Trust Policy

University Hospitals Plymouth NHS Trust

Safeguarding Adults at Risk Policy

Issue Date	Review Date	Version
March 2021	March 2024	9

Purpose

This policy gives guidance to staff employed by University Hospitals Plymouth NHS Trust (UHPNT) to ensure:

- Adults at risk are protected from abuse and safeguarded when abuse has occurred.
- Staff understand their responsibility in identifying and responding to concerns of adult abuse.
- We identify and respond correctly to concerns for Prevent, Domestic Abuse, Human Trafficking or other types of abuse.
- Staff are able to manage allegations against People in a Position of Trust.
- We understand how to access safeguarding supervision.

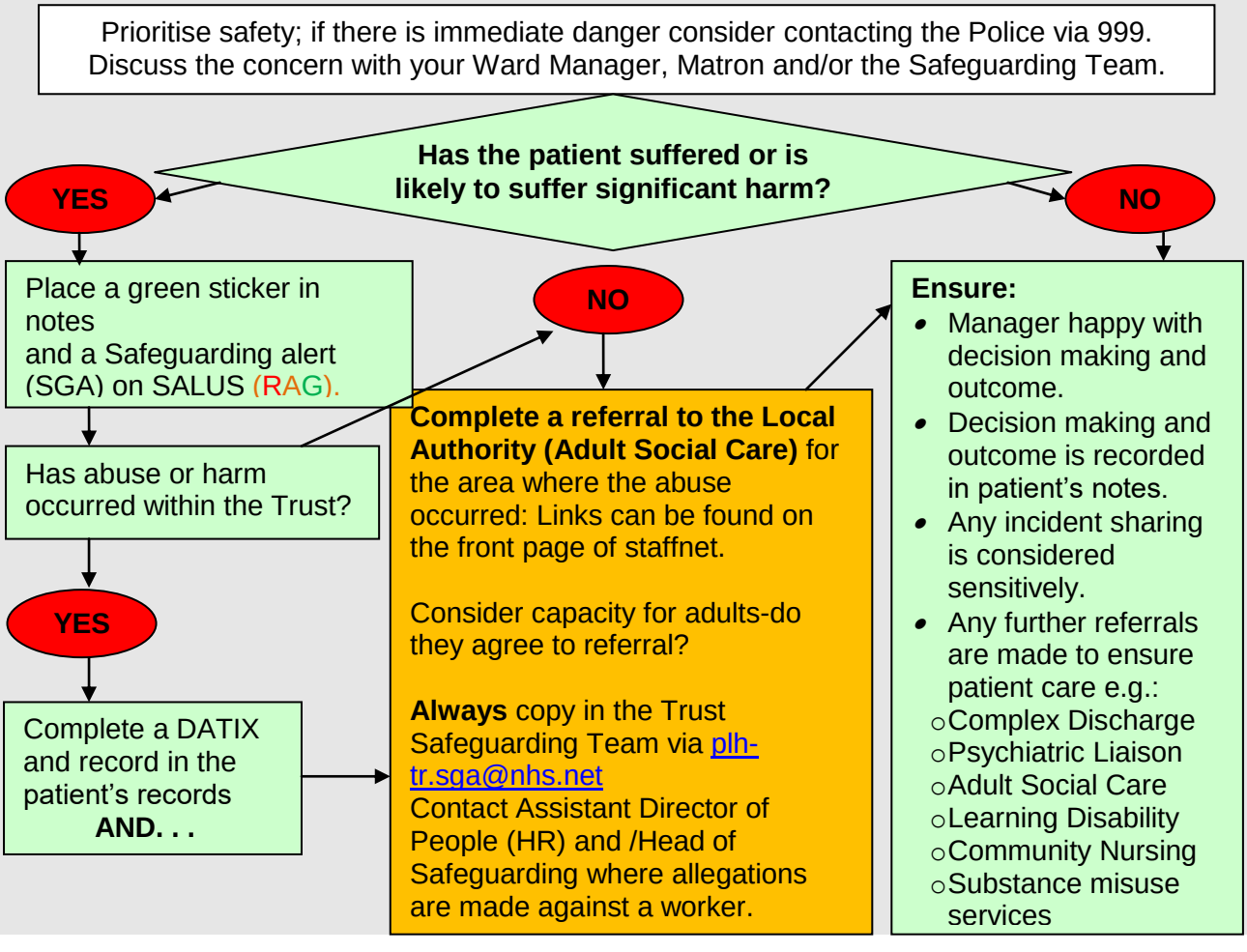
Who should read this document?

All staff working with adults at risk – managerial, clinical and administrative.

Key Messages

Safeguarding children and adults at risk is a priority for the Trust requiring effective multi-agency working and sound knowledge of policy and process.

Managing concerns for & the process for assessment and referral of Safeguarding Adults at Risk



Core accountabilities	
Owner	Alison O'Neill: Head of Safeguarding
Review	Safeguarding Steering Group
Ratification	Chief Nurse and Executive Lead for Safeguarding
Dissemination (Raising Awareness)	Safeguarding Steering Group
Compliance	CQC standards – Provider Compliance Assessment Care Act (2014).

Links to other policies and procedures

Safeguarding Adults Multi-agency Policy & Procedures – Plymouth City Council
http://plysab.proceduresonline.com
Adult Safeguarding Intercollegiate Document: Role and Competencies for Health Care Staff
UHPNT Restraining Therapies Standard Operating Procedures
UHPNT Mental Capacity Act (MCA, 2005), including Deprivations of Liberty (DoLS, 2007) Policy
UHPNT Deprivation of Liberties Safeguards procedures
UHPNT Safeguarding Children's Policy
UHPNT Domestic Abuse Policy for managers and Practitioners
UHPNT Pressure Ulcer Management Policy
UHPNT Whistle Blowing Policy
https://www.devonsafeguardingadultspartnership.org.uk/training-and-resources/
Preventing Exploitation Toolkit (Devon Safeguarding Adults Board).
Care and Support Statutory Guidance, issued under the Care Act 2014 (Department of Health October 2014), Chapter 14, Safeguarding
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Version History		
1	July 2008	First developed
2	January 2010	Reviewed & Revised
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

1.1 University Hospitals Plymouth NHS Trust (UHPNT) recognises that adult safeguarding is everyone's responsibility. The Trust is committed to ensuring individuals rights are promoted and protected. We are committed to safeguarding the safety, dignity and quality of life of everyone who comes into our care.

1.2 To safeguard adults at risk, organisations must work together to prevent and reduce the risks and experience of abuse or neglect and ensure that the adult's wellbeing is promoted. This includes, having regard to their views, wishes, feelings and beliefs in deciding on any action.

1.3 The 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) 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.

1.4 It is vital that all staff understand their role and responsibilities and work to safeguard adults at risk whilst assisting them to remain in control of their own decisions when possible.

1.5 This policy provides guidance to staff as they work with colleagues to manage safeguarding adult issues and promote effective multi-agency working. It has been developed in line with the Care Act (2014) and local authority statutory guidance to provide a clear legal framework for how health and partner agencies must protect adults at risk.

2 Purpose

2.1 This policy:

a) Applies to all staff employed by UHPNT and offers guidance regarding roles and responsibilities in identifying and responding to concerns about adult abuse.

b) Provides information regarding types of abuse and how people may be at risk.

c) Identifies local operational arrangements in place to reduce and/or prevent the risk of harm from abuse and exploitation for adults at risk; align with the principle of empowerment and making safeguarding personal.

d) Gives guidance in how to raise a safeguarding adult concern, including reporting of allegations or concerns for a colleague and/or visitor, irrespective of their status, profession or authority.

e) Provides guidance regarding safeguarding adult's education and training following guidance on competencies given in the Adult Safeguarding Intercollegiate Document (2018).

f) Identifies how and when adult safeguarding supervision for staff is provided and can be accessed.

