

Safeguarding Adults Policy

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Consultation	Safeguarding Adults Lead Professional, South Tyneside CCG Quality, Patient Safety Committee
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Version	V5
Author	Sharon Thompson, Designated Nurse Safeguarding Adults
Reference No	CO16

Policy Validity Statement

This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact stynccg.enquiries@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Lianne Cotterill	Policy adopted by Clinical Commissioning Group (CCG) as part of policy suite developed by NECS
V1.1	2 April 2014	Laura Willers	Re-styled to CCG policy standard
V2	2 April 2014	Jean Farrell	CCG policy updated to ensure compliance with legislation
V3	Dec 2016	Sharon Thompson	Reviewed and updated
V4	January 2019	Sharon Thompson	Reviewed and updated Regarding web links, South Tyneside Council safeguarding App and Making Safeguarding personal.
V5	February 2021	Sharon Thompson	Reviewed and updated

Approval

Role	Name	Date
Approval	Quality, Patient Safety Committee	7 th December 2016 (v3)
Approval	Quality, Patient Safety Committee	January 2019 (4)
Approval	Quality, Patient Safety Committee	April 2021 (5)

Review

This document will be reviewed two years from its issue date.

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1. Introduction

For the purposes of this policy, South Tyneside Clinical Commissioning Group will be referred to as “the CCG”.

The safeguarding chapter (14) on sections 42-46 of the Care Act 2014 within the Care and Support Statutory Guidance (DH, 2014) outlines agencies’ roles and responsibilities to work together, to ensure adults at risk are safeguarded from abuse and neglect.

Underpinning the legislation and guidance is the fact that ‘Safeguarding Adults’ is everybody’s business. All staff have a responsibility to help prevent abuse and neglect and to act quickly and proportionately to support and protect people where abuse is suspected.

This policy sets out how, as a commissioning organisation, the CCG will fulfil their statutory duties and responsibilities effectively both within their own organisation and across their local health economies via their commissioning arrangements.

The CCG will ensure that they have in place robust structures, systems, standards and an assurance framework which enable compliance with legal and local governance arrangements.

The CCG will ensure that the six functional actions identified by the Department of Health: Safeguarding Adults; the role of NHS Commissioner, are implemented. This will involve:

- The use of safeguarding principles to shape strategic and operational safeguarding arrangements.
- Set safeguarding adults as a strategic objective in commissioning health care.
- Use integrated governance systems and processes for assurance to act on safeguarding concerns in services
- Work with Local Safeguarding Adult Boards, patients and community partners to create safeguards for patients.
- Provide leadership to safeguard adults across the health economy.
- Ensure accountability and use of learning with the service and partnership to bring about improvement.

The CCG, as members of the South Tyneside Safeguarding Children and Adult Partnership (STSCAP) have formally adopted the principles of the South Tyneside Safeguarding Adults Policy and Procedures

1.1 Status

This policy is a corporate policy.

1.2 Purpose and Scope

This policy relates to all adults at risk who are resident in South Tyneside, or access services commissioned by South Tyneside CCG.

This policy describes how the CCG will discharge their responsibility for ensuring their own organisation, and how the health services they commission, fulfil their legal obligation under the Care Act 2014 to safeguard adults at risk, including compliance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

This policy applies to all staff employed by the CCG, including agency, self-employed or temporary staff.

All CCG staff have an individual responsibility for raising concerns that an adult at risk is being abused or neglected.

2. Definitions

The safeguarding adult duties have a legal effect from April 2015 under the Care Act 2014 and apply to an adult, 18 years and over, who:

- has needs for care and support (whether or not those needs are being met) and:
- is experiencing, or at risk of abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

(Care and Support Statutory Guidance, DH 2014)

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted 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.

Local Authorities must co-operate with each of their relevant partners, as described in section 6(7) of the Care Act 2014, and those partners, including the CCG, must also co-operate with the Local Authority, in the exercise of their functions relevant to care and support including those to protect adults.

Six key principles underpin all adult safeguarding work:

- *Empowerment* – people being supported and encouraged to make their own decisions and informed consent.
- *Prevention* – it is better to take action before harm occurs.
- *Proportionality* – the least intrusive response appropriate to the risk presented.
- *Protection* – support and representation for those in greatest need.
- *Partnership* – local solutions through services working with their communities.
- *Accountability* – accountability and transparency in delivering safeguarding.

Abuse and neglect can take many different forms including:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect or acts of omission
- Self-neglect

2.1 Domestic Abuse

Domestic abuse is defined by the Home Office as “Any incident of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality.” This definition includes honour-based violence, forced marriage and female genital mutilation. It is a mandatory requirement to report known cases of FGM.

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

The impact of domestic abuse can range from loss of self-esteem to loss of life.

Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity. When dealing with domestic abuse it is important to recognise differences between all protected characteristics. It follows that different approaches and resources are needed when addressing domestic abuse with different groups.

The Domestic Abuse Bill is expected later in 2021. The Bill will create a statutory definition of domestic abuse and establish a Domestic Abuse Commissioner with new powers. It will place duties on the local authorities in England to support to victims and their children regarding safe accommodation and make changes to the court process including a presumption of special measures being provided for the victim with the court proceedings.

2.2. Prevent – part of the counter-terrorism strategy in the UK

Prevent aims to reduce the number of people becoming or supporting violent extremists. Prevent is one of the most challenging parts of the counter-terrorism strategy, because it operates in a pre- criminal space, before any criminal activity has taken place. It is important the CCG staff are aware of the strategy and consider this under the banner of safeguarding including referral within the multi-agency policy. <https://www.southtyneside.gov.uk/article/55986/Polices-and-procedures->
<https://www.gov.uk/government/publications/prevent-duty-guidance>

3. Safeguarding Adults

3.1 Procedures to follow when there is a concern about an adult at risk of abuse or neglect

Any member of staff who believes that an adult who may be at risk has suffered abuse, or is likely to do so, has a legal duty to respond.

The Safeguarding Adult's Designated Nurse and/ or any member of the safeguarding and quality team will provide advice, support and guidance as required.

Where concerns are raised:

- Ensure the immediate safety of all
- Ensure urgent medical attention if required
- Contact the police if a criminal offence is suspected
- Any risks to children follow STSCAP procedures.

<https://www.southtyneside.gov.uk/article/35807/Worried-about-a-child->

Concerns should be raised to the Local Authority following South Tyneside Safeguarding Adults Policy and Procedures.

Worried-about-an-adult <https://www.southtyneside.gov.uk/article/35879/Worried-about-an-adult->

Where possible discuss concerns openly and honestly with the adult. Consent and the person's wishes must be considered and individuals should be supported and encouraged to make their own decisions regarding safeguarding from the outset. Making Safeguarding Personal is a personalised approach that supports safeguarding to be done with, and not to, the individual.

All concerns, actions taken and reasons to share information should be appropriately recorded, following organisational procedures.

The Local Authority must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the Local Authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.

It is the responsibility of those who have raised the concern to the Local Authority to ensure that it has been received and is being dealt with, should a formal response not be received.

3.2 Commissioned Services – Governance and Accountability

The CCG Governing Body is responsible for ensuring that NHS services commissioned on behalf of the CCG have in place arrangements to meet their statutory duties in relation to safeguarding adults and that these arrangements are being complied with. The CCG Governing Body will assure itself that safeguarding adults is a priority across the health economy and will receive regular reports and updates with reference to safeguarding adult matters across its health economy.

The CCG will ensure effective leadership, commissioning and governance of safeguarding adult services across the local health community by:

- Ensuring a robust governance structure is in place to support the work of the STSCAP and the CCG Governing Body in delivering safeguarding adult responsibilities.
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding adults and that the CCG's commissioning, contracting, contract monitoring and quality assurance processes fully reflect this.
- Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding and MCA requirements outlined in this policy with specific reference to the clear standards for service delivery.
- Monitoring safeguarding adult and MCA compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.

- Reviewing Safeguarding Adult Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- Ensuring a system is in place for escalating risks.

The Executive Lead for Safeguarding Adults in the CCG is the Director of Nursing, Quality and Safety.

The STSCAP is a joint adults and children's executive partnership board, which has the lead responsibility for keeping adults safe, as set out in the statutory guidance under the Care Act 2014.

The Director of Nursing is Executive Lead with responsibility for safeguarding adults and is a member of South Tyneside Safeguarding Children and Adults Partnership Executive Board. The Designated Nurse for Safeguarding Adult's and Designated Nurse for Safeguarding Children deputise.

Standards have been developed and incorporated into contracts with providers that will ensure the following arrangements in relation to adult safeguarding are adhered to:

- **Leadership** – a named Lead(s) is identified who is responsible and accountable for safeguarding adults.
- **Policies/Procedures/Strategies** – Policies are produced that are accessible and ensure clarity in relation to raising and reporting concerns relating to an adult at risk. These policies comply with the South Tyneside Multiagency Safeguarding Adults Procedural Framework.
- **Training and Continuous Professional Development** – staff will receive relevant mandatory adult safeguarding training appropriate to their roles and responsibilities.
- **Safe Recruitment and Vetting Procedures** – it is essential that there is an identity check (and record the outcome) of all applicants for employment is in accordance with *NHS Employment Check Standard (NHS Employers) 2008*. It is essential that previous employment history is checked before any unconditional offer of employment is made and a criminal record check via the Disclosure and Barring Service (DBS) is undertaken for all new staff, who may have access to adults at risk. This should be renewed every three years.
- **Whistleblowing** – Providers will ensure policies are in place and staff are aware of how to raise concerns.
- **Safeguarding Adult Reviews** – Providers contribute to Safeguarding Adult Reviews (SARs) in accordance, and ensuring compliance, with the Care Act 2014 and South Tyneside Multiagency Policies and Procedures.

