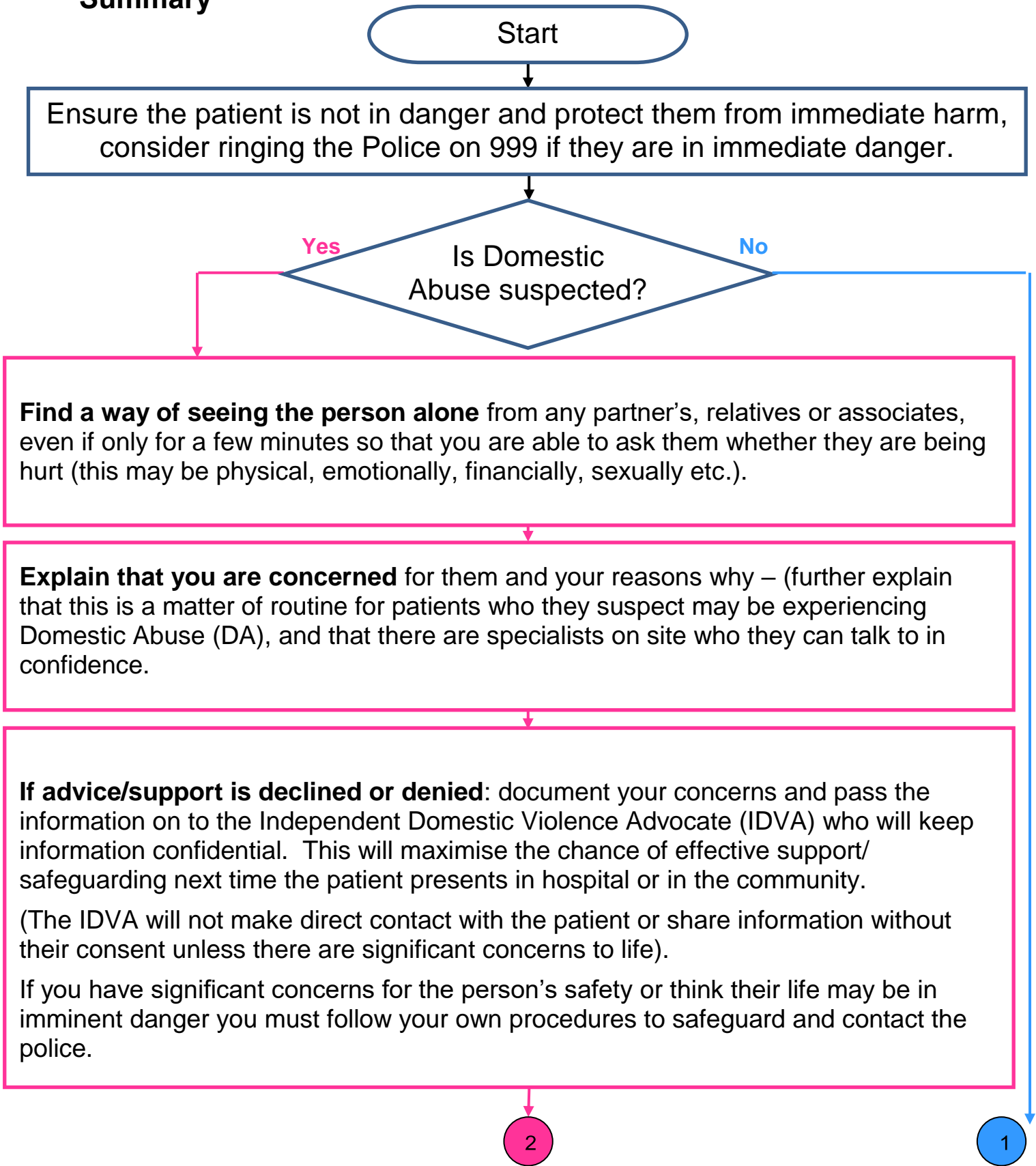


Adult Safeguarding Policy and Procedural Guidance

V7.3

December 2019

Summary



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1

If advice/support is accepted: Discuss with your supervisor/MARAC Nurse and contact the IDVA-by telephone and/or by completing the internal Adult Safeguarding form on Maxims.

Please assure the patient that the IDVA is still happy to talk to/help them if they do not want to leave the abusive relationship.

The IDVA can be contacted on 01872 254551

Ask the Adult views on what they want as an outcome.

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

Make a referral on maxims or email rch-tr.SGAdults@nhs.net

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 Adult Safeguarding 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 Adult Safeguarding Team will review patients 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.

Where there is concern for an adult who may **self-harm** please refer to [The Medicines Policy](#) for prescribing in "at risk" circumstances.

When advised by the Trust's Adult 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 call 03001234131. You will be connected to a social worker.

Please complete a Datix.

End

Contacting the Police

IN AN EMERGENCY

Telephone (9) 999 if the situation demonstrates **IMMEDIATE DANGER** or **HARM** to the:

- adult
- other patients and visitors
- staff members

where:

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

Immediate action is required by the police

NON EMERGENCY

Before contacting the police discuss your concern with e.g.

- your line manager
- site coordinator
- senior colleague
- Safeguarding Services

For all non-emergencies and enquiries/advice telephone (9) 101

The **101** service will give you a log number.

This number **MUST be logged** in the patient's medical record

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1. Introduction

1.1. Adult and Child Safeguarding is everyone's responsibility the Royal Cornwall Hospital Trust (RCHT) is committed to ensuring individual rights are protected and promoted through eliminating all forms of abuse.

1.2. RCHT has embedded a culture of "openness", raising awareness of the kinds of abuse that might occur and where all employees are enabled and supported to speak out against abuse.

1.3. RCHT works in partnership with other agencies in Cornwall to safeguard the safety, dignity, and quality of life of Adults with care and support needs in Cornwall.

1.4. This policy provides staff working for RCHT with a guide to their responsibilities within the Adult safeguarding process which includes, raising concerns about adult abuse (previously called alerts), initial protection planning, coordination and enquiry for adult safeguarding referrals for Adults at Risk, those adults with care and support needs as defined by the Care Act 2014. By following these requirements staff will be working proactively to prevent abuse and neglect.

1.5. The Care Act 2014 replaces No Secrets guidance (Department of Health 2000) and makes Adult Safeguarding a statutory duty.

1.6. The Care Act sets out six key principles that underpin all adult safeguarding work:

- 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)

1.7. This policy is underpinned by the overarching Cornwall & Isles of Scilly SAB Adult Safeguarding Policy, Operational Procedure and General Guidance

1.8. The Care Act 2014 replaces No Secrets Guidance (Department of Health 2000) and makes adult safeguarding a **statutory duty**.

