North Staffordshire Combined Healthcare NHS Trust

Document level: Trust
Code: 1.89
Issue number: 1

Safeguarding Adults at Risk Policy

Lead executive	Executive Director of Nursing and Quality
Authors details	Head of Safeguarding

Type of document	Policy		
Target audience	All individuals employed by the Trust including contractors, voluntary workers, students, locums, agency and bank staff.		
Document purpose	To ensure safe working systems are in place to protect service users, relatives, staff and the public.		
Approving meeting	Quality Committee Trust Board	Meeting date	07 November 2019 28th November 2019
Implementation date	30th November 2019	Review date	30th November 2022

Trust documents to be read in conjunction with	
	Managing Safeguarding Allegations Policy (Trust Policy 1.70) Safeguarding Children and Young People Policy (Trust Policy 4.01) Prevent Policy (Trust Policy 4.43) Domestic Abuse Policy (Trust Policy 1.75) Sexual Safety and Responding to Sexual Violence Policy (Trust Policy 1.87).

Document change history		Version	Date
What is different?	Updated document, change of title, enhanced content to reflect this document being utilised as an operational policy within the Trust.	V3	August 2019
Appendices / electronic forms			
What is the impact of change?			

Training requirements	Safeguarding Children & Adults Level 1&2 is mandatory training for all staff. Face to Face Level 3 Adult Safeguarding training is mandatory for all professionally qualified staff. Domestic Abuse and Sexual Violence Training is also provided for all appropriately identified staff. Awareness of this policy and the roles and responsibilities of individual staff groups is made explicit during this training.

Document consultation	
Directorates	
Corporate services	
External agencies	
Financial resource	

implications	

External references
1. The Care Act (2014). The Stationery Office Limited (2014). http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf 2. Safeguarding Adults, Pocket Guide. (2017).NHS England. https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf 3. Safeguarding in Light of the Care Act (2015). Research in Practice for Adults. 4. The Modern Slavery Act. (2015). http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted 5. The Sexual Offences Act. (2003). The Crown Prosecution Service. https://www.cps.gov.uk/legal-guidance/rape-and-sexual-offences-chapter-2-sexual-offences-act-2003-principal-offences-and 6. Domestic Violence Disclosure Scheme (DVDS) Guidance (2016). The Home Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575361/DVDS_guidance_FINAL_v3.pdf 7. Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures, V4 (2016). https://www.ssaspb.org.uk/Guidance/SSASPB-Adult-Safeguarding-Enquiry-Procedures.pdf 8. The Government's revised mandate to NHS England for 2018-19. (2018). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803111/revised-mandate-to-nhs-england-2018-to-2019.pdf

Monitoring compliance with the processes outlined within this document	This will be monitored via the Safeguarding Group, Clinical Safety Improvement Group and the Weekly Incident Group.

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Less favourable / More favourable / Mixed impact**
Does this document affect one or more group(s) less or more favourably than another (see list)?		
– **Age** (e.g. consider impact on younger people/ older people)	No	
– **Disability** (remember to consider physical, mental and sensory impairments)	No	
– **Sex/Gender** (any particular M/F gender impact; also consider impact on those responsible for childcare)	No	
– **Gender identity and gender reassignment** (i.e. impact on people who identify as trans, non-binary or gender fluid)	No	
– **Race / ethnicity / ethnic communities / cultural groups** (include those with foreign language needs, including European countries, Roma/travelling communities)	No	

– **Pregnancy and maternity, including adoption** (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples)	No	
– **Sexual Orientation** (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not)	No	
– **Marriage and/or Civil Partnership** (including heterosexual and same sex marriage)	No	
– **Religion and/or Belief** (includes those with religion and /or belief and those with none)		
– **Other equality groups?** (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)	No	

If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.
Whilst the policy does not discriminate against any particular group additional consideration has been given to the additional complexities faced by individuals from some minority groups and increased complications for an individual when a disclosure of abuse or neglect also means a disclosure of sexual orientation, gender identity or gender reassignment or any other protected characteristic. However the compassionate response, support and signposting to specialist services provided by all employees of the Trust should be of the same standard regardless of the aforementioned issues.
If you have identified potential negative impact: - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?
As above

Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	No
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason	N/A

N/A
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk

Was a full impact assessment required?	No
What is the level of impact?	Low

CONTENTS

1. Introduction/Background

Adult safeguarding is everyone's responsibility. NHS England describes adult safeguarding as a fundamental part of patient safety and wellbeing and the outcomes expected of the NHS. This is outlined in the Government's revised mandate to NHS England for 2018-19, particularly objective 2 of the mandate: To help create the safest, highest quality health and care service (Department for Health and Social Care, 2018). Safeguarding adults relates to providing additional measures for those least able to protect themselves from harm or abuse. NHS organisations statutory responsibilities are defined within the Care Act (2014). The Care Act replaced numerous previous laws in response to national reviews and learning, in order to provide a statutory and coherent approach to adult safeguarding in England.

The Care and Support Statutory Guidance issued under the Care Act (2014) replaced the No Secrets Act (2000) from April 2015. The following adult safeguarding principles have been incorporated into the Care Act 2014. These are:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
- Prevention – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- Proportionality – The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
- Protection – Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- Partnership – Local solutions through services working with their communities.
- Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
- Accountability – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

Another key principle throughout the Care Act is making safeguarding personal; this means an individualised approach to safeguarding which involves putting the person in control of their life and the outcomes they want from adult safeguarding investigations. This is designed to empower people to speak freely and to be supported to make informed choices (with support where necessary) and this principle is inseparable from dignity and the human right to a quality of life. Therefore, the primary focus/point of decision-making must be as close as possible to the adult and they must be supported to make their own choices wherever possible.

In adult safeguarding situations the adult must be involved at the earliest opportunity (unless doing so would put them at greater risk of harm) and they must be kept involved

throughout the process to ensure that safeguarding is person centred and more outcome focused.

Professionals should clearly record within electronic care records their rationale as to why they did or did not raise a concern and this should be consistent with safeguarding principles, especially the principle of proportionality.

The Care Act (2014) has also placed adult safeguarding and Adult Safeguarding Boards on a statutory basis, with duties to co-operate over the supply of information and rights to access to advocacy.

Section 42 of the Care Act requires Local Authorities, on behalf of adults who fit the criteria, to carry out Statutory Enquiries. Local Authorities may also cause others to do so, on their behalf. The Care Act (2014) also makes provision for non-statutory enquiries, these may be carried out in circumstances where the threshold for adult safeguarding is not met, but there remains concerns of abuse or neglect (including self-neglect), where the framework of an adult safeguarding enquiry may help to manage or minimise risk.

The Care Act (2014) has also created a duty of candour on providers in respect of failings in hospital and care settings with a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

This policy should be read in conjunction with the policies and procedures of Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board (SSASPB) as displayed on their website (https://www.ssaspb.org.uk/Home.aspx).

2. Policy Synopsis

The purpose of this policy is to:

- Inform staff of best practice when responding to concerns or disclosures of adult safeguarding.
- Reduce the risk of harm and improve outcomes for the most vulnerable members of society by recognising adult safeguarding as a serious issue which has an adverse impact upon the health and wellbeing of individuals, families and communities.
- Increase awareness and understanding of adult safeguarding across the Trust.
- Ensure that all departments are clear within their roles in tackling and responding to issues surrounding adult safeguarding.
- Provide support for our staff that may be experiencing adult safeguarding concerns in the personal life.
- To ensure that processes are in place to support service users following a concern being raised or a disclosure.

3. Definitions of Adult Safeguarding

Adult safeguarding criteria are defined by the Care Act (2014) as being met when the following are present:

- the adult has care and support needs (regardless of whether these are these are being met by the local authority);
- the adult is at risk of or experiencing abuse or neglect;
- and as a result of their care and support needs they are unable to protect themselves from abuse or neglect.

The categories of abuse as defined by the Care Act (2014) are:

- Physical
- Sexual
- Psychological
- Financial
- Neglect/Acts of Omission
- Self Neglect
- Domestic Abuse
- Discriminatory
- Organisational
- Modern Slavery

3.1 Physical Abuse

Physical abuse can include assault (e.g. hitting, slapping, pushing, pinching or kicking), the misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint and unlawfully depriving a person of their liberty.