- **Domestic Homicide Reviews** – Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13 April 2011. All health organisations, including commissioning bodies, are obliged to participate in these reviews under the Act.
- **Mental Capacity Act 2005 and Deprivation of Liberty Safeguards** – provides a framework to provide protection for people, 16 years and over, who cannot make decisions for themselves due to an impairment of, or a disturbance in the functioning of, the mind or brain. All health organisations are legally obliged to ensure compliance and follow the MCA Code of Practice and the forthcoming amendments in 2022 regarding the Liberty Protection Safeguards.
- **Incidents/Serious Incidents** – Policies are in place and confirm how incidents/serious incidents relating to adult safeguarding are dealt with.
- **Supervision** – Supervision policies are in place for the provision of adult safeguarding supervision.

4. Duties and Responsibilities

Council of Practices	The Council of Practices has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed and for establishing a scheme of governance for the formal review and approval of such documents.
The Accountable Officer	The Accountable Officer is ultimately accountable for ensuring that the CCG fulfils its statutory duty effectively with regard to safeguarding and promoting the welfare of adults
The Chief Officer	The Chief Officer has overall responsibility for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to ensure that adults at risk are safeguarded from harm and abuse and that the organisation complies with all relevant national legislation and discharges its duties effectively.

<p>The Executive Director of Nursing, Quality and Safety</p>	<p>The Executive Director of Nursing, Quality and Safety will ensure that the CCG has in place assurance processes to monitor CCG and commissioned services' compliance with adult safeguarding legislation, guidance, policy, procedures, quality standards and contract monitoring of providers.</p> <p>The Executive Director of Nursing, Quality and Safety is responsible for ensuring that the Chief Officer and Governing Body members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to an adult at risk.</p> <p>The Executive Director of Nursing, Quality and Safety will ensure appropriate representation of the CCG at the. STSCAP, sub groups and committees</p> <p>The Executive Director of Nursing, Quality and Safety will work closely with, and performance manage, the CCG Designated Nurses for Safeguarding.</p>
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<p>The Designated Nurse Safeguarding Adults</p>	<p>The designated nurse safeguarding adults is the strategic and professional lead on all aspects of adult safeguarding, which includes all commissioned providers. They will:</p> <ul style="list-style-type: none"> • Work with the Director of Nursing, Quality and Safety to ensure robust safeguarding adults' assurance arrangements are in place within the CCG and provider services. • Provide advice and expertise to the STSCAP Sub Groups and to professionals across both the NHS and partner agencies. • Provide professional leadership, advice and support adult safeguarding professionals in the CCG and each provider organisation. • Represent the CCG on relevant sub-groups, networks and multiagency groups charged with the management of safeguarding adults. • Lead on investigation and provision of appropriate information to inform and support all safeguarding adult reviews. • Lead and support the development of adult safeguarding policy and procedures in the CCG in accordance with national, regional and local requirements. • Provide advice and guidance in relation to safeguarding adults training including standards. • Ensure quality standards for safeguarding adults are developed and included in all provider contracts and compliance is evidenced.
<p>The Named GP Safeguarding Adults</p>	<p>The Named GP Safeguarding Adults will:</p> <ul style="list-style-type: none"> • Provide GP leadership to safeguarding adults work in South Tyneside CCG. • Work closely with other Named, Lead Practitioners and Designated Professionals in supporting all activities necessary to ensure that the CCG meets its responsibilities in safeguarding adults. • Ensure that the GPs across South Tyneside have appropriate safeguarding policies and procedures in place, in line with national and local multi-agency guidance.

<p>All CCG Employees</p>	<p>All CCG employees are responsible for ensuring that they have completed mandatory adult safeguarding training. They will ensure that they are aware of this policy and the South Tyneside Safeguarding Policies and Procedures and understand how to raise a concern relating to an adult at risk.</p> <p>CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and, in particular:</p> <ul style="list-style-type: none"> • All staff must be aware of the potential for abuse of adults at risk and the actions required of them should they have any concerns. They should be familiar with the agreed policy and procedure and attend training commensurate with their role. Staff must adhere to this policy. <p>CCG employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p>
<p>NHS Providers</p>	<p>All NHS Providers are responsible for ensuring they have clear operational policies and procedures that reflect the STSCAP.</p> <p>NHS employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p> <p>NHS providers will ensure that all staff undertake mandatory training at the appropriate level for their role and that a record of this training is maintained.</p>

5. Implementation

This policy will be available to all staff for use in the circumstances described on the title page.

