

POLICY UNDER REVIEW

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

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Directorate / Department responsible (author/owner):	Zoe Cooper – Safeguarding Lead nurse for safeguarding services and Named Nurse for adults.			
Contact details:	01872254551			
Brief summary of contents	To provide all RCHT staff with Policy and procedural guidance regarding their roles and responsibilities for the Safeguarding of Adults that reflect the statutory requirements in the Care Act 2014.			
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Training Need Identified?	Yes Learning and Development department are fully aware of training requirements			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by
January 2008	V1.0	Policy for Safeguarding Adults	Mary Mallett, Safeguarding Adults Named Nurse
May 2010	V1.2	Royal Cornwall Hospitals Trust, (RCHT) Policy and Procedures for the Safeguarding of Vulnerable Adults	Mary Mallett, Safeguarding Adults Named Nurse

November 2012	V1.3	<p>Safeguarding of Vulnerable Adults Policy and Procedures</p> <p>Changes made include:</p> <ul style="list-style-type: none"> • General updating of each section to reflect local & national guidance • The removal of most information regarding the implementation of the Mental Capacity Act, (2005) as now available from the RCHT Mental Capacity Act, Independent Mental Capacity Advocacy & Deprivation of Liberty Safeguards Policy • Change of title and some content of the alert form from SA22 to Safeguarding Vulnerable Adult Internal Alert Preparation & Referral Form • How to download the Safeguarding Vulnerable Adult Internal Alert Preparation & Referral Form from the Intranet • Review of Making an Adult Safeguarding Alert - Internal Process- Appendix 3-in line with changes made by the Cornwall Council Adult Care and Support Access Team 	Mary Mallett, Safeguarding Adults Named Nurse
July 2013	V1.4	Para 6.41 Training amended.	Zoe Mclean Safeguarding adults Named Nurse
April 2015	V1.5	Entire policy re-write to comply with the statutory requirement of the Care Act 2014.	Zoe Cooper Safeguarding Adults Named Nurse
July 2016	V1.6	Rewrite of policy in line with SAB multi-agency policy	Zoe Cooper Safeguarding Adults Named Nurse
August 2017	V6	Added links to new local SAB policies for safeguarding.	Zoe Cooper Safeguarding Lead Nurse
December 2017	V6.1	Change to training requirements in level 2.	Zoe Cooper Safeguarding Lead Nurse

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

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UNDER REVIEW

Safeguarding Adults Policy and Procedure

V6.1

December 2017

Summary



Start

Ensure the patient is not in danger and protect them from immediate harm, consider ringing the Police on 999 if they are in immediate danger.

Yes

Is Domestic Abuse suspected?

No

Find a way of seeing the person alone from any partner's, relatives or associates, even if only for a few minutes so that you are able to ask them whether they are being hurt (this may be physical, emotionally, financially, sexually etc).

Explain that you are concerned for them and your reasons why – (further explain that this is a matter of routine for patients who they suspect may be experiencing DA), and that there are specialists on site who they can talk to in confidence.

If advice/support is declined or denied; document your concerns and pass the information onto the Independent Domestic Violence Advocate (IDVA) who will keep information confidential. This will maximise the chance of effective support/safeguarding next time the patient presents in hospital or in the community. (IDVA's will not make direct contact with the patient or share information without their consent unless there are significant concerns to life). If you have significant concerns for the person's safety/think their life may be in imminent danger you must follow your own procedures to safeguard and contact the police.



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If advice/support is accepted:

Discuss with your supervisor/MARAC nurse and contact the IDVA's by telephone and/or by completing the internal safeguarding adults form. Please assure the patient that the IDVA's are still happy to talk to/help them if they do not want to leave the abusive relationship. The IDVA's can be contacted on 01872 241711

Talk to the patient (consider cognition) regarding the alleged abuse or self-neglect and endeavour to gain consent to safeguarding concern referral being made.

If the adult meets the definition for safeguarding duties, and you have a safeguarding concern.. Click here for the [Safeguarding Adults Alert- Internal Alert preparation and referral form; for domestic violence and self-neglect](#). The form can be completed electronically and should be emailed to rch-tr.SGAdults@nhs.net. ED staff can use Oceano to refer. Please print a copy of the form to file in patient's notes. Any referral to the Council must be discussed with the Trust's safeguarding adults team or site co-ordinators out of hours. When children are identified in a domestic abuse case, please referred to the safeguarding children's policy and consider a MARU referral for the children.

Yes

Is self-neglect suspected?

No

The safeguarding team will review patient within 24 hours during weekdays, and as soon as possible after weekends. Alternatively ring 01872 254551 to leave a verbal referral. If the patient has capacity and wants to self-discharge follow self-discharge policy.

When advised by the Trust's safeguarding team to make a referral to report abuse or neglect. Please ring the Safeguarding Triage and say you want to make a safeguarding referral in office hours call 03001234131 and out of office hours call 01208 251300. You will be connected to a social worker. Please complete a Datix.

End

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1. 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 Cornwall and Isles of Scilly's multi-agency Safeguarding Adults Board (SAB) policy and standards (July 2016), which is in accordance with The Care Act and associated statutory guidance. It describes how organisations should proactively prevent abuse occurring and respond if abuse is identified, suspected or disclosed.

1.3 All agencies must take account of the fact that abuse and neglect of adults does occur. It is essential that the response to all allegations must be in line with this policy.

1.4 The Care Act sets out six key principles that underpin all adult safeguarding work (see box below):

The Care Act – Six key principles of Adult Safeguarding

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **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.

(The Care Act - Section 14.13)

Principles of Safeguarding

1.5 Organisations have a duty to promote the adults wellbeing in their safeguarding arrangements. People want to feel safe, and those who work to support and care for them should establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation. Practitioners and managers should not implement measures that do not take account of individual circumstances and well-being.
(reference Care Act: Section 14.8)

- 1.6 In general terms, safeguarding means supporting the adult's right to live free from the risk and fear of neglect and abuse. It is about people and organisations working together to prevent the risks and to stop neglect or abuse when it becomes known. At all times those with a duty to safeguard people must give due regard to their views, wishes, feelings and beliefs when making decisions or taking action. This approach recognises that people have complex interpersonal relationships and may feel ambivalent or be unclear or unrealistic about their personal circumstances. (reference Care Act: Section 14.7)
- 1.7 **Making safeguarding personal** means it should be person-led and outcomes-focused. It means engaging with the adult in a conversation about how best to understand and respond to any risks they face in a way that enhances their involvement, choice and control in improving their quality of life, wellbeing and safety. (reference Care Act: Section 14.15).
- 1.8 Practitioners and managers must understand and mitigate the potential for 'undue influence' and the misuse of professional power to undermine choice and control. Due consideration also to be given to the risk of the 'undue influence' of others in the life of the adult especially if there is evidence that the adult is thought to be refusing help and support because they are under duress. (reference Care Act: Section 14.92)
- 1.9 Practitioners and managers must ensure that responses to safeguarding concerns are proportionate and plans are focussed on improving outcomes for the adult. This means that any help attained is with the informed consent of the adult and is the least intrusive and restrictive. Interventions should be at the minimum level required to achieve the intended and agreed outcomes and to reduce the risk of harm.
- 1.10 The aims of the safeguarding policy are to:
- raise public awareness of adult safeguarding so that families and communities play their part in preventing, identifying and responding to the risk of neglect and abuse;
 - provide information advice and support to help people understand the different risks and what to do when they have a concern about the safety or well-being of a adult;
 - Identify risk factors and potential harm early
 - prevent harm and reduce the risk of neglect and abuse
 - take appropriate action to stop neglect or abuse when it is identified
 - practice in a way that supports the adult to make informed choices and taking control about how they want to live;
 - practice in a way that focuses on improving the adults's life in the way they want
 - research, analyse and take action to address the causes of neglect and abuse
- (reference Care Act: Section 14.11).
- 1.11 In order to achieve these aims, agencies must take active responsibility for the following:
- everyone in their agency/organisation/service is clear about their role and responsibility
 - work collaboratively with others to share information and provide timely

responses to neglect and abuse

- develop a learning organisation based on a framework of quality assurance and performance management
- provide practitioners and frontline managers with appropriate levels of supervision and access to learning opportunities
- respond robustly to safeguarding concerns deriving from the poor quality and inadequacy of service provision (reference Care Act: Section 14.12).