1.9. Principles of Safeguarding

1.10. 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)

1.11. 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)

1.12. 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)

1.13. 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.

1.14. This version supersedes any previous versions of this document.

1.15. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

2.1. Policy and guidance for staff working in the Royal Cornwall Hospitals Trust regarding roles and responsibilities in identifying and responding to concerns about Adult Abuse.

2.2. RCHT employees who are working with adults at risk.

2.3. Defines and describes adult safeguarding supervision for staff and where/how this is provided.

2.4. Describes RCHT operational process for concern / referrals for *Prevent*.

2.5. Describes operational process for Allegations against People in Position of Trust

2.6. Describes processes for assessment of risk from Domestic Abuse DASH risk assessment and how to refer to support services.

3. Scope

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

4. Definitions / Glossary

4.1. The Care Act 2014 removes the terminology 'vulnerable adult' and now uses 'adult at risk'. The Care Act replaces previous guidance 'No Secrets' 2000

4.2. Adult at Risk - 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.

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

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

4.5. 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).

4.6. Abuse can be defined as 'a violation of an individual's human and civil rights by any other person or persons'.

4.7. Adult safeguarding – what it is and why it matters?

4.7.1. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including,

where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

4.7.2. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

4.7.3. Organisations must always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation.

4.7.4. Practitioners and managers should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act 2014.

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

4.7.6. Intervention should be proportionate to the harm caused, or the possibility of future harm. As well as thinking about an individual's physical safety it is necessary to also consider the outcomes they want to see and take into account their overall happiness and wellbeing. The assessment of risk should be based on the fact that some risk is an inevitable consequence of life. The objective is not necessarily to eliminate risk, but to reduce risk so as to enable a person to safely maintain their independence and well-being wherever possible. Assessments of risk should be undertaken in partnership with the person, who should be supported to weigh up risks against possible solutions. People need to be able to decide for themselves where the balance lies in their own life, between living with an identified risk and the impact of any Safeguarding Plan on their independence and/or lifestyle.

4.7.7. 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. (Care Act: Section 14.92)

4.7.8. The Care Act clearly outlines what adult safeguarding is not:

4.7.9. Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services

- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- The core duties of the police to prevent and detect crime and protect life and property

4.8. The aims of adult safeguarding are to:

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

4.9. Section 42 Enquiry (Care Act: Section 42)

4.9.1. This section applies where a local authority has reasonable cause to suspect that an adult in its area who has need for care and support (whether or not ordinarily resident there)

4.9.2. 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 (whether this part or otherwise) and if so what and by whom. Although the local authority is the lead agency for making enquiries, it may require others to undertake them. In many cases a professional who already knows the adult will be the person best placed to make enquiries. When the enquiry is caused to RCHT it triggers an internal Governance process seen in Appendix 4.

4.10. Safeguarding Adults Board (SAB)

This a multi-agency board of partner agencies – statutory and non-statutory. The overarching purpose of an **SAB** is to help and **safeguard** adults with care and support needs. It does this by:

- assuring itself that local **safeguarding** arrangements are in place as **defined** by the Care Act 2014 and statutory guidance
- assuring itself that **safeguarding** practice is person-centred and outcome-focused

4.11. Who is an Abuser?

4.11.1. Anybody can be an abuser – family, friends, staff and strangers. Abuse can occur in any setting. Often, people who abuse adults at risk are well known to the person.

4.11.2. Abuse by one Adult at Risk of another within a service setting should be addressed as an Adult Safeguarding issue. Remember ANYONE can abuse with or without malice or intent. A stranger may carry out targeted fraud or an internet scam but more often, the person responsible for the abuse is in a position of trust and power.

4.12. Categories of Abuse

Abuse or neglect may be deliberate, or the result of negligence or ignorance. Unintentional abuse or neglect arises, for example, because pressures have built up. There are ten categories of abuse:

4.12.1. Physical

4.12.1.1. Physical: assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

4.12.1.2. Tissue damage, pressure ulcers and moisture damage may also be indicative of physical neglect, abuse or failed duty of care.

4.12.2. Domestic Abuse and Violence

Including psychological, physical, sexual financial, emotional abuse and so called 'honour' based violence. See more details below.

4.12.3. Psychological

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.

4.12.4. Sexual abuse

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

4.12.5. Financial or material abuse

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

4.12.6. Modern Slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Trackers 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.

4.12.7. Neglect and Acts of Omission

4.12.7.1. 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.

4.12.7.2. Tissue damage, pressure ulcers and moisture damage may also be indicative of physical neglect, abuse or failed duty of care.

4.12.8. Discrimination abuse

Includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. **Hate Crime** may be part of discriminatory abuse and may also be a crime. When an individual is attacked solely due to their disability, sexuality or race, such attacks are now recorded as 'Hate Crime'.

4.12.9. Organisational abuse

Observed lack of dignity and respect in the care setting, rigid routine, processes/tasks organised to meet staff needs, disrespectful language and attitudes. Abuse can occur in institutions as a result of regimes, routines, practices and behaviours that occur in services where adults at risk live or use and which violates their human rights. This may be part of a culture of a service to which staff are accustomed thus such practices may pass by unremarked upon by staff – see Cornwall & Isles of Scilly multi agency policy for Organisational Abuse.

4.12.10. Self-Neglect

This covers a wide range of behaviours which causes the individual to neglect their personal hygiene, health or surroundings and includes behaviour such as hoarding.

4.13. Additional Information about the Categories of Abuse

4.13.1. Self-Neglect

4.13.1.1. Concerns may arise about a person thought to be at risk due to their own lack of care or risky and self-abusive behaviours.

4.13.1.2. Cornwall and Isles of Scilly SAB (CO&IS SAB) have produced Procedure for Responding to Concerns about Self-neglect and Rough Sleeping which staff should refer to. There is also a CO&IS SAB High risk behaviour in relation to self-neglect. These can be found on the document library and on the Cornwall Council's Adult Safeguarding web page. https://www.cornwall.gov.uk/media/39715421/self-neglect_policy_and_guidance_final.pdf

4.13.1.3. Self-neglect is a category of abuse under adult safeguarding once care management have failed to manage or reduce the risk. In these situations the assessment of the person's capacity to make these decisions is key.