3.2 Sexual Abuse

Sexual abuse includes inappropriate looking or touching, subjection to pornography or witnessing sexual acts, sexual teasing or innuendo, sexual photography/filming, indecent exposure and sexual assault, rape or sexual acts to which the adult has not consented or was pressured into consenting.

It includes penetration of any sort and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes their genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority may also constitute sexual abuse.

The Sexual Offences Act (2003) also provides protection for persons with a mental disorder. There are three categories of offences for vulnerable persons, they are:

- Offences against persons with a mental disorder impeding choice
- Offences where there are inducements etc. to persons with a mental disorder; and
- Offences by care workers against persons with a mental disorder.

In all of these offences, mental disorder is defined as set out in section 1 of the Mental Health Act 1983, as amended by the Mental Health Act 2007, as 'any disorder or disability of the mind'. As well as including serious mental illness this definition ensures the

protection of those with a lifelong learning disability and persons who develop dementia in later life.

The legislation draws a distinction between those persons who have a mental disorder impeding choice, persons whose mental functioning is so impaired at the time of the sexual activity that they are unable to make any decision about their involvement in that activity, i.e. they are 'unable to refuse', those who have the capacity to consent to sexual activity but who have a mental disorder that makes them vulnerable to inducement, threat or deception; and those who have the capacity to consent to sexual activity but who have a mental disorder and are in a position of dependency upon the carer.

The denial of a sexual life to consenting adults is also considered abusive practice.

3.2 Psychological Abuse

Psychological abuse includes ‘emotional abuse’ and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks. Psychological abuse is the denial of a person’s human and civil rights.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. Psychological abuse also includes removing choice and opinion, privacy and dignity, being unable to follow one’s own spiritual and cultural beliefs, sexual orientation and the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

3.3 Financial Abuse

Financial abuse includes theft, fraud, internet scamming or coercion in relation to an adult’s financial affairs or arrangements. This includes wills, property, inheritance or financial transactions and the misuse or misappropriation of property, possessions or benefits.

3.4 Neglect/Acts of Omission

This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct.

3.5 Self-neglect

Self-neglect covers a wide range of behaviour, including neglecting to care for one’s personal hygiene, health or surroundings and behaviour such as hoarding.

Self-neglect is also defined within the Care Act as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

3.6 Domestic Abuse (including Female Genital Mutilation)

The Home Office (2013) describe domestic abuse as;

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional abuse".

Many people think that domestic abuse is about intimate partners, however domestic abuse includes abuse by other family members such as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family and much adult safeguarding work that occurs at home is, in fact, concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

In circumstances where an identified perpetrator of domestic abuse is known to be in or starting a new relationship, the police may use their common law powers in the prevention of crime to make a disclosure to the potential victim, this is known as a domestic violence disclosure or 'Clare's law' disclosure.

For further advice information and resources regarding domestic abuse please see the Trust Domestic Abuse Policy (policy number 1.75).

Female genital mutilation (FGM) involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad

3.7 Discriminatory Abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views. It also includes not responding to dietary needs and not providing appropriate spiritual support along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment.

Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well.

Excluding a person from activities on the basis they are 'not liked' is also discriminatory

abuse.

3.8 Organisational Abuse

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. This includes both neglect and poor care practice. Organisational abuse violates the person's dignity and represents a lack of respect for their human rights.

The failure to appropriately raise concerns regarding alleged organisational abuse means that you are complicit in the abuse; therefore inaction on the part of staff who are not active participants in the abuse is also an adult safeguarding concern.

3.9 Modern Slavery

Modern slavery is the recruitment, movement, harbouring or receiving of children or adults through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation.

Someone is in slavery if they are forced to work through mental or physical threat: owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; dehumanised, treated as a commodity or bought and sold as 'property'; physically constrained or has restrictions placed on his/her freedom of movement.