2 Purpose of this Policy/Procedure

2.1. This document sets out the best practice guidance and standards for staff working in the Royal Cornwall Hospitals Trust (RCHT). It provides a framework that reflects the Care Act in developing and implementing multi-agency policies and procedures to protect adults from abuse and neglect.

2.2. This policy document and associated procedures provides staff with a guide to their responsibilities when safeguarding adults. The content reflects the requirements from national legislation and the Cornwall and Isles of Scilly Multi-agency Safeguarding Adults Policy (June 2016).

2.3. The Policy sets out guidance and safeguarding processes that work in conjunction with those put in place by the Cornwall Council Department of Adult Care and Support, the Cornwall Multi-Agency Safeguarding Adults Unit, Cornwall & Isles of Scilly Primary Care Trust, Cornwall Foundation Trust and have developed robust arrangements within this Policy guidance to ensure that safeguarding is fully integrated into our systems.

3 Scope

3.1 The content of this document applies to all staff groups working for RCHT.

4 Definitions / Glossary

4.1 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.

4.2 The adult experiencing, or at risk of abuse or neglect will be referred to as the *adult* throughout this policy.

4.3 This policy relates to a adult of 18 years of age or over and a young adult in transition from children's to adults services.

Where a adult is 18 or over and is still receiving children's services and a safeguarding issue is raised, the matter is dealt with through adult safeguarding arrangements. This could occur, for example, when a young adult with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Adult safeguarding services should involve the adult's practitioner from children's services as well as any other relevant professional such as the Police or health practitioners and other adults connected to that person.

- 4.4 The level of the adults needs is not relevant in that the young adult does not need to have eligible needs for care and support under the Care Act or be receiving any particular service from the local authority, in order for the safeguarding duties to apply – so long as the other conditions set out in [Section 4 of this policy] are met (see section 4 also section 9 of this policy).
(reference Care Act :Section 14.5).

The Adult

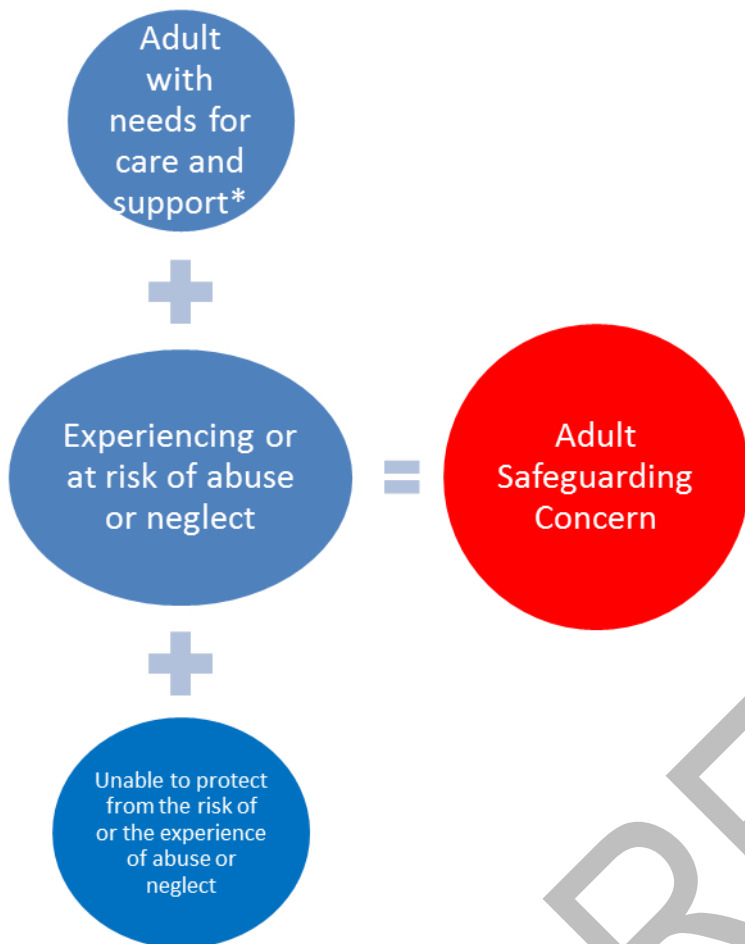
4.5 The adult should be placed at the heart of all enquiries and decision making throughout the process. The adult should be empowered and enabled to participate in and direct the proceedings for themselves as much as possible. The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement. (reference Care Act: Section 14.67)

4.6 It is vital that professionals do not impose a plan upon a adult as this may be a continuation of a misuse of undue influence and could amount to abusive behaviour, contributing to the adult's belief that they are powerless to change their situation for themselves or to trust others.

4.7. The potential for 'undue influence' will need to be considered if relevant. If the adult is thought to be refusing intervention on the grounds of duress then appropriate and proportionate action must be taken (reference Care Act: Section 14.92)

2.1 Adults at risk of abuse or neglect - Definition

Where a local authority has reasonable cause to suspect that an adult (aged 18 years or more) in its area (whether or not ordinarily resident there) — 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.



The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

The decision to carry out a safeguarding enquiry does not depend on the person's eligibility for local authority services but upon the criteria above.

An adult at risk of abuse or neglect *may* therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability and/or a sensory impairment / or communication difficulty i.e. autism
- has mental health needs including dementia or a personality disorder;
- has a long-term illness/condition;
- misuses substances or alcohol;
- lacks capacity to make specific decisions to make particular decisions and is in need of care and support .

Categories of abuse

48 Under this policy partner agencies should not limit their view of what constitutes neglect or abuse, as they can take many forms and the circumstances of the individual case should always be considered. The criteria set out in section 4 is applied in all cases in order to ascertain whether the concern should be dealt with under the safeguarding procedure. Exploitation of the adult by an individual with undue influence should always be considered. The agreed categories are as follows:

- **Physical abuse** – including assault, misuse of medication, restraint or inappropriate physical sanctions.
- **Sexual violence** – 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 coerced.
- **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 supportive networks.
- **Financial or material abuse** – including coercion to take extortionate loans and threats to recover debt, 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 the structure, 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. Failure to follow agreed processes.
- **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 that causes a risk of harm.
(reference Care Act: Section 14.17)
- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; and 'honour-based' violence. In 2013, the Home Office announced changes to the definition of domestic abuse:
 - Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
 - Includes: psychological, physical, sexual, financial, emotional abuse; so

called 'honour- based' violence; female genital mutilation; forced marriage.

- Age range extended down to 16.
(reference Care Act: Section 14.20)
- Domestic abuse is not only about the behaviour of intimate partners, but includes that of other family members. A significant level of the known risk that meets the criteria set out in section 4 occurs at home as the result of family members. Domestic abuse, therefore, should be considered under this safeguarding policy. (reference Care Act: Section 14.21).

Criminal Behaviour

4.9 Everyone is entitled to the protection of the law and access to justice. Conduct that amounts to neglect and abuse such as physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and some forms of discrimination can constitute specific criminal offences under various legislation.
(reference Care Act: Section 14.70)

4.10 Practitioners and managers who suspect that a adult has been the victim of criminal behaviour or is at risk must, therefore, inform the Police immediately. This can be done by making a report directly to the Police or through the Multi-Agency Referral Unit, which includes a Police Officer from the Public Protection Unit. The Police will advise and consider appropriate further action, level of urgency and the process for undertaking any subsequent criminal investigation, either as a single agency or jointly with Adult Social Care following a strategy discussion/meeting. Allegations of professional neglect or abuse will be referred to the Local Authority Designated Officer.