4.13.1.4. Staff have a duty of care to ensure individuals have the capacity to understand the risk implication of the decisions they make. Staff also need to test a person's resistance to the help being offered as there may be good reasons for the person to be suspicious or untrusting of

professionals i.e. presenting a care plan in a more creative and diverse manner, offering real options and choices to enable an informed decision.

4.13.1.5. It is not unusual for people to refuse a particular form of care due to lack of insight into the need for intervention. Examples may be:

- A person with dementia sends away a home care worker who is tasked to do cleaning or prepare a meal
- A person who is incontinent but is reluctant to wear pads
- A person with schizophrenia refuses their depot injection

4.13.1.6. Self-Determination - One of the considerations staff must take into account when considering self-neglect is the right for the person to live their life in a particular way. However, if a person's lack of self-care and or care of their environment is putting their well-being at risk the State is required to intervene. It may well be necessary to refer the case into services against the wish of the individual concerned.

4.13.1.7. Where there is concern for an adult who may self-harm please refer to [The Medicines Policy](#) (Chapter 2) for prescribing in "at risk" circumstances.

4.13.2. Domestic Abuse

4.13.2.1. Domestic abuse is caused by an abuser's desire to gain power and control over their partner. Abusers use a range of different tactics – for example physical, emotional, sexual, financial abuse

4.13.2.2. As of March 2013 the new definition of domestic abuse now states:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

"This can encompass, but is not limited to, the following types of abuse:

psychological

physical

sexual

financial

emotional

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

(Home Office 2013)

"Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish,

or frighten their victim.” This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group”.

(Home Office 2013)

4.13.3. Honour Based Violence

4.13.3.1. ‘Honour’ based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called ‘honour’. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the ‘rules’ are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place. Men and women are at risk from this type of abuse.

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

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

4.13.3.4. This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed.

4.13.4. Forced marriage

4.13.4.1. Forced marriage is against the law and occurs when, one or both spouses do not consent to a marriage and some element of duress is involved. Duress might include both physical and/or emotional/psychological pressure. Forced marriage is recognised as an abuse against human rights and will also constitute abuse within the context of this Policy and Procedure if the person is also an adult at risk of abuse or neglect.

4.13.4.2. The Forced Marriage Unit is a joint initiative between the Home Office and the Foreign and Commonwealth Office providing specialist advice and guidance. The Forced Marriage Unit provides comprehensive resources and information, including the following guidance: Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage (June 2009) Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (Dec 2010).

4.13.4.3. The guidance recommends forced marriage of an adult at risk, should be dealt with within the adult safeguarding procedure. The ‘One

Chance Rule' is that sometimes there will only be one chance to help a person facing forced marriage, hence reference should be made with urgency to the Multi-Agency Practice Guidelines listed above. The police should always be contacted for advice in relation to suspicions or concerns about forced marriage. Forced marriage should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised.

4.13.5. Female Genital Mutilation (FGM)

4.13.5.1. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

4.13.5.2. The age at which FGM is carried out varies according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy

4.13.5.3. FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such.

4.13.5.4. For health staff there is mandatory duty to report FGM for children and where an adult has had FGM and there are female children in the house, health staff need to refer to MARU and discuss potential risk to child from parents or extended family members. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. Please also see RCHT FGM policy.

4.13.6. Human Trafficking

4.13.6.1. This is the trade in humans, most commonly for the purpose of sexual slavery, forced labor or for the extraction of organs or tissues including surrogacy and ova removal. Trafficking is a lucrative industry.

4.13.6.2. Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability. It is entirely possible to have been a victim of trafficking even if your consent has been given to being moved.

4.13.6.3. There are three constituent elements:

- The movement – recruitment, transportation, transfer, harbouring or receipt of persons.
- The control – threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim.

- The purpose – exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs.

4.13.6.4. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of human trafficking within your own country.

4.13.6.5. RCHT Adult safeguarding Lead professionals are the Trust's lead for Modern Slavery. All concerns about this must be raised RCHT safeguarding team who will report concerns using the local reporting processes. If it is a life threatening concern staff must use emergency services and dial 999.

4.13.7. Counter-Terrorism and Security Act 2015 – Preventing Radicalisation “Prevent”

The Government has included Radicalisation under Adult Safeguarding responsibilities. The process by which people come to support violent extremism and in some cases joins terrorist groups – see section 17 on Prevent.

(Counter – Terrorism and Security Act 2015)

4.14. Patterns of Abuse

4.14.1. Incidents of abuse may be one-off or multiple, and affect one person or more. Staff should look beyond single incidents to identify patterns of harm, just as regulators do in understanding quality of care at home, in hospitals and care homes.

4.14.2. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as institutional abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

4.15. Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

Abuse can happen anywhere, in someone's own home, in a public place, in hospital, in a care home or in college. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

4.16. Mental Capacity Act

4.16.1. The Mental Capacity Act 2005 provides underpinning guidance and legislation for working with adults who may lack capacity, and staff need to adhere to the principal of the act.

4.16.2. It is essential staff apply the MCA in all areas of work on a daily basis and not only within adult safeguarding processes. Trust lead for MCA and DoLS as required by NHS standard contract is the MHA Manager

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

4.16.4. The DoLS (Deprivation of Liberty Safeguards) amendment in 2008 provides the legal frame work for the appropriate restrictive practices in a person's care that lacks capacity. There is a DoLS Code of Practice for staff to refer to.

4.16.5. Advice is available from Cornwall Councils DoLS Office on Tel: 01872 322719.

4.17. Independent Mental Capacity Advocate (IMCA)

IMCAs have a specific adult safeguarding role in safeguarding cases. Access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity but do have family and friends can still have an IMCA to support them through the adult safeguarding process where there are concerns that family/friends/carers are not acting in the adults best interest or there is a conflict. For more information see SCIE Guide 32: IMCAs in Safeguarding Adults

4.18. Independent Mental Health Advocates (IMHA)

IMHAs provide support for certain patients treated under the compulsory power of the Mental Health Act (MHA) and can be involved in adult safeguarding referrals

4.19. Independent Advocates

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

4.20. Multi-Agency Risk Assessment Conference (MARAC)

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).

5. Ownership and Responsibilities

5.1. RCHT Trust Board

5.1.1. Within RCHT Adult Safeguarding falls under the responsibilities of Quality and Governance in order to promote independence and objectivity from operational services.

5.1.2. The Trust is required to provide adult safeguarding within its services as defined in the NHS Standard Contract 2017/19.

5.1.3. The Trust Board must take account of challenge and advice provided by the respective Trust Adult Safeguarding Lead professional.

