



# **Suffolk Safeguarding Adults Board**

## **Multi-Agency Policy and Procedure in Relation to Adult Safeguarding: Managing Professional Disputes**

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## Policy Version History

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Version	Date of Issue	Review Date	Author / Reviewer	Date of Policy Subgroup Approval
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## **1. Introduction**

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- 1.1 This is for all staff members working for partner agencies of the Suffolk Safeguarding Adults Board (SSAB). It provides all staff with:
- the process that is to be followed in the event of inter-agency dispute; and
  - the opportunity for future learning.

## **2. Resolving Professional Disputes**

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- 2.1. Regardless of professional disputes, priority must be given to protection of adults with care and support needs, whose safety must be paramount. The safeguarding of the adult(s) at risk must be coordinated while any dispute is resolved.
- 2.2. Working with adults with care and support needs can be difficult and complex and sometimes involves dealing with uncertainties and making important, complex decisions, often on the basis of incomplete information, to demanding timelines in often changing, hostile and stressful circumstances.
- 2.3. In most circumstances, there is mutual-agreement between professionals working together to safeguard adults in Suffolk. However, it is inevitable that from time to time there will be disagreement between practitioners within and between agencies about the assessment of risk and the most effective safeguarding action to take. Whilst this is understandable, it is vital that such disputes do not affect the outcomes for adults with care and support needs.
- 2.4. Problem resolution is an integral part of professional co-operation and joint working and it is important to:
- Ensure professional disputes do not increase risk or detract from the focus on the desired outcome for the adult at risk.
  - Ensure professional disputes between agencies are resolved in a timely, open and constructive manner.
  - Identify problem areas in working together where a lack of clarity exists and promote resolution via amendment to protocols and procedures.
- 2.5 The safety of the adult should be the paramount consideration in any professional dispute and any unresolved issues should be escalated in a timely way.

### **3. Professional Challenge**

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- 3.1. Professional challenge is a positive activity and a sign of good professional practice and effective multi-agency working. Being professionally challenged should not be seen as a criticism of the practitioner's professional capabilities.
- 3.2. Both national and local Safeguarding Adults Reviews (SARs) continue to draw attention to the importance of interagency communication and have identified an apparent reluctance to challenge interagency decision making, with concerns that were not followed up with robust professional challenge potentially altering the professional response and the outcome for the adult(s) at risk.

### **4. Reasons for Professional Disputes**

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- 4.1 Disagreements can arise in a number of areas of multi-agency working such as:
  - Threshold decisions.
  - Outcomes of assessments.
  - Mental capacity issues.
  - Issues concerning consent and best interest decisions.
  - Decision making.
  - Roles and responsibilities of practitioners.
  - Service provision.
  - Information sharing and communication in relation to practice or actions which may not effectively ensure the safety or well-being of and adult with care and support needs or others within the family including children.
  - Recording practices.
- 4.2 Many professional disputes can be resolved by contact between the professional raising the challenge (or their manager) and the agency receiving the challenge and will end there.
- 4.3 Managing professional disputes is about providing clear pathways to challenge decisions, practice or actions which may not be effectively ensuring the safety or well-being of an adult at risk and other family members including children.
- 4.4 Processes to ensure a culture which promotes professional challenge and resolution of professional disputes is embedded across all agencies, include the following:
  - Identification of area of disagreement.
  - Recognition there is a disagreement over a significant issue in relation to the safety and wellbeing of an adult at risk or a family member.
  - Identification of the problem.
  - Identification of the possible cause of the problem.
  - Planning needs to be achieved in order for it to be resolved.

- 4.5 If a professional disagrees with the outcome of a safeguarding strategy meeting or a review meeting, they have the right to challenge the decision in accordance with this policy.
- 4.6 In addition, if there are concerns that professionals are not sharing information appropriately in line with national and local guidance and not working within the SSAB procedures, professionals should challenge this. Lack of information at safeguarding strategy meetings and reviews or lack of sharing with carers and family members can impact on the adult and impact upon effective conduct of the meetings.
- 4.7 All staff members working for partner agencies of the SAB are required to work in accordance with the General Data Protection Regulations (GDPR). In accordance with Article 5 of these regulations, staff members are required to ensure that personal data is:
- processed lawfully, fairly and in a transparent manner;
  - collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes;
  - adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
  - accurate and, where necessary, kept up to date. Every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay;
  - kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; and
  - processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

