SAFEGUARDING ADULTS POLICY

POLICY

Reference	CPG-SGA-001
Approving Body	Patient Safety Committee (for higher level approval)
Date Approved	3rd August 2021
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**

YES	**NO**	**N/A**
X		

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Consultation Undertaken	• Safeguarding Steering Group
Date of Completion of Equality Impact Assessment	24th April 2018
Date of Environmental Impact Assessment (if applicable)	N/A
Legal and/or Accreditation Implications	There is a legal requirement for all NHS Trusts to have in place a Safeguarding Adults policy
Target Audience	• All clinical and non-clinical substantive, bank and temporary staff who have contractual obligations to the Trust, including all those working in a voluntary capacity within the organisation • Trust wide all ward and departments both clinical and non-clinical at Sherwood Forest Hospitals
Review Date	August 2024
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Safeguarding Adults Named Nurse, Richard Idle
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Nursing – Safeguarding Team
Position of Person able to provide Further Guidance/Information	Safeguarding Adults Named Nurse

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
• Not Applicable	• Not Applicable
Template control	June 2020

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1.0 INTRODUCTION

1.1 The Care Act (2014) replaces No Secrets Guidance (Department of Health 2000) and makes Safeguarding Adults a statutory duty.

1.2 This policy reflects the Nottinghamshire Safeguarding Adult Board (NSAB) Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Guidance (2016) which is in accordance with The Care Act (2014) and associated statutory guidance. It describes how agencies should proactively prevent abuse from occurring and respond if abuse is identified, suspected or disclosed.

1.3 This policy defines the way in which Sherwood Forest Hospitals Foundation NHS Trust (SFHFT) will ensure that its working practices will comply with its statutory responsibilities and best practice framework based on the guidance contained in the Care Act.

1.4 It reflects that The Trust will also consider safeguarding concerns when reviewing serious incidents and will report all appropriate concerns through internal assurance frameworks and to external assurance frameworks to the Clinical Commissioning Groups and Care Quality Commission.

1.5 The Care Act (2014) enshrines six key principles in relation to safeguarding adults at risk which provides the foundation for achieving good outcomes for patients:

The Care Act- Six principles of Adult Safeguarding

- **Empowerment**: Presumption of person led decisions.
- **Protection**: Support and representation for those in great need.
- **Prevention**: Prevention of neglect and abuse is the primary object
- **Proportionality**: Proportionality and least instrusive response appropiate to the risk presented.
- **Partnerships**: local solutions through services working with their communities
- **Accountability**: Accountibility and transparency in delivering safeguarding.

Principles of Safeguarding

1.6 Safeguarding means protecting an adult's right to live in safety free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect (Department of Health, 2014).

1.7 At all times those with a duty to safeguard people must give due regard to ensure that the adult's wellbeing is promoted in their safeguarding including, where appropriate, having regard to their views, wishes, feelings and beliefs when making decisions or taking any action. This approach recognises that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (Care Act: Section 14.7).

1.8 Making safeguarding personal means it should be person-led and outcomes focussed. It engages the person in a conversation about how best to respond to any risks they face in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety (Care Act: Section 14.92)1.9

1.9 The aims of the safeguarding adults' policy are to:

- Identify risk factors and potential harm early
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do when they have a concern about the safety or wellbeing of an adult
- Prevent harm and reduce the risk of abuse or neglect to adults with care or support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Address what has caused the abuse or neglect.

1.10 The Mental Capacity Act (2005) and Deprivation of Liberty (2007), place further duties on the Trust and on individual employees when working with adults who may be vulnerable and/or have complex health and social care needs.

1.11 Safeguarding Adults is an integral part of person centred patient care and encompasses:

Prevention of harm and abuse through provision of high quality care.
Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures

- Using learning to improve service to patients

2.0 POLICY STATEMENT

2.1 The Trust acknowledges that, due to the nature of hospitals, many people who would not normally be considered vulnerable can be in a position where they lack capacity or have reduced control. It also recognises that abuse of adults can occur within domestic, institutional and public settings, and as such we have a responsibility to protect patients within our care.

2.2 This policy provides a framework which the Trust will work to in preventing and minimising the risk of abuse to vulnerable adults.

2.3 This policy sets out the collective and individual expectation for staff to comply with legislation, codes of conduct and behaviours required as an employee of Sherwood Forest Hospitals NHS Foundation Trust.

2.4 The policy provides a consistent effective approach to dealing with concerns, allegations of abuse and neglect within the Trust regarding any person aged over 18 years and identifies the roles that individuals have within the organisation. It also recognises that it is necessary to 'Think Family' within any concern and look at the situation surrounding the individual and identify whether there may be other people who are affected by the abuse e.g. children/dependent adult.

2.5 This Policy applies to all substantive, bank and temporary staff that have contractual obligations to the Trust, it also covers all those working in a voluntary capacity within the organisation. Agency and contracted staff are expected to familiarise themselves with these procedures and to ensure that their practice is in line with the Trust. Staff who are not directly employed by the Trust should have appropriate training from their employer and the Trust will seek reassurance from contractors to assure themselves of this.

2.6 The Trust is fully signed up the multi-agency Nottingham & Nottinghamshire Safeguarding Adults – Policy and Procedure for Raising a Concern and Referring (2016) to effectively ensure the safety of all adults at risk where abuse is suspected or reported

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All substantive, bank and temporary staff who have contractual obligations to the Trust, including all those working in a voluntary capacity within the organisation. It also refers to agency or contacted staff who are managed by a third party on behalf of the Trust
Adult at risk: An adult who is 18 or over:	Any individual who becomes a patient within the Trust can be considered vulnerable. The Local Authority will make the decision if a) they are an adult at risk and b) they are experiencing or are at risk of abuse or neglect and c) as a result of their care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect " (Care Act 2014)
Significant harm	'Ill treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of or an avoidable deterioration in physical or mental health; and the impairment of physical, emotional, social or behavioural development.' ("Who decides?" Law Commission1997).
Abuse	A violation of an individual's human and civil rights by any other person or persons or organisation. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. (Nottingham & Nottinghamshire Safeguarding Adults – Policy and Procedure).