5.1.4. RCHT Board has an Adult Safeguarding Executive Lead.

5.2. RCHT Adult Safeguarding Lead Professional (Consultant Nurse for Safeguarding)

The RCHT Adult Safeguarding Lead Professional (Consultant Nurse for Safeguarding) is responsible for:

- Management and oversight of all adult safeguarding
- Advice, guidance and challenge to RCHT Board and operational services
- Attendance/participation at SAB and SAB subgroups
- Provides Trust named lead for Allegations Against persons in position of Trust (AAPiPoT), Domestic abuse, DHRs, MAPPA SPOC, MARAC SPOC, Modern Slavery and *Prevent* and Self-Neglect lead
- Development and delivery / ensuring delivery of adult safeguarding training packages to CFT/RCHT staff
- Complex cases and coordination where allegations are made or concerns raised about the conduct of an employee, volunteer or student, paid or unpaid
- Keep in regular contact with adult safeguarding leads in partner organisations
- A role in highlighting the extent to which their own organisation prevents neglect or abuse taking place. (Care Act: Section 14.176)
- Provide advice and guidance within the organisation, liaising with other agencies as necessary
- Work closely with the Adult safeguarding Service manager and other Adult Safeguarding leads in the Region and nationally to share information and development of best practice (Care Act: Section 14.181)
- The Adult Safeguarding Lead Professional takes the operational lead for RCHT Adult Safeguarding responsibilities, provision of quarterly data for the Trust Board and SAB
- Multi Agency partnership working with the safer Cornwall Partnership in areas of MAPPA, MARAC, DHRs, Modern Slavery, *Prevent*, Adult and Child exploitation
- Work closely with RCHT Child Safeguarding Named Nurse and Named Midwives, ensuring that adult and child safeguarding processes work closely together

5.3. RCHT Adult Safeguarding Team

The RCHT Adult Safeguarding Team is responsible for:

- Day to day operation of adult safeguarding
- Management and oversight of all adult safeguarding referrals, section 42 enquiries

- Provision of day to day duty work, advice, guidance, support and supervision to RCHT staff
- Ensuring adherence to SAB and internal policies and guidance for adult safeguarding practice / record keeping
- Provision of data and audit of case work

5.4. RCHT Managers / Team Leaders

The RCHT Managers / Team Leaders are responsible for:

- Managers / Team leaders must understand their role and responsibilities to ensure the safety of adults that are vulnerable to abuse in their care
- Have a working knowledge of The Care Act and its implementation on their practice when safeguarding adults
- Understand levels of competency in relation to their staff roles in safeguarding adults.
- Demonstrate skills and knowledge to contribute effectively to the Adult Safeguarding process
- Ensure service users / carers are supported appropriately to understand Adult Safeguarding issues to maximise their decision making
- Understand when to use emergency systems to Safeguard adults
- Maintain accurate, complete and up-to-date records
- Attend adult safeguarding strategy meetings/ conferences as required
- Have an overview of active adult safeguarding cases in their team / service
- Work closely with the Adult Safeguarding Lead Professional in cases of allegations against staff to enable appropriate AAPiPoT reporting
- Ensure that staff have the support and resources to fulfil their safeguarding role, including decision making, assessing risk, action planning, report writing and attendance at Adult safeguarding meetings
- Ensure that staff undertake Mandatory Adult Safeguarding Training at specified intervals

5.5. Role of Individual Staff

All staff members are responsible for:

- Understanding what Safeguarding is and their role in adult Safeguarding
- Recognise an adult potentially in need of safeguarding and take action
- Understanding the procedures for raising a concern about adult abuse
- Understand dignity and respect when working with individuals
- Have knowledge of policy, procedures and legislation that supports Adult Safeguarding activity
- Know how to raise an adult safeguarding concern
- Adult Safeguarding is everyone's business and all staff, including learners/students, and staff 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
- All staff will undertake Mandatory Safeguarding Training at specified intervals

- Attending meetings as required

5.6. Role of the Adult Safeguarding Operational Group (ASOG)

The Adult Safeguarding Operational Group is responsible:

5.6.1. To establish a Trust wide group to be known as the Royal Cornwall Hospital Trust Adult Safeguarding Operational Group

5.6.2. The Adult Safeguarding 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.

5.6.3. 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.

5.6.4. The purpose of the ASOG is to:

5.6.4.1. Review and develop policies and procedures for Adult Safeguarding in accordance with national legislation and local guidance inclusive of recommendations from Serious Incidents and Adult Safeguarding investigations.

5.6.4.2. Develop action plans and monitor implementation of recommendations from Serious Incidents and Adult Safeguarding investigations and disseminate and embed the learning from these across the organisation.

5.6.4.3. 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.

5.6.4.4. Advise and influence the Trust on the Policies and Procedures relevant to the wide agenda of adult safeguarding reflected in national legislation and local policy.

5.6.4.5. Develop an annual audit programme to enable the group to monitor implementation/compliance of relevant safeguarding policies, procedures and guidelines.

5.6.4.6. Review and monitor the Adult Safeguarding Training programme ensuring that it reflects recommendations from Serious Incidents, Safeguarding Adults investigations, current legislation and policy guidance.

5.6.4.7. Develop links to the RCHT Safeguarding Children, Operational Group.

5.6.4.8. Through the Chair of the RCHT ASOG be guided by and comply with the Cornwall Safeguarding Adult's Board, (SAB) initiatives and directives.

5.6.4.9. 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.

5.7. Safeguarding Named Doctor

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

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

5.7.3. Act as the point of expertise for issues relating to the Adult Safeguarding agenda.

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

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

5.8.1. MARAC nurses in addition to their role as Emergency Department (ED) nurses have specialist training to support this role. They attend the weekly MARAC meeting.

5.8.2. 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.

5.8.3. 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.

5.8.4. 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.