2.2 The Care Act 2014 states that safeguarding is a statutory duty and reiterates the following six principles of safeguarding which inform the values of our organisation:

- **Empowerment** – We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We consult with them before taking any action. Where someone lacks capacity to make a decision we always act in his or her best interests;
- **Prevention** – We train staff how to recognise signs and take action to prevent abuse occurring;
- **Proportionality** – We discuss with the individual and where appropriate, with partner agencies, what to do where there is a risk of abuse or neglect before we make a decision;
- **Protection** – We have effective ways of assessing and managing risk. Our local complaints and reporting arrangements for abuse and suspected criminal offences work well;
- **Partnership** – We are good at sharing information locally. We have multi-agency arrangements in place and staff understand how to use these;
- **Accountability** – Everyone's roles are clear together with the lines of accountability; staff understand what is expected of them and others.

2.3 The lead responsibility for establishing and coordinating safeguarding adult processes lies with local councils (adult social care). Managers and clinicians within UHPNT will work in partnership with the relevant local authority to ensure patients are safeguarded.

2.4 The Care Quality Commission (CQC) sets out regulations, as part of its registration requirements for providers to ensure:

- That the human rights and dignity of people who use services are respected.
- The Trust must identify and respond when people are in vulnerable situations.
- Measures and arrangements are in place to ensure that service users are protected against the risk of abuse.

3 Definitions

3.1 This policy relates to adults aged 18 years or over, in accordance with Department of Health guidance.

3.2 The Care Act 2014 removes the terminology 'vulnerable adult' and now uses 'adult at risk'. **An adult at risk** is a person who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) 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.

3.3 Abuse can be defined as a violation of an individual's human and civil rights by another person or person.

3.4 Where an adult is 18 years or over and is still receiving children's services and a safeguarding issue is raised, the matter is dealt with through adult safeguarding arrangements; for example, when a young adult continues to be supported in a residential/educational setting until the age of 25 years e.g. a looked-after-child. Adult safeguarding services should involve the adult's practitioner from children's services as well as any other relevant professional connected to that person.

3.5 **Making Safeguarding Personal (MSP**) means safeguarding should be person-led and outcomes-focused. It means engaging with the adult in a conversation about how best to understand and respond to any risks they face in a way that enhances their involvement, choice and control in improving their quality of life, wellbeing and safety. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice (Care Act: Section 14.15).

Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation.

Intervention should be proportionate to the harm caused, or the possibility of future harm. As well as thinking about an individual's physical safety we should consider the outcomes they want to see and take into account their overall happiness and wellbeing. The objective may not be to eliminate risk, but to reduce risk to enable a person to safely maintain their independence and well-being. Assessments of risk should be undertaken in partnership with the person, who should be supported to weigh up risks.

3.6 **Section 42 Enquiry (Care Act: Section 42)** applies where the local authority can undertake (or cause others to make) enquiries as necessary to decide whether any action should be taken, what and by whom, if it is believed an adult is experiencing, or it at risk of, abuse or neglect.

3.7 A safeguarding referral to the Police is undertaken by the local authority if required. If the necessity arises during an enquiry, the referral can be made by the agency concerned.

3.8 **Safeguarding Adults Board (SAB)** This is a multi-agency board of partner agencies, statutory and non-statutory whose core responsibility is assuring robust local safeguarding arrangements are in place as defined by the Care Act 2014.

3.9 **Who is an Abuser?** Anybody can be an abuser – family, friends, staff and strangers. Abuse can occur in any setting. Often abusers are known to the victim.

3.10 **Categories of Abuse and neglect** can take many forms. Abuse or neglect may be deliberate or the result of negligence or ignorance; by omission or commission.

There are ten categories of abuse (Care Act 2014): This is not intended to be an exhaustive list but a guide to the sort of behaviour which could be a safeguarding concern.

- **Physical abuse**-Including assault, hitting, slapping, kicking, pushing, punching, misuse of medication, restraint or inappropriate physical sanctions.

  Tissue damage, pressure ulcers and moisture damage may also be indicative of neglect, abuse or failed duty of care. In January 2018 the Department of Health and Social Care released a Safeguarding and Adults Protocol providing a framework to draw on and decision-support tool in deciding if safeguarding.
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulcer_protocol_guidance.pdf

- **Sexual abuse**-Including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include "non-contact" sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities.
  https://www.survivorpathway.org.uk/services/plymouth-sarc/

- **Psychological abuse**-Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying including cyber, isolation or unreasonable or unjustified withdrawal of services or supportive networks.

  Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

  https://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted
  The new offence under the Controlling or Coercive Behaviour in an Intimate or Family Relationship, S.76 Serious Crime Act 2015.

- **Financial or material abuse**-Including theft, fraud and exploitation, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with Wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include "cuckooing" where a person's property is taken over and used for illegal activities.

- **Neglect and Acts of Omission**-Including wilfully ignoring medical, emotional or physical care needs, failure to provide access to appropriate health and social care (this can include tissue damage) including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as

medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication.

- **Self-neglect**-This covers a wide range of behaviour neglecting to care for one's personal hygiene; health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community/public-health and mental capacity legislation.

  Plymouth Safeguarding Adults Board has produced a risk management framework to assist operational staff and agencies in the complex management of self-neglect and hoarding http://plysab.proceduresonline.com/chapters/p_risk_man_self.html .

- **Self-harm** is a broad wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug/alcohol misuse. Self-harm is a coping mechanism; an individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

  Self-harm can include but is not limited to, cutting, burning, banging, bruising and scratching.

  Accurate assessment, early detection and early mental health intervention are essential to treatment(s).

  NICE guidelines ask that triage nurses and emergency department medical staff assess and document mental capacity as part of the routine assessment; persons should be also assessed by mental healthcare practitioners on every presentation.

  If an incident of self-harm occurs in the hospital, incident reporting (raise a datix) should be followed, with escalation to manager and senior nursing including the Safeguarding Team; bespoke management care-plans and risk assessments will be discussed and put in place.

  Place an alert on iPM/SALUS, EDIS and in the Patient's paper record (as the primary UHPNT databases) to raise professional curiosity and alert clinicians to future risks. Best practice would be to gain the Patient's consent, as long as this does not pose a risk to staff or the patient.

  If the risks are high, set up a RAPA (Risk of Admission Patient Alert) to inform department(s) of re-admission and instigation of care-pathways.

- **Domestic abuse**-The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality (Gov.UK, 2013).

Domestic abuse is caused by an abuser/perpetrator's desire to gain power and control.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group(Gov.UK, 2013).

National Domestic Violence Helpline: This free-phone 24- hour helpline is a national service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf 0808 2000 247.
www.nationaldomesticviolencehelpline.org.uk

- **Female Genital Mutilation (FGM)** - FGM (sometimes referred to as female circumcision or cutting) is a procedure where the female genital organs are injured or changed and there is no medical reason for this. FGM is most often carried out on young girls aged between infancy and 15 years old. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health problems, difficulties in childbirth, causing danger to the child and mother; and/or death. (see FGM Policy)

  FGM is a criminal offence as is taking anyone out of the UK for the procedure; it is child abuse and a form of violence against women and girls, and therefore should be treated as such. For health staff there is a mandatory duty to report FGM for children and where an adult has had FGM and there are female children in the house, health staff need to refer to Social Care and discuss potential risk to child from parents or extended family members.

