

## Safeguarding Adults at Risk Policy – Trust Wide

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<b>Target Audience-</b> who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> <li>Ensuring any training required is attended and kept up to date.</li> <li>Ensuring any competencies required are maintained.</li> <li>Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> </ul>		
	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract) who may come into professional contact with vulnerable adults. It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
<b>Special Cases</b>	<b>Domestic Abuse:</b> As defined by the home office. 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 and emotional. ( <i>*Although the definition above refers to those over 16, in the context of this policy, safeguarding adults refers to victims of domestic abuse who are 18 years or over.</i> )		
<b>Accountable Director</b>	Chief Nurse		
<b>Author/originator</b> – Any Comments on this document should be addressed to the author	Safeguarding Adults at Risk Leads		
<b>Division and Department</b>	Corporate – Safeguarding		
<b>Implementation Lead</b>	Safeguarding Adults at Risk Leads		
<b>If developed in partnership with another agency ratification details of the relevant agency</b>	N/A		
<b>Regulatory Position</b>	Care Act 2014 (Ref 9).		
<b>Review period.</b> This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust-wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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# 1 Introduction & Purpose

## 1.1 Introduction & Purpose

The purpose of this Policy is to safeguard adults at risk of abuse by providing clear guidance to Great Western Hospitals NHS Foundation Trust (the Trust) employees in raising awareness of their responsibilities to ensure the safeguarding of adults within their care and the actions to take when they suspect or identify that safety of patients is or has been compromised.

The procedures outlined within this Policy provide an overarching framework and link with the Trust's Complaints Policy (Ref 15), Incident Management Policy (Ref 7) and Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire (Ref 1).

Abuse and neglect is more widespread than is often realised and people who have care and support needs are, more at risk than other groups in the population.

Abuse and neglect can take place in any situation, care setting, or hospital as well as at home. The prevention of abuse of vulnerable adults is a collective responsibility for everyone in society. Agencies, professionals, organisations, voluntary groups and independent services hold particular responsibility for the delivery of safe, effective services, to ensure that adults are protected and to facilitate the prevention and early detection of abuse so that appropriate action is taken.

Abuse often goes unrecognised and therefore is not reported as employees may think it has to reach a level of severity before it is reported. In fact, people at risk will only be protected and abuse prevented, if employees at the Trust are alert to the possibility that it might occur and are prepared to report concerns that they may have.

In 2000, the Government published a national framework, "No Secrets", (Ref 12) so that local councils with social services responsibilities, local National Health Service (NHS) bodies, local police forces and other partners could develop local multi-agency codes of practice to help prevent and tackle abuse. Codes of practice were to be in place by October 2001. From 1<sup>st</sup> April 2015, safeguarding adults was included under the legislative framework of the Care Act, 2014 (Ref 9). The Care Act 2014 (sections 42-46) replaced all previous legislation relating to adult safeguarding.

The purpose of this document is to provide guidance on the duty for all employees working in the Trust on what to do when the abuse of vulnerable adults is suspected, disclosed, or discovered. Over the past 20 or 30 years, adult abuse has come to the attention of most people in the United Kingdom (UK) and recent high profile cases have given rise to developments in Government Policy the most recent of which culminated with the inclusion of safeguarding adults within the Care Act 2014 (Ref 9).

This Policy does not replace the Joint Multi-Agency Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire (Ref 1) but will complement this Policy in further supporting employees across the organisation in its application to Trust safeguarding systems and processes.

## 1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<b>%</b>	Per centage
<b>CQC</b>	Care Quality Commission
<b>DBS</b>	Disclosure and Barring Service
<b>DOLS</b>	Deprivation of Liberty Safeguards
<b>EDS</b>	Emergency Duty Service
<b>EIA</b>	Equality Impact Assessment
<b>Extremism</b>	The holding of extreme political or religious views
<b>GP</b>	General Practitioner
<b>GWH</b>	Great Western Hospital
<b>LD</b>	Learning Disability
<b>LSAB</b>	Local Safeguarding Adult Board
<b>MCA</b>	Mental Capacity Act
<b>NHS</b>	National Health Service
<b>NPT</b>	Neighbourhood Policing Team
<b>OOH</b>	Out of Hours
<b>PQC</b>	Patient Quality Committee
<b>Radicalisation</b>	A process by which an individual or group comes to adopt increasingly extreme political social or religious ideals and aspirations that- reject or undermine the status quo or reject and or undermine contemporary ideals and expressions of freedom of choice.
<b>SCHS</b>	Swindon Community Health Services
<b>UK</b>	United Kingdom

### Definitions of adults at risk:

The Care Act and its guidance states that the duties apply to:

An adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Consideration needs to be given to informal carers who may require support if they have been experiencing abuse from the cared for person or neglect of the cared for person has materialised as a result of their caring role.