4.11 Whilst criminal investigation by the Police takes priority over other enquiries, a multi-agency approach must be agreed to ensure that the interests and personal wishes of the person are considered throughout, and an appropriate plan put in place even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children of a family is paramount and dynamic risk assessment must be undertaken to check that everything that can be done is done to secure the agreed outcomes.
(reference Care Act: Section 14.75).

Carers and safeguarding

4.12 Circumstances in which a carer such as a family member or friend with a carer role could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with;
or,
- a carer may unintentionally or intentionally neglect or abuse the adult they support on their own or with others.

(reference Care Act: Section 14.35)

- 4.13 Assessments of both the carer and the adult they care for must include consideration of their respective wellbeing. Section 1 of the Care Act includes protection from neglect and abuse as part of the definition of wellbeing. As such, a needs or carer's assessment provides an opportunity to explore the individuals' circumstances and to consider whether it would be possible to provide information, or support that prevents neglect or abuse from occurring. This can be achieved, for example, by providing training to the carer about the condition that the adult they care for has, or to support them to care more safely. Where that is necessary the local authority should consider making arrangements for providing it.
(reference Care Act: Section 14.36)

Young People in Transition

- 4.14 'Young People in transition' refers to young people with complex needs in transition between children's and adults social services including care leavers.
- 4.15 Appropriate joint working arrangements between children's and adult services need to be in place to ensure continuing care to meet the medical, psychosocial, social and vocational needs of young people are addressed as they move to adulthood.
- 4.16 The assessed needs of the young adult are at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of the care needs of young people in transition should include any issues of safeguarding and risk. Care planning must ensure that the young adult's safety is not put at risk through delays in providing the services that they need to maintain their independence, well-being and choice.
- 4.17 Young people who are subject to child protection at the age of 17.5 years must be referred to adult services if it is deemed they will continue to be at risk post 18 years.
- 4.18 Adult services have a duty to assess a young adult if:
- The young person meets the Care Act 2014 definition of an adult at risk as set out in Section 4 on their 18th birthday and
 - The young person will be, or potentially will be, subject to neglect or abuse on or after their 18th birthday
- 4.19 If the answer to both the questions is 'Yes', then:
- An adult protection plan needs to be developed led by, and coordinated by adult services with involvement from Children's services to ensure that protection is in place for the young person's 18th birthday.
- 4.20 If the answer to either of the questions is 'No', then:
Children's Services must lead on the safeguarding process and assess whether:
- There is a need for an assessment? Or
 - Does the young person need signposting to alternative support services?

Who commits neglect and abuse?

- 421 Neglect and abuse can be caused by individuals or settings or organisations or systems. Individuals include intimate partners, family and friends, neighbours, volunteers and professionals known to the adult. Neglect and abuse can be unintentional by omission, through ignorance, or deliberate and vindictive. Regardless of the motivation or lack thereof, the level and nature of harm can be the same.

In what circumstances can abuse occur?

- 422 Neglect and abuse can take place in any context, within the adults home, the family home, a care or educational setting or community.

4.3 Confidentiality and information sharing

- 4.3.1 This policy sets out expectations for achieving the right balance between information sharing between professionals/agencies and the duty to maintain the confidentiality or personal and sensitive information.
- 4.3.2 Safeguarding adults enquiries, assessments and plans are only effective if practitioners and managers are enabled to share and exchange relevant information. An adult's information must be treated as confidential at all times and staff are bound by both their agency policies on information governance and their professional code of conduct covering client/patient confidentiality and data protection.
- 4.3.3 Barriers to sharing information that is necessary to understand the nature and level of risk, and then to take appropriate action can be overcome by obtaining the adult's informed consent to share their information. Only in exceptional circumstances can personal and sensitive information be shared without the adult's informed consent such as when a failure to share information may expose the adult or others to significant risk of serious harm or criminal offence. The appropriate Caldicott Guardian should be consulted in these circumstances (see information sharing: guidance for practitioners and managers HM Government 2008).
- 4.3.4 When the adult has the mental capacity to make informed decisions about their wellbeing and safety but does not agree to any action to protect them, this does not of itself preclude the sharing of information with relevant professional colleagues. The 'need to know' list should be applied and recorded. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This also enables professionals to check the safety and validity of the adult's decisions, adding to the mental capacity assessment. There is an expectation that the adult is informed that this action is being taken, unless to do so would increase the risk of harm. (reference Care Act: Section 14.76)
- 4.3.5 Those providing information under the safeguarding policy must take care to distinguish between fact, observation, allegation and opinion. It is essential that, should any shared information be challenged under the Data Protection Act or the Human Rights Act, the information can be supported by a sound rationale for sharing the information and evidence to support the statements.
- 4.3.6 Concerns may arise within an agency as concerns come to light about a adult the service is already involved with. There is a clear expectation that professionals

discuss their concerns with the adult and seek their consent to share the information with relevant professionals. Only in exceptional circumstances should the information be shared without consent, where seeking will jeopardise the safety of the individual, other individuals or the wider investigation. In these circumstances the decision and rationale for sharing information without consent must be clearly recorded.

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

4.3.8 Each agency is responsible for holding information about the adult in secure records in accordance with their agency standards for confidentiality and data protection.

4.3.9 This safeguarding policy upholds to the principles set out in the Caldicott Review (2013):

- information will only be shared on a 'need to know' basis when it is in the interests of the adult;
- confidentiality must not be confused with secrecy,
- informed consent should be obtained but, if this is not possible and other adults are at risk of neglect or abuse, it may be necessary to override the requirement; and
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about neglect or abuse, particularly in those situations when other people may be at risk.

(reference Care Act: Section 14.157).

4.3.1 Standards of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect staff or interests of an organisation. Whilst this is a legitimate professional/organisational interest it must not be allowed to override the interests or welfare of the adult at risk. If it appears to an employee or adult in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to escalate those concerns to the appropriate authority. (reference Care Act: Section 14.160).

4.4 Multi-Agency Risk Assessment Conference (MARAC)

4.4.1 The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims – adults and any children. In a MARAC local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies (reference CARDA – toolkit for ED 2010).

4.4.2 MARACs and Health Professionals

Health professionals are often in a good position to identify cases of domestic abuse, 12% of Accident and Emergency departments attendances are due to

domestic violence and 30% of domestic abuse commences during pregnancy. The MARAC seeks to protect those patients who are at high risk of being killed or seriously injured from further abuse through a coordinated effort from all agencies and organisations. The MARAC will also highlight cases that might require a particular response or where issues of staff safety are important. MARACs have been proven to reduce repeat victimisation, therefore directly improving the quality of life for the patients and children that you work with (reference CARDA – toolkit for ED).

5 Ownership and Responsibilities

5.1 Role of the Managers

Line managers are responsible for:

- Understanding the concept of Safeguarding Adults in alignment with the 6 Principles of safeguarding
- Understanding their role and responsibilities to ensure the safety of adults that are vulnerable in your care
- Have a working knowledge of The Care Act and its implementation on their practice when safeguarding adults.
- Utilise the Multi-agency threshold guidance and make informed decisions
- Understand levels of competency in relation to their staff roles in safeguarding adults, using SAB guidance.
- Demonstrates skills and knowledge to contribute effectively to the Safeguarding process.
- Awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity.
- Ensure service users / carers are supported appropriately to understand Safeguarding issues to maximise their decision making.
- Understand when to use emergency systems to Safeguard adults
- Maintain accurate, complete and up-to-date records

5.2 Role of the Safeguarding Adults Operational Group

The Safeguarding Adults Operational Group is responsible:

5.2.1 To establish a Trust wide group to be known as the Royal Cornwall Hospital Trust Safeguarding Adults Operational Group that operates as a sub group of the Cornwall Safeguarding Adults Board.

5.2.2 The Safeguarding Adults Operational Group is authorised by the RCHT Trust Board to investigate any clinical or associated activity that impacts on adults in our care and to develop, comply and monitor systems and processes to ensure the issues of safeguarding of adults in the Trust are adopted and embedded within the Terms of Reference of the group.