  FGM Helpline 0800 028 3550.

- **Honour Based Violence (HBV)** - is a form of domestic abuse which is perpetrated in the name of so called 'honour'.

  It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or members of the community. Many of these victims are so isolated and controlled that they are unable to seek help. Safeguarding concerns that may indicate honour based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing persons' reports.

HBV can exist in any culture or community often where males are in position to establish and enforce women's conduct, examples include: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list).

When dealing with victims, do not speak with them in the presence of their relatives.

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, for e.g. if they are gay, have a disability or if they have assisted a victim.

Honour -based violence is a crime, and referral to the police must always be considered.

- **Forced marriage**-Forced marriage is against the law (and can result in a sentence of up to 7 years in prison) and occurs when, one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and some element of duress/pressure or abuse is involved. Duress might include both physical and/or emotional/psychological pressure.

  In some case people may be taken abroad without knowing that they are to be married. When they arrive in that country, their passport(s)/travel documents may be taken to try to stop them from returning to the UK.

  There are many different ways individuals may come to the attention of health professionals. For example, they may present to:

  •Emergency Departments (ED), rape crisis centres or genito-urinary clinics with injuries consistent with rape or other forms of violence.

  •Dental surgeries with facial injuries consistent with domestic abuse.

  •Mental health services, counselling services, school nurses, health visitors, or to their GP, with depression as a result of forced marriage. They may display self-harming behaviour such as anorexia, cutting, substance misuse or attempted suicide.

  •Family planning clinics or GP for advice on contraception or a termination as many women do not want to have a baby within a forced marriage.

  •Midwifery services if a woman becomes pregnant.

  If you are worried you might be forced into marriage or are worried about a friend or relative, contact the Forced Marriage Unit on 020 7008 0151.

- **Modern Slavery**-The Modern Slavery Act 2015 encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Trafficking is the movement of people/a person from one place to another by means such as force, fraud, coercion or deception with the aim of exploiting them; most commonly for the purpose of sexual slavery, forced labour, forced begging, and forced criminality, forced marriage or for the extraction of organs or tissues including surrogacy. Trafficking is a lucrative industry.
http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted

For many victims of modern slavery and trafficking access to healthcare is the only opportunity they may have to verbalise the situation they find themselves in. Front line healthcare workers can be one of the only professionals who may have unsupervised access to victims of modern slavery.

The key signs health care staff may see are:
http://www.myguideapps.com/nhs_safeguarding/default/downloads/Modern_Slavery_Wheel.pdf?nocache=0.780527205655579

- **Discrimination abuse**-Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

- **Hate crime**-Hate crime incidents are acts of violence or hostility directed at people because of who they are and who someone thinks they are. The Police and Crown Prosecution Service have agreed a common definition of hate crime incidents is when the victim or anyone else think it was motivated by hostility or prejudice based on disability, race, religion, transgender identity and sexual orientation.

  Hate incidents take many forms, e.g. physical or verbal abuse, online threats, intimidation, graffiti, bullying or malicious complaints. A victim does not have to be a member of the group at which the hostility is targeted.

  Stop Hate Line is a free 24 hour for anyone who has experienced Hate Crime. It is run by Stop Hate UK and provides a confidential and independent service: Tel.0800 138 1625 www.stophate.org

- **Homelessness**- The legal definition of homelessness is that an individual has no home in the UK or anywhere else available and reasonable to occupy. The causes of homelessness are often multifactorial. The Homelessness Reduction Act 2017 came into force 3rd April 2018, with the final section (S.10: duty to refer) published in October 2018. The act places renewed emphasis on the prevention of homelessness with the introduction of the new “prevention” duty. Additionally, the Act legally obliges local authorities to provide more meaningful assistance to all people who are eligible and homeless or threatened with homelessness. Furthermore, Section 10 of the Homelessness Reduction Act 2017 mandates public authorities to notify local authorities of service users they think may be homeless or at risk of becoming homeless. The statutory “Duty to Refer” applies to organisations that provide impatient care, emergency departments and urgent treatment centres. Referrals must include the service user’s name, contact details and the agreed

reason for the service user being referred to the local housing authority. Referrals without consent may be made in order to safeguard children or adults at risk.

- **Organisational abuse**-An incident or a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation. E.g. Observed lack of respect and dignity, rigid routine, process/task organised to meet staff needs, disrespectful language and attitudes. This may be part of a culture to which staff are accustomed.

3.11 **Independent Mental Capacity Advocate (IMCA)**

IMCAs have a specific adult safeguarding role in safeguarding cases. Access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity but do have family and friends can have an IMCA to support them through the adult safeguarding process where there are concerns that family/friends/carers are not acting in the adult's best interest or there is a conflict.

3.12 **Independent Advocates**

The Care Act introduces the role of the independent advocate (sometimes referred to as a Care Act advocate) to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the Adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (Care Act guidance: paragraph 14.43).

3.13 **Information sharing**

Information sharing between agencies is of paramount importance in safeguarding adults. All staff must communicate and co-operate with others to protect adults at risk. Information must be shared between agencies lawfully on a 'needs-to-know" basis. To maintain a patient centred approach to safeguarding, where possible, this should be explained to the adult at risk and they should be told that information will be shared. Guidance can be sought from the document 'Information Sharing: Guidance for Practitioners and Managers' (HM Government 2015).

3.14 **Multi-Agency Risk Assessment Conference (MARAC)**

The aim of MARAC is to reduce the risk of serious harm or homicide for a victim, and any children, by ensuring a co-ordinated multi-agency approach. In a MARAC meeting local agencies will discuss the highest risk victims of domestic abuse in their area; information about the risks faced by those victims, the actions needed to ensure safety and the resources available locally are shared to create a risk management plan.

3.15 **Mental Capacity Act (MCA)**

The Mental Capacity Act 2005 provides a comprehensive legal framework for people who lack mental capacity and cannot make decisions for themselves. It's an underpinning guidance and legislation and staff must adhere to its principals.

Anyone who lacks mental capacity is by definition an adult at risk as they may not have the ability to safeguard themselves from harm, exploitation or neglect.

3.15.1 Best interest's decision making

All decision makers must consider and respect, as much as possible, a person's known wishes and feelings and any act, whether of commission or omission, should be necessary and proportionate. Sometimes a decision must be made very rapidly in a person's best interest but usually there is time to explore with those who knows the person well, what the person's values, wishes and feelings were, and whether any advance statement of wishes or advance refusal of treatment has been recorded anywhere. Best interest decision making should be considered as a process, not a single event.

3.15.2 DoLS

The Deprivation of Liberty Safeguards (DoLS) system is the current authorisation arrangement for adults either residing in a care home or hospital.

The right to liberty is enshrined through Article 5 of the Human Rights Act 1998. The state can only remove an individual's liberty through a lawful procedure, if the following conditions are met;

- The person lacks mental capacity to consent to their accommodation for the purposes of care/ treatment
- The care amounts to continuous supervision and control and they are not free to leave
- The care arrangements are attributable (in whole or in part) to the state.

The Court of Protection directly authorises all other deprivations of liberty not covered by DoLS, including those in community settings, as well as young people aged 16-17.

3.15.3 The Liberty Protection Safeguards (LPS)

LPS will replace existing processes, to authorise a deprivation of liberty. The government has confirmed its aim to implement on 1st October 2020. An accompanying Code of Practice is expected to be presented to Parliament in the spring of 2020. The current DoLS system will continue to run alongside the LPS for up to a year to support an effective transition between the old and new schemes.

Guidance on applying MCA can be found in the Code of Practice.

3.16 **PREVENT**

Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism

strategy. It aims to stop people becoming terrorists or supporting terrorism and is part of the Government counter-terrorism strategy. It is designed to support and protect people that might be susceptible to radicalisation, ensuring that individuals are diverted away before any crime is committed.

It is important to remember that there is no single profile of a terrorist – it is not about race, religion or ethnicity; it is about the exploitation of vulnerable people.

Recognising and safeguarding these individuals in terms of PREVENT means those adults (because of their circumstances, experience or state of mind) are susceptible to a terrorist ideology. The following are examples of individuals who became involved in terrorist attacks:

> ***Patient*** *Mohammed Saeed Alim (previously known as Nicky Reilly), a 22 year old from Plymouth who received a life sentence having attempted to detonate an improvised explosive device at a restaurant in Exeter in May 2008. He was known to have mental health issues and learning difficulties and had regular contact with health and social services. During his trial it was revealed that Nicky was encouraged by radicalisers on the internet.*

3.16.2 Radicalisation is a process, not a one off event. During the grooming process, people may sometimes pass through a phase of holding extremist but not violent views, before reaching a position where they are prepared to support violence. Throughout these phases it is possible to intervene and the individual appropriately supported and safeguarded.

It is therefore important that the crucial relationship of trust and confidence between patient and clinician is balanced with the clinician's professional duty of care and their responsibility to protect wider public safety. This not only applies to patients but also to raising concerns about a colleague at work.

> ***Healthcare Worker*** *Dr Bilal Abdullah, an NHS Doctor and Kafeel Ahmet, a PhD student was involved in staging the attack on Glasgow Airport in 2007. The academic died from the severe burns he suffered after driving a car bomb into the airport terminal. The NHS doctor was later convicted of conspiracy to murder and to cause explosions. They had both been involved in a previous bombing attempt in London.*

If a member of staff has a concern that someone is being radicalised, then they should discuss the concerns with their manager and/or relevant safeguarding professional, to decide if the concerns are valid.

All concerns, discussions and advice should be documented and reported in line with UHPNT PREVENT Policy.

If there is an imminent threat of serious harm to life or property

☎ 999 – Police or ☎ 0800 789 321 – Anti Terrorist Hotline

- Your name and contact number
- Confirm you are reporting concern under the 'Prevent Strategy'

- Give an overview of the imminent threat of serious harm
- Detail exact location of incident
- Provide name and details of individual causing concern.

3.17 **Sexual Assault Referral Centres (SARC)**

Sexual assault referral centres offer medical, practical and emotional support to anyone who has been sexually assaulted or raped. They have specially trained doctors and counsellors to care for individuals. If an individual is considering reporting the assault to the police, they can arrange for individuals to have an informal talk with a specially trained police officer who can explain what's involved.

Our local SARC can be located using the following web link: www.nhs.uk

4 Duties

The Trust arrangements for the protection and safeguarding of adults at risk of abuse require the following responsibilities:

All staff are responsible for:

- Ensuring that they are familiar and up-to-date with the process for raising concerns.
- Responding to any alert, concern or disclosure sensitively and professionally.
- Documenting any concerns, evidence and actions planned and taken within the patients' clinical health record.
- Reporting any adverse incidents or difficulties with raising a concern.
- Attending training at the appropriate level; this is either e-learning or face-to-face.
- Using line management support and clinical supervision to ensure that their clinical practices are updated and developed
- Accessing safeguarding supervision.
- Contribute to the multi-agency Adult Risk Management Process to ensure identified risks to individuals are managed safely.

All managers are responsible for:

- Ensuring that all staff are aware of multi-agency and trust policies and procedures for safeguarding.
- Supporting staff training in order to update safeguarding adult's procedures.
- Ensuring that any concern within their area of clinical responsibility is acted upon appropriately and promptly.
- Preparing and supporting clinicians to participate in multi-agency meetings and discussions regarding adults at risk.
- Ensuring staff contribute to the multi-agency Adult Risk Management Process to ensure identified risks to individuals are managed safely.

- Maintaining records confidentially within the clinical area and making these available to any safeguarding adult's enquiry on a need-to-know basis.
- Supporting staff through any safeguarding adult's enquiry and/or investigation.
- Considering risks associated with the safeguarding adults process and ensure identified risks are recorded and managed on the Trust Risk Register.

Safeguarding Executive Lead:

- Act as Executive Lead for the Trust, reporting directly to the Trust Board.
- Lead role in the organisational and in inter-agency arrangements, including Safeguarding Adults Board (SAB).
- Works in partnership with other organisations at strategic level, to ensure the trust complies with national and local safeguarding adult requirements - i.e. Safeguarding Adult Boards.
- Is responsible for governance arrangements in relation to safeguarding adults and the processes for safeguarding adults at risk.

Head of Safeguarding:

- Liaising with the Executive Lead regarding strategic and operational issues in safeguarding adults.
- Supporting the Named Nurse with operational safeguarding adult's agenda.
- Promoting best practice in safeguarding.
- Be responsible for overall operational management of safeguarding.
- Provide line management to the team.
- Provide advice and support to management colleagues.
- Act as support and attend enquiries regarding issues involving Persons in a Position of Trust (PiPOT).
- Oversight of policy and organisational development.
- Oversight of trust compliance with national standards for safeguarding adults
- Promote integrated safeguarding children and adult practice, policies and training.
- Ensures the trust is compliant with national regulations for registration with the Care Quality Commission.
- Promote best practice in safeguarding.
- Overall responsibility for training quality and delivery.

Safeguarding Adults Named Nurse is responsible for:

- Supporting the Head of Safeguarding with operational safeguarding adult's agenda.
- Acting as an expert for issues related to the safeguarding adult's agenda.
- Oversight and management of the safeguarding team.
- Promoting best practice in safeguarding.

- Monitor trust compliance with national standards for safeguarding adults.
- Promote integrated safeguarding children and adult practice, policies and training.
- Promoting best practice in all aspects of safeguarding adults, working in close liaison with other senior members of UHPNT, the wider health and social care community and local safeguarding authorities.
- Ensures that all teams are aware of multi-agency policies and procedures for safeguarding adults and the processes for safeguarding adults at risk.
- Updating and devising trust protocols and processes for the internal management of alerts for 'adults at risk'/safeguarding adults.
- Devising and delivering training for the policies and procedures for safeguarding adults.
- Monitoring clinical practice, policies and procedures for safeguarding adults
- Reporting to the trust Safeguarding Steering Group (Appendix 1-3) regarding safeguarding adult activity and compliance with national and local standards
- Using line management support and clinical supervision to ensure that clinical practices are updated and developed.
- Advising clinical teams on the processes and actions needed to safeguard 'adults at risks' identified in hospital.
- Supporting individuals and clinical teams through safeguarding adult enquiries and/or investigations.

5 Main Body of Policy

It is the role of all UHPNT staff to recognise adult abuse and make referral concerns to the Local Authority; staff do not make the decision whether the concern requires the adult safeguarding process-that decision is made by the local authority as the statutory lead agency. When making a decision to refer consider if the Adult at Risk has capacity and if so it is important that they consent to referral. A decision to refer without consent can be made if public or child protection is an issue.

The lead agency has responsibility to decide what level of response is required when a safeguarding concern/referral is received. Further details can be found in Plymouth multi-agency policy and procedures(www.plymouth.gov.uk/safeguardingpoliciesandprocedures).

Action to be taken within hospital services is detailed in the UHPNT Managing concerns for and the process for assessment and referral of Safeguarding Adults at Risk flowchart–revised 2019 (see Appendix A).

5.1 Deciding whether to Raise a Safeguarding Concern

In deciding whether to raise a safeguarding concern, consider the following questions:

- Is the person an 'adult at risk'; does he/she have needs for care and support as defined within this policy/procedure?
- Is the person experiencing, or at risk of, abuse and neglect?

- As a result of those care and support needs is he/she unable to protect themselves from either the risk of, or the experience of abuse or neglect?

5.2 If you are informed or suspect an Adult at Risk is being abused:

- Assess the situation and question whether emergency services are required? Ensure safety, look after the victim and protect others. Make sure the person is not in danger and protect them from immediate harm and put in place an immediate protection plan to protect and reduce the risk.
- Establish what the Adult at Risk's views and wishes are about the safeguarding concern-what would they like to see happen about the concern (Making Safeguarding Personal)?
- Consider Mental Capacity- assess and record. If able, the adult must consent to a safeguarding concern being raised to the lead local authority, and thereafter the safeguarding enquiry/investigation. If individuals lack capacity, safeguarding concerns must be made following Best-Interest principles (See Trust MCA policy).
- If the patient lacks capacity it may need the involvement of an Independent Mental Capacity Advocate to ensure their interests are best represented.
- Consider if it is safe or appropriate to inform the patient that a safeguarding referral is being made, it is good practice to share this information if safe to do so.
- Preserve evidence, record accurately and contemporaneously.
- Consider medical photography and the use of body maps.
- If the risk(s) are high, consider if you need to contact your line manager/355 Senior Nurse to inform of your need to raise a safeguarding concern and plan the information-gathering which may be required.

- Place a trust green safeguarding-adults sticker in the medical clinical notes, place a safeguarding alert (SGA) on SALUS and complete the referral to the Local Authority for the area the person usually lives; the Safeguarding team **must** be copied into this referral.
- If the clinical risks are high, place an alert on iPM/SALUS and EDIS (as the primary UHPNT databases) to raise professional curiosity and alert clinicians. Best practice would be to gain the Patient's consent, as long as this does not present further risk(s) to staff or the patient.
- Consider setting up a RAPA (Risk of Admission Patient Alert) to inform department(s) of re-admission and instigation of care-pathways.
- If the incident is internal complete a DATIX.
- Where there are allegations about a staff member/UHPNT worker do not insert their name or any identifiable information on the form and be sensitive to the circulation. Seek guidance from Risk and Incident Team ahead to ensure limited access of the DATIX.
- If it is safe or appropriate to inform the patient that a safeguarding referral is being made, it is good practice to share this information if safe to do so.

5.3 Investigation

- As the lead agency, Adult Social Care/Local Authority maintains records of all activity related to safeguarding adults.
- Alerters will be directed to make a concern under Safeguarding Adults through the appropriate referral mechanism within each Local Authority.
- Where there is the possibility that a crime has been committed, the incident/ situation must be reported to the police. Where possible with consent and if it is considered necessary to report without consent note reason such as the need to protect the public.
- Any investigation is then planned on a multi-agency basis to establish the facts, how best to protect the adult at risk, identify what steps need to be taken in respect of the perpetrator and how monitoring of the process can proceed. Clinicians will provide important information and views to support this process and may be required to attend enquiry/investigation meetings or prepare reports for such meetings.
- Where the investigation involves allegations about a member of staff within the Trust, appropriate human resource processes will be employed, during and/or once the safeguarding adult's investigation has concluded.
- Support and supervision will be available to staff as required during investigation from line managers, the safeguarding team and/or occupational health.
- Clinicians will be kept informed of actions taken and the outcome of any investigation and/or Safeguarding Adults Plan whenever possible.

5.4 Unlawful acts can be either criminal or civil offences

Some abuse will constitute criminal offences or unlawful acts under civil law. Adults unable to protect themselves are entitled to the protection of the law. Examples of actions which may constitute criminal offences are assaults (physical, psychological or sexual), ill-treatment or wilful neglect, sexual relations without consent, harassment, threats, theft and fraud. In this instance police involvement should be considered as soon as any allegation or suspicion of abuse. A decision to involve the police, unless deemed to warrant an immediate 999 response, will be made following discussion regarding the alleged abuse with the victim and identified line manager and when required in conjunction with other senior managers. The police will advise on necessary further action, the level of urgency of response and the process for undertaking any subsequent criminal enquiry and/or investigation.

In an emergency contact the police directly by telephoning 999 if the situation is, for example:

- Threat to life
- People are injured
- Offenders are nearby

If a referral to the police is not an emergency, before contacting the police discuss your concern with your line manager, site coordinator, senior colleague or the safeguarding team. Enquiries/advice telephone 101, you will be given a log number. This number must be noted and logged in the patient's medical record.

5.5 Considering risks to children

All staff have a duty of care under the Children's Act (1989) to identify and respond where children may be at risk of harm. Working Together to Safeguard Children 2018 outlines the roles and duties of agencies to safeguard children. Staff must consider the implications for children when responding to all adult safeguarding concerns.

Examples include:

- An adult who is causing harm to another adult may also present a risk to a child.
- An adult's parenting capacity may be adversely affected by the stress of abuse they are experiencing.
- The choices an adult makes about their own protection may adversely affect their child(ren).

5.6 Poor professional practice and neglect or abuse

5.6.1 The difference between poor practice and wilful neglect requires careful consideration. If an adult is totally dependent on the assistance of others to meet basic needs, continual poor practice or standards of care can lead to serious harm. http://www.legislation.gov.uk/ukpga/2015/2/part/1/crossheading/offences-involving-illtreatment-or-wilful-neglect/enacted

5.6.2 Useful elements in deciding if poor practice has occurred that does not require an adult protection response are to ascertain if the concern:

- Is a "one off" incident to one individual?

- Resulted in no harm.
- Indicates a need for a defined action to prevent re-occurrence.

5.6.3 Incidents that indicate that poor practice is impacting on more than one adult, that poor practice is recurring and is not a "one off", meets the threshold for initiating adult protection procedures as these incidents can indicate more wide spread, "organisational" abuse.

5.6.4 The Care Act (amended March 2016) states examples of concerns include allegations that relate to a person working with adults with care and support needs who have:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed an offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.

When a person's conduct towards an adult may have an impact on their suitability to work with children, this must be referred to the LADO (Local Authority Designated Officer).

5.7 Allegations against a Person in a Position of Trust process (PiPoT) and reporting suspected abuse that involves a member of staff

Managers must ensure that where there are concerns about a paid or unpaid worker within UHPNT impacting on patients and service users, UHPNT's Safeguarding Lead/Head of HR Operations must be informed. This will enable consideration of whether a PiPoT referral is required.

Process for allegations against people in positions of trust:

5.7.1 The Safeguarding Lead and the Head of HR Operations review and feedback to the Local Authority. This responsibility includes:

- Making PiPoT referrals to the Local Authority when allegations are made or concerns raised about the conduct of an employee, bank-worker, volunteer or student, paid or unpaid.
- Management and oversight of complex cases which includes ensuring appropriate internal processes/investigations are used to address the adult safeguarding concern and that outcomes are appropriate/proportionate to the adult abuse concern.
- Ensuring that UHPNT makes appropriate DBS reports as required.
- Attendance at the Local Authorities PiPoT Strategy and Review meetings, provision of reports and outcomes from internal processes to the Local Authority.

The local authority, via the PiPoT statutory process, has oversight and scrutiny of actions and outcomes and may challenge these where the Local Authority has any

concerns. Decisions regarding safeguarding and HR employment will be made in association with safeguarding management and HR business partners (see Appendix 4).

5.8 Threshold for "whole service investigation" or "organisational abuse".

Organisational abuse includes neglect and poor practice within an organisation or specific care setting such as a hospital or a care home, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Whilst there is no single definition of organisational abuse it refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation's practice, culture, policies and/or procedure.

5.8.1 Organisational abuse can be defined by one or more of these characteristics:

- It is widespread within the setting (e.g. the abusive practice is not confined to the practice of a single staff member).
- It is evidenced by repeated instances.
- It is generally accepted–it is not seen as poor practice.
- It is sanctioned–it is encouraged or condoned by line managers.
- There is an absence of effective monitoring or management oversight by managers that has allowed the practice to have occurred.
- There are environmental factors (e.g. unsuitable buildings, lack of equipment, and reliance on temporary staff) that adversely affect the quality of care.
- Includes factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of organisationally abusive practice.

Organisational abuse may also be indicated by a number of service users experiencing harm. However, organisational abuse may occur in relation to a single service user. This could occur for example where a person is the sole user of a service or has differing needs from other service users.

5.9 Training

Safeguarding Training within the Trust is compliant with the intercollegiate document Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: (2018).

The Trust is responsible for ensuring all staff be given adult safeguarding training that supports their role and responsibilities towards adults that they come in contact with during their work. There are different levels of safeguarding adult training required for employees:

Safeguarding Children training matrix:

Trust Safeguarding Training	National Capability Framework	Trust staff groups

Level 1 Safeguarding training at induction	Group A - Those with responsibilities to contribute to safeguarding but do not have specific organisational responsibilities to take action	All staff working in health care settings.
Level 2 Safeguarding training	Group B - Those with professional responsibility for safeguarding adults; able to act on concerns and contribute appropriately to local policies & procedures. Working within an inter-or multi-agency context	All practitioners who have regular contact with patients, their families or carers, or the public.
Level 3 Multi-agency safeguarding adults training for clinical staff	Group C&D – Those with responsibilities for the management and delivery of safeguarding adult services across the organisation. Those with a lead role in safeguarding	Registered health care staff working with adults who engaging in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).(under review)
Level 4		Specialist roles – named professionals.

Safeguarding adult training for the majority of staff (Groups A and B) is delivered alongside safeguarding children's training - and is included in the Trust's mandatory training programme. Updates are delivered on an annual basis, with Level 2 safeguarding training as part of mandatory training.

Training is monitored through the Trust's performance framework at service line level and the Safeguarding Steering group.

Safeguarding Advisors will access multi-agency safeguarding training and development, as part of their role and their multi-agency working with social Care.

Bespoke safeguarding training is provided to specific professional groups as needed.

5.9.1 Staff Recruitment Practices

The Trust recruitment processes are rigorously applied for adult safeguarding and children in line with relevant requirements together with, 'Safer Recruitment', Care Quality Commission, National Health Litigation Authority and Auditors Local Evaluation.

5.9.2 Support for staff involved in adult safeguarding cases

It is recognised that staff may find it difficult or stressful when identifying and reporting abuse or to be involved in any capacity in a safeguarding adult case.

The safeguarding team, line managers and other senior professionals involved must consider the potential for distress and psychological trauma to the member of staff involved and be prepared to support an individual or team and offer supervision or referral to appropriate other support such as Occupational Health.

The Safeguarding Team offer safeguarding supervision to all staff involved in adult safeguarding cases referred to the local authority.

5.9.3 Think family

Assessments of both the carer and the adult they care for must include consideration of their respective wellbeing.

Section 1 of the Care Act includes protection from neglect and abuse as part of the definition of wellbeing. As such, a needs or carer's assessment provides an opportunity to explore the individuals' circumstances and to consider whether it would be possible to provide information, or support that prevents neglect or abuse from occurring. This can be achieved, for example, by providing training to the carer about the condition that the adult they care for has, or to support them to care more safely. Where that is necessary the local authority should consider making arrangements for providing it.

(Care Act (2014): Section 14.36)

Young People at the point of Transition to adult services

i) Young People in transition' refers to young people with complex needs in transition between children's and adults social services including care leavers**.**

ii) Joint working arrangements between children's and adult services need to be in place to ensure continuing care to meet the medical, psychosocial, social and vocational needs of young people are addressed as they move to adulthood.

iii) The assessed needs of the young adult are at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of the care needs of young people in transition should include any issues of safeguarding and risk. Care planning must ensure that the young adult's safety is not put at risk through delays in providing the services that they need to maintain their independence, well-being and choice.

iv) Young people who are subject to child protection at the age of 17.5 years must be referred to adult services if it is deemed they will continue to be at risk post 18 years.

v) Adult services have a duty to assess a young adult if:

- The young person meets the Care Act 2014 definition of an adult at risk as set out in Section 4 on their 18th birthday and
- The young person will be, or potentially will be, subject to neglect or abuse on or after their 18th birthday
- If the answer to both the questions is yes an adult protection plan needs to be developed led by, and coordinated by adult services with involvement from Children's.

5.10 Confidentiality and information sharing

5.10.1There is an expectation to achieve a balance between information sharing with professionals/agencies and the duty to maintain confidentiality.

5.10.2 Adult Safeguarding enquiries, assessments and plans are only effective if practitioners and managers are able to share and exchange relevant information. Information must be treated as confidential when at all possible and staff are bound by both their agency policies on information governance and their professional code of conduct covering client/patient confidentiality and data protection.

5.10.3 When reviewing barriers to sharing information it is necessary to understand the nature and level of risk so that appropriate action can be taken. Some barriers can be overcome by obtaining the adult's informed consent to share their information. Only in exceptional circumstances can personal and sensitive information be shared without the adult's informed consent. These instances include: when a failure to share information may expose the adult or others to significant risk of serious harm or criminal offence or when there is a risk to public protection or a minor. The Caldicott Guardian should be consulted in these circumstances (see information sharing: guidance for practitioners and managers HM Government 2008).

5.10.4 When the adult has the mental capacity to make informed decisions about their wellbeing and safety but does not agree to any action to protect them, this does not in itself preclude the sharing of information with relevant professionals. Professionals need to assess the risk of harm and be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all options. This enables professionals to check the safety and validity of the adult's decisions, adding to the mental capacity assessment. There is an expectation that the adult is informed that this action is being taken, unless to do so would increase the risk of harm (Reference Care Act: Section 14.76).

5.10.4 Those providing information under the safeguarding policy must take care to distinguish between fact, observation, allegation and opinion. It is essential that, should any shared information be challenged under the Data Protection Act or the Human Rights Act, the information can be supported by a sound rationale for sharing the information and evidence to support the statements.

5.10.5 Only in exceptional circumstances should information be shared without consent, where seeking will jeopardise the safety of the individual, other individuals or the wider investigation. The rationale for sharing and the details of the information shared should be documented at the time in the patients record.

5.10.6 Any information shared, either with or without consent must be adequate, relevant and proportionate in relation to the purpose for which it is held. It must be held no longer than is necessary for that purpose.

5.10.7 This safeguarding policy upholds to the principles set out in the Caldicott Review (2013).

Standards of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect staff or interests of an organisation. Whilst this is a legitimate professional/organisational interest it must not be allowed to override the interests or welfare of the adult at risk. If it appears to

an employee or adult in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to escalate those concerns to the appropriate authority (Care Act: Section 14.160).

6 Overall Responsibility for the Document

The responsibility for this document and the policies and procedures for Safeguarding Adults is delegated to the Safeguarding Adults Named Nurse.

The Trust Safeguarding Steering group (chaired by the Chief Nurse with responsibilities for Safeguarding) will review assurance that the Trust is compliant with national and local standards, on a regular basis.

An annual report of safeguarding will be presented to the Trust Board providing assurance that the Trust is appropriately safeguarding adults at risk and is compliant with its legal and statutory responsibilities.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Safeguarding Steering Group and ratified by the Chief Nurse and Executive Lead for Safeguarding. Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse by the nominated owner; these must be ratified by the Chief Nurse.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Nursing and Executive Lead for Safeguarding and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

All staff working with adults at risk must follow and comply with the multi-agency policies and procedures for safeguarding adults–as published by the Local Authorities. Protocols and processes specific to the needs of adults at risk in hospital will be authorised and monitored through the Trust's clinical governance framework. This will be monitored on a quarterly basis by the multi-agency Safeguarding Adults Boards in terms of numbers of referrals and the outcome of enquiries and investigations.

This policy and procedure will be monitored on an on-going basis by the Safeguarding Adults Named Nurse by seeking feedback from those using the policy.

A formal report on safeguarding activity and review of this policy will be presented to the Quality Assurance Committee and to local multi-agency Safeguarding Adults Boards on an annual basis to ensure that the policy continues to comply with relevant legislation, best practice and national standards.

a) Duties and organisational expectations for training:

Training will be accessed via attendance at induction, statutory update and specific safeguarding adults training and monitored via the annual appraisal process and through statistical collation. The Safeguarding Adults Named Nurse, Safeguarding Advisors and managers will ensure that duties are adhered to throughout the process.

b) Local arrangements for managing the risks of safeguarding adults

Monitoring processes for supporting staff will be undertaken via the Safeguarding Steering Group and Multi-agency Safeguarding Adults' Boards on a quarterly basis.

The Trust will ensure that these responsibilities are monitored through appraisal of individuals, incident reporting review, reports on safeguarding and multi-agency feedback on safeguarding adult's enquiries and/or investigations. Monitoring of the policy will be undertaken through the Safeguarding Steering Group.

10 References and Associated Documentation

1. Alerters' Handbook – Safeguarding adults Guidance for Staff (2007)
2. Care Act (2014)
3. Carers (Equal Opportunities) Act (2004)
4. Data Protection Act (1998)
5. Equality Act (2010)
6. Freedom of Information Act (2000)
7. Health and Social Care Act (2012)
8. Human Rights Act (1998)
9. Information Sharing: Guidance for Practitioners and Managers' (HM Government 2015)
10. Involvement of Independent Mental Capacity Advocates (2007) UHPNT
11. Mental Capacity Act (2005)
12. Mental Health Act (1983)
13. NHS and Community Care Act (1990)
14. Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)
15. Domestic Abuse Policy for Managers and Practitioners
16. PREVENT- The Terrorism Act 2000
17. Safeguarding Adults: A National framework of Standards for good practice and outcomes in Safeguarding adults work Association of Directors of Adult Social Care (2007)
18. Safeguarding adults/Safeguarding Adults Multi-Agency Procedures & Guidance (2014)
19. The Safeguarding Vulnerable Groups Act (2006)
20. Vetting & Barring scheme for the protection of Vulnerable adults http://www.isa-gov.org.uk/
21. Youth Justice and Criminal Evidence Act (999)
22. Modern Slavery Act (2015)
23. PREVENT strategy (2018)
24. Working Together to Safeguard Children (2018)

Dissemination Plan and Review Checklist | Appendix 1

Dissemination Plan			
Document Title	Safeguarding Adults at Risk Policy		
Date Finalised	July 1019		
Previous Documents			
Action to retrieve old copies	On-line and updated on the intranet		
Dissemination Plan			
Recipient(s)	**When**	**How**	**Responsibility**
All Trust staff	October 2019	Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 2

Core Information	
Date	July 1019
Title	Safeguarding Adults at Risk Policy
What are the aims, objectives & projected outcomes?	This policy serves to provide guidance to staff to address any safeguarding adults or adults at risk with safeguarding concerns.
Scope of the assessment	
The policy applies to all adults within UHPNT services who are being abused or neglected or at risk of.	
Collecting data	
Race	There is no evidence to suggest that there is an impact on race regarding this policy.
Religion	There is no evidence to suggest that there is an impact on religion regarding this policy. However, there is positive impact to support adults who may be at risk of exploitation by extremist religious organisations through the PREVENT agenda.
Disability	This policy describes processes and procedures to safeguard those individuals who are at risk of abuse or neglect due to their disability.
Sex	There is no evidence to suggest that there is an impact on sex/gender regarding this policy.
Gender Identity	There is no evidence of impact.
Sexual Orientation	There is no evidence of impact.
Age	This policy describes processes and procedures to safeguard those individuals who are at risk of abuse or neglect due to frailty from age.
Socio-Economic	This policy describes processes and procedures to safeguard those individuals who are at risk of abuse or neglect due to their life-style choices.
Human Rights	This policy will safeguard the human rights of individuals and this policy will enable the trust to meet its legal duties of equality; this policy promotes compliance with the Mental Capacity Act.
What are the overall trends/patterns in the above data?	Evidence from multi-agency safeguarding statistics demonstrate that those individuals who are more likely to be abused or neglected include the following groups of vulnerable adults: •Patients with known mental health needs; •People with learning disabilities/difficulties; •Those who are sensory impaired or have physical disabilities; •People who are socially isolated ; •Patients with impaired cognitive function; •Those who have been subject to domestic abuse; •People whose lifestyle causes them to be vulnerable.

Involving and consulting stakeholders	
Internal involvement and consultation	This policy is a revised policy. The Safeguarding Steering Group has been involved and consulted in its revision; this includes •Matron representative; •Service Line Manager representative; •Emergency Department Clinical Lead; •Head of Midwifery; •Learning Disabilities Liaison Team; •Safeguarding Children Team – Named Clinicians.
External involvement and consultation	Policies, procedures and feedback from multi-agency partners have been used to inform the revision.
Impact Assessment	
Overall assessment and analysis of the evidence	This policy is likely to have a positive differential impact in that it focuses on those individuals and groups who are at risk. The Trust is compliant with the Care Act (2014) and CQC standards re safeguarding adults and continues to make progress in raising standards of care to appropriately safeguard people in hospital.

