

# Safeguarding Adults:

*The Role of Health Service Managers & their  
Boards*

## Safeguarding Adults: The role of health service managers and their boards

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# Safeguarding Adults

*The role of health service managers and their boards*

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# Executive Summary

## Safeguarding Adults – a core responsibility in delivering health care.

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

Managers of health services have responsibilities for the safety and well being of all their patients. However, they have particular duties for those patients who are less able to protect themselves from harm, neglect or abuse, for example, due to impaired mental capacity.

Safeguarding encompasses:

- Prevention of harm and abuse through provision of high quality care
- Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures
- Using learning to improve service to patients.

The Government has agreed safeguarding principles that provide a foundation to achieve good outcomes for patients.

### Safeguarding Adults Principles

**Principle 1 – Empowerment**

**Principle 3 – Prevention**

**Principle 5 – Partnership**

**Principle 2 – Protection**

**Principle 4 – Proportionality**

**Principle 6 - Accountability**

### Why is safeguarding adults relevant to health care?

Safeguarding adults is integral to:

- **Patient Care.** Achieving high quality care for patients. Safeguarding is particularly relevant to domains 4 and 5 of the NHS Outcomes Framework - patient experience and protecting people from avoidable harm.
- **Regulations.** Safeguarding is a fundamental requirement for registration and complying with the Care Quality Commission, Essential Standards for Quality and Safety.
- **Legislation.** Duty to comply with other legislation including the Human Rights Act; Equality Act; Mental Capacity Act and Safeguarding Vulnerable Groups Act.
- **Cost Effectiveness.** Quality Innovation Productivity and Prevention – harm neglect and abuse cost the NHS millions each year in avoidable admissions and care.

*Example: The total treatment cost for pressure ulcers in the UK is to be £1.4 - £2.1 billion annually, comprising 4% of NHS expenditure.*

Lessons from inquiries such as Mid Staffordshire Foundation Trust have highlighted the need to make safeguarding integral to care. Prosecutions by the courts; enforcement measures by regulators and adverse media attention, all demonstrate the high cost to services, staff and patients, where there are failures in safeguarding patients.

### Making safeguarding adults part of healthcare delivery

Achieving good outcomes in preventing and effectively responding to harm, neglect and abuse depends upon:

1. Making safeguarding a strategic objective
2. Making safeguarding integral to delivering patient care
  - Putting Patients First
    - Patients are in control of their care and their voice is sought and heard.
  - Leadership staff and culture
    - Providing strong leadership to make safeguarding integral to care.
  - Systems and Processes
    - Use systems & standards to prevent and respond to neglect and abuse
    - Connect related programmes of work
    - Assure compliance with Essential Standards of Quality and Safety.
  - Partnerships
    - Collaboration with patients and public
    - Strategic partnerships including the local Safeguarding Adults Board
    - Commitment to a multi agency approach to safeguarding.
3. Safeguarding measures are understood, assured and improved
  - Robust assurance that involves patients and multi agency partners.
  - Using information to learn and improve across the safeguarding partnership.

### Conclusion

#### **Six fundamental actions for safeguarding adults:**

1. Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
2. Set safeguarding adults within the services' strategic objectives.
3. Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur.
4. Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
5. Provide leadership to safeguard adults.
6. Ensure accountability and use learning within the service and the partnership to bring about improvement.

# 1. Introduction: Safeguarding Adults – a core responsibility in delivering health care.

This document reminds health service managers and their boards of their statutory duties to safeguard adults. It aims to assist managers in meeting their responsibilities to safeguard adults and supports, No Secrets,<sup>1</sup> the statutory multi agency guidance.

This document is part of a range of materials describing the contribution health services play in achieving positive outcomes in safeguarding. Further information including material for NHS commissioners and material for operational staff can be found at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124882](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882)

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

Managers have responsibilities for the safety and well being of all their patients. However, they have particular duties for those patients who are less able to protect themselves from harm, neglect or abuse.

In keeping with the Government's approach to decentralisation and local flexibility, this document does not prescribe processes or targets. However, the Government has agreed safeguarding principles that can provide a foundation for achieving good outcomes for patients.

## **Safeguarding Principles**

### **Principle 1 – Empowerment**

Presumption of person led decisions and consent

### **Principle 2 – Protection**

Support and representation for those in greatest need

### **Principle 3 – Prevention.**

Prevention of neglect harm and abuse is a primary objective.

### **Principle 4 – Proportionality**

Proportionality and least intrusive response appropriate to the risk presented

### **Principle 5 – Partnerships**

Local solutions through services working with their communities

### **Principle 6 – Accountability**

Accountability and transparency in delivering safeguarding

<sup>1</sup> No Secrets; Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from abuse D from Abuse;; ;DH 2000

## Safeguarding Adults: The role of health service managers and their boards

Health care providers will wish to assure themselves that they are meeting statutory duties to safeguard adults.

Annex 1 provides some questions to assist managers and their boards in reviewing their arrangements.

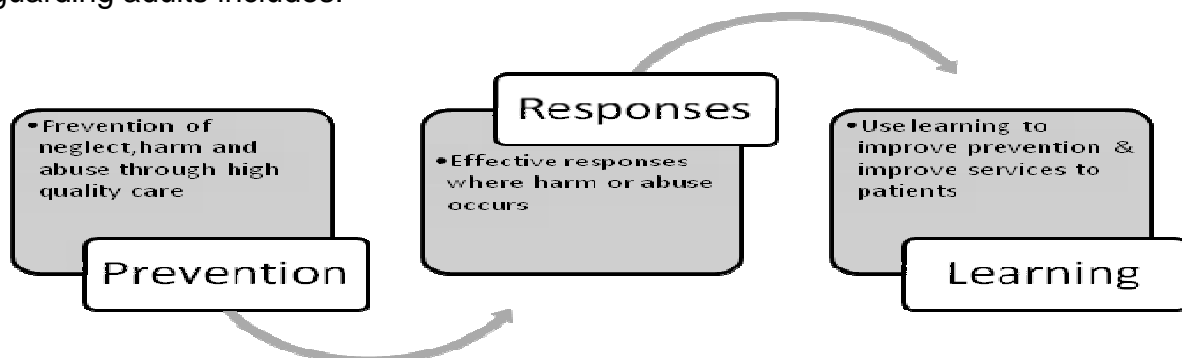
The Department of Health has provided an example of a self assessment and assurance framework that can be adapted and developed for local use:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124882](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882)

### 1.1 What does safeguarding adults mean?

Safeguarding adults involves a range of additional measures taken to protect patients in the most vulnerable circumstances, patients that are currently defined within No Secrets as 'vulnerable adults'. This may be due to illness, impaired mental capacity, physical or learning disability or frailty brought about by age or other circumstance.