5.2.3 It is authorised to seek any information it requires from an employee, and all employees are directed to co-operate with any request made on behalf of the Group by the RCHT Trust Board.

5.2.4 Purpose to:

- Review and develop policies and procedures for Safeguarding Adults in accordance with national legislation and local guidance inclusive of recommendations from Serious Incidents and Safeguarding Adults investigations.
- Develop action plans and monitor implementation of recommendations from Serious Incidents and Safeguarding Adults investigations and disseminate and embed the learning from these across the organisation.
- Work in accordance with the relevant RCHT Policies and Procedures with particular reference to those that seek to safeguard both adults and children in the Trust.
- Advise and influence the Trust on the Policies and Procedures relevant to the wide agenda of safeguarding adults reflected in national legislation and local policy.
- Develop an annual audit programme to enable the group to monitor implementation/compliance of relevant safeguarding policies, procedures and guidelines.
- Review and monitor the safeguarding adults training programme ensuring that it reflects recommendations from Serious Incidents, Safeguarding Adults investigations, current legislation and policy guidance.
- Develop links to the RCHT Safeguarding Children, CPFT Safeguarding Adults Operational Groups.
- Through the Chair of the RCHT SAOG be guided by and comply with the Cornwall Safeguarding Adult's Board, (SAB) initiatives and directives.
- Form close, effective working relationships with the Cornwall SAB sub groups, the Cornwall Council Safeguarding Adults Access Team and other relevant independent and voluntary sector organisations.

5.3 Role of Individual Staff

All staff members are responsible for:

- Understanding what Safeguarding is and their role in Safeguarding Adults.
- Recognise an adult potentially in need of Safeguarding and take action.
- Understanding the procedures for making a referral for a safeguarding concern in discussion with the Trust's safeguarding adults team.
- Understand dignity and respect when working with individuals.
- Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity.

5.3.1

- Safeguarding adults (and children) is everyone's business and all staff, that includes learners/students are responsible for ensuring that their mandatory training requirements are met and current and are able to utilise the training to be able to take appropriate action whenever there is concern that abuse may have taken place or may occur unless someone does something to stop it.

5.3.2 The Trust Safeguarding Adults Team gives safeguarding supervision to all staff who make a formal safeguarding adults referral to the local authority. All staff who make referrals must attend this supervision.

5.4 Role of Safeguarding Named Nurse for Adults.

5.4.1 The safeguarding adults nurse takes the operational lead for the Royal Cornwall Hospitals Trust's Safeguarding Adults responsibilities

5.4.2 Take a lead in promoting best practice in all aspects of safeguarding to keep adults safe in close liaison with the Director of Nursing, Midwifery & Allied Health Professions, the Deputy Director of Nursing, the Senior Matrons, Clinical Matrons, Ward Sisters/Charge Nurses and Department Team Leaders, Named Nurse and Doctor for Child Protection, Named Doctor for Safeguarding Adults, Learning & Development, the wider Health and Social Care Community and the Cornwall Council Multi-agency Safeguarding Adults Unit.

5.4.3 Act as the point of expertise for issues relating to the Safeguarding Adults agenda.

5.4.4 Supporting the Trust wide implementation of any new local or national guidance or recommendation concerning the safeguarding of vulnerable adults in our care.

5.5 Role of the Cornwall Council Department of Adult Care and Support Access Service

Adult Social Care are responsible for the screening and triage of all adult safeguarding referrals and of ensuring the referrers is informed of their decision within agreed timeframes. They lead throughout individual adult safeguarding cases as it processes through the allocation of a co-ordinating manager. Once allocated the Co-ordinating Manager has the responsibility for co-ordinating the response to a safeguarding adult protection referral. That person has the overall responsibility for ensuring that the correct procedures are followed according to the Multi-Agency Safeguarding Adults Policy and Practice guidance.

5.6 Acute Liaison Nurses for Learning Disabilities and / or Autism

The Acute Liaison Nurses for Learning Disabilities and or/ Autism are members of the Trust's Safeguarding Adults Team and are responsible for:

- Managing the interface between the acute and primary care and community services for patients with a learning disability.
- Identifying and flagging patients with learning disabilities and autism.
- Working within a multi-disciplinary team to ensure patients with a learning disability and autism get the healthcare and the support they need whilst in an acute in-patient setting
- Ensuring individual patient 'reasonable adjustments' are made.
- Liaising with other health and social care professionals, families and carers throughout the patient's episode of care.
- Developing accessible resources/information to support their patients.

5.7 Specialist Nurse for Mental Health and Wellbeing and Mental Capacity Lead

The Specialist Nurse for Mental Health and Wellbeing and MCA is member of the Trust's Safeguarding Adults Team and is responsible for:

- Ensuring the Mental Health Act 1983 and Mental Health Amendment Act 2007 is

fully adhered to in RCHT.

- Providing specialist mental health advice and education to non psychiatric staff.
- Providing support for staff in caring for patients experiencing acute mental distress or who have an acute / enduring mental illness.
- Evaluating and developing relevant documentation, addressing the issues of standards of practice, quality of communication, and effective management of care.
- To lead operationally for Mental Capacity Act.

5.8 Independent Domestic Violence Advocates

The Independent Domestic Violence Advocates (IDVA) are employed by Twelves company, but have an honorary contract with the Trust and work within the Safeguarding adults team. The IDVA is responsible for:

- Working with victims of domestic abuse in the acute hospital setting to help them access services and maintain their own and their children's safety.
- Undertaking core risk assessments to assess level of risk and ensure that a service is delivered appropriate to the level of assessed risk.
- Raising awareness within the health sector of domestic abuse issues and of the referral pathways available.
- Providing domestic abuse awareness and training to hospital staff.

5.9 Lead officer for Safeguarding Adults

- 5.9.1 The Care Act states that each agency should identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the Safeguarding Adults Board (SAB). In order for the SAB to be an effective decision-making body providing leadership and accountability, agency representatives need to be sufficiently senior and have the authority to commit resources and make strategic decisions. To achieve effective working relationships, based on trust and transparency, SAB members will need to understand the contexts and restraints within which their counterparts work. (reference Care Act: Section 14.87).
- 5.9.2 The Lead Officer and SAB representative for the Trust is the Executive Nurse.

5.10 Safeguarding Named Doctor

5.10.1 The Department of Health paper *The Role of Health Service Managers and their Boards* (2011); recommends a Safeguarding Named Doctor as good practice.

5.10.2 The Doctor will provide advice and expertise for fellow professionals and promote good practice within their organisation.

5.10.3 Act as the point of expertise for issues relating to the Safeguarding Adults agenda.

5.10.4 Support the Trust wide implementation of any new local or national guidance or recommendation concerning the safeguarding of adults in our care

5.11 MARAC Nurse (Multi-agency Risk Assessment Conference) for victims of high risk Domestic Abuse.

5.11.1 MARAC nurses in addition to their role as Emergency Department (ED) nurses have specialist training to support this role. They attend the 6 Countywide MARAC meetings monthly.

5.11.2 The aim is to match information the Emergency Department hold about the risks to a patient that is known to other agencies who will help to ensure that the action plan drawn up by the MARAC is more likely to succeed. The nurse will know what actions can offer within the safety plan and what might need to be put in place to address patient and staff safety.

5.11.5 MARAC nurses will be required to complete actions from the MARAC. One of these actions will be a decision whether to flag the patient's Patient Administration System (PAS) with alert, which states MARAC. This will remain on PAS for one year from the MARAC meeting.

5.11.4 Disclosures to MARAC are made under the Data Protection Act, the Human Rights Act and Caldicott Guidelines. Relevant information can be shared when it is necessary to prevent a crime, protect the health and/or safety of the victim and/or the rights and freedoms of those who are victims of violence and/or their children. It must be proportionate to the level of risk of harm to a named individual or known household.