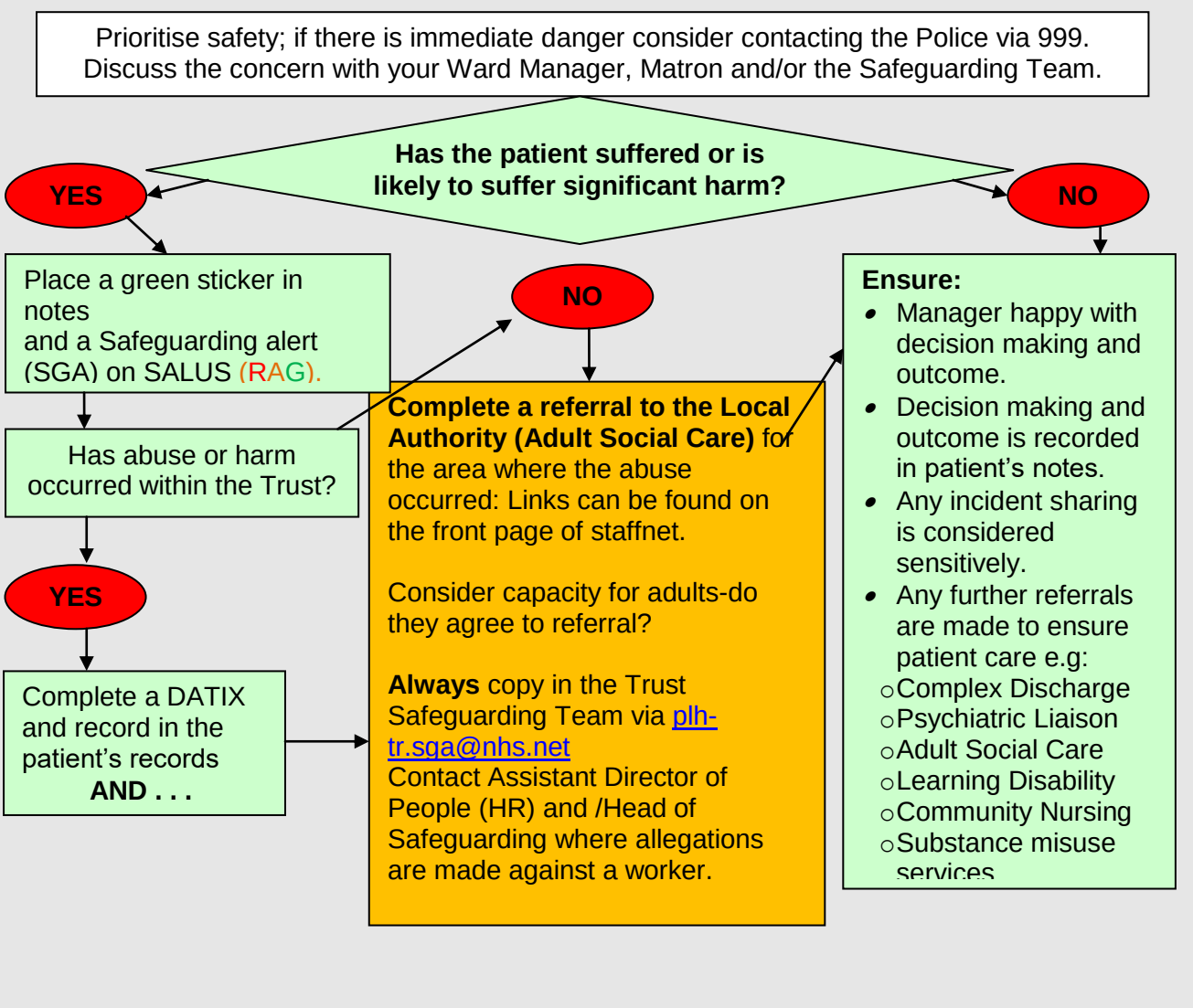
Action Plan

Action	Owner	Risks	Completion Date	Progress update

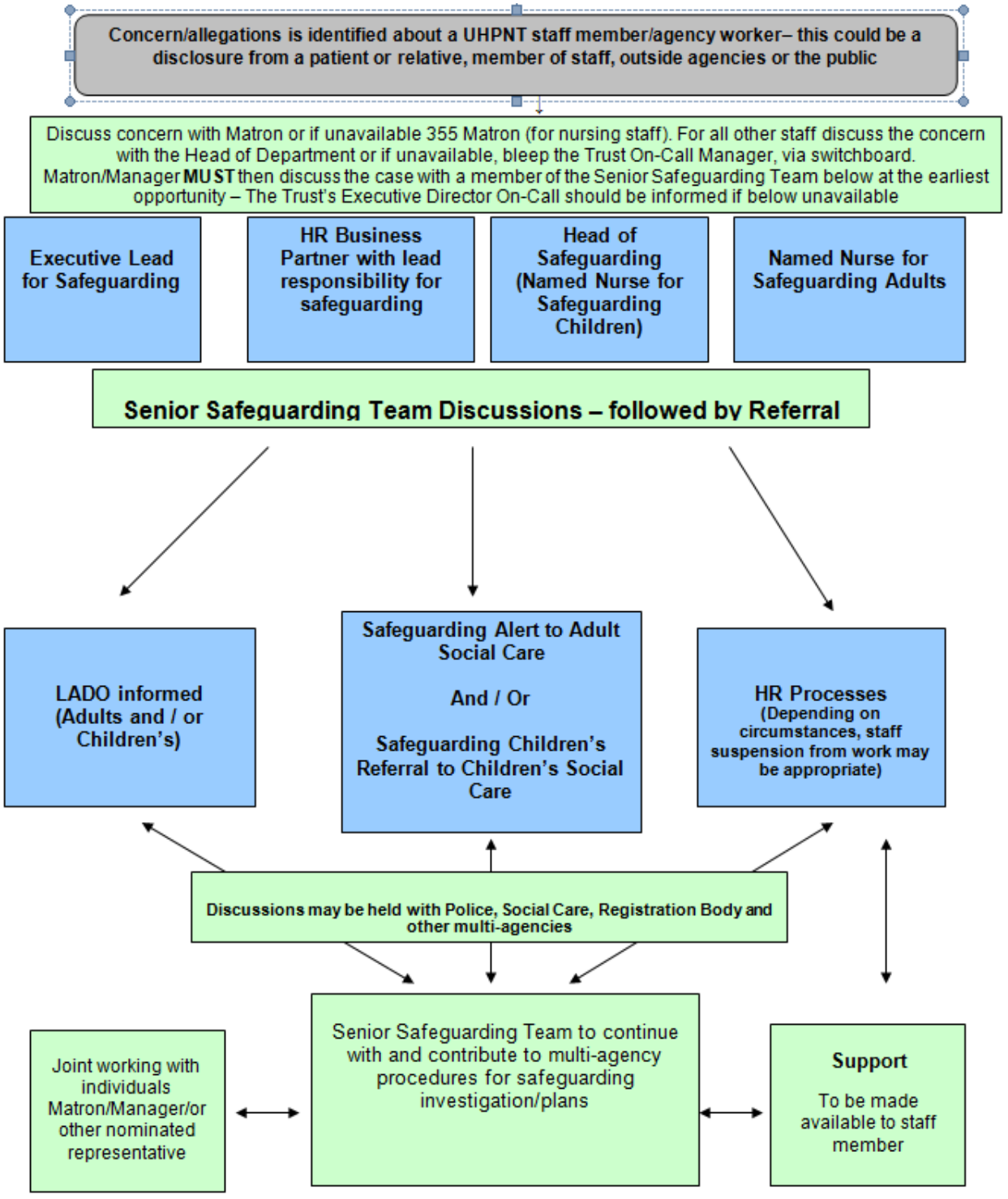
Specific issues and data gaps that may need to be addressed through consultation or further research	

Process for the Assessment and referral of Adults at Risk | Appendix 3

Action to be taken within hospital services is detailed in the UHPNT Managing concerns for & the process for assessment and referral of Safeguarding Adults at Risk flowchart– revised 2019



Managing Concerns/Allegations of Safeguarding about a UHPNT Worker | Appendix 4



Approved S42
Incident Operating M