5.8.5. 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. Staff Responsibilities when there is an Adult Safeguarding Concern

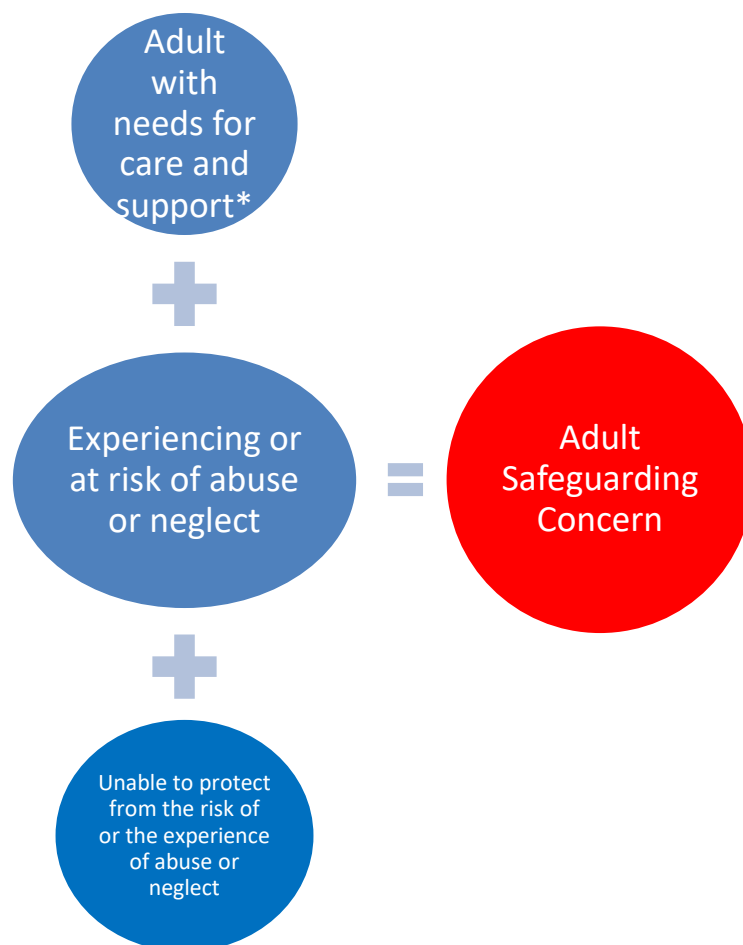
It is the role of all RCHT staff to recognise adult abuse and referral any concern to RCHT Adult Safeguarding team. Staff do not make the decision whether the concern

requires the adult safeguarding process. That decision is made by Cornwall Council Triage Team

6.2. 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' has needs for care and support as defined within this policy/procedure?
- Is the person experiencing, or at risk of, abuse and neglect?
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect



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

1. Assess the situation and whether emergency services are required.
2. Make sure the person is not in danger and protect them from immediate harm – put in place an immediate protection plan to protect and reduce the risk.
3. Remain calm and don't show shock or disbelief, reassure the person they have done the right thing by telling you

4. Establish what the Adult at Risk's views and wishes are about the safeguarding concern, what would they like to see happen about the concern?

6.3.1. It is essential that staff understand that it is not the adult's decision whether an adult safeguarding enquiry is undertaken. That responsibility and duty falls to the Trust and the Local Authority. The adult views and wishes will be taken into account and the appropriate process to respond to the concern will be informed by the adult's views. Where there is risk to children and other adults an enquiry will be undertaken. Consideration of the adult wishes will be included in the enquiry, but risk to others must be responded to.

6.3.2. Staff will need to consider the person's capacity to understand cooperating with the adult safeguarding enquiry and protection plan. Staff must consider current mental health and fear / distress which may lead to deterioration in mental health. When required staff must put in support to assist the adult while the enquiry is undertaken. In some cases the enquiry will not commence until the person's mental health has improved to enable them to be involved.

6.3.3. Staff must discuss the intention to raise a concern about abuse / make a referral with the service user (see NB below). If the adult asks you to keep the information 'a secret' you should inform them that you cannot do this as it is your duty to pass the information to your line manager.

6.3.4. NB - It is staff judgment on whether to tell the adult at risk an adult safeguarding referral will be made. There may be situations where staff will need to assess that informing the adult of the intention to report the concern may increase risk to them. In such circumstances reporting the abuse without the adult's knowledge is acceptable and the adult safeguarding process will use a safe way to include and involve the adult. The safeguarding process can agree how best to inform and involve the person at the strategy discussion / meeting.

6.3.5. If staff inform the adult an adult safeguarding referral will be made, at this point staff need to explain what information will be shared and why.

6.3.6. Don't ask probing or leading questions that may affect credibility of evidence.

6.3.7. Maintain any evidence.

6.4. Criminal Behaviour

6.4.1. 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 legislations.

(Reference Care Act: Section 14.70)

6.4.2. Practitioners and managers who suspect that an 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 PIPOT process.

6.4.3. 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)

6.4.4. 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)

6.5. Process for raising a concern / reporting adult abuse (Alert)

6.5.1. In office hours 8.00am to 17.00pm - staff must report concerns for safety of an adult at risk by making a referral of to RCHT safeguarding team 01872 254551 or via Maxims or rch-tr.SGAdults@nhs.net out of hours ring 0300 123 4131.

6.5.2. To protect service user / patient confidentiality and the integrity of the adult safeguarding enquiry staff must only record the basic information in medical records about the concern, i.e. *an adult safeguarding referral has been made re financial abuse. Please contact the RCHT Adult Safeguarding Team.*

6.5.3. Staff must make a separate written record of what the person has told them (adults disclosure), using the persons own words or a record of what staff have observed / witnessed and record staff actions in a separate report. This must not be entered in the medical/nursing records. This report should be sent to the RCHT Adult Safeguarding Team: rch-tr.SGAdults@nhs.net to be held on the secure drive.

6.5.3.1. Inform the line manager that a concern/referral has been made about adult abuse.

6.5.3.2. If you have any concerns that your line manager may not act appropriately or that the concerns relates to the line manager contact

RCHT adult safeguarding team independently on 01872 254551 or by email on rch-tr.SGAdults@nhs.net

6.5.3.3. If your line manager is not available (i.e. out of hours), you should inform the site co-ordinator via switchboard.

6.5.3.4. All Adult safeguarding concerns/referrals must be reported on the RCHT electronic incident report.

6.6. Recording

6.6.1. To protect service user / patient safety, confidentiality and the integrity of the adult safeguarding enquiry the full detail of the allegation i.e. distressing and graphic detail, names of alleged perpetrators etc. **must not** be recorded on medical notes or in other forms of patient electronic or written notes.

6.6.2. The written notes should record that adult safeguarding concerns have been raised via the Adult Safeguarding process. The reasons for this are complex. Some allegations relate to members of immediate family, some alleged family perpetrators may work in the Trust or some of the allegations may be against members of staff. Client safety and client and staff confidentiality must be maintained at all times during the safeguarding process. It is also essential that the integrity of any adult safeguarding enquiry must be protected and investigations not compromised.

6.6.3. Pertinent facts which will assist with protection planning can be included; these are details about the care and protection of the adult.

6.6.4. Staff **must** make a separate written record stating what they have been told / witnessed / direct disclosure and any immediate actions taken.