## **5. Professional Resolution and Escalation Process (See Appendix 1 flowchart)**

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- 5.1 Each stage of the escalation process should be executed within five working days. A clear record should be kept at all stages, by all parties. In particular, this must include written confirmation between the parties about their rationale for decision-making, an agreed outcome of the disagreement and how any outstanding issues will be pursued. This written confirmation must be retained and made available to the Chair, should the issue escalate to Stage Four.
- 5.2 Escalation routes for individual agencies are outlined in Appendix 2.
- 5.3 Escalation can be via telephone, face to face meeting, Skype or teleconference calls.

## **6. Stage One: Direct Professional to Professional Discussion**

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- 6.1 Differences of opinion or judgement should be discussed between frontline professionals to achieve a shared understanding and agree a resolution and plan. If professionals are unable to resolve the differences within the time scale, the dispute should be escalated to Stage Two.

## **7. Stage Two: Direct First Line Manager to First Line Manager Discussion**

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- 7.1 If Stage One fails to resolve the issue then each professional should discuss the issue with their first line manager or safeguarding supervisor/named nurse. The first line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. If a resolution cannot be reached, the dispute should be escalated to Stage Three.

## **8. Stage Three: Senior Manager to Senior Manager Discussion**

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- 8.1 If concerns remain unresolved at this stage a senior manager to senior manager discussion should take place to discuss the concerns and convene jointly a meeting with the practitioners and first line managers to try to resolve the dispute. Advice and support should also be sought from the designated professional within their agency.
- 8.2 If concerns remain unresolved following senior manager to senior manager discussion then they should meet with the leads for either of the statutory partners (Local Authority, Police or Health) to try to facilitate resolution to the dispute. Should the concerns remain unresolved then the SSAB Board Manager should be advised at this stage to give the SSAB Board Chair advance notification that the matter is likely to escalate to Stage Four.

## **9. Stage Four: Suffolk Safeguarding Adults Board Resolution Panel Chaired by the SSAB Independent Chair**

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- 9.1 In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the SSAB Chair for resolution. This should include forwarding a written account of the dispute and what attempts have been made to resolve this. The SSAB Chair will convene a resolution panel made up of senior representatives from the statutory organisations (Director level) within the SSAB to facilitate a final resolution of the dispute. The Chair will also identify any wider policy and practice for the SAB to address arising from this particular dispute.

NB (1) A clear record should be kept at all stages, by all parties. This must include written confirmation about an agreed outcome of the dispute and how any outstanding issues will be pursued.

NB (2) The matrix provided within Appendix Two of this document, demonstrates the escalation route that is to be followed by individual agencies in the event of a particular dispute. Where specific organisations have additional levels of governance structures these would need to take place before reaching Stage Four.

## **10. Learning from Professional Disputes and Escalation**

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- 10.1 When the issue is resolved, any general issues should be identified and referred to the agency's representative on the SSAB for consideration by the relevant SSAB subgroup to inform future learning.
- 10.2 At any stage in the process, it may be appropriate to seek expert advice to ensure resolution is informed by evidence based best practice.

It may also be useful for individuals to debrief following some disputes in order to underpin and support continuing effective working relationship.

## 11. Appendix One - Flowchart for Managing the Escalation Process

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### **Stage One: Direct Professional to Professional Discussion**

Differences of opinion or judgement should be discussed between frontline professionals to achieve a shared understanding and agree a resolution and plan.

If professionals are unable to resolve disputes within the time scale, the dispute should be escalated to Stage Two.



### **Stage Two: Direct First Line Manager to First Line Manager Discussion**

If Stage One fails to resolve the issue, then each professional should discuss the matter with their first line manager or safeguarding supervisor/named nurse.

The first line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. If a resolution cannot be reached, the dispute should be escalated to Stage Three.



### **Stage Three: Senior Manager to Senior Manager Discussion**

If concerns remain unresolved at this stage, then a senior manager to senior manager discussion should take place to discuss the concerns and convene jointly a meeting with the practitioners and first line managers to try to resolve the dispute. Advice and support should also be sought from the designated professional within their agency.