5.11.5 In addition to ED MARAC nurses, midwives may be required to attend a MARAC meeting when one of their pregnant ladies is presented on a MARAC meeting.

6 Standards and Practice

6.1 Deciding whether to Raise a Safeguarding Concern

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

- Is the person an 'adult at risk' as defined within this policy/procedure?
- Is the person experiencing, or at risk of, abuse and neglect?
- What is the nature and seriousness of the risk?
- What does the adult at risk want to happen now?

The adult at risk should experience the safeguarding process as empowering and supportive. Practitioners should seek to agree actions with the adult at risk, taking into consideration their desired outcomes of any support provided.

Desired outcomes are those changes that the adult at risk wants to achieve from the support they receive, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

Consent should be sought where possible. There may be circumstances where consent cannot be obtained because the adult lacks the capacity to give it or is subject to coercion or undue influence.

There will also be occasions where action may need to be taken if others are or will be put at risk if nothing is done, or where it is in the wider public interest for action to be taken. Where required, take advice from your adult safeguarding lead.

6.2. Immediate Action

Immediate Protection Plan

If you are informed about possible abuse or neglect take action to ensure the immediate safety and welfare of the adult (any other person/child at risk)

If urgent action is needed for health or safety dial 999

If a crime needs to be reported:

- Call the police
- Preserve any evidence
- Accurately record the incident, any actions or decisions and make sure you sign date and time the recording.

6.2.1

1. If possible, speak to the adult at risk without putting them or yourself at further risk.
2. Reassure them that what they say will be taken seriously
3. Use open ended questions using - **TED**
 - **T**ell me
 - **E**xplain
 - **D**escribe

Points to consider:

- This is a preliminary conversation about the safeguarding concerns and the adult's views and wishes
- Be aware of possibility the adult may lack capacity to make specific decisions
- The adult's wishes may sometimes need to be over ridden e.g. in the public interest - if there is a risk to others, member of staff paid or unpaid are involved, or it relates to a care setting, in the persons vital interests - to prevent serious harm or distress or in life threatening situations, or if the person lacks capacity
- Consider whether the person is subject to coercion or undue influence (duress) to the extent they are unable to give consent.

6.2.2 *Prior to making a Safeguarding Adult Referral.*

- The SAB partners have agreed that partner agencies (safeguarding teams) are responsible for taking alerts from their own staff, making assessment of the concern and agreeing onward action, providing evidence to the Local Authority (LA) of the concerns (alerts) raised and decision/action taken to enable the LA fulfill their oversight function. The RCHT safeguarding team will assess the safeguarding concern from our staff before any referral to the Local Authority and support staff to make this referral. Internal Referrals to the safeguarding adults team can be made on Maxims, Oceano, email rch-tr.SGAults@nhs.net, bleep 3048, phone 01872 254551 or Safeguarding Nurse mobile via switchboard.

6.3 Considering risks to children

6.3.1. All staff have a duty of care under the Children Act (1989) to identify and respond where children may be at risk of harm. Working Together to Safeguard Children 2013 outlines the roles and duties of agencies to safeguard children. Staff must consider the implications for children when responding to all safeguarding adults concerns.

6.3.2. Examples include:

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

6.4. Support for the patient/adult at the centre of the safeguarding process

Safeguarding Adults must be personal. The adult is to be given all relevant information concerning the safeguarding plans/procedures being followed and supported to express their own fears/ concerns/ points of view throughout the process. This support can be given by a relevant professional such as a Registered Nurse, a member of RCHT Safeguarding Team, a Social Worker or an Independent Mental Capacity Advocate. Please ensure that the patient and family are given a copy of the *Say No to Abuse* leaflet if there is an safeguarding referral to the local authority; which gives a written explanation of the safeguarding adult's protection plan process.

6.5. Recording information

When recording information it is essential that clear and accurate records be kept of all contacts and actions relating to cases of alleged abuse/neglect. The records may need to be used to hold individuals/agencies to account and therefore must be complete. It is important that no record breaches the adult's individual legal rights. All records must be accurate and factual.

6.6. Unlawful acts can be either criminal or civil offences.

Some instances of abuse will constitute criminal offences or unlawful acts under civil law. In this respect, adults unable to protect themselves are entitled to the protection of the law in the same way as any other member of the public. Examples of actions which may constitute criminal offences are assaults (whether physical, psychological or sexual) sexual relations without consent, harassment, threats, theft and fraud. It is therefore essential that police involvement should be considered as soon as any allegation or suspicion of abuse is made where there is an indication that a criminal offence has taken or is likely to take place. A decision to involve the police, **unless deemed to warrant an immediate 999 response**, will be made following discussion regarding the alleged abuse with the victim and identified line manager and when required in conjunction with other senior managers. The police will advise on the necessary further action, level of urgency of response and the process for undertaking any subsequent criminal investigation.

6.7 Contacting the police.

6.7.1. **IN AN EMERGENCY contact the police directly by telephoning (9) 999** if the situation demonstrates **IMMEDIATE DANGER or HARM** to the adult, other patients and visitors or staff members where for example:

- Life is threatened
- People are injured
- Offenders are nearby

Immediate action is required by the police

6.7.2. **Except in an emergency**, before contacting the police discuss your concern with your line manager, site coordinator, senior colleague or the safeguarding team.

6.7.3. For all **non emergencies and enquiries/advice telephone (9) 101**

6.7.4. Having contacted **101** you will be given a log number. This number must be noted and logged in the patient's medical record.

6.8 Steps to be taken where an allegation of abuse concerns the actions of a member of staff.

6.8.1. Where an allegation concerns the actions of a member of staff it is the duty of all those concerned to report the matter to a senior manager to ascertain next steps to be taken. It is important to ensure that any action taken in this circumstance protects the rights and wishes of the adult, protects the rights of the member of staff concerned and enables managers to take appropriate action either on behalf of the adult or in respect of the staff member.

6.8.2. The Line Manager, (or another senior manager in their absence), of the staff member, in conjunction with Human Resources will agree what immediate action and next steps should be taken in addition to any safeguarding adult protection referral to the local authority.

6.8.3. It is an imperative that any information gathering regarding the alleged abuse does not compromise a police investigation and that the alleged abuser (staff member) is not interviewed until the police led investigation has been completed and the outcome reported back to the relevant senior manager.

6.9 Poor professional practice and neglect or abuse

6.9.1 The difference between poor practice or standards of care and wilful neglect requires careful consideration and judgement. If a adult is totally dependent on the assistance of others to meet basic needs, continual "poor practice or standards of care" can lead to serious harm or death.

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

- is a "one off" incident to one individual
- resulted in no harm
- indicated a need for a defined action to prevent re-occurrence.

6.9.2 Incidents that indicate that poor practice is impacting on more than one adult, that poor practice is recurring and is not a "one off", meets the threshold for adult protection procedures being initiated as these incidents can indicate more wide spread, "organisational" abuse, please see the SAB Organisational Policy on the Local Authority

website.

6.9.3 A “one off” incident can indicate a lowering of care standards by health or care providers. Early indications of poor practice must be challenged and can be addressed using other systems, such as care management reviews; complaint investigations; or human resources systems. All of these will ensure that the issue is properly investigated, recorded, resolved and monitored.

6.9.4 The Care Act (amended March 2016) states - Examples of such concerns could include allegations that relate to a person who work with adults with care and support needs who: have:

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

When a person’s conduct towards an adult may have an impact on their suitability to work with **children**, this must be referred to the LADO (Local Authority Designated Officer), please follow Child protection procedures 03001231116.

If there are concerns around a professional or any other person working with adults, this must be referred to the Adult Safeguarding who will triage it to the adult social care safeguarding professional. This must be done through you safeguarding team or your HR partner for safeguarding. Please refer to the Bitesize guidance <http://www.cornwall.gov.uk/media/18757040/ladobitesizetransition.pdf>

Or the full SAB policy at <https://www.cornwall.gov.uk/media/26613235/person-in-a-position-of-trust.pdf>

6.10 Threshold for “whole service investigation ” or “organisational abuse”

6.10.1 Organisational abuse includes neglect and poor practice within an organisation 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. Whilst there is no single definition of organisational abuse it refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation’s practice, culture, policies and/or procedure.