Person Centred	Working closely with individuals to help them identify what outcome they would like to see as a result of the safeguarding concern being raised.
Making Safeguarding Personal	Making Safeguarding Personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
Think Family	'Think Family' means securing better outcomes for children, young people, adults and families by co-ordinating the support they receive from all services delivered.
Lacking in Capacity	Someone is considered to lack capacity under the Mental Capacity Act 2005 is "a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken".
Raising a concern	Means the person who is informed, or has, a concern that a vulnerable adult is at risk of significant harm, abuse or neglect.
Referrer	The person who receives the information from the person 'raising a concern'.
SG	Trust Safeguarding Steering Group.
NSAB	Nottinghamshire Safeguarding Adults Board.
Safeguarding Manager	is a member of the Safeguarding Health & Social Care Team who manages the investigation.
MASH	Nottinghamshire Multi-Agency Safeguarding Hub. This is the first point of contact receiving new safeguarding concerns or enquires and collaborating information from different agencies to build up a holistic picture of the circumstances of the case.
PREVENT	Part of the government's counter-terrorism strategy (CONTEST) aimed at preventing vulnerable people being radicalized by extremist groups and drawn into carrying out terrorist activities. The key to PREVENT is that we work to recognise and escalate concern before criminal activity has taken place.
DoLS	Deprivation of Liberty Safeguards - The Deprivation of Liberty Safeguards apply to: • A relevant person in a hospital or care home who is over the age of 18 years who lacks capacity to consent to the arrangements for their care **and** • For whom deprivation of liberty is a proportionate and necessary step to take in their best interests to keep them from harm.

4.0 ROLES AND RESPONSIBILITIES

4.1 The Care Act (2014) has made it a statutory responsibility for NHS Trusts to safeguard adults in their care and to work with their partner agencies. The local authority is the lead agency in safeguarding adults at risk but they may direct the Trust to make enquires about possible safeguarding concerns.

Chief Nurse

The Chief Nurse is the nominated lead responsible for adult safeguarding and for establishing a clear management structure, ensuring adequate resources are available and that local procedures are developed and reviewed at regular intervals. They also act as chair for the Trust Safeguarding Steering Group.

Head of Safeguarding –

Has the day to day responsibility for ensuring safeguarding practices are implemented and assurance is gained from all services within the Trust that any areas of concern are responded to in line with policies and procedures. The Head of Safeguarding is also the lead for PREVENT and MAPPA.

Safeguarding Team

Have the responsibility for:

- Providing advice and support to staff (including volunteers) for all aspects of Safeguarding and Adults at Risk
- Developing and delivering training sessions to fulfil the legal and professional responsibilities of all staff
- Disseminating lessons learnt from local and national reviews
- Providing safeguarding supervision as required.
- Updating clinical policy by the review date, earlier in the light of new evidence to support a change in clinical practice or following lessons learnt as a result from investigation of a clinical incident.

Safeguarding Steering Group

Has the responsibility for:

- Ensuring a robust safeguarding structure is in place with identified leads to effectively support, train, give advice and supervision to teams within Divisions
- Ensuring policies and procedures are in place to support Trust service delivery
- Monitoring the data within the Safeguarding dashboard to ensure compliance with Care Quality Commission (CQC) and or Clinical Commission Group (CCG) contractual obligations, the Safeguarding Adults Assurance Framework and the Section 11 reports.
- Ensuring the quarterly reports for the safeguarding teams are produced timely and information provided is fit for purpose and evidence based, these will provide assurance

to the Patient, Safety, Quality Board (PSQB) regarding the safeguarding functions within the Trust

- Monitoring Care Quality Commission (CQC) / Clinical Commission Group (CCG) PEER Review/Serious Case Reviews (SCRs)/Domestic Homicide Reviews (DHRs)/Safeguarding Adult Review (SAR) action plans are updated and recommendations and lessons learnt are cascaded to Divisions
- Providing challenge and scrutiny on safeguarding functions and or Divisional issues around patient safety and quality
- Reviewing safeguarding risk register
- Ensuring safety and quality risk issues are escalated to the PSQB timely.
- Monitoring safeguarding activity within the Trust
- Monitoring safeguarding activity within the Trust, ensuring safeguarding is embedded for children, young people, adults and children in care.

All Trust Staff

- All staff are responsible for safeguarding vulnerable adults in their care and their dependents; and must adhere to this policy. They also have a statutory responsibility and a duty of care to report any suspected or disclosure of abuse to Social Care, either directly, or through their manager. , The failure to report suspicions or disclosures of abuse is a failure in their duty of care.
- However difficult it may seem, staff must make known their concerns of abuse.
- In addition staff should also 'Think Family' in their assessment of risk and consider the ability of adult patients with child care responsibilities to safeguard the children in their care. If this raises a concern a referral be made to Children's Social Care. **For how to raise a concern and refer:** see Appendix 1
- A copy of **all** safeguarding referrals must be made and inserted into the patients records (behind the red safeguarding divider) and a further copy sent to the Safeguarding Team for information
- This duty also includes identifying those who might be considered as being deprived of their liberty. If a DoLS is required the Local Authority must be informed using the DoLS portal.

All **standard** and **urgent** requests to the Nottinghamshire DoLS office will move to an electronic online application.
This can be accessed via http://www.nottinghamshire.gov.uk/care/adult-social-care/deprivation-of-liberty-safeguards-dols to access the forms or via the Safeguarding Adults folder on the Trust intranet under DoLS Portal.

The e mail used to submit the DoLS must be sfh-tr.SFHSafeguardingAdults@nhs.net

5.0 APPROVAL

This policy will be consulted at the Safeguarding Steering group and then approved at the Patient Safety Committee

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

6.1 Guidance and referral process

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.

Safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met and regardless of whether the adult lacks mental capacity or not.

a) Who is at risk?