Safeguarding adults includes:



Managers' responsibilities may relate to harm, neglect and abuse that arise within their service and to caring for patients harmed within other settings for example, within their families.

Keeping adults safe within services and supporting adults to be safe within their homes and communities is best achieved through a multi agency approach, coordinated through the local Safeguarding Adults Board.

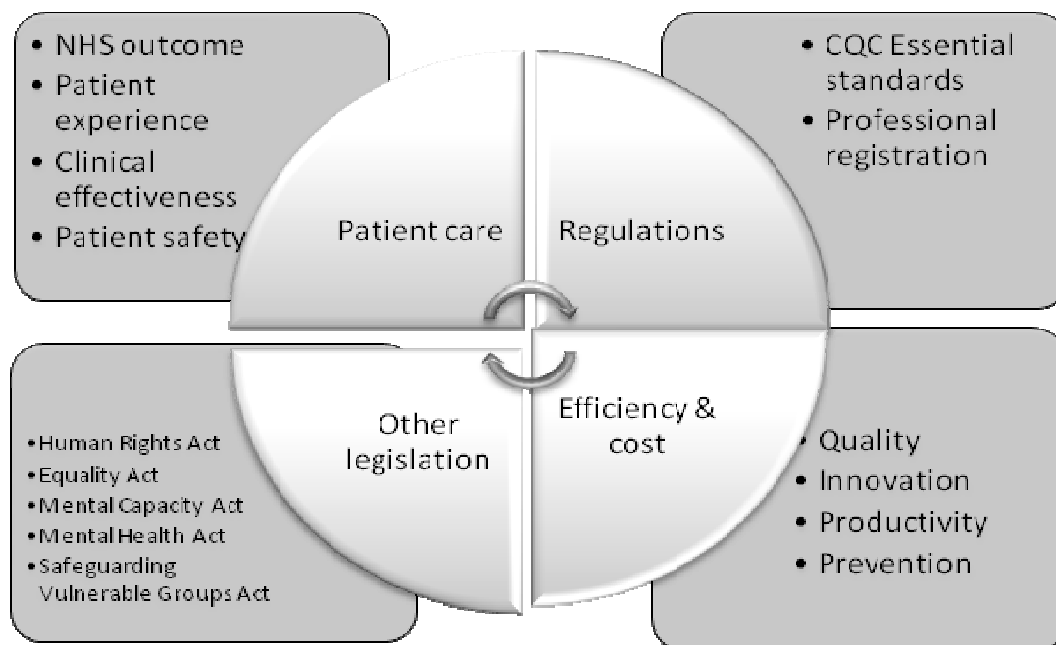
### 1.2 Why is safeguarding adults policy relevant to healthcare?

The health and strength of a society can be measured by how well it cares for its most vulnerable members.

*Sir Jonathon Michael; Healthcare for All; Dept Health 2008*



Prevention and effective responses to harm, neglect and abuse is a basic requirement of modern health care services.



### Patient Care

Safeguarding is also central to the quality of care and the NHS outcomes framework<sup>2</sup>, particularly:

- Domain 4 - Ensuring people have a positive experience of care.
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm.

### Regulations

The Care Quality Commission, Essential Standards for Quality and Safety<sup>3</sup> set specific outcomes for safeguarding and safety as a requirement for registration. However all the CQC outcomes are fundamental to preventing neglect, harm and abuse.

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

A series of Trusts were made subject to conditions or had their registration withheld by The Care Quality Commission, due to serious concerns and breach of standards relating to 'Safeguarding people who use services from abuse'

*Care Quality Commission 2010 Inspection Reports*

<sup>2</sup> NHS Outcomes Framework 2010/11; DH 2010

<sup>3</sup> Guidance about compliance, Essential Standards for Quality & Safety; Care Quality Commission 2010

### Legislation

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

- Equality Act 2010
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 1983.
- NHS Act 2006

### Effective, Efficient and Cost Saving Care.

Failures of care are costly for the NHS as well as the patient. Safeguarding adults is a significant factor in reducing costs incurred in avoidable harm, avoidable admissions, delayed and unsafe discharges.

Pressure ulcers not only have psychological & physical impact for patients. The total treatment cost in the UK is estimated to be £1.4 - £2.1 billion annually, comprising 4% of NHS expenditure

*NHS Institute for Innovation & Improvement, High Impact Actions for Nurses and Midwives 2009*

### Using Learning

Learning from inquiries<sup>4</sup> identifies recurring themes of neglect and poor care.

- Absence of effective prevention and early warning systems
- Neglect and abuse not recognised
- Lack of transparency- lack of multi agency investigation
- Safeguarding is seen as the responsibility of others
- Patients and carers voices are not heard

Prosecutions by the courts; enforcement measures by regulators and adverse media attention, all demonstrate the high cost to services, staff and patients, where there are failures in safeguarding.

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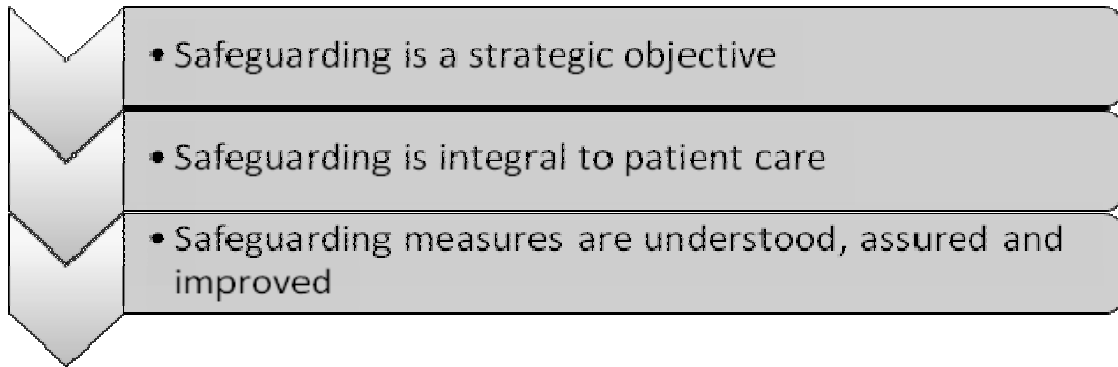
<sup>4</sup> Care and Compassion; Report of the health Service Ombudsman on ten investigations into NHS care of older people; Parliamentary and Health Service Ombudsman 2011

Safeguarding adults: report on the consultation on the review of No secrets, Department of Health (2009)

Francis Report: Independent Inquiry into the Care Provided by Mid Staffordshire NHS Foundation Trust: Department of Health 2010  
Death by Indifference; MENCAP 2007

## 2. Making safeguarding adults an integral part of delivering health care.

Safeguarding adults involves integration within the service so that:

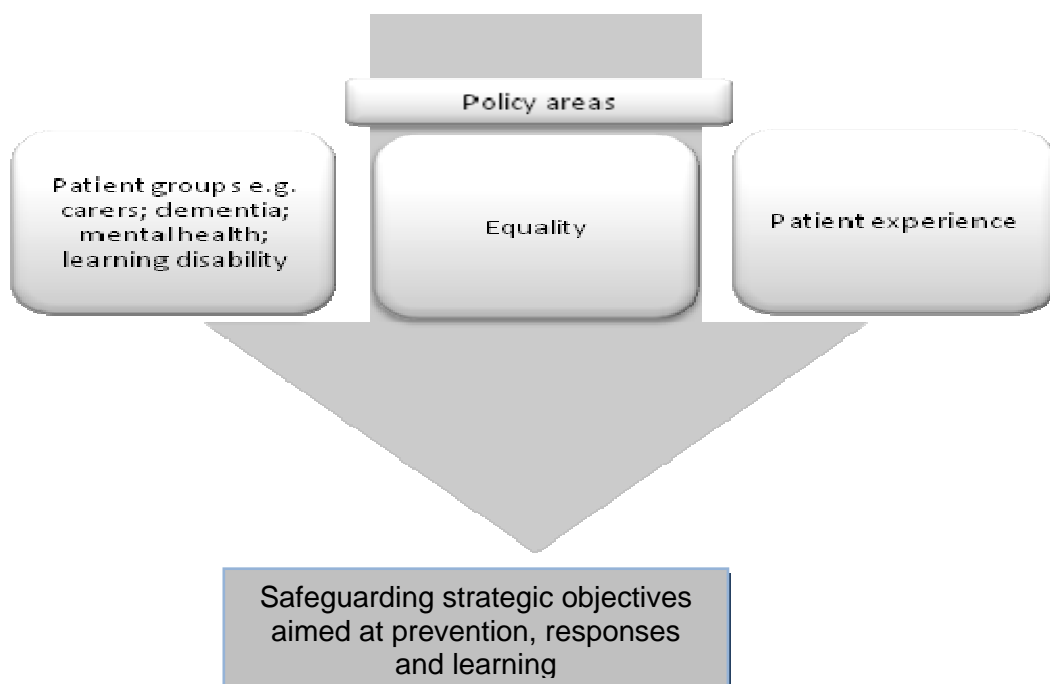


Governance systems enable services to understand how they manage safeguarding in day-to-day care – where there are strengths and where they need to improve. Crucially, robust governance delivers essential early warning of poor care that may lead to neglect and abuse.

### 2.1 Safeguarding as a strategic objective

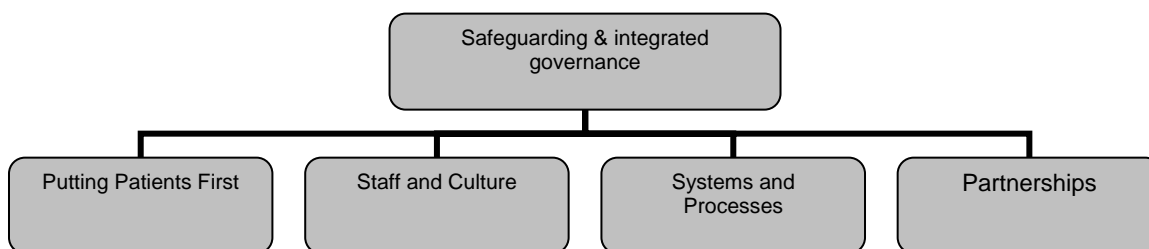
Safeguarding adults needs to be firmly set as a strategic objective for the health service and strategic partnerships e.g. through the health and wellbeing strategy.

Safeguarding will be most comprehensively addressed by aligning it to related policy areas and aspects of quality so that priorities are informed by these key areas:



## 2.2 Safeguarding, integral to delivering patient care.

The National Quality Board report 'Review of Early Warning Systems in the NHS'<sup>5</sup> reviewed a range of factors required to deliver high quality care. These factors are significant in relation to safeguarding adults.



### 2.2.1 Putting Patients First

The safeguarding principles of empowerment, partnership & accountability reflect the central role of patients in safeguarding adults.

**Empowerment** is about involvement, having information to make choices and consent to care and treatment. This applies in day-to-day care and responses to harm and abuse.

Compliance with the Mental Capacity Act 2005 and Equalities Act 2010 are key to safeguarding adults. This legislation provides important protection for patients who may be particularly at risk of harm e.g. people with impairments such as impaired mental capacity.

There is a mounting body of case law and prosecutions where due regard has not been given to the Mental Capacity Act or Equality Act. The courts will hold individuals and services to account for poor care in such areas as wilful neglect, unauthorised restrictive care; failure to make reasonable adjustments to meet individual need.

**Partnerships** with patients and carers enable the personalised care that is fundamental to preventing harm, neglect and abuse. The Government's carers' strategy<sup>6</sup> outlines the importance of recognising the expertise of carers and supporting them in their role – this is an important component of prevention and responses to harm and abuse.

**Accountability** relates to how services are held to account for the quality of care. Taking additional measures to listen to patients and their families who may be most vulnerable and

<sup>5</sup> National Quality Board; Review of Early Warning Systems in the NHS, Acute and Community Services: Department of Health 2010

<sup>6</sup> Recognised valued and supported. Next steps for the Carers Strategy; Dept Health 2010

marginalised will help services identify potential risks as part of preventing poor care, neglect and harm i.e. communication that is culturally competent and appropriate to the needs of disabled people.

Accountability to patients is also about how allegations of harm or abuse are managed, measuring success against patient related outcomes.

Local HealthWatch, advocacy and advice services, will be important mechanisms to support patients in the most vulnerable situations, to make informed choices and to complain. HealthWatch will ensure the views of patients, carers and the public are represented to commissioners and work alongside the role of public members and governors of foundation Trusts in influencing providers.

**Practice Examples – Putting Patients First**

A GP practice uses their carers register to develop a carers’ support scheme that includes peer support groups for carers of patients with dementia.

A MH trust takes the lead in their partnership for quality assuring safeguarding investigations and protection plans for patients with mental health needs. They use advocacy services to review how service users were involved in the process and whether they met service user’s outcomes.

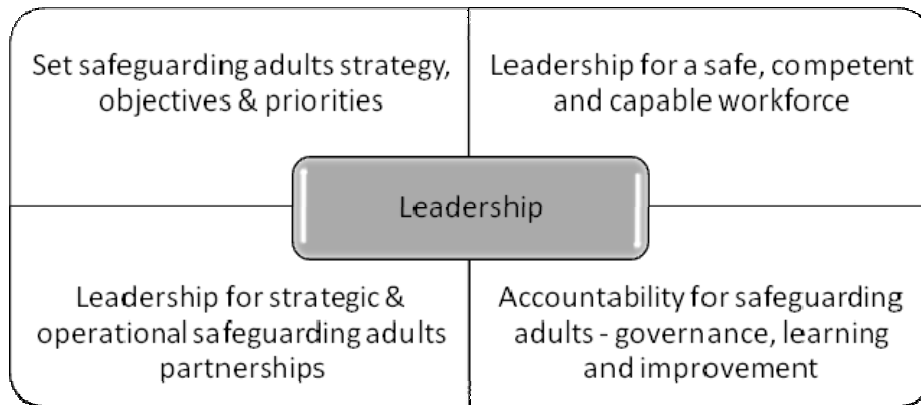
**2.2.2 Leadership, Staff and Culture**

Good governance in safeguarding will follow where it is seen as an integral part of patient care and all staff take responsibility. Risks of neglect harm and abuse will be reduced where there is strong leadership and a shared value base where:



This needs leadership from the most senior level and throughout the service.

## Safeguarding Adults: The role of health service managers and their boards



Non-executive directors and lay members of Trusts also have a vital role to play in embedding the safeguarding agenda. They have an opportunity to provide independent scrutiny and hold services to account. They can also help ensure that quality and safety are not pushed from the agenda by other operational or financial pressures.

### Practice example – Board Leadership

A Community Foundation Trust non-executive director has a lead role for safeguarding adults and for the Trusts patient involvement strategy. As a member of the local learning disability partnership, she combines these roles to provide constructive challenge and maintain focus on care of patients who may not have their voice heard.

A 'Team Clinical Assessment Measure' programme is available at [www.nrls.npsa.nhs.uk/resources/?entryid45=59796](http://www.nrls.npsa.nhs.uk/resources/?entryid45=59796)

To deliver effective safeguarding, services need to have staff in place that can deliver the following functions



The structure, capacity and designation of this workforce will depend upon the size, structure, and complexity of the organisation along with the skills and competence of staff employed.

Responsibilities for safeguarding should be reflected within job descriptions and competences such as the NHS Knowledge, Skills Framework.

Annex 2 provides examples of the functions needed by the workforce to safeguard patients.

### **Practice example – Clinical Leadership**

Western Sussex Hospital NHS Trust employ a consultant geriatrician to act as a named Doctor for safeguarding adults, providing clinical and operational leadership to their consultants and local GPs.

Community Health Services in East Lancashire have a network of safeguarding ‘champions’ trained to provide leadership for safeguarding adults and a role in investigations and protection plans. Through local multi agency procedures, they provide a network for peer assessment and independent investigation of safeguarding allegations.

### **2.2.3 Systems and Processes for Care**

Systems and processes connect strategic plans to day-to-day delivery of care.

#### **Clinical Governance**

Clinical governance systems are a key mechanism for providers to prevent harm, neglect and abuse occurring within services. Through setting and measuring standards for care, they can ensure compliance with the Essential Standards for Quality and Safety and make continual improvement.