Organisational abuse is also defined by certain characteristics:

- It is **widespread** within the setting (e.g. the abusive practice is not confined to the practice of a single staff member)
- It is evidenced by **repeated** instances
- It is generally **accepted** – it is not seen as poor practice

- It is **sanctioned** – it is encouraged or condoned by line managers
- There is an **absence of effective monitoring or management oversight** by managers that has allowed the practice to have occurred
There are **environmental factors** (e.g. unsuitable buildings, lack of equipment, reliance on temporary staff) that adversely affect the quality of care
- Includes factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of organisationally abusive practice

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

It is not necessary for all of these characteristics to be present. However, the presence of one or more characteristic increases the likelihood that organisational abuse is taking place. For further information and details on this contact the safeguarding team 01872 254551 or refer to Local Safeguarding Adults Board Organisational abuse policy on the Council website.

6.11. Cases of severe self-neglect

6.11.1 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 that causes a risk of harm.

Cases of severe self-neglect require management of the balance between protecting the adult from self-neglect against their right to self-determination is a serious challenge. It is not unusual for people to refuse a particular form of care due to lack of insight into the need for intervention.

6.11.2. Examples may be:

- An adult sends away a home care worker who is tasked to do cleaning or prepare a meal.
- An adult is incontinent but is reluctant to wear pads.
- An adult with diabetes refuses their insulin injection.

6.11.3. The assessment of mental capacity in cases of severe self-neglect

In this instance the assessment of the adult's mental capacity to make these decisions is crucial. If the adult is assessed as lacking capacity to consent to the identified intervention the law permits actions to be taken in their best interests, please follow the Trust's Mental Capacity Act policy. Consideration must always be given to the likely effect of the failure to provide the planned care or treatment, to the adult, their environment and to those around them. This will help determine the urgency of the decision-making needed regarding implementation of the care plan. It is imperative that in circumstances where an incapacitated adult is refusing or resisting care or treatment, discussions are held with senior staff to consider how to ensure the appropriate care is delivered and this process is documented in the patient's medical record. If necessary these discussions should include the wider team and family/carers.

6.11.4 Where an adult has capacity and has been identified as having been subject to severe self-neglect that could result in significant harm, as a Trust we must refer to: *The Guidance on Responding to Cases of Self Neglect Cornwall Adult Protection Safeguarding Procedures (2009)*. **The RCHT safeguarding adult's team monitor and manage cases of severe self-neglect while the patient remains an inpatient. Please follow the flow chart at the beginning of this policy on how to refer a patient.**

6.11.5. After discharge the Trust's safeguarding team will ensure appropriate referrals are made to relevant agencies.

6.11.6 The safeguarding adult's team report Bi-monthly to the Trust's Safeguarding operational Adults group on the data/cases of self-neglect, this is in direct response to a Safeguarding Adults Board Serious Case Review (SCR) (reference SCR WL 2014).

6.12. Domestic Abuse

6.12.1 The Trust endeavour's to work with Safer Cornwall to recognise and support victims of Domestic Abuse. This is achieved in number of ways;

6.12.2 Independent Domestic Violence Advocate (IDVA) role. Employed by a local charity the IDVA is based within the safeguarding adult's team on a honorary contract basis. As they are based on site at RCHT, they are often able to respond immediately to referrals and can complete a DASH risk assessment. This risk assessment and victim will then, if appropriately, be referred into MARAC.

6.12.3 The Trust run a Domestic Violence and Sexual Abuse forum - bi-monthly, the members of the group are made up from Trust and community staff. The forum reports into the safeguarding adult's operational group. The group formulate operational actions required by the Trust to ensure the recognition of domestic abuse and respond safely to victims.

6.12.4 The MARAC nurses and midwives who attend MARAC actively support the multi-agency process to support high risk victims of domestic violence.

6.12.5 The Trust will actively participate in any Domestic Homicide Review (DHR) if requested by the Domestic Homicide Review panel.

6.12.6 The Trust is responsible for ensuring all staff be given Domestic Abuse training that supports their role and responsibilities towards victims that they come in contact with during their work. There are different levels of Domestic Abuse training required for RCHT employees.

*Level 1 training - all staff must participate in this training at induction and yearly. This is in form of educational booklet.

*Level 2 training – all frontline staff must complete the *in house* training session as a mandatory requirement on one occasion. The training is incorporate into the safeguarding adults level 2 training.

*Level 3 training – Domestic Abuse, Stalking and Harassment and Honour Based Abuse (DASH training) Day 1 (domestic abuse awareness) - staff who require Child Protection level 3 training must also complete this level training.

*Level 3 (enhanced) DASH training day 2 - for senior clinical frontline managers identified

by the Trust's Domestic Violence and Sexual Abuse forum to attend.

6.12.7 Staff must participate in any further Domestic Abuse mandatory training provided by the Trust as and when required.

6.13. Staff development, training and Competences

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

*Level 1 training - all staff must participate in this training at induction and repeat at the three yearly updates as a mandatory requirement. This can be face to face or online training.

*Level 2 training – all frontline staff must complete the in house hour session as a mandatory requirement every year.

6.13.2 Staff must participate in any further safeguarding adult mandatory training provided by the Trust as and when required.

6.14. Staff Recruitment practices

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

6.15. Reporting Skin Damage in a Vulnerable Adult as a Safeguarding Referral

6.15.1. The Countywide Guidance on *Reporting Skin Damage in a Vulnerable Adult as a Safeguarding Referral* –as located on the Documents Library is to be used to decide whether to raise a safeguarding referral requiring investigation in respect of skin damage that has been assessed as neglect by the deliberate withholding or unintentional failure to provide appropriate and adequate care and support, where this has resulted in, or is highly likely to result in preventable skin damage.

6.16. Support for staff involved in safeguarding adults cases referred to the Local Authority

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

6.16.2. The Safeguarding Named Nurse, Line Managers and other senior professionals involved should consider the potential for distress and psychological trauma to the member of staff involved and be prepared to support an individual or team and offer supervision or referral to appropriate other support such as Occupational Health.

6.16.3 The safeguarding adults team will give safeguarding supervision to all staff involved in Adult safeguarding cases referred to the local authority. Please see appendix 3.

6.17. Statement of commitment to staff

6.17.1 The Safeguarding Adults Board recognise that, within the present range of duties and powers there will be circumstances where a adult remains at risk despite the best efforts of practitioners and managers to engage the adult in a plan that safeguards their wellbeing. In some cases the service will have no legal powers to intervene more assertively. These situations must be recorded carefully, setting out the decision and the rationale for the decision. However, the duty to safeguard does not stop here. Practitioners and managers are required to exercise an appropriate level of ongoing vigilance. However, **all agencies will give full support to staff who are managing the challenges of cases where adults remain in high risk situations**, provided it is evident from the case record that:

- The safeguarding adults procedures have been properly followed;
- A Mental Capacity Act assessment has been undertaken that is of an appropriate standard and the adult is judged to have capacity
- Every effort has been made, on a foundation of multi-agency co-operation, to engage positively to protect the adult;
- Legal advice has been considered

6.17.2 The decision and rationale in these circumstances where the risk of harm persists, must be signed off by a senior manager in order to afford the practitioner and manager responsible for the case with an appropriate level of support.

7 Dissemination and Implementation

71. This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site document library. Access to this document is open to all.

72. The Policy will be launched via the RCHT daily communication network.

73. The Policy will be available to all external stakeholders via the Documents Library on the Intranet.

74. The Safeguarding Adults Named Nurse and safeguarding adults training team will bring the reviewed Policy to the attention of any staff attending any safeguarding adult training.