Abuse may include one or more of the following:

- **Discriminatory abuse** - this abuse is based on a person's ethnic origin, religion, language, age, sexuality, gender, disability, and forms of harassment, slurs or similar treatment.
- **Sexual abuse** – this includes sexual assault and rape, non-contact or contact sexual acts to which the vulnerable adult has not consented, was pressurised to consent or could not consent.
- **Psychological abuse** - this includes threats of harm, deprivation and abandonment, controlling, intimidation, harassment, humiliation, coercion, verbal abuse, isolation or deliberate withdrawal of services or networks.

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- **Physical abuse** - this is abuse that includes slapping, hitting, pushing, kicking, inappropriate restraint and sanctions and the misuse of medication.
- **Neglect** – this includes acts of omission whereby medical or care needs are ignored, there is a failure to provide appropriate social and/or health care and/or educational services, the withholding of medication, adequate nutrition, warmth and basic needs of care, and a failure to report abuse or risk of abuse.
- **Financial** – this type of abuse includes theft, exploitation, and fraud, pressure on an individual regarding wills, property, inheritance or finance.
- **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Domestic Abuse** - As defined by the home office. 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 and emotional. ***\*Although the definition refers to those over 16, in the context of this policy, safeguarding adults refers to victims of domestic abuse who are 18 years or over.***
- **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.
- **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  
***\*taken from Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health Oct 2014 (Ref 9)***

## 2 Main Document Requirements

### 2.1 Principles of Safeguarding – Organisational Responsibilities

Safeguarding adults at risk must be included in the Trust Strategic Plan and Divisional Business planning and service redesign. There must be a clear statement in relevant documents that refers to Safeguarding and the involvement of patients/users in the design of services. Safeguarding adults at risk must be included on the Divisional Clinical Governance meeting agenda and the Divisional Directors of Nursing / Associate Director of Nursing Swindon Community Health Services must ensure regular reporting to the Safeguarding Adults Forum.

There must be Core statements in all job descriptions outlining the Trust expectations around Safeguarding adults at risk of abuse which must also reflect statutory duties as defined by the Care Act, 2014 (Ref 9).

The Trust must ensure there continues to be rigorous recruitment practices in place including safer recruitment, and Disclosure and Barring Service (DBS) checks.

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Employees must have access to up-to-date, evidence-based training on safeguarding and related topics such as Mental Capacity Act (Ref 2), Deprivation of Liberty Safeguards (DoLS and Mental Capacity Act) Policy (Ref 3) and Consent for Medical Treatment for All Patients at the Great Western Hospital Policy (Ref 11).

All employees must attend the required training so that patients at risk of abuse or neglect are identified, kept safe and referred in line with the Swindon and Wiltshire joint Safeguarding Policy (Ref 1).

The Trust is to ensure that the rights of patients/users are upheld by ensuring access to information and advice; obtaining consent; appropriate application of the Mental Capacity Act (Ref 2) in decision making; and making timely referrals to advocacy agencies to ensure support for people who lack mental capacity.

All employees are to work with statutory agencies the independent sector and voluntary groups to safeguard adults at risk.

The Trust is to work with other bodies to ensure that patients/users receive appropriate advocacy, including advice, protection and support from a relevant agency.

The Trust Safeguarding Adults Forum is to oversee and lead the strategic development of safeguarding in line with the Trust regulatory and statutory duties and provide assurance to the Patient Quality Committee (PQC).

The Trust must uphold its statutory duty as a safeguarding partner agency and participate in the work of the Local Safeguarding Adult Boards (Wiltshire & Swindon). The Trust is to encourage and support employees who have raised concerns of abuse or neglect against adults or delivery of unacceptable standards of care by individual(s) or where such cultures exist in wards, departments and in the community setting.