All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

All CCG staff are required to complete mandatory Safeguarding Adults training commensurate with their role and responsibilities. Refer to Appendix A, Mandatory Training Matrix.

7. Related Documents

7.1 Other Related Policy Documents

- South Tyneside Multiagency Safeguarding Adults Procedural Framework
<https://www.southtyneside.gov.uk/article/55982/Information-for-professionals->
<https://www.southtyneside.gov.uk/article/35879/Worried-about-an-adult->
- South Tyneside policy, procedures and practice resource
<http://www.southtynesidesafeguardingapp.co.uk/home/>
- South Tyneside Safeguarding Children Policies and Procedures
www.stscb.org.uk
- Prevent Strategy, HM Government, June 2011
<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>

7.2 Legislation and Statutory Requirements

- Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Care and Support Statutory Guidance (DH, October 2014)
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
<https://www.legislation.gov.uk/ukpga/2005/9/contents>
- Mental Capacity Code of Practice
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Care Quality Commission Regulations and Standards

7.3 Best Practice Recommendations

- Domestic Violence and abuse; how health services, the organisations they work with can respond February 2014, Recommendation 16;
<https://www.nice.org.uk/guidance/qs116>
- Responding to Colleagues Experience Domestic Abuse
- [Safe lives employer guidance](#)

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'Version Control' table on the second page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the Sponsor Director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management; Code of Conduct for Health and Social Care 2016.

9 Equality Analysis

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Sharon Thompson

Job Title: Designated Nurse Safeguarding Adults

Organisation: South Tyneside CCG

Title of the service/project or policy: Safeguarding Adults Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

This policy sets out how, as a commissioning organisation, the CCG will fulfil their statutory duties and responsibilities effectively both within their own organisation and across their local health economies via their commissioning arrangements regarding safeguarding Adults.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Safeguarding is a statutory responsibility of the CCG and safeguarding duties apply to all.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		

If any of the above have not been implemented, please state the reason:

Click here to enter text.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Jeanette Scott	Exec Director of Nursing	13.04.2021
Presented to (Appropriate Committee)		Publication Date
Joint Quality and Safety Committee		April 2021

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.

Appendix A

Adult Safeguarding Mandatory Training is in aligned to the Adult Safeguarding: Roles and Competencies for Health Care Staff <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf?la=en>

Title	CCG Staff	Status	Method of Training	Period
Level 1 Safeguarding Adults Awareness Raising	All CCG Staff	Mandatory	E-learning or face-to-face	Annual
MCA / DoLS Basic Awareness	All CCG Staff	Mandatory	E-learning or face-to-face	Every 3 years
Domestic Abuse Awareness	All CCG Staff	Mandatory	E-learning or face-to-face	Every 3 years
PREVENT	All CCG Staff	Mandatory	Face-to-face Wrap training	Every 3 years
Level 2 Safeguarding Adults Level 2 MCA/DoLS Level 2 Domestic Abuse	<ul style="list-style-type: none"> Quality and Patient Safety Team and safeguarding Admin 	Mandatory	Face-to-face Multi-agency	Once only
Level 3 Level 4- 5 Safeguarding Training	<ul style="list-style-type: none"> Registered health care staff. G P s Specialist Safeguarding roles		Face-to-face	Annual

Multi-agency Safeguarding Adults Training Programme

All e-Learning is accessible via registering with the health and social care virtual college web site.

<https://southtyneside.safeguardingchildrenea.co.uk/>

Safeguarding: Roles and Competencies for Health Care Staff

Level 1	Level 2	Level3	Level 4	Level 5
Staff groups All health care staff including, receptionists, administrative staff, caterers, domestic and transport staff, porters, community pharmacist counter staff, peer support workers and maintenance staff, board level executives and non-executives, non-clinical staff working in primary health care settings.	This includes administrators for safeguarding teams, health students, phlebotomists, pharmacists, 111/999 communications centre staff, orthodontists, dentists, dental care professionals*, audiologists, optometrists, nursing associates, clinical researchers, allied health professionals, ambulance staff, staff who work in virtual/online health settings who provide any health care online, registered nurses**, medical staff and GP practice managers.	This includes safeguarding professionals, medical staff, general practitioners, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/ intellectual disability practitioners, health professionals working in substance misuse services, paramedics, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection (as appropriate to their role).	This includes lead doctors, heads of adult safeguarding, and named GPs/doctors for organisations commissioning primary care. Named professionals working in provider or commissioning services.	This level applies to designated safeguarding professionals (or equivalent roles) in the UK. Each nation is responsible for passing legislation, publishing guidance and establishing policy frameworks. There may be additional specific duties relating to designated professionals in each nation.