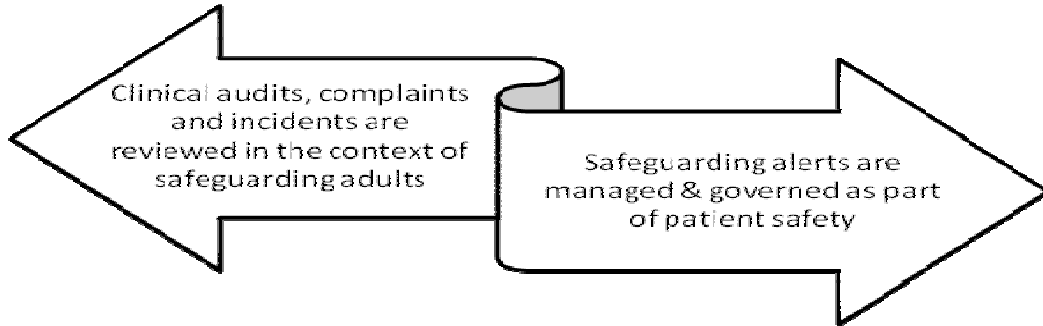
Delivering quality care and preventing safeguarding concerns will depend upon

- The development of good management systems
- Setting, auditing and benchmarking clinical standards e.g. through the menu of Indicators for Quality Improvement
- Making continuous improvement through education, research and development.
- Effective clinical risk management - using a wide range of information to detect trends and patterns and act on emerging concerns
- Use of audit to review how well safeguarding concerns are managed

Managers of health services, their commissioners and regulators will also need assurance that where harm or abuse occurs, responses are in line with local multi-agency safeguarding adults procedures and national frameworks for investigating patient safety incidents<sup>7</sup>.

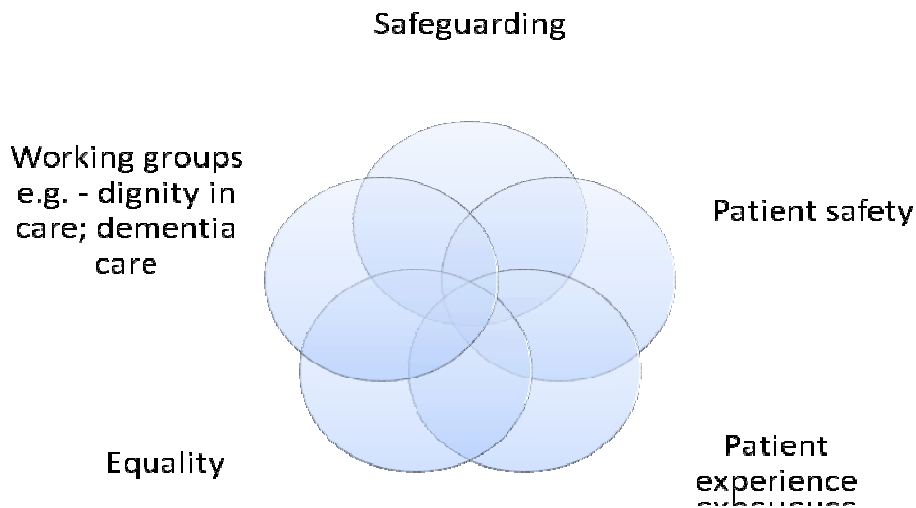
<sup>7</sup> National Framework for Reporting and Learning from Serious Incidents Requiring Investigation; National Patient Safety Agency, 2010 : Clinical Governance and Adult Safeguarding - An Integrated Process, Department of Health (2010)

Integrating safeguarding into the service's governance systems enable a service to understand and be accountable for its safeguarding activity.



### Making connections.

A comprehensive approach to keeping patients safe involves making connections between related programmes of work so that information, objectives & learning feeds into aligned areas, for example:





**Practice Example – Connecting programmes for quality**

University Hospitals Birmingham Chief Nurse leads their 'Root Cause Analysis of Clinical Care' group. Data relating to serious incidents, complaints, safeguarding adults referrals are reviewed to identify emerging themes, trends and learning.

The group assure learning has led to change through a detailed quarterly assurance review. Information from this group feeds into a higher level 'Care Quality Group' that develops the Trusts work on areas such as patient experience, equality, dignity in care and high impact interventions. This group is chaired by the Chief Nurse and include non-executives and governors.

Learning has led to initiatives such as 'Ability, Not Disability' toolkits to assist in reasonable adjustments and communications.

**2.2.4 Partnerships**

The Governments NHS and Public Health white papers<sup>8</sup> set out a vision for a less insular and fragmented NHS, with improved partnerships between commissioners, the Local Authority and the local community.

Partnerships in safeguarding involve:



Health and wellbeing strategies provide a mechanism for health and social care to develop a more cohesive and comprehensive approach for citizens in the most vulnerable and marginalised situations.

<sup>8</sup> Equity and Excellence: Liberating the NHS Dept Health 2010; Healthy Lives Healthy People Dept Health 2010

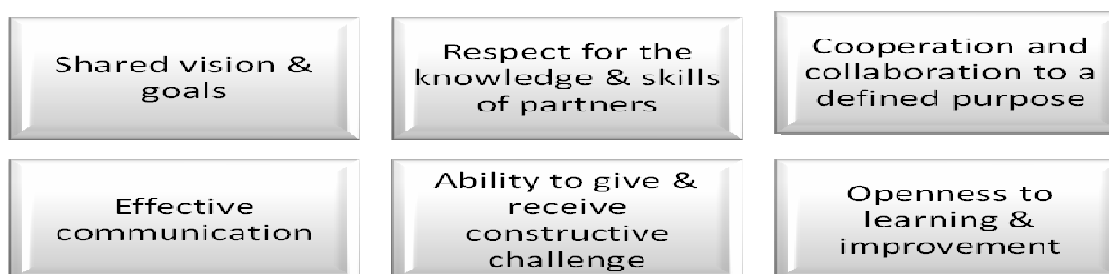
## Safeguarding Adults: The role of health service managers and their boards

Local Safeguarding Adults Boards (SAB) is the multi agency partnership responsible for leading the strategic and operational safeguarding adults work within each Local Authority area. Health managers need to provide senior and active membership to the local SAB.

Safeguarding principles of partnership and accountability means

- Working collaboratively with local SAB partners
- Contributing to the setting and achievement of local SAB objectives
- Demonstrating transparency in how safeguarding is being delivered
- Sharing learning with patients, public, multi agency partners, commissioners and regulators.