Any adult can be at risk of abuse or neglect and may be a person who for example:

- Is a person who is frail due to ill health, physical disability or cognitive impairment.
- Is a person who has a learning difficulties/ disability
- Is a person with dementia
- Is a person with a physical disability and/or a sensory impairment/or communication difficulty e.g. Autism
- Is a person who has mental health needs
- Is a person who misuses substances or alcohol
- Is a person with a long term illness or condition.
- Is a person who lacks capacity to make specific decisions to make particular decisions and is in need of care and support
- Is a person who is transient

Not all individuals from these groups would see themselves, or be seen by others, as 'adults at risk'. In addition, an individual may be both an adult at risk and a carer. Assessment of the environment and context should be taken into account when determining if an individual is vulnerable, as well as the person's capacity to make decisions and to be able to safeguard them.

The Care Act (2014) states organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being.

Carers and Safeguarding
Carers of people in need of community care services may also be adults at risk and subject to abuse from the people they care for (Note: the term 'carer' does not include those specifically paid to provide care or acting as volunteers). For further information relating to carers please refer to the Trust's Guideline for Supporting Carers.

b) What is Abuse and Neglect?

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

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

Abuse may take a number of different forms; these are defined within the Care Act 2014 as:

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

Domestic Abuse: Including psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence and female genital mutilation (it is expected where FGM is identified that the named nurse will be informed and the DOH will be informed via the required dataset recording system)

Sexual Abuse: Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented, or was pressured into consenting.

Psychological Abuse: Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

Financial / Material Abuse: Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery: Encompasses slavery, human trafficking, 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.

Discriminatory abuse: Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational Abuse: Including neglect and poor care practice within an institution or specific care setting such as a hospital or 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 structures, policies, processes and practices within an organisation.

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

Self Neglect: This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

In addition to these definitions the Trust acknowledges and responds to issues of concerns that may increase a person's vulnerability or risk including:-

Female Genital Mutilation (FGM) - All women and girls who disclose / who are identified as being affected by female genital mutilation receiving care that is provided by staff working for Sherwood Forest Hospitals NHS Foundation Trust. See the Trusts guideline for the reporting of women and girls identified with FGM:
http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?ContentId=47964
Domestic Abuse – the Trust has a specific policy regarding the required response to identified or suspected domestic abuse –
http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=37574

Abuse and neglect may arise through deliberate intent, negligence, or ignorance.

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

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems. In order to see these patterns it is important that information is recorded and appropriately shared.

c) What do I do if I suspect or am told of abuse happening?

A concern may be raised by:

- The adult.
- Another patient, carer, family member, friend, member of the public or someone visiting the service.
- Something you have directly observed or heard.

When you are first made aware of, or witness, a concern of significant harm, abuse or neglect, your initial response must always be to the immediate health, safety and welfare of the adult and anyone else at risk. Remember, this may also include the alleged perpetrator.

The following are useful pointers when someone, including the adult at risk or their carer, raises a concern with you;

- Assure them that you are taking them seriously;
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage;
- Do not give promises of complete confidentiality;
- Explain that you have a duty to tell your manager or Trust Safeguarding Team, and that their concerns may be shared with others who could have a part to play in safeguarding them;
- Reassure them that they will be involved in decisions about what will happen;
- Explain that you will try to take steps to protect them from further abuse or neglect;
- If they have specific communication needs, provide support and information in a way that is most appropriate to them;

- Do not be judgemental or jump to conclusions;
- Do not discuss the concern with the person alleged to have caused harm or anyone else, unless the immediate welfare of the vulnerable adult makes this unavoidable.

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect, as accurately as possible, what was said and done by the people initially involved in the incident either as a victim, alleged perpetrator or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You must make an accurate record at the time, including;

- Date, time and place of the incident;
- Exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you;
- Appearance and behaviour of the vulnerable adult;
- Any injuries observed (a body map must be completed);
- Name and signature of the person making the record;
- If you witnessed the incident, write down exactly what you saw.

The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them.

Is a referral required?
You are accountable for your decision and should use your professional judgement when deciding whether an incident should be referred.

- Use the information gathered to make a decision whether or not a safeguarding referral is required to the relevant local authority.

- Consider the information in the following document which is published within the Safeguarding Adults intranet site: “Nottinghamshire Thresholds and Pathways Guidance for Referrers” This guidance is intended to assist you make a judgement and will not provide the definitive answer when deciding whether to refer an incident.

Getting the consent of the vulnerable Adult

When a decision is made that a safeguarding referral is required every effort should be made to gain consent from the vulnerable adult. However this should not delay the safeguarding process.

Making a decision to refer without consent

- If the vulnerable adult is assessed as not having the capacity to make the decision to referral being made then the referrer should make the decision in the patient’s best interests in accordance with the Mental Capacity Act (2005)

- Whilst consent should always be sought, if there is an overriding public interest, or if gaining consent would put the vulnerable adult at further risk, a referral to the relevant local authority must be made. This would include situations where;

- Other people, including vulnerable adults and or children, could be at risk from the person causing harm;

  It is necessary to prevent crime;
- The vulnerable adult should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

Before making a referral to the Nottinghamshire Multi-Agency Safeguarding Hub (MASH), or Derbyshire or Lincolnshire social services you should:

- Ensure the immediate safety and welfare of the vulnerable adult.
- Obtain further information if possible, clarify facts
- Discuss with the vulnerable Adult what outcome they want from a referral and gain their permission to refer. (follow the MCA if necessary)
- Consider do the police need to be informed
- **Note any concerns of a sexual nature will require expert police advice.**
- Preserve any evidence (see below *)
- Complete a body map of any marks, bruising, wounds or injuries, (see Adult Body Map & Documentation)
- Request clinical photography
- Support alerter (person raising the concern)
- Make decision to refer for further information see - Is a referral required?
- In line with the Trust's disciplinary procedure, take any proportionate action for staff who are alleged to have perpetrated abuse.
- Document on the trusts safeguarding Adults documentation.