6.6.5. Staff must include the date and time, details of any observed injuries, where appropriate [body maps](#), photographs and note of the setting in which the allegation has occurred. This report must be passed to RCHTs Adult Safeguarding Team by email on rch-tr.SGAdults@nhs.net.

6.6.6. The Adult Safeguarding team will store this information on the adult safeguarding restricted drive.

6.6.7. Specific Action Points from a safeguarding strategy meeting will inform clinicians as to their responsibilities within the adult safeguarding process and can be noted in the care plan if necessary and appropriate.

6.7. Considering risks to children

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 adult safeguarding concerns.

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

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

Adult Safeguarding 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 a safeguarding referral to the local authority; which gives a written explanation of the safeguarding adult's protection plan process.

6.9. **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.

6.10. **Contacting the Police**

6.10.1. **IN AN EMERGENCY**

6.10.1.1. **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

6.10.1.2. Immediate action is required by the police.

6.10.2. Non-Emergency

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

6.10.4. For all non-emergencies and enquiries/advice telephone (9) 101.

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

6.11. Poor professional practice and neglect or abuse

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

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

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

6.11.3. Incidents that indicate that poor practice is impacting on more than one adult, that poor practice is recurring and is not a "one off", meets the threshold for 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.

6.11.4. 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.

6.11.5. The Care Act (amended March 2016) states – 'Examples of such concerns could include allegations that relate to a person who works 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'

6.11.6. 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.

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

Managers must ensure that where there are concerns about a paid or unpaid members of staff where the concern / conduct issue has an impact on patients and service users RCHT Adult Safeguarding Lead professional must be informed in addition to other notifications within the Trust. This will enable consideration of whether a PiPoT referral is required.

6.13. Process for allegations against people in positions of trust

6.13.1. Managers must also report concerns about agency staff to the RCHT Adult Safeguarding Team who will pass these concerns to the Local Authority to manage.

6.13.2. RCHT's Adult Safeguarding Lead Professional is responsible for review and feedback to the Local Authority. This responsibility includes:

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

6.13.3. The Local Authority via the PiPoT statutory process has oversight and scrutiny of RCHT actions and outcomes and may challenge these where the Local Authority has any concerns. This includes making DBS referrals where RCHT have not done so.

6.13.4. RCHT's Adult Safeguarding Lead Professional will provide advice and guidance to the organisation, liaising with other agencies as necessary.

Allegations against People in Position of Trust (PiPoT) RCHT Staff

1. Raise and Adult safeguarding Concern
2. Complete RCHT Adult Safeguarding Raising Concern about Adult Abuse Process form
3. Inform line manager

Managers:

- Inform HR department (RCHT – HR Safeguarding Lead)
- Inform the Trust Adult Safeguarding Lead Professional who will assess the concern and decide if a PiPoT referral to the Local Authority is required

6.13.5. The decision as to whether the Professional Body of the alleged abuser is to be informed will be made following discussion with RCHT's Adult Safeguarding Lead Professional and managers, HR managers and Executive Directors.

6.13.6. If suspension is required, the manager will suspend the member of staff from duty pending an enquiry under the Trust's disciplinary procedure. While the timing of this would normally form part of the strategy discussion at

the earliest possible opportunity, there may be occasions when suspension needs to occur immediately.

6.13.7. A decision will be made by RCHTs Adult Safeguarding Lead in conjunction with relevant managers, Executive Directors, and HR, about when to inform the Disclosure and Barring Service. This action forms part of the Adult Safeguarding process.

6.13.8. 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 your 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>

6.14. Threshold for “whole service investigation ” or “organisational abuse”

6.14.1. 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.

6.14.2. 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

6.14.3. 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.

6.14.4. 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.

6.15. Staff development, Training and Competences

6.15.1. The Trust is responsible for ensuring all staff be given Adult Safeguarding Training that supports their role and responsibilities towards adults that they come in contact with during their work. There are different levels of Safeguarding Adult training required for 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 hourly session as a mandatory requirement every year

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

6.16. Staff Recruitment Practices

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

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

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.

6.18. Support for staff involved in adult safeguarding cases referred to the Local Authority

6.18.1. 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.

6.18.2. The Consultant Nurse for Safeguarding, 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.

6.18.3. The Adult Safeguarding Team will give safeguarding supervision to all staff involved in Adult safeguarding cases referred to the local authority. Please see appendix 3.

6.19. Carer and Safeguarding

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)

6.20. Young People in Transition

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

6.20.2. 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.

6.20.3. 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.

6.20.4. 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.

6.20.5. 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

6.20.6. **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.

6.20.7. **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?

6.21. Confidentiality and information sharing

6.21.1. This policy sets out expectations for achieving the right balance between information sharing between professionals/agencies and the duty to maintain the confidentiality of personal and sensitive information.

6.21.2. Adult Safeguarding 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.

6.21.3. 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).

6.21.4. 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)

6.21.5. 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.

6.21.6. Concerns may arise within an agency as concerns come to light about an 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.

6.21.7. 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.

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

6.21.9. 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)

6.21.10. 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)

6.22. Statement of commitment to staff

6.22.1. The Safeguarding Adults Board recognise that, within the present range of duties and powers there will be circumstances where an 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 Adult Safeguarding 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

6.22.2. 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

7.1. 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.

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

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

7.4. The Consultant Nurse for Safeguarding and Adult Safeguarding Training Team will bring the reviewed Policy to the attention of any staff attending any safeguarding adult training.

7.5. 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.

7.6. Provision of mandatory Adult Safeguarding 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 Adult Safeguarding 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 DATIX Web system.

8.2. Adult Protection referrals made against the Trust are reported monthly to the KCCG and bi-monthly to the Adult Safeguarding 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 Adult Safeguarding Operational Group.