There are estimated to be at least 13,000 modern slaves in the UK at any one time. Some common signs to look out for within healthcare settings are people who may present as; withdrawn, avoiding eye contact, reluctant to seek help, lacking health care/dental care, malnourished, signs of physical and/or sexual abuse, physical restraint, confinement, or torture, not being allowed to travel on their own, rarely interacting with others, unfamiliar with their neighbourhood or where they work, appear under the control of others, as having few or no personal possessions, are not in control of their own money or documents, not allowed or able to speak for themselves (a third party may insist on being present and/or translating), wearing the same clothes day in day out or clothes which would be inappropriate for the weather.

In community settings common signs may also include; living and working at the same place, overcrowded accommodation, poor living conditions, dirty cramped environment, poor living conditions and being dropped off and collected on a regular basis either very early or late at night.

In addition to raising adult safeguarding concerns, certain statutory agencies have a duty to notify the Home Office in suspected/confirmed cases of modern slavery, this includes Local Authorities, therefore when completing a referral for adult safeguarding under this category a notification will be made to the Home Office. The information provided will be used to build a better picture of modern slavery in England and Wales. NHS Trusts are not named as authorities to whom the statutory duty to notify applies. Voluntary notifications can however be made if appropriate by NHS organisations, this should be considered on a case by case basis and advice may be sought from Line Managers or the Safeguarding Team.

3.10 Prevent

Although not a category of abuse under the Care Act (2014), preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding individuals from other forms of exploitation.

There is no obvious profile of a person who is likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism.

Vulnerable individuals may be exploited in many ways by radicalisers and this could be through direct face to face contact, or indirectly through the internet, social networking or other media. For further information and guidance please refer to the Trust Prevent Policy (Trust Policy 4.43).

4. Responding to a Concern or Disclosure of Abuse or Neglect

In the event of a disclosure the service user should be taken to a quiet and private area. When dealing with a disclosure it is important to try and put the individual at ease. Giving clear and simple messages such as:

- They are not to blame nor responsible for what has happened.
- Help is available; you can provide further support or put them in touch with other support services if they want this.
- You are concerned about their wellbeing and safety.
- Telling someone about what is happening is an important step in helping them get support and be safe.
- Explain limits of confidentiality, particularly if it is identified that children or other adults with care and support needs may be at risk.
- Discuss options available; include in this discussion immediate steps that can be taken to help them to feel safer.
- Explore with the person any immediate communication or care needs that may need addressing, particularly if the alleged perpetrator is their primary or sole carer.

In cases where the service user is from a refugee or asylum seeker status consideration should be given to previous experiences, such as previous political persecutions or torture, contributing to a lack of trust in authorities.

Disclosures, where the alleged perpetrator is a Trust employee, must be notified to the relevant manager and managed in accordance with Trust policies.

The Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry procedures (V4) state that an interpreter should be made available for service users who have experienced abuse or neglect and have communication difficulties, such as English as a second language or are deaf.

Appropriate support for the person's mental health needs should be arranged, taking into account the impact of making a disclosure or becoming aware a safeguarding concern has been raised by someone else, this may include an assessment of the service user's clinical mental state. This should be carried out by a senior clinician (in the event they are directly involved in the allegation an alternative clinician should be sought).

At times a service user may retract the disclosure and this can be for a number of reasons, such as a fear of not being believed or being placed under pressure by the alleged perpetrator. Retraction does not necessarily mean that the abuse did not occur and support should still be offered.

Following a disclosure, it is important that the disclosure is recorded accurately, in the service user's own words including the responses given by the staff member; and discuss with the individual the next steps and choices available to them. If the service user states they do not want the police involved at this time, they may later change their mind and a first disclosure may well become important evidence in any subsequent criminal investigation and trial. Therefore the accurate recording of this disclosure remains vital.

If possible, the member of staff to whom the disclosure is made should establish whether the service user continues to have contact with the alleged perpetrator and if they are aware if the alleged perpetrator has any contact with children or other adults with care and support needs.

5. Procedure for Reporting Adult Safeguarding

Any incidents of adult safeguarding in an inpatient setting should be reported to the Nurse in Charge/Ward Manager, who must inform the Senior Manager immediately if the abuse has occurred in an inpatient setting. If the disclosure of adult safeguarding takes place in the community it should be reported to the Team Manager as soon as reasonably possible.