In 2005, the Association of Directors of Adult Social Services produced a framework of standards for the safeguarding partnership<sup>9</sup>. Strong partnerships are important in strategic and operational safeguarding. Leaders can provide a role model for productive partnerships, demonstrating:



### 2.3 Safeguarding measures are understood, assured and improved

The Care Quality Commission as regulator will seek evidence that health services are complying with Essential Standards of Quality and Safety, and that they are using information to identify and manage risks of non-compliance.

The CQC has developed a protocol setting out its role in safeguarding and the role it takes where safeguarding concerns arise within regulated services.<sup>10</sup>

Achieving good outcomes and complying with regulations involves understanding what is happening in day-to-day services, and being confident that information reflects the reality of what patients' experience.

A tool to help health services assess and benchmark their safeguarding arrangements can be found at:

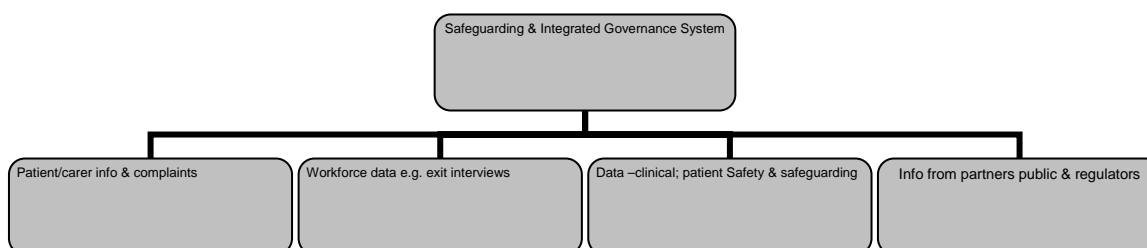
<sup>9</sup> A National Framework of Standards for Good practice and Outcomes in Adult Protection; ADASS 2005

<sup>10</sup> Care Quality Commission; Our Safeguarding Protocol; The Care Quality Commissions commitment to safeguarding

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124882](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882)

### 2.3.1 Gathering Information

Drawing information from a range of sources allows managers to understand how they are preventing and responding to neglect, harm and abuse and identify trends related to protected characteristics. The quality of information is assured where it is ‘triangulated’ i.e. using information from high level national data sets, through to ‘granular’ information such as individual patient stories<sup>11</sup>.



#### Data about responses to harm and abuse.

Gathering the right information about responses to harm and abuse can be complex. There is a risk of being over reliant on process indicators. This risks reinforcing patients’ reported experiences of being ‘caught in systems’ and losing control over the outcome.<sup>12</sup>

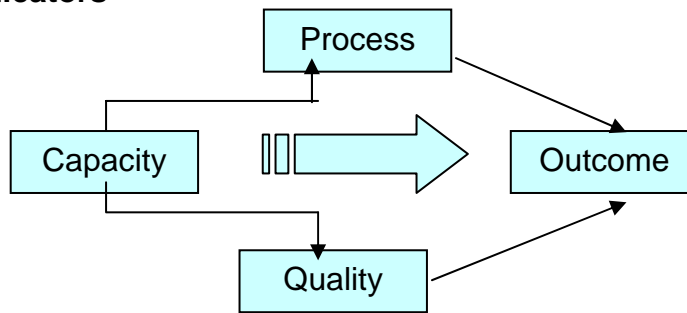
The best quality information will be information based on outcomes for the patient, but this may need to be supported by information about how the outcomes were achieved, for example:

- Process indicators – e.g. compliance with timeliness of procedures; policy/procedures in place
- Capacity indicators – e.g. numbers of staff trained at varying levels
- Quality indicators – e.g. qualitative reports/audits on the referral process; analysis of use of restraint/deprivation of liberty safeguards authorisations; data aggregated by protected characteristics
- Outcomes – e.g. patient experience reports - analysis of improved/desired outcomes; changes to services as a result of lessons learned

<sup>11</sup> Recommendation Mid Staffordshire NHS Foundation Trust; Dr D.C. Thome

<sup>12</sup> Ibid No Secrets Consultation

Performance Indicators<sup>13</sup>



2.3.2 Using Information to Manage Risks.

Using information enables providers to understand risks in their service. Risks may relate to:



Risk management systems provide a means of collating and managing risks. These will also identify wider pressures that may impact upon safeguarding e.g. when services are tackling financial deficits or are restructuring.

Integrating safeguarding into governance systems allows services to make balanced judgements about risk. This is particularly important during periods of significant change where the loss of systems, responsibilities and organisational memory increases risk.

**Practice Example - Lessons from Mid Staffordshire Foundation Trust**

‘.. (The Trust) became focused on promoting itself as an organisation, with considerable attention given to marketing and public relations. It lost sight of its responsibilities to deliver acceptable standards of care to all patients...’

*Thome Report, Dept Health 2009*

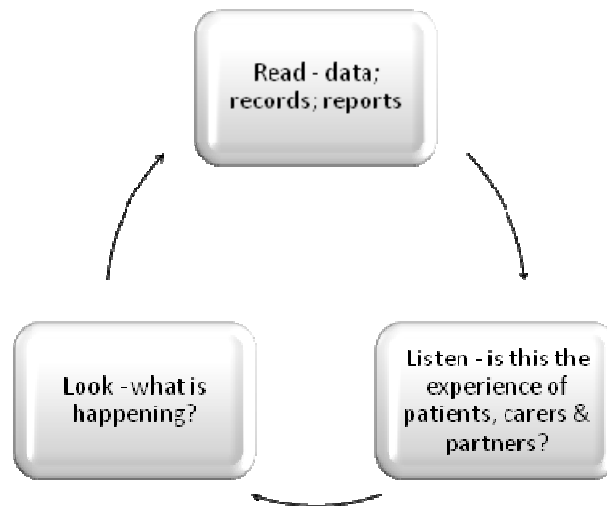
13 National Safeguarding Delivery Unit 2009

Useful resources include:

- Manchester Patient Safety Framework [www.nrls.npsa.nhs.uk/resources/?entry45=576](http://www.nrls.npsa.nhs.uk/resources/?entry45=576)
- World Health Organisation patient safety alliance site [www.who.int/patientsafety](http://www.who.int/patientsafety)
- EHRC guidance for providers <http://www.equalityhumanrights.com/advice-and-guidance/guidance-for-service-providers/>

### 2.3.3 Assurance, learning and improvement

Robust assurance requires more than a desktop exercise to read data or confirm policies and procedures are in place. Assurance requires understanding that those policies are leading to high quality care for patients.



#### Practice Example – Assurance

The clinical director of an independent mental health care provider, has a monthly ‘back to the floor’ programme where she becomes part of the care team and is able to talk to staff, patients and families about their experience of care. She carries out focused review on aspects of care such as assessments of capacity and use of restraint.

### Practice Example - Assurance

East Midlands Ambulance Service (EMAS) has a dedicated response line for crew to discuss concerns and make referrals through multi agency procedures. EMAS use a database to collect detailed information about concerns. This automatically flags repeat addresses and referrals about the same individual or service and assists in identifying trends.

EMAS support crews by training in safeguarding, dementia awareness and mental capacity. They use audits to assure decisions about referring through multi agency procedures and carry out audit involving observation of practice.

The safeguarding principles of accountability and partnerships support robust assurance. Assurance will be strongest where services are open and transparent and involve external partners in validation.

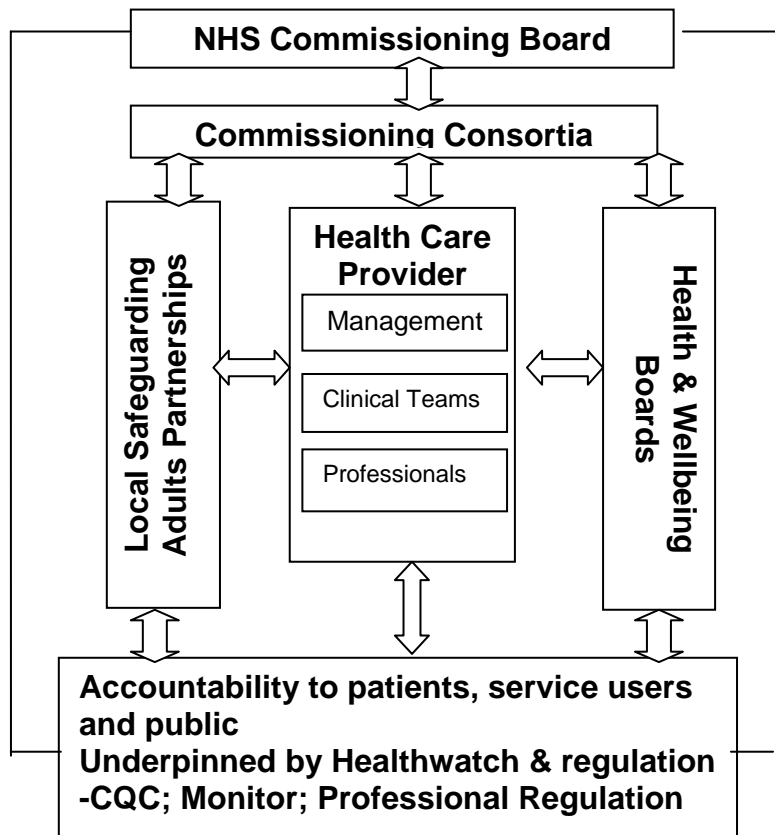
- Assessment by patient groups, HealthWatch (currently LINKs) and overview and scrutiny committee provide effective ways of assessing services through the eyes of patients.
- Reports to and from the local Safeguarding Adults Board provide an important assurance about a service's safeguarding activity.

Assurance processes also provide opportunities for learning and improvement, both in relation to preventative measures and learning when things go wrong.

When safeguarding incidents occur, health services have specific responsibilities to address the concerns through multi agency procedures and provide assurance to commissioners and regulators.

Serious case reviews are an important mechanism to understand whether there are lessons to be learned about how professionals and services worked together. They provide accountability and transparency within the service, to patients, public and the multi agency partnership. Importantly, the review provides the opportunity to highlight good practice, equality issues and learning across the multi agency partnership.

**Assurance and Accountability**



**Practice Example – Assurance**

An Acute Trust invited its local HealthWatch to carry out a ‘read/listen/look’ audit focused on their safeguarding adults arrangements.

The results of the audit were shared with it’s Board and local Safeguarding Adults Board.

The service reported on the audit in their quality account. Learning helped strengthen compliance with registration requirements and Equality Act

**Practice Example - Assurance**

A GP practice uses the Primary Medical Care Provider Accreditation scheme to benchmark their service and demonstrate quality and improvements to their patients and commissioners.

## 3. Conclusion

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

Managers of health services and their boards, play an essential role in safeguarding patients in the most vulnerable situations.

Government reform is ensuring that health providers will be held to account by patients, the public, their commissioners and regulators.

Six basic measures will help managers and their boards comply with legislation and achieve good outcomes in how they safeguard adults.

### **Six fundamental actions for safeguarding adults:**

1. Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
2. Set safeguarding adults within the services' strategic objectives.
3. Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur
4. Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients
5. Provide leadership to safeguard adults
6. Ensure accountability and use learning within the service and the partnership to bring about improvement.



## Glossary

**Care Quality Commission** – Regulators of Health and Social Care

**CQUIN** – Commissioning for Quality and Innovation payment framework that provides financial incentive for achieving local improvement goals

**Essential Standards for Quality and Safety** – Essential standards set by The Care Quality Commission, that all regulated health and social care services are required to meet.

**GP Consortia** – Groups of GP practices who, subject to legislation, will commission the majority of NHS services

**HealthWatch** – a new independent consumer champion within the Care Quality Commission. Subject to legislation, Local HealthWatch will replace Local Improvement Networks and support the Local Authority in promoting choice and complaints advocacy. Local HealthWatch will have the power to recommend poor services are investigated.

**Health and Wellbeing Boards** - subject to legislation, structures led by the Local Authority, to promote partnership working and integrated service delivery of public services

**Local Improvement Networks** – Organisations run by local individuals and groups to give citizens a stronger voice in how health and social care services are run. LINKS are to be replaced by HealthWatch.

**Local Safeguarding Adults Board** – a multi agency partnership, coordinated by the Local Authority with responsibility for leading and overseeing all strategic and operational inter-agency safeguarding adults work within the Local Authority area.

**Local Safeguarding Adults Service** – Local service, coordinated by the Local Authority to manage safeguarding adults concerns through multi agency procedures

**National Patient Safety Agency** – Promotes patient safety and manages the national clinical assessment service, the national research ethics service and confidential enquiries. Responsibilities will be transferred to the NHS Commissioning Board in 2011.

**Commissioners** – Within this guidance ‘Commissioners’ refers to commissioners of care funded by the NHS. This includes Primary Care Trusts and newly emerging commissioning structures of the NHS Commissioning Board and GP consortia. The term also includes provider organisations where they sub contract services.

**NHS Commissioning Board** – a newly established independent Board to lead on allocation and accountability for NHS Resources and to securing improved health outcomes.

**Overview and Scrutiny Committee** - statutory powers under the 2001 Act to review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority.

**Quality Accounts** – an annual report to the public about the service offered by NHS Trusts

**Provider Boards** – within this guidance ‘provider boards’ refers to the executive or senior management structures in place across NHS Trusts and within other NHS funded services through the independent and voluntary sector.

**Safeguarding Adults** -“Safeguarding” is a range of activity aimed at upholding the fundamental right of all adults to be safe with particular focus upon ‘vulnerable adults’

**Safeguarding Adults Procedures** Local procedures that define the formal multi agency responses to be used where a safeguarding adults concern arises.

**Vulnerable Adult** defined within No Secrets guidance as a person:

*“who is or may be in need of community care services by reason of mental or other disability, age or illness; **and** who is or may be unable to take care of him or herself, **or** unable to protect him or herself against significant harm or exploitation”.*

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Annex 1

<b>Table 1 – Example questions for health service managers and their boards</b>
<b>Safeguarding as a Strategic Objective</b>
What is our strategy for safeguarding adults? Is it aligned to other core strategies such as patient safety and equality?
How are strategic priorities for safeguarding being established? Is information from patients and partners included in this?
How do we work strategically with safeguarding partners e.g. the LSAB?
Have we got strong strategic leadership in place – how is this used?
<b>Safeguarding as Integral to patient care</b>
How do we identify and meet the needs of our most vulnerable patients?
How do we assure compliance with the Mental Capacity Act?
How do we involve and empower patients within the safeguarding process? Are we doing this in a culturally competent way?
How do we involve and support carers in safeguarding and wider care?
Do our workforce see safeguarding as their responsibility? How is this tested?
Do our workforce have the capability to contribute to investigations and protection plans?
Is the learning and development programme for quality and safeguarding fit for purpose?.
How is leadership modelled across the service?
How do we align safeguarding with other programmes of work e.g. dignity in care; equality?
<b>Safeguarding measures are understood, assured and improved</b>
Are the outcomes of safeguarding incidents measured and do they relate to the outcomes the patient wanted?
How do we seek views from patients in the most vulnerable situations and their carers? Is this information acted upon?
How are we involving HealthWatch / LINKs in assurance?
How is safeguarding information being used to identify strengths and improvements needed for equality?
Are we using human resources information in safeguarding e.g. areas of excellence; exit interviews & disciplinary action?
Are we bringing together information from patients, partners, clinical audits, complaints and incidents to identify high risk areas
Are we analysing safeguarding incidents to identify patterns and trends?
How are we quality assuring decisions about which incidents are referred through multi agency procedures?
How is learning transformed into service improvements?
How is openness, transparency and accountability being demonstrated?

Annex 2

<b>Safeguarding adults and roles within the workforce.</b>	
<b>Role</b>	<b>Key Functions</b>
<b>Executive/ Senior Management Lead</b>	<p>Leadership across the organisation</p> <p>Set strategic safeguarding objectives.</p> <p>Connect aligned strategic areas</p> <p>Accountability for the governance of safeguarding – to the service, partners and regulators</p> <p>Leadership for a partnership approach &amp; within the Local Safeguarding Adults Board.</p>
<b>Non executive and elected leads</b>	<p>Champion &amp; maintain focus on safeguarding</p> <p>Provide independent scrutiny</p> <p>Hold executive directors and Boards to account</p>
<b>Operational lead</b>	<p>Deliver strategic objectives &amp; lead across the service</p> <p>Manage the safeguarding workforce</p> <p>Provide systems and structures to support safeguarding e.g. procedures, training</p> <p>Quality assure safeguarding adults practices</p> <p>Manage complex or high risk situations</p> <p>Work collaboratively with partners</p>
<b>Safeguarding Specialists</b>	<p>Clinical leadership &amp; expert practice</p> <p>Lead improvements, innovations and best practice</p> <p>Develop and delivers training</p> <p>Provide supervision</p>
<b>Decision maker e.g. senior clinician; line manager; team leader</b>	<p>Make decisions about referrals to the Local Safeguarding Adults service</p> <p>Manage any immediate protection issues</p> <p>Coordinate referral and safe transfer of responsibilities.</p> <p>Coordinate any alternative action plan</p>
<b>Roles in Multi Agency Procedures</b>	<p>Potentially including:</p> <p>Lead/ coordinate</p> <p>Investigate standards of health care delivered by services or individuals</p> <p>Contribute specialist expertise to an investigation</p> <p>Assess the patient's needs</p> <p>Assess the needs of those causing harm</p> <p>Coordinate or contribute to the protection plan and recovery of the patient or those causing harm</p>
<b>Wider workforce</b>	<p>All staff are responsible in identifying and responding to concerns about quality and adult safeguarding</p>

## Annex 3

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