## 2.2 Where an Allegation of Abuse or Neglect Identifies an Employee

Where there is an allegation made against an employee, it must be reported to a senior person in charge of the Department. The senior person must escalate the concerns to the respective Divisional Associate Medical Director, Divisional Director or Divisional Director of Nursing. Out of hours and weekends it should be the Clinical Site Manager, who in turn must inform the On-Call Manager. For Swindon Community Health Service (SCHS) Out of Hours (OOH) concerns should be raised with the On-Call manager. Employees must report the safeguarding concern to the relevant Local Authority or report to the Police where a crime has been committed. Employees must ensure details of the safeguarding concern raised are copied to the GWH Safeguarding Adults Leads (Acute and Swindon Community Health Service).

The Divisional Director of Nursing or the On-Call Manager must advise the Chief Nurse or Deputy Chief Nurse as early as possible of any allegation against an employee. Out of Hours and weekends the On-Call Manager to advise the On Call Executive and, as early as possible in hours, inform the Chief Nurse, Deputy Chief Nurse and the Deputy Director of Human Resources.

The Chief Nurse, Deputy Chief Nurse and the Deputy Director of Human Resources to inform relevant professional group leads, for example: Medical Director and Medical Workforce of the allegation.

There may be occasions where it is necessary to suspend an employee about whom an allegation has been made. Suspension from duty is not an indication of guilt. Suspension must not be used as a punitive measure and must be in accordance with the Trust's disciplinary procedures and best employment practice.

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Following an allegation or suspicion that abuse or neglect has taken place, a safeguarding concern must be reported to the Local Authority who have a duty to make enquiries, or ensure others do so if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so by whom.

Should a safeguarding concern progress to an enquiry under the Policy and Procedure for Safeguarding Adults in Swindon and Wiltshire (Ref 1), these procedures may take precedence over the employers' procedures in respect of such allegations.

To ensure that any criminal investigation is not compromised, the Trust will also need to be given appropriate guidance on what information can be shared with the employee in question. The Trust also needs to be aware that information may only be shared on a "need to know" basis and that employees should make every effort to ensure that confidentiality is maintained. The Trust must also seek guidance on whether to conduct its own investigation ensuring that any actions do not compromise the police investigation.

It is important that managers keep a clear and comprehensive record of any allegations made, details of how the allegations were followed up and resolved and of any actions taken and decisions reached, which could include "no case to answer". These should be kept in the employees confidential personnel file and a copy given to the employee. Such information should be retained on file, irrespective of whether the employee has left the Trust (Ref 1).

### 2.2.1 Reporting Concerns and Making a Multi-Agency Referral

Employees should refer to the Policy and Procedure for Safeguarding Adults in Swindon and Wiltshire. The process for reporting both internally and externally to the organisation is outlined in the flowchart and briefing notes in Appendix C. The multi-agency referral form is located on the intranet under Safeguarding Adults. (Ref 10)

## 2.3 PREVENT

CONTEST is a four part UK Government Strategy (Ref 5) for reducing the risk to the United Kingdom and its interests overseas from international terrorism made up of four work streams one of these work streams is the PREVENT Strategy (Ref 6) which aims to reduce the threat to the UK from terrorism by stopping people becoming or supporting terrorism or domestic extremism. Health has been identified as a key strategic partner in supporting this strategy and under Section 26 of the Counter- Terrorism and Security Act 2015 (Ref 14) the Trust has a statutory duty to comply. PREVENT is about identifying, supporting and protecting those people that might be susceptible to radicalisation. The overarching principle of PREVENT is to improve the health and wellbeing of adults through the delivery of services whilst safeguarding adults at risk of abuse.

Channel is part of the Governments PREVENT strategy. The process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

Channel works in a similar way to existing successful partnership initiatives which aim to safeguard individuals who are vulnerable and protect them from harm, such as initiatives concerned with anti-social behaviour or crime. The process provides a mechanism for safeguarding vulnerable individuals by assessing the nature and extent of potential risk they face before they become involved in criminal activity and where necessary, provide a support package tailored to an individual's needs.

Any employees who have concerns in relation to vulnerable individuals or people who they think may be becoming radicalised or being drawn into extremism should discuss with their line manager and follow the process to Channel for raising an alert (Appendix C) when someone is considered a victim of, or potentially susceptible to, becoming radicalised into terrorist activity.

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## 2.4 Six Key Principles of Adult Safeguarding within the Care Act, 2014 (Ref 9)

All professionals and organisations are expected to work within and be guided by the key principles of the Act when engaging in (or planning) any Safeguarding activity. The principles are;

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** – Being proactive, it is better to take action before harm occurs.
- **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

Safeguarding cannot be taken lightly and requires employees to:

1. Work in close partnership with patients, carers and other agencies to undertake comprehensive holistic assessment of health and social needs.
2. Comply with the Trust Safeguarding Adults at Risk system and processes that includes education, training, incident reporting, investigation and learning from safeguarding cases, clinical incident trends, complaints and patient's feedback.
3. See safeguarding adults at risk as their core business.
4. Raise any concerns around the quality and delivery of care that may impact negatively on an adult at risk. Further information is contained in the Freedom to Speak Up Raising Concerns (Whistleblowing) (Ref 8).

## 2.5 Making Safeguarding Personal

Making safeguarding personal is an approach to be adopted that makes the process of managing and investigating a safeguarding concern person centred, outcome focussed and less “process driven”. This means supporting the individual by involving them and supporting them to have choice and control to improve their quality of life, safety and well-being. This is a move away from safeguarding being “done to” an individual to working with them to make choices and understanding risk taking.

### 3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
Compliance of the Safeguarding of Adults at Risk training is 90 per cent (%)	Monthly report from the Academy. Audit testing employee knowledge of safeguarding and application to reporting process	Divisional Directors of Nursing	Bi-monthly  Quarterly	Safeguarding Adults at Risk Forum	Report to PQC who will instigate actions to remedy failing compliance
Number of safeguarding cases reported	Incident notification reporting	Divisional Senior Managers	Bi-monthly	Safeguarding Adults at Risk Forum	Report to PQC who will instigate actions to remedy failing compliance
Number of near misses reported on Incident Notification Form and recorded in complaints	Incident notification reporting. Complaints	Divisional Senior Managers	Bi-monthly	Safeguarding Adults at Risk Forum	Report to PQC who will instigate actions to remedy failing compliance
Annual review of Safeguarding System and Processes	Self-Assessment	Safeguarding Adults Forum	Annually	Patient Quality Committee	Report to PQC who will instigate actions to remedy failing compliance

## 4 Duties and Responsibilities of Individuals and Groups

### 4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

### 4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed..

### 4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

### 4.4 Executive and Non Executive Leads for Safeguarding Adults at Risk

The Chief Nurse is the designated Executive lead for Safeguarding Adults at Risk. There is also a Non-Executive Lead for safeguarding who supports the Executive Lead in ensuring Board members understand their responsibilities. The Chief Nurse will assure the Trust Board of the adequacy of the systems and processes which are in place (or which are required) to support effective safeguarding measures across the Trust.

### 4.5 Safeguarding Adults at Risk Leads

The Safeguarding Adults at Risk, MCA and DoLS Leads provide specialist support and advice on the day to day operations and strategic development of Services and provides assurance to the Safeguarding Adults at Risk Forum on compliance with the Care Act 2014 (Ref 9) reporting any identified risks and makes recommendation on service improvement and redesign to the Deputy Chief Nurse and the Chief Nurse.

### 4.6 Divisional Directors of Nursing and Team Leaders

The Divisional Directors of Nursing and Team Leaders have a responsibility to:

- Ensure an assessment of each patient's level of risk is carried out at the point of entry to the service; a plan of action is formulated where appropriate to ensure their safety and protection.
- Ensure all employees are aware of the Trust's Safeguarding Adults at Risk Policy.
- Ensure any concerns raised are escalated to a senior person who may decide to make a referral. If the senior person decides that making a safe-guarding enquiry is not appropriate they must ensure that their reasoning is clearly recorded on the incident notification form .
- Ensure all employees are aware of and familiar with procedures outlined within the Policy and Procedure for Safeguarding Adults at Risk in Swindon and Wiltshire (Ref 1) and there is evidence available to support knowledge of the policy e.g. local inductions, training records etc.
- Promote joint working practices between Trust employees, local authority staff and the police, whilst engaging in the investigation of safeguarding issues.

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- Ensure there are structures for employees support/supervision where issues of safeguarding adults arise and a process for debriefing staff is put in place at the earliest opportunity.
- Ensure that there is learning from all incidents in which the safeguarding of patients has been compromised in order to minimise or prevent further incidents.
- Ensure there are structures for assessment of a safe workforce by following Human Resources policy standards & procedures.
- Ensuring employee compliance with the policy taking action to remedy any noncompliance as appropriate.
- Ensure that the Divisions achieve above 90% compliance with Safeguarding Training.
- Ensure the Chief Nurse or Deputy Director of Quality Governance is briefed on all cases of allegation against Trust employees.

#### 4.7 Safeguarding Adult Leads

Safeguarding Adult Leads have a responsibility to:

- Support the review and development of effective policy and procedure for safeguarding adults services.
- Support the development and delivery of robust internal systems to promote consistent, high quality safeguarding service.
- Support Divisions in the implementation of actions arising from case reviews, serious incidents and self-assessments that will achieve good safeguarding measures and help to embed practice.
- Promote awareness of safeguarding adults through education and training and presentation at relevant forums such as Divisional Clinical Governance Meetings; Ward Managers and Matrons' forum.
- Regularly test the outcome of training with divisional managers and team leaders through analysis of complaints, clinical incidents and the audit process.
- Work closely with the Deputy Chief Nurse to ensure that systems and processes around the care and management of adults at risk are effective and that there are robust monitoring and reporting systems in place.
- Produce reports to the Chief Nurse on compliance with outcome 7 Care Quality Commission (CQC) regulation and any safeguarding action plans. Present information at the Safeguarding Adult Forum and Patient Quality Committee as required.
- Work with the senior team in the Emergency Department to ensure that there is a robust system and processes in place to support employees in identifying patients at risk and reporting and referring patients in line with the Trusts Safeguarding Adults at Risk Policy. Work closely with the Trust Community Lead for Safeguarding Adults ensuring an integrated service.
- Work closely with the Divisional Directors of Nursing, Associate Director of Nursing Swindon Community Health Services and the Clinical Risk Team to ensure that the Trust is prepared for external visits and peer reviews.
- Work with the Chief Nurse to deliver care quality standards for people with Learning Disability; Dementia and Mental Health concerns.
- Provide leadership and direction to all staff in relation to safeguarding matters.
- In collaboration with heads of service, ward managers and Team Leaders undertake a regular review of the system and processes in place that supports the safeguarding agenda.
- Ensure that patients, public and employees have access to information, advice and support on safeguarding concerns.
- Inform the Trust induction process ensuring that new employees have a comprehensive overview of recognising and reporting safeguarding concerns with reference to Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire.

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#### 4.8 All Trust Employees

All Trust Employees have a responsibility to

- All employees have a duty to prevent abuse and a duty to report any concerns and incidents.
- All employees have a duty to work in partnership with patients and carers in order to meet their identified needs and ensure service users are protected from harm.
- All employees have a duty to accept the principles that agencies work together in order to ensure health and social care is appropriately co-ordinated and people are protected from potential or actual abuse. This includes co-operating with local authority investigations.
- All employees are expected to maintain close links with all relevant statutory and voluntary bodies in the pursuit of achieving protection of adults at risk of abuse.
- All employees must ensure they complete relevant training in Safeguarding Adults to ensure knowledge of procedures is up to date. Arrangements for training are outlined in section 3 of this policy.
- All employees must ensure they report any concerns immediately to a senior person or their line manager. In all cases this must be recorded in the patient clinical notes, clinical incident reporting and employees must invoke the Incident Management Policy (Ref 7).
- All employees must consider that it is good practice to discuss case examples in supervision, to reflect upon clinical care.

Whenever employees feel unable to report a concern to their line manager, or their line manager fail to act upon a reported concern, they can raise the matter with the safeguarding lead for their division and also have a duty to follow the Freedom to Speak Up Raising Concerns (Whistleblowing) (Ref 8).

#### 4.9 Safeguarding Adults at Risk Forum

The Safeguarding Adults at Risk Forum is a multi-professional group that is to provide assurance to Patient Quality Committee, Governance Committee and Trust Board that the Trust is protecting adults at risk, are following multi-agency procedures, and meet identified national and local standards.

## 5 Further Reading, Consultation and Glossary

### 5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire (2015)	T:\Trust-wide Documents
2	Mental Capacity Act (2005) Policy & Procedures	T:\Trust-wide Documents
3	Deprivation of Liberty Safeguards Policy & Procedure	T:\Trust-wide Documents
4	Public and Internal Disclosure Policy	T:\Trust-wide Documents
5	CONTEST: The United Kingdom's Strategy for Countering Terrorism (2011)	<a href="https://www.gov.uk">https://www.gov.uk</a>
6	PREVENT Strategy (2011)	<a href="https://www.gov.uk">https://www.gov.uk</a>
7	Incident Management Policy	T:\Trust-wide Documents
8	Freedom to Speak Up Raising Concerns (Whistleblowing) Policy	T:\Trust-wide Documents

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Ref. No.	Document Title	Document Location
9	Care Act (2014) Care and Support Statutory Guidance (chapter 14)	<a href="https://www.gov.uk">https://www.gov.uk</a>
10	Multi-Agency Safeguarding Adults Referral Form	<a href="http://intranet">http://intranet</a>
11	Consent for Medical Treatment for All Patients at the Great Western Hospital Policy	T:\Trust-wide Documents
12	No Secrets: Guidance on Protecting Vulnerable Adults in Care	<a href="https://www.gov.uk">https://www.gov.uk</a>
13	Safeguarding Adults and Children with Disabilities against abuse: Council of Europe (2002)	<a href="http://www.coe.int">http://www.coe.int</a>
14	Counter- Terrorism and Security Act (2015)	<a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a>
15	Complaints Policy	T:\Trust-wide Documents

## 5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Head of Mental Health & Safeguarding Adults at Risk	13/09/2018
Quality Lead	17/09/2018
Clinical Lead Theatres, Day Surgery Unit and Pain	13/09/2018
Sister, Emergency Department	14/09/2018
Senior Sister Outpatients, Wren Unit, Osprey Unit, Betjeman Centre, Community Outpatients Departments	20/09/2018
Divisional Director of Nursing & Midwifery Women's, Children's & Sexual Health Division	17/09/2018
Head of Learning & Development	12/02/2019

## 6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

## Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Safeguarding Adults at Risk Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet?  The purpose of this Policy is to safeguard adults at risk of abuse by providing clear guidance to Great Western Hospitals NHS Foundation Trust (the Trust) employees in raising awareness of their responsibilities to ensure the safeguarding of adults within their care and the actions to take when they suspect or identify that safety of patients is or has been compromised.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		<b>No</b>
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		<b>No</b>
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		<b>No</b>

Signed by the manager undertaking the assessment	Wendy Johnson
Date completed	14 January 2019
Job Title	Head of Safeguarding Adults at Risk, MCA and DoLS compliance Head of Mental Health Nursing Lead for Learning Disabilities Great Western Hospitals NHS Foundation Trust

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

## Equality Impact Assessment

### Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

### Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



### Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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## Appendix B – Making a Safeguarding Referral: Checklist – ALL AREAS

(Types of Harm and Referral Contact details Overleaf)

### Definition

“An Adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.”

1.	<p><b>Have you informed your Line Manager of the safeguarding concern?</b>  <b><i>If advice and support required please contact:</i></b>  <i>In hours Safeguarding Adults at Risk Lead (07796 937649 / 01793 604538)</i>  <i>Out of hours - Emergency Duty Service (EDS)</i></p>	Yes	No
2.	<p><b>Have you completed a Multi-Agency Safeguarding Vulnerable Adults Referral Form (Form 75)?</b> <i>(on the intranet – under Safeguarding Vulnerable Adults - how to make a safeguarding adult referral)</i></p>	Yes	No
3.	<p><b>Have you emailed the Multi-Agency Safeguarding Vulnerable Adults Referral Form (Form 75) to the Local Authority?</b>  <b>Swindon:</b> <a href="mailto:adultsafeguarding@swindon.gov.uk">adultsafeguarding@swindon.gov.uk</a>  <b>Wiltshire:</b> <a href="mailto:adviceandcontact@wiltshire.gov.uk">adviceandcontact@wiltshire.gov.uk</a></p> <p><b><i>NB: For referrals outside of Swindon and Wiltshire please see full list of Local Authorities fax details on page 2 of this document.</i></b></p> <p><b><i>PLEASE NOTE:</i></b> <i>The referral is to be sent to the Local Authority covering the area where the harm has occurred which will not necessarily be the patient's home address postcode.</i></p>	Yes	No
4.	<p><b>Have you emailed the Multi-Agency Safeguarding Vulnerable Adults Referral Form (Form 75) to the Safeguarding Adults at Risk team email <a href="mailto:gwh.safeguarding.adultsteam@nhs.net">gwh.safeguarding.adultsteam@nhs.net</a> (please cc) and file the Form 75 in the patients notes?</b></p>	Yes	No
5.	<p><b>Have you completed an Incident Notification Form and selected “Vulnerable Patient” in the Cause box? <i>Ensure you ‘add notification’ to your Division Safeguarding Lead and Ward Manager.</i></b></p>	Yes	No
6.	<p><b>Have you ensured the safeguarding concerns will be appropriately communicated at every handover and transfer?</b></p>	Yes	No

<p><b>SWINDON Adult Social Care Team</b> Monday – Friday 8.30am - 5pm Tel: 01793 463555 Email: <a href="mailto:adultsafeguarding@swindon.gov.uk">adultsafeguarding@swindon.gov.uk</a></p> <p><b>Out of Hours Service</b> (and weekends and Bank Holidays) Swindon Emergency Duty Service 4.40pm 8.40am Tel: 01793 436699</p> <p><b>WILTSHIRE Adult Social Care Team</b> Social Care Advice and Information Team Tel: 0300 4560111 Monday -Thursday 8.30am – 5.20pm Friday 8.30am - 4.20pm Email: <a href="mailto:adviceandcontact@wiltshire.gov.uk">adviceandcontact@wiltshire.gov.uk</a></p> <p>SAT Triage: 01380 826510</p> <p><b>Out of Hours Service</b> (and weekends and Bank Holidays) Emergency Duty Service 5.00pm – 9.00am Tel: 0845 6070888</p> <p><b>BRISTOL Safeguarding Adult Care Direct</b> Tel: 0117 9036629 Fax: 0117 9036688 Email: <a href="mailto:adult.care@bristol.gcsx.gov.uk">adult.care@bristol.gcsx.gov.uk</a></p> <p>Bristol Safeguarding Coordination Unit (Police) Fax: 0117 9529470</p>	<p><b>OXFORDSHIRE Adult Social Care Team</b> Monday – Thursday 08.30am – 5pm Friday 8.30am – 4pm Tel: 0845 050 7666 Fax: 01865 783111 Email: <a href="mailto:socialandhealthcare@oxfordshire.gov.uk">socialandhealthcare@oxfordshire.gov.uk</a> <b>add [secure] in the subject line</b></p> <p><b>Out of Hours Service</b> (and weekends and Bank Holidays) Monday – Thursday 5pm – 08.30am Friday 4pm – Monday 8.30am Tel: 0800 833408</p> <p><b>GLOUCESTERSHIRE Adult Social Care Team</b> Monday - Friday 8am – 5pm Tel: 01452 426868 Fax: 01452 427359 Email: <a href="mailto:socialcare.eng@gloucestershire.gov.uk">socialcare.eng@gloucestershire.gov.uk</a> <b>add [secure] in the subject line</b></p> <p><b>Out of Hours Service</b> (and weekends and Bank Holidays) Adult Services Emergency Duty Team 5pm – 8am Tel: 01452 614194</p> <p><b>WEST BERKSHIRE Adult Social Care Team</b> Monday – Friday 8.30am – 5pm Friday 8.30am – 4.30pm Tel: 01635 519 056 Fax: 01635 519939 Email: <a href="mailto:Safeguardingadults@westberks.gcsx.gov.uk">Safeguardingadults@westberks.gcsx.gov.uk</a></p>
<p style="text-align: center;"><b><u>POLICE</u></b> <b><u>FOR ALL ADULT SOCIAL CARE TEAMS</u></b></p> <p><b>Out of Hours Service (and weekends and Bank Holidays)</b> Police Emergency Dial: 999 Police Non-Emergency/Safeguarding Adults Investigation Team Tel: 101</p>	<p><b>Out of Hours Service</b> (weekend and bank holidays) Emergency Duty Team Monday – Thursday 5pm – 8.30am Friday 4.30pm – Monday 8.30am Tel: 01344 786543</p> <p><b>BATH AND NORTH EAST SOMERSET (B&amp;NES) Adult Social Care</b> Monday – Thursday 8.30am – 5pm Friday 8.30am – 4.30pm Tel: 01225 396000 Fax: 01225 821159 Email: <a href="mailto:Vcl.bathnesasist-team@nhs.net">Vcl.bathnesasist-team@nhs.net</a></p>
	<p><b>Out of Hours Service</b> (weekend and Bank Holidays) Emergency Duty Team Monday – Thursday 5pm – 8.30am Friday 4.30pm – Monday 8.30am Tel: 01454 615165 Fax: 01454 868407</p>

## Types of Harm

- **Domestic Abuse:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **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.
- **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. **If it is believed that the self-neglect is an indicator of abuse or the person is in receipt of a care package, safeguarding procedures will need to be instigated. If there is a third party preventing access to the adult in question, again, safeguarding procedures should be instigated.**
- **Discriminatory:** including that based on a person's ethnic origin, religion, language age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment;
- **Sexual:** including rape and sexual assault, contact or non-contact sexual acts including social media sites, to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting.
- **Psychological:** including emotional abuse (fear, frightened), threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect or acts of omission,** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; failure to report abuse or risk of abuse.
- **Physical:** including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions; *and*
- **Organisational abuse;** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**CONCERN EXPRESSED ABOUT THE SELF NEGLECT OF AN ADULT \***  
 (\*as defined as An Adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it)

**CARE MANAGEMENT RESPONSE**  
 Is the alert concerning someone who is not currently known to adult services and is stating concern about the person's welfare and indicates the person requires an assessment for services?  
 Is the alert about someone already known to adult services?

**SAFEGUARDING RESPONSE**  
 If it is believed that the self-neglect is an indicator of abuse or the person is in receipt of a care package, safeguarding procedures will need to be instigated.  
 If there is a third party preventing access to the adult in question, again, safeguarding procedures should be instigated.  
 Establish legal duties/powers – obtain legal advice

**RISK MANAGEMENT/ENABLEMENT RESPONSE**  
 If the individual about whom the concern of self-neglect is not compliant, unwilling to engage or there are difficulties in accessing the person, a risk, a multi-agency risk management process may be instigated. Consideration will also need to be given to the impact of the self-neglect as to whether there is a risk to the wellbeing of the individual or a risk to others e.g. neighbours, the wider community.

**Arrange a visit and discuss care and support needs and if relevant arrange for support services**  
 If during the visit it is apparent that:

- severity of the self neglect is not significant
- the person does not meet criteria for services
- Is making a "lifestyle choice" (and is capacitated)

Provide advice and guidance and feedback to the person raising the concern

**PROFESSIONALS MEETING/CASE CONFERENCE**  
 If there continues to be concerns, but current risks is low and a single agency care management response is not appropriate or insufficient, consideration should be given to calling a meeting to discuss case with involved agencies.

**A risk enablement panel will need to be arranged to develop a plan of action and assess the harm the situation presents.**

- The Panel may include:
- The person's GP
- Environmental Health
- The Police (e.g. NPT)
- The Fire Service/Ambulance
- Care manager
- Other Health Professional
- Housing
- Substance misuse services
- Probation
- Ambulance Public Health

**Consider throughout – defensible decision making**  
 Risk assessment  
 Capacity & Capability

## Appendix C - Prevent Concerns Referral Process to Channel

It is important for you as a practitioner knowing where to go if you did have a concern that someone may be on the route to radicalisation. Below is a flow chart which aims to show the process as to which you can follow if you did have a concern of this nature.