The incident must be reported on the electronic incident reporting system and must be submitted as soon as practicable; when assessing the level of severity, consideration must be given to the psychological impact of the incident on the victim alongside any physical injuries.

As part of the electronic incident reporting, an adult safeguarding referral should also be completed by selecting the adult safeguarding radio button within the reporting form (see Appendix 2: Referral Process for Adult Safeguarding).

When the service user requests the involvement of the police, they should be contacted immediately; providing the service user's mental state does not preclude this as a relevant action.

A factual, comprehensive record of the concern or disclosure and immediate steps taken to protect them should be recorded in the service user's electronic care records. It is important to bear in mind this record may be used as evidence in a subsequent criminal trial.

Adult safeguarding procedures should not be invoked as a means to escalate or resolve professional disagreements or interpersonal issues, unless a risk to the adult is clearly indicated.

6. Section 42 Enquiries

Section 42 enquiries are the statutory adult safeguarding processes outlined in Section 42 of the Care Act (2014). These are carried out when there have been concerns raised and it

has been identified that the threshold described in Section 3 of this policy has been met. The Care Act (2014) and its supporting Guidance are not prescriptive as to who should undertake an enquiry or how it should be conducted (although it is clear that the duty to ensure that an enquiry takes place lies with the Local Authority). This decision will be determined by the context of the concerns and the relative complexity of the situation. The guidance makes clear that, in its most basic form, an enquiry may be a conversation but also that at other times it will require a wide range of professional skills and the ability to co-ordinate a multi-agency response.

The Local Authority can cause others to make enquiries. This means that a provider or partner agency can be asked to conduct its own enquiries and report these back to the Local Authority. In line with making safeguarding personal, section 42 enquiries should be led by the professional who knows the adult at risk best and NHS Trusts have a legal duty under The Care Act (2014) to cooperate in formal adult safeguarding enquiries.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation.

The objectives of a Section 42 enquiry are to:

- Establish facts.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support and redress and how they might be met.
- Protect from the abuse and neglect, in accordance with the wishes of the adult.
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and enable the adult to achieve resolution and recovery.
- An enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate.

Please refer to the SSASPB guidance on undertaking a Section 42 enquiry for additional detailed guidance. https://www.ssaspb.org.uk/Guidance/Chapter-Four-Safeguarding-Enquiries-Section-42-Care-Act-2014.pdf

7. Safeguarding Children and Young People

If during the course of an adult service user's disclosure it becomes apparent that children or young people under the age of 18 years may be at risk, a referral for child safeguarding must be made.

If the service user making the disclosure is a child or young person under the age of 18 years a child safeguarding referral must be made.

In both cases a referral is needed so that further enquiries can be made; assessments conducted and appropriate safeguarding action taken. A child safeguarding referral needs to be made in accordance with the Safeguarding Children and Young People Policy (Trust Policy 4.01) and this should be recorded in the patient's electronic records. An alert should also be placed on the electronic record to ensure other practitioners within the organisation are aware of the referral.

Child safeguarding referrals are dealt with by Children and Families Social Care and as such can create anxiety and stress for victims. It is important to reassure the individual that Children and Families Social Care will work with them so that they and any other children at risk can be protected and safe.

8. Safeguarding Adult Reviews

The Care Act (2014) states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies or is seriously harmed as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. The objectives include establishing;

- Lessons that can be learnt from how professionals and their agencies work together.
- How effective the local safeguarding procedures are.
- Both learning and good practice.
- How to improve local inter-agency working.
- Service improvements or development needs for one or more service or agency.

SARs look in detail at the care provided to the adult across all agencies, a chronology and independent management review or summary report will usually be submitted and clinical staff who have worked with the person (or identified significant others in the case) may be invited to attend review panels. If staff are involved in a SAR, support and supervision should be sought from your line manager or the safeguarding team.

9. Supporting Staff with personal Adult Safeguarding Concerns

The Trust aims to respond sympathetically, effectively and confidentially to any member of staff who discloses adult safeguarding concerns outside of their professional role and is committed to supporting our staff. The Trust will work with the member of staff, and where agreed other agencies, to identify what actions can be taken to support them throughout the safeguarding process.

Members of staff who are experiencing adult safeguarding concerns in their personal lives may choose to disclose, report to or seek support from a staff side representative, a manager, or colleague. Members of staff who receive information from staff regarding adult safeguarding will not counsel victims, but can offer a listening ear, information, workplace support, and signpost to other organisations that may provide help and support.

Both the Named Doctor and Named Nurse for Safeguarding are also available to provide support for members of staff. They can also provide guidance for managers and staff side representatives.

An employee's right to confidentiality and discretion around personal details of employees will be respected. However, in cases where there are believed to be safeguarding concerns either relating to children or adults with care and support needs, there is a statutory obligation upon the Trust to share this information with certain other statutory

agencies such as the police and adult or children's social care and confidentiality cannot be guaranteed.

10. Advice and Supervision

The Trust Safeguarding Team is available to provide support and advice to staff and volunteers on safeguarding adults (including advice on specific cases). Details on how to contact the Safeguarding Team are available on CAT.

Adult safeguarding can be a rare occurrence for some staff and some staff will work with complex caseloads where there may be a number of safeguarding cases. Working with people at risk can be emotionally demanding and it is important that staff access the relevant support.

Safeguarding supervision is available to all staff and can be:

- Telephone advice re individual cases.
- 1:1 supervision.
- Team supervision.

Adult safeguarding issues should also be routinely discussed as part of the supervision arrangements for all practitioners as set out in the Trust Supervision Policy (1.14a). The outcomes from supervision should, in individual cases, be recorded in the relevant electronic care record.

All safeguarding concerns, including those discussed in supervision, must be recorded within electronic patient records, except for specific cases where recording information would increase risks to the adult.

11. Duties and Responsibilities

11.1 Chief Executive and Other Executive Directors

It is the responsibility of the Executive Directors to ensure that this policy is enforced.

11.2 Line Managers, Senior Medical Staff, Senior Nursing Staff, Senior Managers

It is the responsibility of senior members of staff to ensure that the policy is implemented.

11.3 Safeguarding Team

The Safeguarding Team will provide advice, training, information and support to clinical staff regarding adult safeguarding concerns.

The Senior Safeguarding Nurse will process adult safeguarding referrals on behalf of the Local Authority as part of any Sec 75 arrangements.