It will sometimes be necessary to speak to the adult at risk about the incident to clarify what has been alleged (and will usually be necessary to get their consent and see what they would like to happen – see below). The following pointers may be helpful when having such conversations;

d) Making a referral

All referrals should be to the MASH or relevant authority using the referral forms and a copy placed in the patient's records and copy sent to the Trusts safeguarding team for information.

6.2 Record Keeping

Good record keeping is a fundamental part of good practice. It is particularly important to make clear and detailed written and/or electronic records when abuse is alleged or witnessed and it is important to be as accurate as possible.

Information that may impact on patient care should be documented in the medical notes. Please also see the Trust's: Clinical Record Keeping Standards Policy.

6.3 Communication following an investigation

MASH will report to the Trust's Safeguarding Adults Team who will in turn liaise with the appropriate Trust staff.

Support & Counselling should be considered.

The Safeguarding Steering Group will oversee trends and themes, audit & reflect to improve the services through lessons learned and action planning.

Sherwood Forest Hospital NHS Foundation Trust may be required by the Nottinghamshire Safeguarding Adults Board as part of a serious case review to produce an individual management report. As part of this process it may be necessary to interview individual staff from Sherwood Forest Hospitals NHS Foundation Trust see Appendix 4 – Guide for professionals involved in a Safeguarding Adults Review.

Internal Incident Process

> Incidents that are generated internally or externally to the Trust and relate to Safeguarding events are reviewed and severity coded by the Safeguarding Leads or deputy/ies. The level of investigation required is determined by the severity coding in the same manner as other incidents. If the circumstances of the event are significant the incident should be scoped as a potential serious incident and escalated through the scoping meeting. Such incidents will then follow the same process, see Appendix B of the Trust's Incident Reporting Policy – *SFH Framework for the management of a serious incident*.

- Any action plan developed from an incident will be shared with divisions and delivery tracked and signed off for external sharing.

6.4 Prevention & Minimising Abuse - Practical Guidance for Staff

You have an important role to play in preventing abuse and safeguarding vulnerable adults. This means you should:

- Have an awareness of the Safeguarding Adults Policy and Procedures and your role and responsibilities within that process
- Attend relevant training and seek support to implement the Policy and Procedures within your work environment
- Have a working knowledge of the Mental Capacity Act 2005
- Include safeguarding issues in care plans
- Integrate Safeguarding Adults into all aspects of care and support that you provide
- Discuss any concerns that you have with your line manager, safeguarding adult advisor or the appropriate person within your organisation at the earliest opportunity
- Provide service users and carers with the relevant information –See Appendix 2 - Further Help & Relevant Organisations
- Consider if an Independent Mental Capacity Advocate (IMCA) is required for the adult – See Appendix 3

6.5 PREVENT – The Government's Counter Terrorism Strategy

Statutory Guidance issued under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on the Trust to have "due regard to the need to prevent people from being drawn into terrorism".

The Prevent Strategy, published in 2011, is one strand of the UK's Counter Terrorism Strategy known as CONTEST. The three objectives of Prevent are:

- To respond to the ideological challenge of terrorism and the threat from those who promote it
- To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- To work with sectors and institutions where there are risks of radicalisation that we need to address

The following factors may make vulnerable individuals susceptible to exploitation with an associated risk of more easily being drawn into extremism or terrorism:

- Suffering from a mental illness or intellectual difficulties
- Lack of identity and belonging in their community
- Involvement with group offending or organised crime
- Significant tensions within the person's family/significant others
- Alienation from their own culture, and
- Unemployment / underemployment

Vulnerable people may be more easily drawn into terrorism – not just violent extremism but also non-violent extremism which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

There is no single profile of a person likely to become involved in terrorist-related activity, nor is there a single sign of when a person might move to adopt violence in support of extremism. Vulnerable individuals who may be susceptible to radicalisation can be patients and/or staff.

The key challenge for the Health is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support. The Trust actively supports Prevent by providing staff with training as well as advice and information on the Trust Intranet site.

Prevent is an ongoing initiative and does not require a staff member to do anything in addition to their normal duties. What is important is that if staff are concerned that that a vulnerable individual is being exploited in this way, concerns can be raised in accordance with the local Safeguarding policy and procedures.

All Trust staff have a responsibility to:

- know what Prevent is
- know what their role in Prevent is
- know who the Prevent lead is and the reporting procedure
- to attend Prevent training

See Appendix 5

6.6 Trust Staff

If any allegations of any type of abuse are made about a staff member, these will be managed through the Allegations Against Staff policy which is available on the intranet http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=32447

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
The number of staff who have completed relevant training	Training and Development department / The Trusts safeguarding Adults team.	All staff who attend the training will sign a register of attendance this information will be uploaded onto the OLM system. This information will be given to the trusts safeguarding team on a quarterly basis. Who will formulate this information into a report.	Quarterly Basis	The trusts Safeguarding Steering Group.
How many Safeguarding referrals to the Trusts safeguarding team.	The Trusts safeguarding team.	The safeguarding team maintain a record of how many safeguarding adult referrals with in the Trust	Quarterly Basis	The trusts Safeguarding steering group.
How many referrals and how many staff have received Safeguarding training.	The Trusts safeguarding team.	The report to the trusts Safeguarding Steering Group on a Quarterly Basis.	Quarterly Basis	. The trusts Safeguarding steering group
Compliance with NSAB Partnership Assurance Tool	The Trust Safeguarding Team	Validation of requirements within Safeguarding Adult workplan	Quarterly	The Trust Safeguarding Steering Group
Audit programme against locally agreed priorities	The Trust Safeguarding Team	Audit programme	Quarterly	The Trust Safeguarding Steering Group

8.0 TRAINING AND IMPLEMENTATION

Safeguarding Think Family Training is facilitated within the following forums:

- The Trust Orientation (new employees)
- Mandatory Training (nurses, healthcare assistants and allied health professionals)
- Think Family Safeguarding Training Day (Ad-hoc training / 1:1
- Consultants mandatory training

Prevent Training

Prevent awareness Training is facilitated within the following forums:

- Mandatory Training (nurses, and allied health professionals)
- Mandatory Training for Consultants.

