

Safeguarding Adults Policy Version 7.2

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SECTION 1.0 INTRODUCTION

1.1

In recent years several serious incidents have demonstrated the need for immediate action to ensure that adults (those over 18) who are at risk of abuse, receive protection and support. High priority is given, nationally, to such action and the expectation is that local statutory agencies and other relevant partners will work together collaboratively to ensure that appropriate action is taken. Following the introduction of The Care Act in 2014, this position has been further strengthened, with clear laws which outline who in practice is responsible.

1.2

This policy aims to provide a framework for action at operational level, in order to facilitate the implementation of the Adult's at Risk Policy and as such, must be taken in conjunction with the Local Safeguarding Adults Boards Multi-Agency Policy and Procedures.

1.3

The Managing Director Mary Corridan has overall responsibility under this policy but has instructed the Medical Director and Governance Team to oversee the work to ensure compliance. They will ensure that internal structures are established and operated which both ensure consistent, best practice, within HealthHarmonie and maintain positive links with other key structures within the Health and Social Care community e.g. Local Safeguarding Adults Boards.

SECTION 2.0 SINGLE EQUALITY SCHEME

2.1

In applying this policy, managers, employees and their representatives will have regard to the principles and requirements of HealthHarmonie Equality Scheme. HealthHarmonie is committed to equality, diversity and human rights accordingly the implementation of this policy and its impact will be monitored across all equality strands and reported regularly to The Board.

2.2

Managers will not discriminate in the application of this policy and procedure in respect of age, disability, race, ethnic or national origin, gender, religion, beliefs, sexual orientation, marital/partnership status, social and employment status, gender identification, language or trade union membership or mental health status.

SECTION 3.0 POLICY PRINCIPLES

3.1

To actively work within an inter-agency framework.

3.2

To actively promote the empowerment and well-being of vulnerable adults, through the Services HealthHarmonie provides.

3.3

To act in a way which supports the rights of the individual to lead an independent life based on self-determination and personal choice.

3.4

To ensure the safety of adults at risk by integrating strategies and policies as necessary. E.g. Partnership Schemes.

3.5

To recognise people who are unable to take their own decisions and/or protect themselves, their assets and bodily integrity.

3.6

To recognise that the right to self-determination can involve risk, and to ensure that such risk is recognised and understood by all concerned and this risk is minimised wherever possible.

3.7

To ensure that when the right to an independent lifestyle and choice is placed at risk, that the individual receives appropriate help including advice, protection and support as necessary.

3.8

To ensure that lessons learnt from Safeguarding Adult Reviews and other scrutiny reports are embedded into practice.

SECTION 4.0 DEFINITIONS

4.1

In the context of safeguarding, “adult” refers to anyone aged eighteen years or over.

4.2

The Care Act 2014 states safeguarding duties apply to an adult who:

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

4.2.1

It is evident that some people HealthHarmonie work with will be included within the above group defined above.

4.2.3

For the purpose of this document, **community care services** are taken to include all care services provided in any setting or context.

4.3

The term 'abuse' is one that is open to wide interpretation. HealthHarmonie accepts as a starting point for a definition, the following statement:

"...abuse is a violation of an individual's human and civil rights by any other person or Persons..."

4.3.1

Abuse may take a number of different forms:

4.3.1.1

Physical Abuse: Including hitting, slapping, pushing, kicking, inappropriate use of medication, restraint or inappropriate use of sanctions.

4.3.1.2

Sexual Abuse: Including rape, and sexual assault or sexual acts to which the person has not consented, or could not consent, or where consent was obtained under duress.

4.3.1.3

Psychological Abuse: Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, intimidation, coercion, harassment, verbal abuse, isolation or removal from services or support networks.

4.3.1.4

Financial / Material Abuse: Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

4.3.1.5

Neglect and Acts of Omission: Including ignoring medical or physical care needs, failure to provide access to appropriate health or social care, educational services, the withholding of the necessities of life; such as adequate nutrition and heating.

4.3.1.6

Discriminatory Abuse: Including racist, sexist, that based upon a person's disability, or any form of harassment, slurs, or similar treatment.

Please Note: other abuse can include Self Neglect, Domestic Violence, and Modern Slavery

4.4

Neglect and poor professional practices need to be taken into account. This may take any number of forms, from an isolated incident of omission, or poor or unsatisfactory practice in the first instance, through to pervasive ill treatment and regimens of cruelty or other gross misconduct. Repeated instances of poor care may be an indication of more serious problems, for example, institutional abuse.