11.4 Professional Registered Clinical Staff

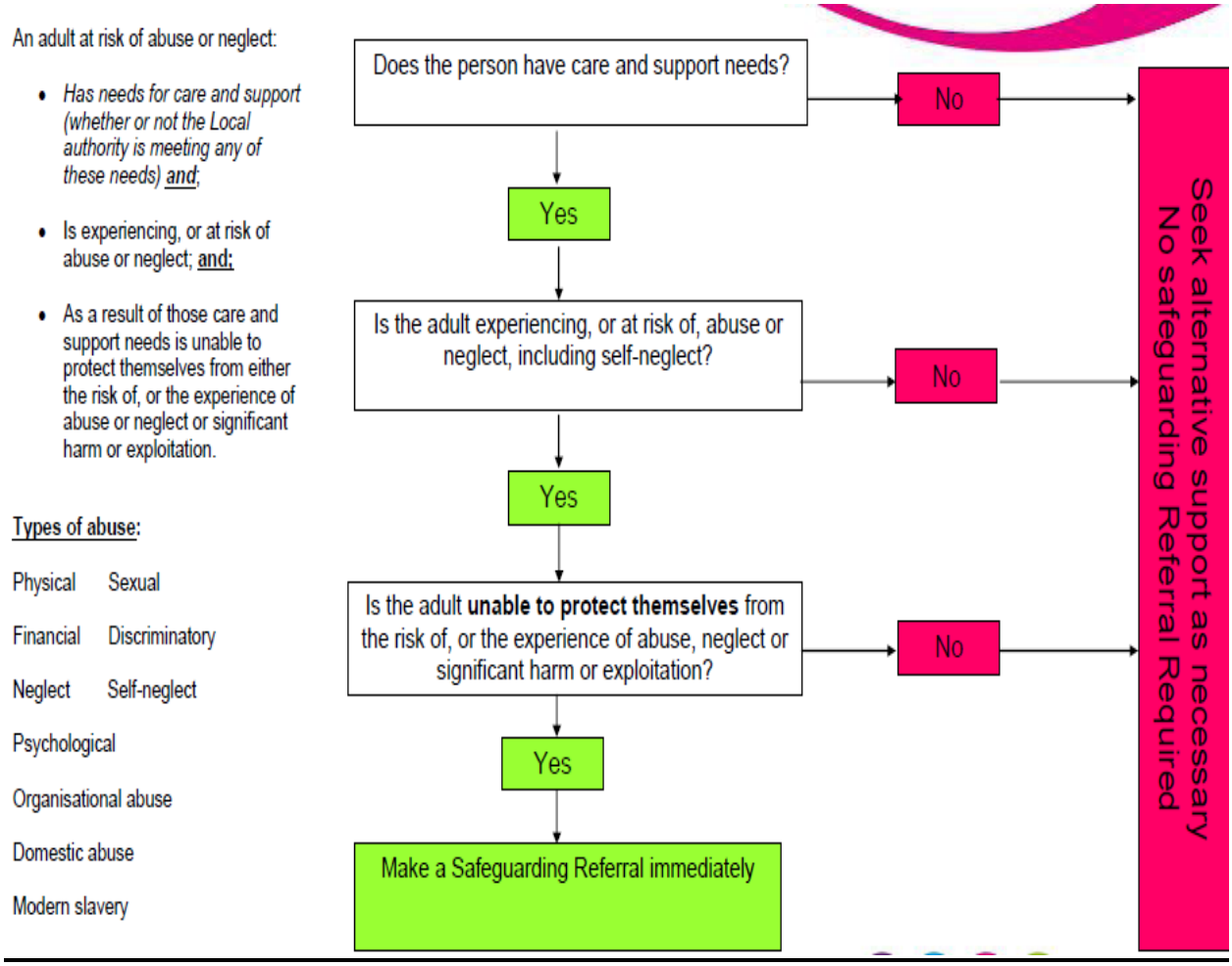
All professionally registered clinical staff have a responsibility to appropriately support service users and report incidents in line with Trust policy.