An attendance register of any training completed will be sent to the OLM Administration Officer: Training, Education and Development Department, King's Mill Hospital.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 6
- This policy is not subject to an Environment Impact Assessment.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- This policy is based on the Nottingham and Nottinghamshire Safeguarding Adults Multi Agency policy.
  and
- Nottinghamshire Safeguarding Adults Board "Thresholds and Pathways Guidance for Referrers"

It is also fully compliant with recommendations in:

- Care Act 2014
- Human Rights Act (1998) (last accessed 13 August 2012)
- Sexual Offences Act (2003) (last accessed 17/08/12)
- Mental Capacity Act (2005) (last accessed 17/08/12)
- DH (2011a) Safeguarding Adults: The Role of Health Service Managers and their Boards. (last accessed 13/08/12)
- DH (2011b) Safeguarding Adults: The Role of Health Service Practitioners. (last access 13/08/12)
- Nursing Midwifery Council (2010) Record keeping: Guidance for nurses and midwives

Related SFHFT Documents:

- Policy for dealing with safeguarding allegations or concerns about individuals undertaking work with children and young people in the Trust
- Lone Worker Policy
- Complaints Handling Policy
- Chaperone Policy
- Policy for maintaining staff wellbeing and reducing work related stress
- Professional Registration Policy

- Clinical Record Keeping Standards Policy
- Disciplinary Rules and Procedure
- Safeguarding Children & Young People Policy
- Trust Equality and Diversity Policy
- Policy and procedure for dealing with Harassment in the workplace
- Policy for the management of work related violence and aggression
- Health & Safety Policy
- Raising Concerns - Whistleblowing Policy and Procedures
- Incident Reporting Policy
- Confidentiality policy (including police procedures)
- Advice for staff in dealing with patient requests for access to their health records
- SFHFT Mental Capacity Act Policy
- SFHFT Deprivation of Liberty Policy
- Guideline for handling disclosure of forced marriage
- Guideline for supporting carers
- Policy for consent to examination, treatment and care
- Policy for the use of restrictive practices for adult patients
- Tissue Viability related policies/ guidelines
- Holding Still and Restraining Children undergoing Health Interventions
- Whistle Blowing Policy
- Disciplinary Policy
- Incident Reporting Policy and Procedures
- Restrictive practices Policy
- SFHFT Mental Capacity Act Policy
- Deprivation of Liberty Safeguards Policy
- Domestic Abuse Policy

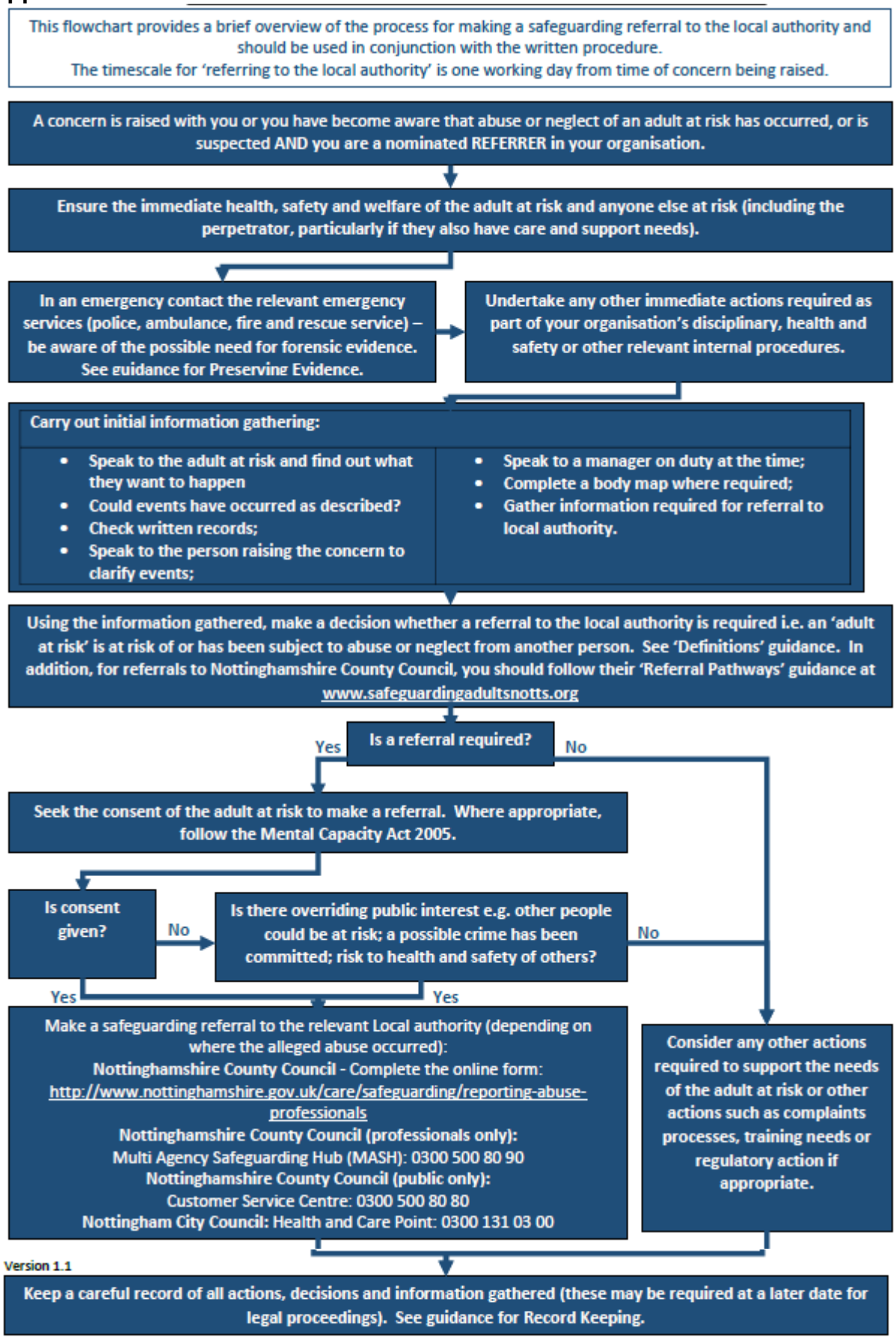
11.0 KEYWORDS

- Independent mental capacity advocate; IMCA; vulnerable; abuse; violence; PREVENT; adult; MASH

12.0 APPENDICES

- As per contents table and referred to through the policy.