8.4. RCHT will use the data monitoring and collection procedures agreed by the Adult Safeguarding 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>The ‘Safeguarding Adults Alert - Internal alert preparation and referral form’</p> <p>Use of the Adult Body Map when reporting skin damage in an adult as a safeguarding referral</p> <p>Compliance of staff with Adult Safeguarding mandatory training requirements</p>
Lead	The audit components will be undertaken by members of the RCHT Adult Safeguarding Operational Group following the designation of a lead auditor by the ASOG Chair.
Tool	<p>Audit of the elements to be monitored will be undertaken by reviewing six 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 Adult Safeguarding Operational Group on a bi-monthly and yearly will contribute to the completed audit findings report compiled by the Consultant Nurse for Safeguarding.</p>
Reporting arrangements	The completed audit report will be presented and reported on in the minutes of the Adult Safeguarding Operational Group (ASOG) by the Consultant Nurse for as per the ASOG Terms of Reference.
Acting on recommendations and Lead(s)	Where the report indicates sub optimal performance the Chair of ASOG will nominate a group member to produce an action plan. The ASOG 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 ASOG 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

This process is managed via the document library; review will be undertaken in May 2022 unless best practice dictates otherwise.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2

Appendix 1 Governance Information

Document Title	Adult Safeguarding Policy and Procedural Guidance V7.3		
Date Issued/Approved:	1 June 2019		
Date Valid From:	December 2019		
Date Valid To:	June 2022		
Directorate / Department responsible (author/owner):	Zoe Cooper, RCHT Consultant Nurse for Safeguarding		
Contact details:	01872 254551		
Brief summary of contents	<ul style="list-style-type: none"> • Policy and guidance for staff working in Royal Cornwall Hospitals Trust regarding roles and responsibilities in identifying and responding to concerns about Adult Abuse • Care Act and Local Authority compliant policy and guidance to staff working in RCHT in regards to allegations made against RCHT employees who are working with adults at risk • Defines and describes adult safeguarding supervision for staff and where/how this is provided • Describes RCHT operational process for concern / referrals for Prevent • Describes operational process for Allegations against People in Position of Trust • Describes processes for assessment of risk from Domestic Abuse DASH risk assessment and how to refer to support services 		
Suggested Keywords:	Adult safeguarding, mental capacity, domestic violence and abuse, self-neglect, high risk behaviour		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	RCHT Director of Nursing, Midwifery and Allied Health Professionals		
Date revised:	July 2019		
This document replaces (exact title of previous version):	RCHT Adult Safeguarding Policy and Procedure V6.0		
Approval route (names of committees)/consultation:	Care Group Nurses & Clinical Matrons Adult Safeguarding Operational Group (ASOG) Adult Safeguarding Link Professionals		

Care Group General Manager confirming approval processes	Kim O'Keefe			
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	Clinical / Safeguarding Services / Adult Safeguarding			
Links to key external standards	None			
Related Documents:				
<p>RCHT</p> <ul style="list-style-type: none"> – Mental Capacity Act Policy – Deprivation of Liberty Safeguards (DoLS) Policy – Incident and Serious Incident Policy – Policy to Manage Information and Records <p>Government</p> <ul style="list-style-type: none"> – DCSF - Information Sharing: Guidance for Practitioners and Managers, 2008 – DfE - Working together to safeguard children (2013) and supplementary guidance published by government departments – DHSC - Responding to domestic abuse: a resource for health professionals 2017 – DHSC Safeguarding Adults Protocol, Pressure Ulcers and the interface with a Safeguarding Enquiry, Jan 2018 – Home Office - Ending Violence against Women and Girls, Strategy 2016-2020 – Home Office - Guidance Mandatory reporting of female genital mutilation: procedural information – Home Office - Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage (June 2009) – NHS England - Managing Safeguarding Allegations against Staff Policy and Procedure, 2015 – NHS England - Prevent Training and Competences Framework, October 2017 – NHS England - Safeguarding Groups Act - Disclosure and Barring Service 2006 – NICE - Domestic Violence and Abuse, Guidance 2014 – NICE - Domestic Violence and Abuse, Quality Standard Feb 2016 <p>Others</p> <ul style="list-style-type: none"> – Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 – CQC - Regulation 13 Safeguarding 				

- Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20: Duty of candour
- MAPPA - Guidance v 4.1 2012 updated Dec 16
- MARAC Protocol 2011
- SAB High Risk Behaviours Policy in Relation to Self-neglect, Multi-agency Policy and Procedure
- SCIE Think Child, Think Parent, Think family, May 2012
- TJC Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (Dec 2010)
- WHO Clinical & Policy Guidelines Responding to Intimate Partner Violence and Sexual Violence against Women 2013

Acts

- Counter-Terrorism and Security Act 2015 and the Prevent Programme
- Mental Capacity Act Code of Practice 2007 (DoLS)
- Human Rights Act 1998
- Mental Health Act Code of Practice (DH, 2015)
- Modern Slavery Act 2015
- Public Interest Disclosure Act 1998
- The Care Act 2014 – (implementation April 2015)
- The Equality Act 2010

<p>Training Need Identified?</p>	<ul style="list-style-type: none"> • RCHT Essential Adult Safeguarding Training & Multi Agency Training. • Adult Safeguarding training will be provided in line with the Adult Safeguarding: Roles and Competencies for Health Care Staff First Edition: August 2018. • The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate Curriculum. • Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum. • Compliance with statutory and essential training is monitored through the Learning and Development Team with monthly manager’s reports and staff individual training records twice yearly. Training reports are also submitted quarterly through the Trust. • Quality and Governance Committee Meeting. Staff failing to complete this training will be accountable and could be subject to disciplinary action.
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Version Control Table

Date	Version No	Summary of Changes	Changes Made by
Jan 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
Nov 2012	V1.3	Safeguarding of Vulnerable Adults Policy and Procedures Changes made include: 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
Jul 2013	V1.4	Para 6.41 Training amended	Zoe Mclean Safeguarding adults Named Nurse
Apr 2015	V1.5	Entire policy rewrite to comply with the statutory requirement of the Care Act 2014	Zoe Cooper Safeguarding Adults Named Nurse
Jul 2016	V1.6	Rewrite of policy in line with SAB multi-agency policy	Zoe Cooper Safeguarding Adults Named Nurse
Aug 2017	V6.0	Added links to new local SAB policies for safeguarding	Zoe Cooper Safeguarding Lead Nurse
Dec 2017	V6.0	Change to training requirements in level 2	Zoe Cooper Safeguarding Lead Nurse

May 2019	V7.0	Three year revision	Zoe Cooper, Consultant Nurse for Safeguarding
Jul 2019	V7.1	Added 'Contacting the Police' flowchart	Zoe Cooper, Consultant Nurse for Safeguarding
Sep 2019	V7.2	Add Section 42 – Adult Safeguarding Section 42 Caused Enquiry Flowchart and updated hyperlink	Zoe Cooper, Consultant Nurse for Safeguarding
Dec 2019	V7.3	Added section on self-harm to flowchart and section 4 Definitions/Glossary. Hyperlinks to Adult Body Map and Safeguarding Adults Alert - Internal alert preparation and referral form	Zoe Cooper, Nurse Consultant for Safeguarding

**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 for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2 Initial Equality Impact Assessment Form

Name of Name of the strategy / policy /proposal / service function to be assessed Adult Safeguarding Policy and Procedural Guidance V7.3						
Directorate and service area: Corporate			Is this a new or existing <i>Policy</i> ? Existing			
Name of individual completing assessment: Zoe Cooper			Telephone: 01872 254551			
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 Adult Safeguarding 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 Adult Safeguarding concerns received by the Consultant Nurse for Safeguarding annually.				
5. Who is intended to benefit from the policy?		Staff, patients and adults at risk of neglect and abuse.				
6a) Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
						X
6b) Please list any groups who have been consulted about this procedure		Adult Safeguarding Operational Group				
What was the outcome of the consultation?		Agreed.				

7. The Impact					
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.					
Are there concerns that the policy could have differential impact on:					
Equality Strands:	Yes	No	Unsure	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 impairment, sensory impairment, mental health conditions and some long term health conditions.		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			
You will need to continue to a full Equality Impact Assessment if the following have been highlighted:					
<ul style="list-style-type: none"> You have ticked "Yes" in any column above and 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 Major this relates to 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.					
Date of completion and submission	May 2019	Members approving screening assessment	Policy Review Group (PRG) APPROVED		

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

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

Appendix 3 Adult Safeguarding Supervision Process

1.0 Introduction

1.1 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.

1.2 '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.

1.3 The Trust recognises that Adult Safeguarding 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 Adult Safeguarding 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 adult safeguarding 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 adult safeguarding 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 Adult Safeguarding supervision:

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

Adult Safeguarding 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.

Adult Safeguarding 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 Adult Safeguarding Supervision

The following methods of adult safeguarding'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 Consultant Nurse for Safeguarding or another member of the Adult Safeguarding Team.
- Formal one to one supervision supporting the practitioner who is supporting an adult who is subject to the adult safeguarding procedures. To be carried out at a frequency agreed by the practitioner and supervisor. Formal sessions will be facilitated by the Consultant Nurse for Safeguarding or another member of the Adult Safeguarding Team.

4.1 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 adult safeguarding 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 adult safeguarding.
- 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 adult Safeguarding.
- Any member of staff working with an adult where there are safeguarding issues can request supervision at any time from the Consultant Nurse for Safeguarding.

4.2 The remit of safeguarding adult's supervision

4.2.1 Adult Safeguarding 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.

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

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

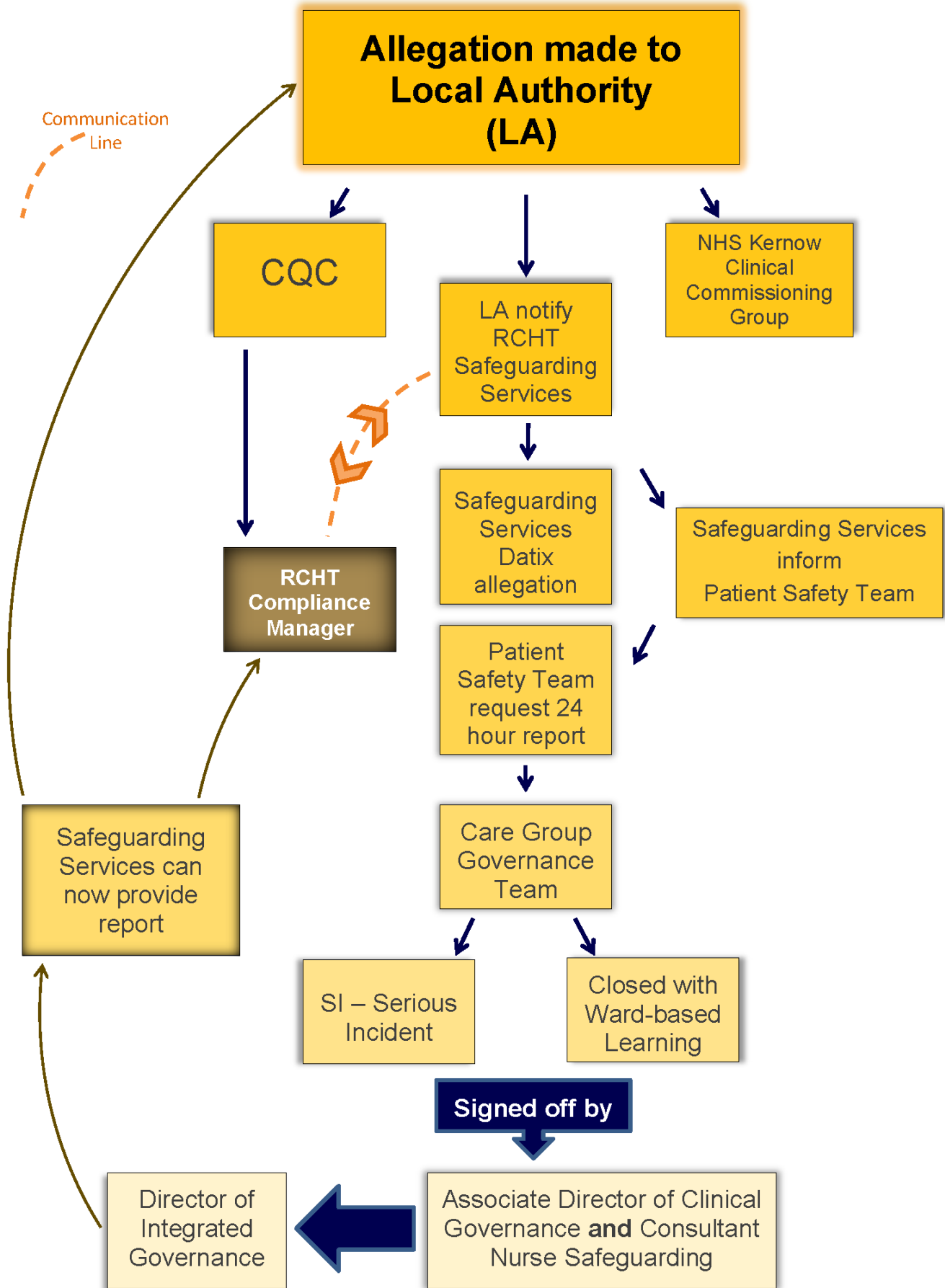
- Mental Capacity Act Issues
- Deprivation of Liberty Issues
- Practice Issues
- Emotional Support
- Court Processes
- Education and Development

4.3 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

Appendix 4 Adult Safeguarding Section 42 Caused Enquiry Flowchart



Appendix 5 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.....

Appendix 6 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: