is there clinical evidence for effectiveness of the policy or service?** Yes - national

**Does this policy or service link to health and social care overall strategy for the next 5 years and current direction of travel for integrated communities?** Yes

## Engagement

**How have you engaged stakeholders in gathering or testing the evidence available?** policy based on national findings from public enquiries and legislation and local system policy

**What is the experience of individuals who access the service?** Multiple – impact of the policy on adult safeguarding is largely positive but due to the nature of the issues involved outcome can be mixed.

**How have you engaged stakeholders in testing the policy or service proposals?**  
Based on multi-agency policy which is developed by stakeholders

**For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:**

## Impacts

### Access to services

Aspect	+ or – impact	Details and plans to minimise negative impact
Ability of people to access the service	positive	
Eligibility of people to receive the service	positive	
Longer term sustainability of the service	positive	
Reducing health inequalities	positive	
Waiting times to receive service	positive	

### Quality of services

Aspect	+ or – impact	Details and plans to minimise negative impact
Choice for members of the public	positive	
Clinical performance or outcomes	positive	

Aspect	+ or – impact	Details and plans to minimise negative impact
Cohesion with wider services	positive	
Operational effectiveness	positive	
Statutory NHS targets	positive	

### Members of the public and carers

Aspect	+ or – impact	Details and plans to minimise negative impact
Carer experience	positive	
Psychological	positive	
Privacy and dignity	positive	
Public care journey and pathway	positive	
Public care standards	positive	
Public experience	positive	
Public safety	positive	

### Wider community

Aspect	+ or – impact	Details and plans to minimise negative impact
Cohesion with community strategy	positive	
Community safety, crime, and disorder	positive	
Environment, including climate change	positive	
Information management	positive	
Local economy	positive	
Rural isolation	positive	
Safeguarding*	positive	
Social care	positive	
Technology	positive	
Transport	positive	

\* For safeguarding, consider the Care Act 2014 6 key principles: empowerment, prevention, proportionality, protection, partnership, and accountability.

### Wider system partners

**Has consideration been given to sharing with all appropriate meetings, groups or organisations?**

Aspect	+ or – impact	Details and plans to minimise negative impact
Care homes	positive	
Cornwall Council	positive	
Cornwall Partnership NHS Foundation Trust	positive	
Council of the Isles of Scilly	positive	
Domiciliary care providers	positive	
E-zec Medical Transport	positive	
Hospice providers	positive	
Kernow Health CIC	positive	
NHS 111 (Vocare and Kernow Health CIC)	positive	
Out of hours primary care	positive	
Primary care	positive	
Royal Cornwall Hospitals NHS Trust	positive	
South Western Ambulance Service NHS Foundation Trust	positive	
University Hospitals Plymouth NHS Trust	positive	
Other system partners - please specify and add lines as necessary	positive	

### Financial aspect

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for individual or carer	positive	
Implications for local authorities	positive	
Implications for NHS Kernow Clinical Commissioning Group	positive	
Implications for other NHS commissioning organisations	positive	
Implications for GP practice	positive	
Implications for primary care network (PCN)	positive	
Implications for surrounding practices	positive	
Implications for NHS provider organisations	positive	

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for peninsula	positive	
Implications for private sector	positive	
Implications for voluntary sector	positive	

### Anticipated climate of opinion

Aspect	+ or – impact	Details and plans to minimise negative impact
Clinical opinion	No impact	
Colleagues	No impact	
Local community	No impact	
Media	No impact	
Political	No impact	

### Protected characteristics

**What is the differential impact on people from the perspective of race, nationality and/or ethnic origin? Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the differential impact on people from the perspective of sex? Does this have a positive or negative impact on people who identify as male, female, or intersex? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the positive or negative differential impact on people from the perspective of disability? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the differential impact on people from the perspective of sexual orientation? Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual, or asexual? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the positive or negative differential impact on people from the perspective of age? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience. This policy is specifically aimed at protecting children but can be applied in any care setting or environment that may come into contact with adults at risk.

**What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the differential impact on people from the perspective of gender re-assignment? Does this have a positive or negative impact on people who identify as trans or transgender, non-binary or gender fluid? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**What is the differential impact on people from the perspective of pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**Other identified groups. How will any negative impacts be mitigated?**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.



## Human rights

**How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy? If they have not, please review this document and amend to incorporate these values.**

This is described in the policy itself

**Which of the human rights articles does this document impact?**

The right:

- ☒ to life
- ☒ not to be tortured or treated in an inhuman or degrading way
- ☒ to liberty and security
- ☒ to a fair trial
- ☒ to respect for home and family life, and correspondence
- ☒ to freedom of thought, conscience, and religion
- ☒ to freedom of expression
- ☒ to freedom of assembly and association
- ☒ to marry and found a family
- ☒ not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
- ☒ to peaceful enjoyment of possessions

**What existing evidence (either presumed or otherwise) do you have for this?**

safeguarding is intrinsic to promoting human rights and ensuring prevention of discrimination and harm.

**How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?**

governance is in place to ensure the policy is embedded in practice and this includes promoting human rights

## Social Value Act 2012

NHS Kernow is committed and obliged to fulfil the requirements of the public sector Social Value Act 2012. This act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area. Please describe how this will support and contribute to the local system, wider system, and community.

Aspect	+ or – impact	Details and plans to minimise negative impact
Economic: promote skills, tackle worklessness, maintain employment, increase volunteer hours to support the community and promote inclusion	Positive	
Environmental: support local, reduce congestion	Not applicable	
Inclusion of small medium size enterprises (SMEs) in the process and supply chain	Not applicable	
Social: reduce anti-social behaviour, tackle exclusion by promoting inclusion including to vulnerable groups	Positive	

## General public sector equality duties

**Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**Describe how the policy contributes towards advancing equality of opportunity.**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**Describe how the policy contributes towards promoting good relations between people with protected characteristics.**

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

**Any other impact not identified above?**

no

## Summary

**If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and/or the working environment for that group of people.**

Promotion and adherence to this policy will ensure staff are confident to uphold the rights of adults to live without abuse and neglect. This will be monitored via a robust governance structure.

**Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.**

updated to ensure take into account changes in practice and legislation.

**If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following full impact assessment action plan.**

none identified

**Responsible person:** Charlotte Brown

**Timescale for completion:** 1 month

**Issues to be addressed:** Not applicable

**Action required:** Not applicable

**Action taken:** Not applicable

**Comments:** Not applicable

This impact assessment should accompany the policy or service change documentation through the sign off process.

**Completed by:** Charlotte Brown

**Date:** 25 May 2022

**Agreed by (committee):** Quality committee

**Date:** 31 May 2022