4.5

It is important to note that both the above statement, and the descriptions in section 3.3, may arise through deliberate intent, negligence, or ignorance.

4.6

Abuse can occur in a wide range of settings and it is imperative that clinical and operational teams identify people who may be at particular risk and take all necessary steps to safeguard them i.e. making use of agreed referral procedures and prevention measures

4.7

Patterns of abuse can be wide and varied and may reflect many different dynamics:

4.7.1

Situational Abuse can arise when pressures have built up and / or because of difficult or challenging behaviour.

4.7.2

Institutional Abuse can feature poor care standards, lack of positive responses to complex needs, rigid regimens and routines, inadequate staffing and an insufficient knowledge base within the service.

4.7.3

Unacceptable "treatments" or programmes can include sanctions or punishment such as withholding food or drink, inappropriate or unwarranted seclusion and unauthorised or excessive use of control and restraint procedures.

4.7.4

Failure by Establishments in ensuring that all staff receive appropriate guidance on anti-discriminatory practice.

SECTION 5.0 PREVENTION AND MINIMISATION OF ABUSE

5.1

To ensure the prevention and minimisation of abuse; HealthHarmonie takes a zero tolerance approach to abuse.

5.2

HealthHarmonie is committed to a proactive approach to safeguarding adults from abuse and neglect and understands that aspects of individuals' lives can often explain increased Levels of risk of abuse. For more information please see the Multi-Agency Procedures

Guidance 1 "Prevention and Minimising Abuse".

SECTION 6.0 THE MENTAL CAPACITY ACT (2005): CAPACITY, CONSENT AND BEST INTERESTS

6.1

This area of law has undergone significant change over the years, including the introduction of the Mental Capacity Act 2005, the amendment to the Mental Health Act 1983 by the Mental Health Act 2007 and the introduction of Deprivation of Liberty Safeguards in April 2009. A much clearer legal framework was established with The Care Act 2014.

6.2

The Mental Capacity Act 2005 covers decisions made on behalf of patients who lack the capacity to make the specified decision. It imposes a duty on decision makers to assess capacity in accordance with the Act and should the individual lack capacity, to act in that individual's best interests. Amongst other things, it clarifies rules relating to the creation of Advance Decisions to Refuse Treatment, creates Independent Mental Capacity Advocates and introduces the Personal Welfare Lasting Power of Attorney.

6.3

The Mental Health Act 1983 covers areas of decision making regarding the care and compulsory treatment of patients with a mental disorder. The Act has been amended by the 2007 Act to incorporate (amongst other things) a revised definition of mental disorder, include provisions for Community Treatment Orders, changes relating to ECT, and introduces the Independent Mental Health Advocacy provisions.

6.4

The Deprivation of Liberty Safeguards procedures were introduced in April 2009 by an amendment to the Mental Capacity Act 2005, in order to provide protection for those who lack capacity and who are cared for in circumstances that amount to deprivation of liberty, as understood by the European Convention on Human Rights.

6.5

The Care Act 2014 provides a structure as to who is responsible for adults who are considered to be at risk. The Act requires local authorities to set up Safeguarding Adults Boards in their area, with for the first time a clear basis in law. The Act also requires local authorities to make enquiries or request others make enquiries when they think an adult is at risk of harm or abuse.

SECTION 7.0 DUTIES

7.1

These relate to both contracted substantive, temporary and volunteer staff.

All HealthHarmonie Staff must ensure the following focus is undertaken on all safeguarding concerns

- 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 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 communities
- Principle 6 – Accountability - Accountability and transparency in delivering safeguarding

7.2

Each member of staff is responsible for familiarising him/herself with both the multi-agency guidance and HealthHarmonie Policy and Procedure for Safeguarding Adults, as part of their induction. Then refresh annually.

7.3

Line Managers have a responsibility to ensure that all staff reporting to them are familiar with their responsibilities, have attended a range of training activities appropriate to their responsibilities and that there are supported mechanisms agreed for staff who may have to participate in this process. Line managers should also ensure that safeguarding is a standing item for discussion in supervision and any such discussions should be cross referenced to the client record.

7.4

Managers will ensure that relevant staff within their services are identified and adequately trained to undertake the roles required within a Safeguarding Adults Assessment.

7.5

HealthHarmonie has identified divisional leads responsible for the development of service provision for Adult Safeguarding.

7.6

The Managing Director has executive responsibility for Safeguarding.

7.7

Staff should ensure they have up to date training & raise concerns using information below & held on intranet.

Concerns

All staff who have a concern about a patient should:

- 1) Speak to a Manager/Supervisor
- 2) Do not alert an alleged Perpetrator
- 3) Refer to Multi Agency Safeguarding HUB and referral process. Details for all contracts can be located on intranet site which is regularly updated.
- 4) Use professional curiosity to support assessment of needs
- 5) Undertake appropriate questioning to establish concerns
- 6) Record & clearly documentation of concerns on HealthHarmonie internal reporting system. RADAR.

Raising an alert will be completed via Multi Agency HUBs please refer to intranet to obtain information or speak to Samantha Paterson (Clinical Governance Manager)

Domestic Abuse Suspected/Disclosed

1. Sign post patient to appropriate agencies (e.g. women's aid)
2. Contact Police if emergency
3. Review and implement Domestic Abuse Policy

SECTION 8.0 TRAINING

8.1

In order to meet its obligations HealthHarmonie has made training of staff in adult protection mandatory, to be undertaken on a three-yearly basis in a classroom based environment and annually via eLearning modules. (Level 1 – 5 dependent upon role)

8.1.1

Basic training with respect to awareness that abuse can take place and the duty to report.

8.1.2

Training on recognition of abuse and responsibilities with respect to both HealthHarmonie and Multi-Agency procedures.

8.1.3

Should training on other roles within the Safeguarding Adults assessment be required, this should be accessed through the Local Safeguarding Adults Board(s) multi-agency training pathway.

8.1.4

This training guidance is supported by the Safeguarding training strategy and the supporting competency framework, this guidance is available via the HealthHarmonie intranet

8.2

It is HealthHarmonie expectation that all staff access Adult Safeguarding training in accordance with their roles and responsibilities. The training will include sections on the sharing of information and confidentiality in line with national and local protocols. Training will also focus on record keeping; promoting the keeping of clear, accessible, comprehensive and contemporaneous records that are in line with national and local protocols. All entries must be dated and signed with the person's name legibly written at the end of the record entry. Any information written must be fact not opinion.

8.3

HealthHarmonie's Clinical Governance Team maintains a record of all adult safeguarding training delivered, with reference to appropriate levels, which are cross referenced to professional learning outcomes.

8.4

Clinician's understanding and awareness of safeguarding will also be reviewed as part of the appraisal process.

8.5

HealthHarmonie accesses the Local Safeguarding Adults Board(s) (LSAB), training pool, in receipt of advanced and / or specialist training.

8.6

Training should be evidenced in Mental Capacity & Deprivation of liberties in conjunction with safeguarding

SECTION 9.0 LOCAL SAFEGUARDING ADULTS BOARDS (LSAB)

9.1 HealthHarmonie agrees with LSAB that:

"...the abuse of vulnerable adults is a clear infringement of human rights and in many cases may be a criminal offence..."

And to:

"...work together on the prevention, identification, investigation and response to suspected or confirmed abuse..."

9.2

HealthHarmonie has a responsibility to operate within the agreed guidelines developed by the LSABs and it is incumbent on all staff to be aware of, and act within, their responsibilities.

SECTION 10.0 EMERGENCY ACTION

10.1

In the event of an emergency course of action needing to be taken, the following steps will be taken:

10.2

'In' Hours

- Immediate steps to safeguard individuals will be taken (*Consider use of 999*).
- Senior member of staff of the area will be notified.
- Senior member of staff will make the decision to inform directors

10.3

'Out' of Hours

- Immediate steps to safeguard individuals will be taken (*Consider use of 999*).
- Senior member of staff will inform first line on-call staff.
- First line on-call will make the decision to advise senior on-call staff dependent on nature and severity of incident

10.4

In both 'in' and 'out' of hours scenarios, staff will adhere to relevant local and HealthHarmonie arrangements for incident reporting and management.

10.5

Managers are responsible for ensuring all clinical areas are aware of local and HealthHarmonie reporting and accountability procedures.

10.6

In any situation where you believe a crime has been committed we have an obligation to report the crime following the same protocols in recording the event.

Section 11.0 Raising an Alert

11.1 In situations when we are raising an alert the following organisation needs to be informed.

11.2 Telephone social services/local authority/adults and communities: 0121 303 1234 out of hours-0121 675 4806

11.3 Fill in a multi agency alert form (see BSAB website for process: <http://www.bsab.org/how-to-report-abuse/>)- if sending by email must use secure email

11.4 Ask for feedback if you do not think anything has been done

How to deal with allegations by staff or volunteers (whistle blowing, disciplinary procedure

SECTION 11.0 WORKING WITH THE CCG SAFEGUARDING TEAM

11.1

HealthHarmonie recognises its responsibility to work alongside the local CCG Safeguarding Team on matters relating to adult safeguarding.

11.2

Following the immediate emergency action cited in section 10, HealthHarmonie will ensure the local CCG Safeguarding Team are informed of the incident and the action taken in line with local protocols as agreed with the CCG.

11.3

HealthHarmonie will co-operate fully with the local CCG Safeguarding Team in the prevention and investigation of any safeguarding concerns being investigated by the CCG. This relates to section 42.

SECTION 12.0 PREVENT

12.1

The Government's counter terrorism strategy called PREVENT aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence. These forms of terrorism include:

- Far Right extremists
- Al-Qaida influenced groups
- Environmental extremists
- Animal Rights extremists

12.2

CONTEST has four work streams:

- **Pursue:** to stop terrorist attacks
- **Protect:** to strengthen our protection against terrorist attack
- **Prepare:** where an attack cannot be stopped, to mitigate its impact
- **Prevent to stop people becoming terrorists or supporting terrorist activities**

12.3

The *Prevent* Strategy 2011 has the following objectives:

1. Challenge the **ideology** that support terrorism and those who promote it
2. Prevent vulnerable **individuals** from being drawn into terrorism and ensure that they are given appropriate advice and support
3. Work with sectors and **institutions** where there are risks of radicalisation

12.4

The health service has been identified as a key partner in preventing vulnerable people being radicalised although healthcare organisations are expected to be involved in delivering objectives 2 and 3 only.

12.5

Healthcare professional may meet and treat people who are vulnerable to radicalisation, including children. Working Together to Safeguard Children 2010 states *“Experience suggests that young people from their teenage years onwards can be particularly vulnerable to getting involved with radical groups through direct contact with members, or increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm”*

12.6

People with mental health issues or learning difficulties may be easily drawn into terrorism. There is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. Vulnerable individuals who may be susceptible to radicalisation can be patients and/or staff.

12.7

All staff must escalate a concern and have confidence that each issue will be taken seriously, handled appropriately and that, where necessary, specialist advice will be available.

12.8

Contracts of employment, professional codes of conduct and safeguarding frameworks require all healthcare staff to exercise a duty of care to patients and, where necessary, take action for safeguarding and crime prevention.

12.9

If you have a concern, this can be raised with HealthHarmonie (contact details on the Prevent Intranet page) or Safeguarding Lead who will provide advice and identify local referral pathways if appropriate.

SECTION 13.0 FEMALE GENITAL MUTILATION (FGM)

13.1

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.

13.2

There are four main types of FGM:

- **Type 1 – clitoridectomy** – removing part or all of the clitoris.
- **Type 2 – excision** – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- **Type 3 – infibulation** – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

- **Other harmful procedures** to the female genitals, which include pricking, piercing, cutting, scraping and burning the area.

13.3

It is illegal in the UK to subject a girl or woman to FGM, or to assist a non-UK person in carrying out FGM overseas.

13.4

Professionals need to be aware of the possibility of FGM. The Department of Health has published guidance which include general information about FGM and the best practice to follow in all cases.

13.5

Reporting FGM

Where FGM is identified in HealthHarmonie patients, it is mandatory to record this in the patient's health record.

Health professionals should always update a patient record with whatever discussions or actions have been taken in relation to FGM.

If the patient has undergone FGM, referral to a specialist FGM clinic should always be considered. If you refer a patient to social services or the police, then this should also be recorded in the patient's health record. If a patient is identified as being at risk of FGM, then this information must be shared with the GP and health visitor, as part of safeguarding actions.

13.6

Talking to women and young girls about FGM

It may be difficult for women to talk about the issue, and it's important to ask sensitively. There may be language barriers, and a trained interpreter may be required during the consultation. Some women may not understand the term FGM, but know about circumcision. Other ways of asking about it could be to use words such as "cut", "closed" or "open". Other important factors highlighted in the NHS Female Genital Mutilation: Multi agency Guidelines, are as follows:

- Women and girls may prefer to speak to a professional of the same gender.
- They may not want to be seen by a professional from their own community.
- Alerting the girl's or woman's family to the fact that she is disclosing information about FGM may place her at risk of harm.
- Develop a safety and support plan in case they are seen by someone "hostile" at or near the department, venue or meeting place – e.g. prepare another reason why they are there.
- If they insist on being accompanied during the interview – e.g. by a teacher or advocate – ensure that the accompanying person understands the full implications of confidentiality, especially with regard to the person's family.
- Do not assume that families from practising communities will want their girls and women to undergo FGM.

Deinfibulation or surgical 'reversal'

FGM increases the risk of the vagina tearing during delivery, which causes damage and can lead to heavy bleeding. It can also increase the risk of the baby becoming distressed or dying during, or just, after birth.

Deinfibulation or reversal surgery is best performed before pregnancy, or at least within the second trimester of pregnancy (between weeks 12 and 36).

Some women with FGM may be reluctant to undergo reversal until labour starts, because this may be normal practice in their country of origin. They may have not attended all antenatal checks or appointments due to fear about how they will be treated because of their FGM status. This can mean that women may arrive at hospital in labour, with FGM intact. A health professional or midwife may need to organise or perform Deinfibulation quickly, especially if the baby shows signs of distress.

You can find more advice on how to deal with the reversal during labour in the Royal College of Nursing's Guidance on FGM.

SECTION 14.0 TELE-DERMATOLOGY

Within tele-dermatology, it will be necessary to take a photograph of the area of skin effected by a condition. HealthHarmonie has a duty to ensure these images are used and stored appropriately.

HealthHarmonie Must:

- Ensure all photographs are taken on a camera ONLY to be used for tele-dermatology with removable storage (memory card).
- All photographs should be transferred via secure N3 connection on to our clinical system after being taken and then deleted permanently from the storage device.
- HealthHarmonie will keep the photographs for 10 years, in line with data protection guidelines.
- We will not accept any tele-Derm referrals for conditions on intimate areas. These patients will be seen by a consultant in a face-to-face clinic.

SECTION 15.0 PROFESSIONAL AND WORKPLACE BOUNDARIES

15.1

The term "Boundary" refers to the distinction between a person's work role (clinical or nonclinical) and their personal identity. It defines the limits of appropriate behaviour in the staff member's relationship with a service user.

15.2

Staff member's behaviour (what they must do and what they must not do) within their work role is determined by the treatment and management needs of the service user within the specific service context, professional guidelines (where applicable) and relevant legislation.

15.3

Establishing and maintaining appropriate boundaries is essential to safe and effective working with service users and must be a central component of Safeguarding.

15.4

Services will produce clear procedures and training strategies that reflect the principles Above.

SECTION 16.0 CRIMINAL INVESTIGATIONS

16.1.1

All police / criminal investigations take precedence over other internal / external lines of enquiry.

16.1.2

In the event that contacting the police generates a formal criminal investigation, **all** other investigative action on the part of HealthHarmonie (*Safeguarding, Conduct, Complaints*), will be suspended until direction is received from the officer in charge of the investigation.

SECTION 17.0 AUDIT AND COMPLIANCE MONITORING

17.1

The Clinical Governance Team will monitor compliance with policy by conducting regular audits in line with the HealthHarmonie internal audit schedule and procedure.

17.2

Concerns or non-compliance will be escalated to the senior management team, investigated and improvement plans will be formalised to rectify issues identified. Findings will be shared with the CCG in accordance with agreed protocols.

SECTION 18.0 SUPPORTING STAFF

18.1.1

Adult Abuse can be a particularly challenging area of clinical practice. Those who are involved in an adult protection investigation can be subjected to very distressing circumstances, potentially outside of their normal remit.

18.1.2

In the event of a staff member being involved in an adult protection investigation supervision and support will be provided, in the first instance through their line manager/clinical supervisor.

18.1.3

If more formal support is required, this can be accessed through the Occupational Health channels.

SECTION 19.0 RECRUITMENT AND SAFEGUARDING

19.1

As a part of the recruitment process, staff are required to undergo an enhanced DBS check, with appropriate checks against the Barred Lists (children and/or adults) to ensure the staff member poses a risk to adults or children in the context of Section 4.0 of this policy.

19.2

Further information regarding recruitment and procedures in place to safeguard patients can be found in the DBS Policy and the Recruitment Policy and Procedure.

SECTION 20.0 TARGET AUDIENCE

20.1 All HealthHarmonie staff

SECTION 21.0 EQUALITY IMPACT ASSESSMENT

21.1

This policy has been assessed using the Equality Impact Assessment Screening Tool. The assessment concluded that the policy would have no adverse impact on any of the diverse groups detailed. These include the strands of disability, ethnicity, gender, gender identity, age, sexual orientation, religion/belief, social inclusion and community cohesion. However, by its nature the policy creates a positive impact on all the above strands as it seeks to actively promote inclusive and anti-discriminatory practices.

SECTION 22.0 REVIEW DATE

22.1

This policy will be reviewed in 1 year from ratification, or in light of relevant legislative or Organisational changes.

SECTION 23.0 CONSULTATION

23.1

Managing Director, Medical Director, Clinical Governance Team and CCG and Safeguarding Group.

SECTION 24.0 RELEVANT HEALTHHARMONIE POLICIES/PROCEDURES

- Mental Capacity Act/DoLs policy
- Reporting of Accidents, Untoward Incidents and Near Miss Situations
- Reporting, Management and Investigation of Serious Untoward Incidents
- Conduct/Staff Disciplinary
- Public Interest Disclosure (Whistle Blowing)
- Safeguarding Children and Vulnerable Adults
- Clinical Records Management
- DBS Policy
- Complaints
- Consent to Examination or Treatment

- Prevent

SECTION 25.0 LEGISLATION COMPLIANCE

25.1

In the event of data sharing when a safeguarding concern is raised the local CCG Safeguarding Children Information Sharing protocol should be utilised accessible via HealthHarmonie intranet.

Information sharing in safeguarding eventuality creates an exception to Information Governance & Data Protection policy rules.

25.2

HealthHarmonie has in place procedures for the safe visiting by children to healthcare environments.

- Mental Capacity Act 2005
- Mental Health Act 1983
- Human Rights Act 1998
- The Care Act 2014

SECTION 26.0 MONITORING COMPLIANCE

26.1

The effectiveness of this policy will be monitored through the safeguarding forums in place within HealthHarmonie, overseen by the Safeguarding Forum.

26.2

Safeguarding Adults training is overseen as part of Essential Training and is reported to the Governance and Risk Management Committee monthly.

26.3

HealthHarmonie will participate in external audits through the LSAB, which include an 'upward cascade' audit of individuals, teams and HealthHarmonie Board.

SECTION 27.0 CHAMPION AND EXPERT WRITER

27.1

The Champion of this policy is, Mary Corridan, Managing Director.

Birmingham South Central CCG

Contact Telephone Number: 0121 303 1888

Contact Email: MASH@birmingham.gov.uk

Secure Email: secure.mash@birmingham.gcsx.gov.uk

If no response provided please request feedback

Escalation Policy

<http://www.proceduresonline.com/birmingham/scb>

SECTION 28.0 – VERSION CONTROL

Version Control Document				
Date	Version Update number	Amendments to policy	Completed By	Approved By
25/07/2008	1	Policy written	Mary Corridan	Joe Jordan
31/07/2009	1	Review of policy against guidelines	Mary Corridan	Joe Jordan
05/03/2010	2	Incorporation of Equality Act 2010	Kate O'Keeffe	Joe Jordan
15/07/2010	2	Review of policy against guidelines	Mary Corridan	Joe Jordan
02/01/2011	3	Inclusion of supporting staff section	Kate O'Keeffe	Joe Jordan
20/07/2011	3	Review of policy against guidelines	Mary Corridan	Joe Jordan
22/07/2012	3	Review of policy against guidelines	Mary Corridan	Joe Jordan
08/04/2013	4	Update/incorporation of policies and procedure section	Kate O'Keeffe	Joe Jordan
14/07/2013	4	Review of policy against guidelines	Mary Corridan	Joe Jordan
08/03/2014	5	Amendments to duties/responsibilities to incorporate Clinical Governance	Nicole McQueen	Kate O'Keeffe
26/07/2014	5.1	Review of policy against guidelines	Mary Corridan	Joe Jordan
30/03/2015	6	Review of policy against guidelines	Nicole McQueen	Joe Jordan
29/07/2015	7.0	Review of Policy to include reference to Care Act 2014, FGM and working alongside the CCG Safeguarding Team.	John Boulton	Andrew Jackman
16/07/2016	7.1	Review of policy against guidelines	Samantha Paterson	Andrew Jackman
16/01/2017	7.2	Add sections as advised by BSC – this includes information regarding who to raise alerts to	Samantha Paterson	Andrew Jackman