Appendix 1


This flowchart provides a brief overview of the process for making a safeguarding referral to the local authority and should be used in conjunction with the written procedure.
The timescale for 'referring to the local authority' is one working day from time of concern being raised.
A concern is raised with you or you have become aware that abuse or neglect of an adult at risk has occurred, or is suspected AND you are a nominated REFERRER in your organisation.
Ensure the immediate health, safety and welfare of the adult at risk and anyone else at risk (including the perpetrator, particularly if they also have care and support needs).
In an emergency contact the relevant emergency services (police, ambulance, fire and rescue service) – be aware of the possible need for forensic evidence. See guidance for Preserving Evidence.
Undertake any other immediate actions required as part of your organisation's disciplinary, health and safety or other relevant internal procedures.
Carry out initial information gathering:
Speak to the adult at risk and find out what they want to happen
Could events have occurred as described?
Check written records;
Speak to the person raising the concern to clarify events;
Speak to a manager on duty at the time;
Complete a body map where required;
Gather information required for referral to local authority.
Using the information gathered, make a decision whether a referral to the local authority is required i.e. an 'adult at risk' is at risk of or has been subject to abuse or neglect from another person. See 'Definitions' guidance. In addition, for referrals to Nottinghamshire County Council, you should follow their 'Referral Pathways' guidance at www.safeguardingadultsnotts.org
Is a referral required?
Yes
No
Seek the consent of the adult at risk to make a referral. Where appropriate, follow the Mental Capacity Act 2005.
Is consent given?
No
Is there overriding public interest e.g. other people could be at risk; a possible crime has been committed; risk to health and safety of others?
No
Yes
Yes
Make a safeguarding referral to the relevant Local authority (depending on where the alleged abuse occurred):
Nottinghamshire County Council - Complete the online form:
http://www.nottinghamshire.gov.uk/care/safeguarding/reporting-abuse-professionals
Nottinghamshire County Council (professionals only):
Multi Agency Safeguarding Hub (MASH): 0300 500 80 90
Nottinghamshire County Council (public only):
Customer Service Centre: 0300 500 80 80
Nottingham City Council: Health and Care Point: 0300 131 03 00
Consider any other actions required to support the needs of the adult at risk or other actions such as complaints processes, training needs or regulatory action if appropriate.
Version 1.1
Keep a careful record of all actions, decisions and information gathered (these may be required at a later date for legal proceedings). See guidance for Record Keeping.

Appendix 2

Further Help & Relevant Organisations

Age UK Telephone : 0800 1696565 Mon-Fri: 7.00am - 7.00pm Web : www.ageconcern.org.uk	**The Family Planning Association** Telephone: 0845 122 8690 www.fpa.org.uk
The Ann Craft Trust Telephone 0115 9515400 www.anncrafttrust.org	**The Local Government Ombudsman** Telephone: Advice Team 0300 0610614 www.lgo.org.uk
Mencap Helpline Telephone 0808 808 111 www.mencap.org.uk	**The National Family Carers Network** Telephone 07747 460727 www.familycarers.org.uk
Respond Telephone 0808 808 0700 www.respond.org.uk	**Sense** Telephone 0845 127 0067 or 020 7014 9340 www.sense.org.uk

Appendix 3

Independent Metal Capacity Advocates in Safeguarding

The Mental capacity act places a legal duty on local authorities and the NHS to refer a person to an Independent Mental Capacity Advocate Service in certain circumstances in order to support vulnerable people who lack capacity to make important decisions

Independent mental capacity advocates (IMCAs) are available for particularly vulnerable people who lack the capacity to make specific important decisions. They are mainly intended as a safeguard for people who do not have family or friends who can represent them. See

What do IMCAs do and who should get an IMCA?

IMCAs can only start work with an individual if instructed to do so by specific people:

- for decisions about where someone lives and care reviews this is likely to be the care manager or social worker
- for serious medical treatment decisions this is likely to be the doctor acting in the best interests of the person
- for decisions about potential abuse this is likely to be the chair of the adult protection proceedings
- for the Deprivation of Liberty Safeguards contact the Supervisory Body.

If you think someone should have an IMCA the first step you make should be to talk to the person who should instruct the IMCA.

Eligibility: -

- Person alleged to be at risk of abuse or neglect must formally lack capacity in relation to serious decisions about their own well being and safety; OR
  Potential/alleged perpetrator of abuse or neglect who lacks capacity in relation to serious decisions about their behaviour and where serious harm has been alleged.

- Where safeguarding measures are being put in place in relation to the protection of vulnerable adults from abuse.

- Where there is a serious exposure to risk
  Risk of death
  Risk of serious injury or illness
  Risk of serious deterioration in physical and mental health
  Risk of serious emotional distress

In addition the individual lacking capacity must be over 18. An IMCA may be involved in adult safeguarding cases even if the individual has family and friends also representing his/her interests but if there is an LPA in place and there is a reasonable belief that the LPA is not acting in the best interests of the person then an application to the Court of Protection should be made for a best interests decision or for displacement of the LPA before an IMCA is instructed.

At What Point should an IMCA become involved In Safeguarding Adults Decisions?

- Where the early indications of the case point to life-changing implications or serious exposure of risk and where consultation with family is compromised by the reasonable belief that they would not have the person's best interest at heart.

- Where there is a challenge to the protection plan or conflict of interest between the responsible authority and the person or conflict of interest or views between the decision makers about the best interests of the person.

Consideration should be given as to the most appropriate time to instruct an IMCA. In some cases it would be appropriate to involve them at the strategy/discussion/meeting stage. This would need to happen for cases when the individual's wishes would have a significant impact on the investigative process or where immediate actions needed to be taken to safeguard the individual. In other cases it may be more appropriate for an IMCA to become involved at The Adults Safeguarding Meetings and subsequent reviews so that they can input into the safeguarding plan. Involvement of an IMCA should be reviewed once the specific decisions that prompted their original referral have been resolved.

See Safeguarding Adults intranet site for contact details for Nottinghamshire IMCA Service

Appendix 4

Guide for Professionals Involved in a Safeguarding Adult Review

What is NSAB?

NSAB is the board which brings together senior representatives from each of the agencies involved in safeguarding and promoting the welfare of vulnerable adults in its area.

The responsibilities of NSAB include:

- To develop and implement the Board's strategy to safeguard vulnerable adults in Nottinghamshire, and
- To ensure the strategy is incorporated into relevant strategies and policies in individual organisations.
- To raise awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare.
- To identify and allocate resources for the sub group structure to support the implementation of the strategy.
- To commission projects/ work from the Board sub groups and scrutinise and monitor the work of the sub groups.
- To bi annually review local policies and procedures for interagency work to safeguard vulnerable adults.
- To audit and evaluate the multi-agency arrangements under the Care Act 2014 to facilitate continuous improvement.
- To identify multi agency information requirements in respect of performance management information.
- To endorse all members organisations' annual statements and action plans.
- To contribute to and influence the national safeguarding agenda.
- To oversee the implementation of the Mental Capacity Act and other relevant legislation and policies.

What is a Safeguarding Adult Review?

When a vulnerable adult dies or is seriously injured and abuse or neglect is known or suspected to be a factor in the death or serious injury, agencies have to consider whether there are any lessons to be learned from the tragedy about the way in which we work together to safeguard vulnerable adults.

Why were my records / files removed?

To inform an Individual Management Review this will be undertaken, to prevent any loss or interference. You will be given a copy of the records if you are still working with the vulnerable adult.

What is an Individual Management Review (IMR)?

A senior representative from your own agency will conduct an Individual Management Review of your agency's involvement with the vulnerable adult and subject of the Safeguarding Adult Review. The aim of the review is to look openly and critically at individual and organisational practice to determine whether changes could or should be made. You may be interviewed as

part of this process. Your manager and colleagues may also be interviewed. The IMR will be submitted to the Safeguarding Adult Review Group to consider with the IMR's from other agencies involved.

Who will interview me?

The senior representative conducting the IMR for your agency will interview you.

What will the senior representative be looking for and what will I be asked?

They will have to construct a chronology of involvement by you and other staff within your agency, over the period of time under review.

They will also consider:

- The events that occurred
- The professionals involved
- The actions taken, or not
- The decisions taken
- Whether policies and procedures were followed
- Whether appropriate services were offered
- Whether the adults wishes and feelings, racial, cultural, linguistic and religious circumstances were taken into consideration.

They will also ask about your qualifications and experience, the training you have received and your supervision arrangements.

Notes will be taken at the meeting and a copy of what you have said will be sent to you. This will give you an opportunity to request any amendments. You will be asked to sign the record but this will only be to confirm it is an accurate reflection of the interview.

These findings will be reported in the IMR.

Can I have somebody with me when I am interviewed?

Yes, a colleague or trade union representative may be present; however, their role is to support you, not to represent you.

What other form of support will I be able to have?

This can be a stressful time and you may like to talk to somebody about your feelings and about what has happened. The senior representative undertaking the IMR should tell you about the support arrangements within your agency. If they don't tell you, please ask.

Is everybody interviewed?

Usually everybody is interviewed, but it will depend on a number of factors, e.g. the length and nature of their involvement and whether there are any outstanding criminal investigations which may prevent any one person from being interviewed.

Can I disagree with the IMR findings?

If you disagree with the notes of your interview you should send your written comments to the senior representative of your agency completing the IMR.

Is this part of a disciplinary procedure?

No. The purpose of the SAR's is to learn lessons, not to attribute blame.

Will disciplinary action be taken against me?

As states about the main purpose of the SAR is to identify lessons to be learned and review agency policies, procedures and practice. However, if the outcome of the IMR finds that policies and practices were not followed or other shortcomings were identified, there may be the possibility that action will be taken. In these circumstances you should refer to your agency's disciplinary procedures and seek advice from your trade union or professional body representative.

What happens next?

A multi-agency chronology and Overview Report will be prepared. The chronology details contacts with the Adult by all agencies. The Overview Report is commissioned by NSAB, it brings together all the IMRs, analyses the findings of the IMRs and make recommendations for future action.

When will I know the outcome of the Safeguarding Adult Review?

Once NSAB have considered and accepted the Overview Report, multi agency feedback sessions may be held, if appropriate, for relevant staff; to which you will be invited.

Agencies are also encouraged to make arrangements for feedback to be given to staff following the completion of IMRs.

Can I see the Overview Report?

Once NSAB have approved the Overview Report, an Executive Summary will be prepared which includes an analysis, conclusion and recommendations. A copy of this will be given to you.

Will anyone else see the report?

The Executive Summary will be a public document. The IMR and Overview Report will be seen by the senior representatives of the agencies represented within the SCR process.

Will I be named in the report?
No, nobody will be identified. Staff involved will be given an identifying number e.g. HV1 for Health Visitor 1, SW2 for Social Worker 2.

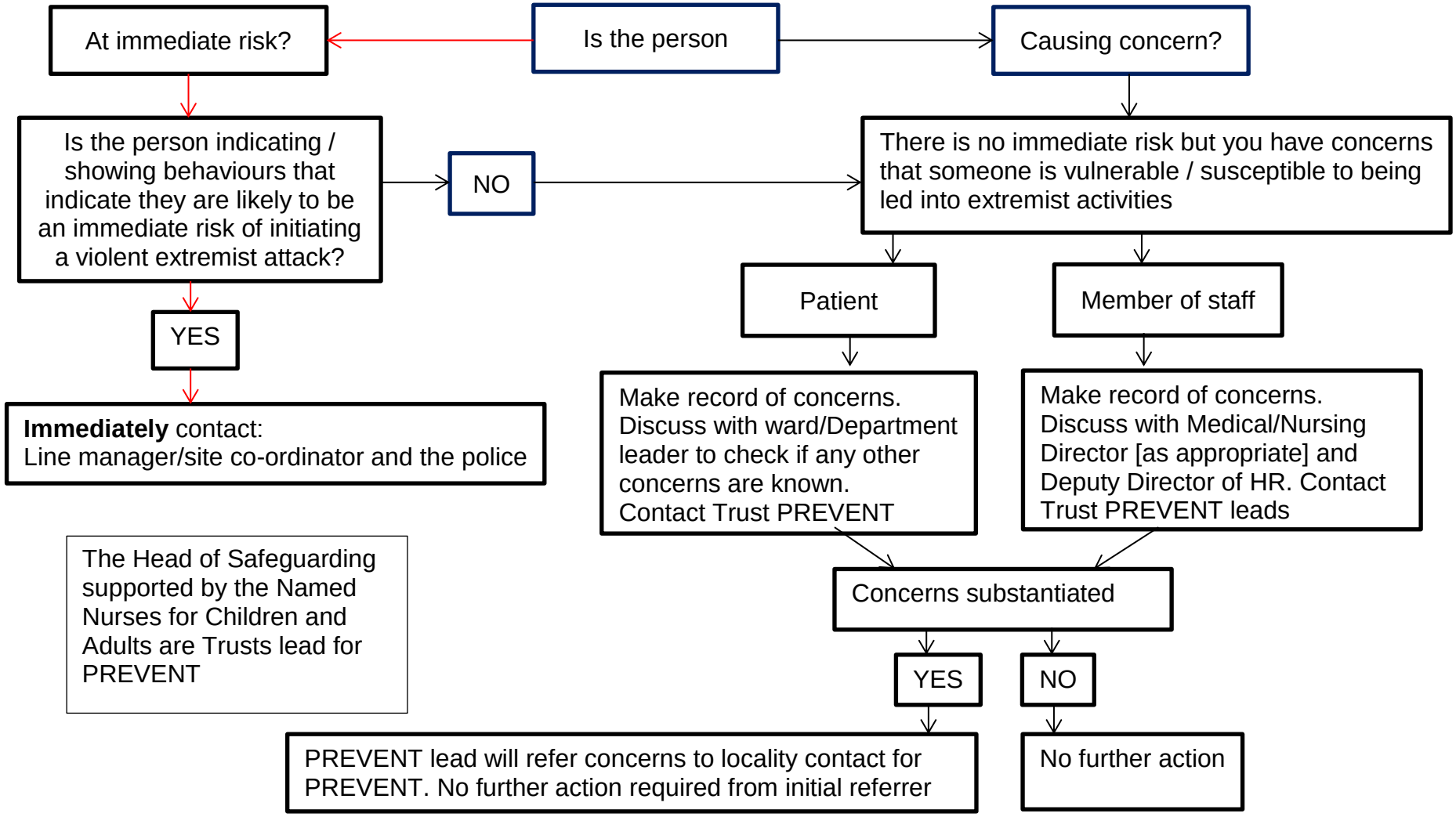
Who owns the report and what is its legal status?

The report is owned by NSAB and its constituent agencies.

If you need to know anything else about the Safeguarding Adult Review please ask the representative in your agency conducting the IMR.

Appendix 5 – PREVENT Flowchart

Actions to take if you suspect someone is being radicalised or is self-radicalised into extremist behaviour



APPENDIX 6 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: SAFEGUARDING ADULTS POLICY			
New or existing service/policy/procedure: Existing			
Date of Assessment: 24/4/18			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	This policy provides equitable care for all irrespective of race or ethnicity	This policy replaces the previous Safeguarding Adults Policy	None
Gender	This policy provides equitable care for all irrespective of gender	This policy replaces the previous Safeguarding Adults Policy	None
Age	This policy provides equitable care for all irrespective of age and is relevant to all patients over the age of 18 years	This policy replaces the previous Safeguarding Adults Policy	None
Religion	This policy provides equitable care for all irrespective of religion	This policy replaces the previous Safeguarding Adults Policy	None
Disability	This policy provides equitable care for all irrespective of disability	This policy replaces the previous Safeguarding Adults Policy	None
Sexuality	This policy provides equitable care for all irrespective of sexuality	This policy replaces the previous Safeguarding Adults Policy	None
Pregnancy and Maternity	This policy provides equitable care for all whether pregnant or not.	This policy replaces the previous Safeguarding Adults Policy	None

Gender Reassignment	This policy provides equitable care for all irrespective of gender	This policy replaces the previous Safeguarding Adults Policy	None
Marriage and Civil Partnership	This policy provides equitable care for all irrespective of marital status.	This policy replaces the previous Safeguarding Adults Policy	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	This policy provides equitable care for all irrespective of socio-economic status	This policy replaces the previous Safeguarding Adults Policy	None

What consultation with protected characteristic groups including patient groups have you carried out?
This policy acknowledges the needs of patients that require care from an acute perspective. To ensure that it is complaint with all legislation it has been shared with senior medical/nursing and safeguarding colleagues for consultation and feedback to ensure that it effectively meets the needs of all staff and patients.

What data or information did you use in support of this EqIA?

- HM Government [2015] *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children,*
- Nottinghamshire and Nottingham City Safeguarding Adults Boards [2016] *Safeguarding Adults Procedures*
- NHS Employers Employment Check Standards [2010]
- Care Act (2014)
- Mental Capacity Act (2005)

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

-

Level of impact
From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment:

Signature:

Date: 24/04/2018