75. This policy document will be held in the public section of the Documents Library with unrestricted access, replacing the previous version which will be archived in accordance with the Trust Information Lifecycle and Corporate Records Management Policy.

76. Provision of mandatory safeguarding adults training will be delivered by the Learning and Development Department as outlined in the RCHT Core Training Policy. Reference to relevant sections from this Policy will be utilised at all RCHT Level 1 & 2 Safeguarding Adults mandatory training.

8. Monitoring compliance and effectiveness

8.1. All safeguarding referrals reported to the Cornwall Council Department of Adult Care and Support Access team will be recorded on the RCHT DATIXWeb system.

8.2. Adult Protection referrals made against the Trust are reported monthly to the KCCG and bi-monthly to the safeguarding adults operational group.

8.3. A clear audit trail will be implemented and the monitoring of compliance with this policy will be overseen by the RCHT Safeguarding Adults Operational Group.

8.4. RCHT will use the data monitoring and collection procedures agreed by the Safeguarding Adults Board to ensure that information from individual cases can be aggregated and reported on.

8.5. Working with RCHT Learning & Development the training data generated will provide auditable compliance reports through the NMLS system which is part of the electronic staff record.

Element to be monitored	<p>Staff adherence to the Making a Safeguarding referral Internal Process</p> <p>Completion and retention of the Safeguarding Adult Internal referral Preparation and Referral Form</p> <p>Use of the body map when reporting skin damage in an adult as a safeguarding referral</p> <p>Compliance of staff with Safeguarding Adults mandatory training requirements.</p>
Lead	<p>The audit components will be undertaken by members of the RCHT Safeguarding Adults Operational Group following the designation of a lead auditor by the SAOG Chair</p>
Tool	<p>Audit of the elements to be monitored will be undertaken by reviewing 6 sets of patient case notes where a safeguarding referral has been made.</p> <p>Working with RCHT Learning & Development utilise training data generated to provide auditable mandatory training compliance reports</p>
Frequency	<p>The case note audit will be undertaken on an annual basis in July/August each year</p> <p>Auditable mandatory training compliance reports will be presented at the Safeguarding Adults Operational Group on a bi-monthly and yearly will contribute to the completed audit findings report compiled by the Safeguarding Adults Named Nurse</p>

Reporting arrangements	The completed audit report will be presented and reported on in the minutes of the Safe Guarding Adults Operational Group (SAOG) by the Safeguarding Adults Named Nurse as per the SAOG Terms of
	Reference
Acting on recommendations and Lead(s)	Where the report indicates sub optimal performance the Chair of SAOG will nominate a group member to produce an action plan. The SAOG will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timeframes
Change in practice and lessons to be shared	Required changes to practice identified will be documented in the action plan outcomes. The membership of the SAOG will identify a lead to take each change forward across divisions as appropriate. Lessons will be shared with all relevant parties.

9 Updating and Review

9.1. This process is managed via the document library; review will be undertaken in April 2018 unless best practice dictates otherwise.

10 Equality and Diversity

a. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

b. Equality Impact Assessment

c. *All public bodies have a statutory obligation to undertake Equality Impact Assessments on all policy documents. This must be undertaken by the author using the agreed Equality Impact Assessment Template. The completed assessment is to be added to the end of the policy document as an appendix prior to it being ratified.*

d. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

NB: References and Associated Trust Documents

Up-to-date references, including details of supporting or associated Trust or Cornwall Health Community documents, must be listed in the Governance Information table at Appendix 1.

Appendix 1. Governance Information

Document Title	Safeguarding Adults Policy and Procedure.			
Date Issued/Approved:	01/04/2015			
Date Valid From:	01/04/2015			
Date Valid To:	01/04/2018			
Directorate / Department responsible (author/owner):	Zoe Cooper – Safeguarding Lead nurse for safeguarding services and Named Nurse for adults.			
Contact details:	01872254551			
Brief summary of contents	To provide all RCHT staff with Policy and procedural guidance regarding their roles and responsibilities for the Safeguarding of Adults that reflect the statutory requirements in the Care Act 2014.			
Suggested Keywords:	<i>Safeguarding adults, mental capacity, domestic violence and abuse, self-neglect.</i>			
Target Audience	RCHT ✓	PCH	CFT	KCCG
Executive Director responsible for Policy:	Nurse Executive			
Date revised:	01/04/2018			
This document replaces (exact title of previous version):	Safeguarding of Vulnerable Adults Policy and Procedures.			
Approval route (names of committees)/consultation:	Divisional Nurses & Clinical Matrons Safeguarding Adults Operational Group Safeguarding Adults Link Professionals			
Divisional Manager confirming approval processes				
Name and Post Title of additional signatories	Not Required			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	

Document Library Folder/Sub Folder	Safeguarding Adults
Links to key external standards	CQC Regulation 13 – Safeguarding people who use services from abuse
Related Documents:	<p>Cornwall and Isles of Scilly Multi-agency Safeguarding Adults Policy (2015)</p> <p>DoH Safeguarding Adults: The Role of Health Service Practitioners (2011)</p> <p>Cornwall and Isles of Scilly Safeguarding Adults Board Threshold Guidance October (2015)</p> <p>RCHT Mental Capacity Act, Independent Mental Capacity Advocacy & Deprivation of Liberty Safeguards Policy</p> <p>RCHT Policy and Procedures For Safe And Supportive Observations In Adults</p> <p>RCHT Guidelines for what to do if there are any concerns about the welfare of a child</p> <p>Countywide Guidance on Reporting Skin Damage in a Vulnerable Adult as a Safeguarding referral</p> <p>RCHT Incident Reporting and Management Policy and Procedures</p> <p>RCHT Standards of Record Keeping</p>
Training Need Identified?	<p>Yes</p> <p>Learning and Development department are fully aware of training requirements</p>

Version Control Table

Date	Version No	Summary of Changes	Changes Made by
January 2008	V1.0	Policy for Safeguarding Adults	Mary Mallett, Safeguarding Adults Named Nurse
May 2010	V1.2	Royal Cornwall Hospitals Trust, (RCHT) Policy and Procedures for the Safeguarding of Vulnerable Adults	Mary Mallett, Safeguarding Adults Named Nurse

November 2012	V1.3	<p>Safeguarding of Vulnerable Adults Policy and Procedures</p> <p>Changes made include:</p> <ul style="list-style-type: none"> • General updating of each section to reflect local & national guidance • The removal of most information regarding the implementation of the Mental Capacity Act, (2005) as now available from the RCHT Mental Capacity Act, Independent Mental Capacity Advocacy & Deprivation of Liberty Safeguards Policy • Change of title and some content of the alert form from SA22 to Safeguarding Vulnerable Adult Internal Alert Preparation & Referral Form • How to download the Safeguarding Vulnerable Adult Internal Alert Preparation & Referral Form from the Intranet • Review of Making an Adult Safeguarding Alert - Internal Process- Appendix 3-in line with changes made by the Cornwall Council Adult Care and Support Access Team 	Mary Mallett, Safeguarding Adults Named Nurse
July 2013	V1.4	Para 6.41 Training amended.	Zoe Mclean Safeguarding adults Named Nurse
April 2015	V1.5	Entire policy re-write to comply with the statutory requirement of the Care Act 2014.	Zoe Cooper Safeguarding Adults Named Nurse
July 2016	V1.6	Rewrite of policy in line with SAB multi-agency policy	Zoe Cooper Safeguarding Adults Named Nurse
August 2017	V6	Added links to new local SAB policies for safeguarding.	Zoe Cooper Safeguarding Lead Nurse
December 2017	V6.1	Change to training requirements in level 2.	Zoe Cooper Safeguarding Lead Nurse