11.5 All Members of Staff

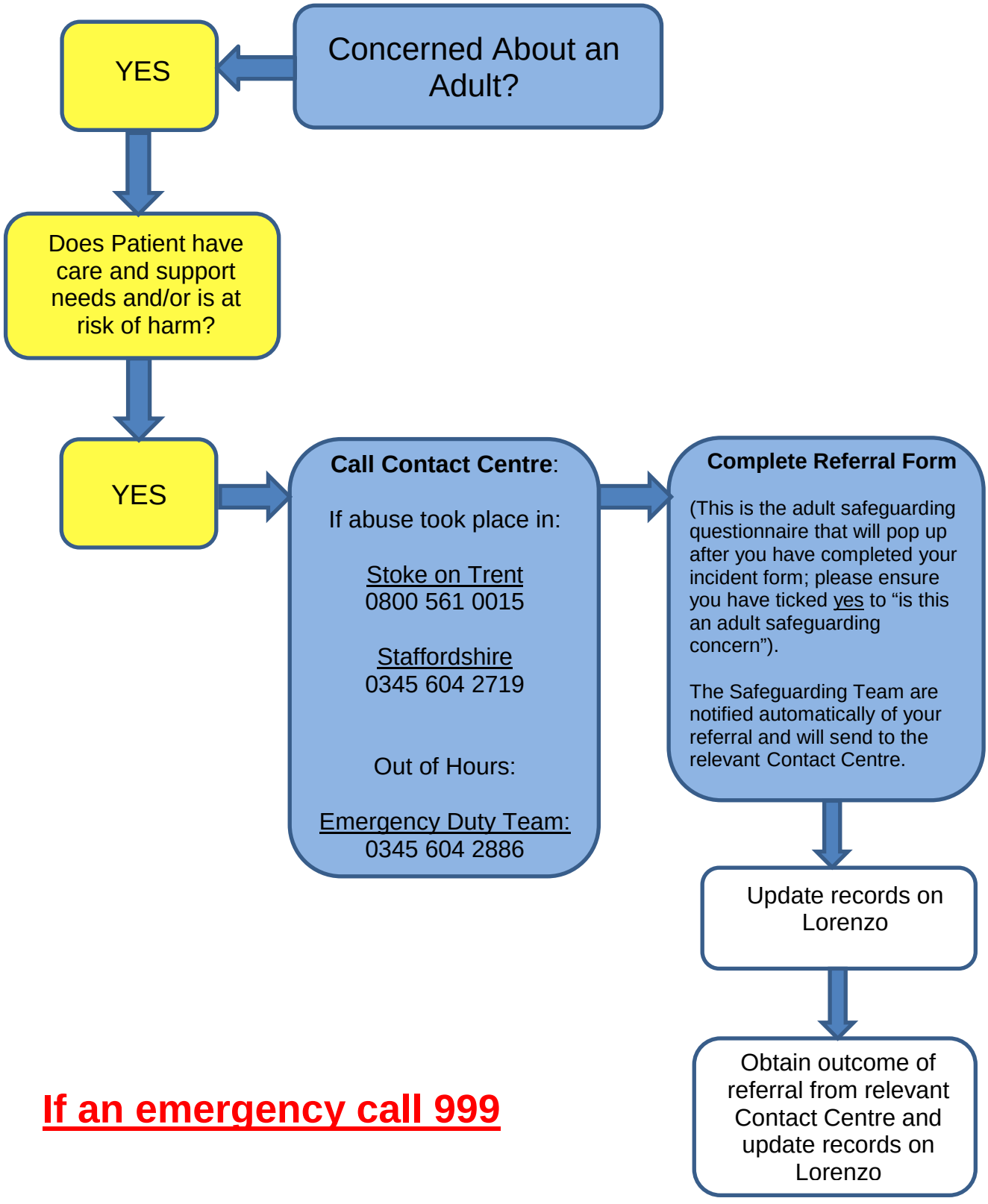
All members of staff have a duty to respond appropriately to disclosures of adult safeguarding concerns and should access available training as appropriate to their role.

12. Appendices

12.1 Appendix 1: Adult Safeguarding Decision Making Flowchart



12.2. Appendix 2: Adult Safeguarding Referral Process



If an emergency call 999

12.3. Appendix 3: Training Needs Analysis

Training Needs Analysis for the policy for the development and management of Trust wide procedural/approved documents

There **is no** specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	
There **is** specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.	✓

Staff Group	**✓ if appropriate**	**Frequency**	**Suggested Delivery Method (traditional/ face to face / e-learning/handout)**	**Is this included in Trustwide learning programme for this staff group (✓ if yes)**
Career Grade Doctor	✓	3 yearly	eLearning/Face to face	✓
Training Grade Doctor	✓	3 yearly	eLearning/Face to face	✓
Locum medical staff	✓	3 yearly	eLearning/Face to face	✓
Inpatient Registered Nurse	✓	3 yearly	eLearning/Face to face	✓
Inpatient Non-registered Nurse	✓	3 yearly	eLearning/Face to face	✓
Community Registered Nurse	✓	3 yearly	eLearning/Face to face	✓
Community Non Registered Nurse / Care Assistant	✓	3 yearly	eLearning/Face to face	✓
Psychologist / Pharmacist	✓	3 yearly	eLearning/Face to face	✓
Therapist	✓	3 yearly	eLearning/Face to face	✓
Clinical bank staff regular worker	✓	3 yearly	eLearning/Face to face	✓
Clinical bank staff infrequent worker	✓	3 yearly	eLearning/Face to face	✓
Non-clinical patient contact	✓	3 yearly	eLearning	✓
Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable) All front line clinical staff will be required to complete adult safeguarding level1 and 2 eLearning. All professionally qualified staff are required to complete face to face Level 3 training in addition to eLearning. The Training Department will maintain records of training and report on levels of compliance.

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed by	Amy Davidson, Head of Safeguarding	Date	03/10/2019