If concerns remain unresolved following senior manager to senior manager discussion then they should meet with the leads for either of the statutory partners (Local Authority, Police or Health) to try to facilitate resolution to the dispute. Should the concerns remain unresolved then the SSAB Board Manager should be advised at this stage to give the Board Chair advance notification that the matter is likely to escalate to Stage Four.



### **Stage Four: Direct First Line Manager to First Line Manager Discussion**

In the unlikely event the issue is not resolved by the steps described above and / or the discussions raise significant policy issues, the matter should be referred urgently to the SSAB Chair for resolution. This should include forwarding a written account of the dispute and what attempts have been made to resolve this.

The SSAB Chair will convene a resolution panel made up of senior representatives from the statutory organisations (Director level) within the SSAB to facilitate a final resolution of the dispute. The Chair will also identify any wider policy or practice for the SSAB to address which have arisen from this particular dispute.

## 12. Appendix Two - Escalation Routes for Individual Agencies

If unresolved at practitioner level, then the dispute should be referred to the worker's own line manager, who will discuss with their opposite number in the other agency. Some examples of agencies working primarily with adults with care and support needs are given below.

<b>Adult Social Care (ACS)</b>	<b>Primary Care</b>	<b>Acute Hospital Trusts</b>	<b>Mental Health Services</b>	<b>Police</b>	<b>Independent Sector</b>	<b>Voluntary Sector</b>	<b>Community Health</b>	<b>Norfolk/Suffolk Community Rehabilitation Company</b>	<b>National Probation Service</b>
Practitioner	General Practitioner (GP)	Acute Staff	Mental Health Practitioner	Police Constable	Practitioner	Advisor/Practitioner	Community Health Practitioner	Probation Service Officer/ Probation Officer	Probation Service Officer/ Probation Officer
Senior Practitioner/ Team Manager	Safeguarding Lead	Ward Manager	Line Manager/ Team Manager	Sergeant	Manager/ Clinical Lead	Service Manager	Line Manager	Team Manager	Senior Probation Officer
Operations and Partnership Manager/ Head of Operations and Partnerships	CCG Primary Care Team and Named Nurse for Safeguarding	Adult Safeguarding Lead Nurse	Adult Safeguarding Lead	Inspector/ Chief Inspector	Area Manager	Head of Service	Adult Safeguarding Lead	Deputy Director	Senior Operational Support Manager

<b>Adult Social Care (ACS)</b>	<b>Primary Care</b>	<b>Acute Hospital Trusts</b>	<b>Mental Health Services</b>	<b>Police</b>	<b>Independent Sector</b>	<b>Voluntary Sector</b>	<b>Community Health</b>	<b>Norfolk/ Suffolk Community Rehabilitation Company</b>	<b>National Probation Service</b>
Head of Adult Safeguarding	Designated Lead Nurse for Safeguarding CCG/ Primary Care Team	Director of Nursing and Designated Lead Nurse for Safeguarding CCG	Head of Patient Safety and Safeguarding plus the Designated Lead Nurse for Safeguarding CCG	Deputy Chief Inspector/ Chief Inspector (Lead for Safeguarding)	Director of Service	Chief Executive	Director of Nursing and Designated Lead Nurse for Safeguarding CCG	Director	Head of Local Delivery Unit
Area Director for the Northern Area	Chief Nursing Officer	Chief Nursing Officer	Chief Nursing Officer	Superintendent/ Chief Superintendent	(Any of the statutory partners and/ or CQC at the necessary senior level with the appropriate authority)	(Any of the statutory partners and/ or CQC at the necessary senior level with the appropriate authority)	Chief Nursing Officer	(Any of the statutory partners and/ or CQC at the necessary senior level with the appropriate authority)	(Any of the statutory partners and/ or CQC at the necessary senior level with the appropriate authority)
Director of Adult and Community Services	Chief Officer for Suffolk and/or Great Yarmouth CCGs	Chief Officer for Suffolk and/or Great Yarmouth CCGs	Chief Officer for Suffolk and/ or Great Yarmouth CCGs	Assistant Chief Constable/ Deputy Chief Constable/ Chief Constable/ Detective Chief Superintendent	Chief Executive plus appropriate statutory partner	Chair of Trustees plus appropriate statutory partner	Chief Officer for Suffolk and/or Great Yarmouth CCGs	Chief Executive plus appropriate statutory partner	Divisional Director plus appropriate statutory partner.