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

UNDER REVIEW

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy /proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): Safeguarding Adults Policy and Produce			
Directorate and service area: Corporate		Is this a new or existing Policy? Existing	
Name of individual completing assessment: Zoe Cooper		Telephone: 01872254551	
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	To provide all staff groups working within RCHT with a guide to their roles and responsibilities in the management and safeguarding of vulnerable adults		
2. Policy Objectives*	To ensure RCHT staff have an understanding of the principles around Safeguarding Adults and know the procedures to be followed to safeguard others deemed vulnerable.		
3. Policy – intended Outcomes*	To improve the recognition of adult abuse and to prevent, in some instances it occurring. To ensure that safeguarding issues are reported and actions required are implemented in a timely manner.		
4. *How will you measure the outcome?	Number of Alerts received from RCHT staff annually Number of enquiries re Safeguarding Adults concerns received by the Safeguarding Named Nurse annually		
5. Who is intended to benefit from the policy?	Staff, patients and adults at risk of neglect and abuse.		
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	No		
b) If yes, have these *groups been consulted?			
c). Please list any groups who have been consulted about this procedure.			
7. The Impact			
Please complete the following table.			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		x	

Sex (male, female, trans-gender / gender reassignment)		X	
Race / Ethnic communities /groups		X	Different cultures may view abuse differently e.g. domestic violence
Disability - Learning disability, physical disability, sensory impairment and mental health problems		X	This policy is designed to offer additional protection to those who may be more vulnerable due to having a disability.
Religion / other beliefs		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	Complication of personal choice to refuse support if female victim is pregnant or has children.
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X	
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and <ul style="list-style-type: none"> <input type="checkbox"/> No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or <input type="checkbox"/> Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.		Yes	No x
9. If you are not recommending a Full Impact assessment please explain why.			
This policy is relevant to everyone.			
Signature of policy developer / lead manager / director		Date of completion and submission	
Zoe Cooper		23/2/2015	
Names and signatures of members carrying out the Screening Assessment	1.		
	2.		

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _____

Date _____

Safeguarding Adults Supervision Process

1.0 Introduction

Royal Cornwall Hospital Trust is committed to the provision of high quality health care in all aspects of its service to patients, visitors, local community and members of staff. The Trust advocates that all health care professionals should have the opportunity to participate in Clinical Supervision; this includes nurses, allied health professionals and medical staff.

'Safeguarding Adults', A National Framework of Standards for Good practice and outcomes in adult protection work Standard 4 requires partner agencies to provide training and supervision of staff and volunteers to promote quality standards of service delivery.

The Trust recognises that Safeguarding Adults supervision is integral to providing an effective person centred service and that it has a responsibility to provide clinical supervision for staff. Safeguarding Adults supervision is available in addition to clinical supervision and does not replace it. This process has been adapted from Gateshead Foundation Trust with their kind permission.

2.0 The aim of the supervision process

The aims and objectives of this policy are to promote and develop a culture that values and engages in regular adult safeguarding supervision in order:

- To enable and empower the practitioner to develop skills, competence and confidence in their Safeguarding Adults practice.
- To provide a forum for the practitioner to discuss the emotional impact on them of working within this challenging area of practice.
- To identify the training and developmental needs of the practitioner so that they have the skills and knowledge to provide an effective service.
- To identify, in partnership with the practitioner, any difficulties in ensuring policies and procedures are adhered to.
- To provide formal support and guidance for all health professionals working with adults, in order for them to carry out their safeguarding responsibilities according to Trust and Local Authority Policy.
- To ensure that all members of staff working with adults who may be vulnerable understand their role, responsibilities and scope of professionals discretion and authority regarding safeguarding adults in the multi-agency arena.
- To provide a source of advice, support and expertise for staff in an appropriately safe learning environment.

- To provide opportunity for reflection and critical incident analysis, to identify, deal with and learn from near misses and mistakes and ensure best outcomes for the vulnerable adult.
- To endorse clinical judgements and provide specialist support when circumstances require it in the safeguarding adults process.
- To ensure professional practice remains patient focused and promotes patient choice.
- To ensure practitioners are aware of and comply with relevant legislation.
- To ensure that all action taken are with consent of the individual or are in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues.
- To allow practitioners to discuss strategies in order to prevent adults who are vulnerable from suffering harm.
- To allow practitioners to explore and develop ways of working openly and in partnership with other professionals and other agencies.
- To create an opportunity for the practitioner to reflect and discuss individual practice and organisational issues that may impact on their practice.

3.0 Definitions

This is not an exhaustive list, but should help the reader with some of the common terms and words used in relation to safeguarding adults supervision.

Competence : the ability to perform a specific task, action or function successfully.

Safeguarding adults competencies are the set of abilities that enable staff to effectively safeguard, and promote the wellbeing of adults who may vulnerable and unable to protect themselves from harm or abuse. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice.

Safeguarding Adults Supervision: is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of situations.

4.0 Process of Safeguarding Adults Supervision

4.1 The following methods of safeguarding adult's supervision will be available for members of the organisation:

- 'Open Door' advice and support by the safeguarding adult's named nurse regarding a specific adult or safeguarding issue at the request of the practitioner. This may be a face to face consultation, telephone call or email.
- Group supervision sessions facilitated by the safeguarding

adult's named nurse or another member of the safeguarding team.

- Formal one to one supervision supporting the practitioner who is supporting an adult who is subject to the safeguarding adults procedures. To be carried out at a frequency agreed by the practitioner and supervisor. Formal sessions will be facilitated by the safeguarding adults named nurse or another member of the safeguarding team.

4.2 Outcomes of supervision

The aims of supervision should achieve the following outcomes:

- The practitioner's professional practice will be patient focused, ensuring the holistic needs of adults are paramount..
- The practitioner will have a clear understanding of their role and responsibilities when working with adults at risk.
- The practitioner's response to safeguarding adults concerns is appropriate and in the best interests of the individual.
- The practitioner will recognise their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to work adults at risk.
- The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.
- The practitioner will maintain confidentiality with regards to safeguarding adult's issues.
- The practitioner will be familiar with and understand the policy, guidance and legislation relevant to safeguarding adults.
- To identify any training needs.
- The supervisor will inform the Trust of any areas of concern or risk to ensure that the Trust is able to fulfil its responsibility in safeguarding adults.
- Any member of staff working with an adult where there are safeguarding issues can request supervision at any time from the safeguarding adults lead nurse.

4.3 The remit of safeguarding adult's supervision

Safeguarding Adults Supervision will be offered to all practitioners who are working directly with individuals who are eligible for or currently subject to safeguarding adult's procedures.

One to One formal supervision will take place with the practitioner and a record of the discussion will be kept.

Examples of issues which may need to be addressed as part of the supervision process may include:-

- Mental Capacity Act Issues;
- Deprivation of Liberty Issues
- Practice Issues;
- Emotional Support;
- Court Processes;
- Education and Development.

4.4 The supervision contract

Formal supervision sessions will be undertaken within a supervision contract. The purpose of this contract is to ensure:

- Clarity of expectations.
- Roles and responsibilities are understood
- Practical issues are agreed
- A copy of the contract will be held by the supervisor and the supervisee. The supervisor will take responsibility for monitoring and reviewing the contract with the supervisee as necessary.

Supervision Contract

Supervisee (Name, designation, work base and contact details)	
Supervisor (Name, designation, work base and contact details)	
Commencement Date	
Review Date	
Frequency of Supervision	
Duration of Supervision	
Venue	
Other	

We agree to keep all discussion in clinical supervision confidential. There is a legal duty of care that may override confidentiality in exceptional circumstances. Such circumstances

would be if the supervisee is describing unsafe, unethical or illegal practice and unwilling to go through appropriate procedures to address these after initial discussion between supervisor/supervisee.

Supervisor's signature.....

Supervisee's signature.....

Copy to be forwarded to line manager

Disengagement date:.....

Supervisor's signature.....

Supervisee's signature.....

UNDER REVIEW

Supervision Record Notes

Supervisee's Name:.....

Supervisor's Name:.....

Date of commencement of supervision:.....

Issues	Actions to be taken	By whom	Date of next session

Supervisee signature:

Date:

Supervisor signature:

Date: