

Safeguarding Adults Policy and Procedures (N-024)

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Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION.....	3
2. SCOPE	4
3. DEFINITIONS	4
4. DUTIES AND RESPONSIBILITIES	5
5. CONTEXT	6
5.1. The Care Act 2014	6
5.2. Mental Capacity Act (MCA) 2005	7
5.3. Other relevant legislation.....	7
5.4. Think Family.....	8
5.5. Multi-Agency Public Protection Arrangements.....	8
5.6. Sexual Safety	8
6. PROCEDURES	9
6.1. Immediate Action	10
6.2. Historical Disclosures	10
6.3. Decision to Raise a Concern with the Local Authority.....	10
6.4. Making Safeguarding Personal (MSP)	11
6.5. Gaining Consent	11
6.6. Completing a Concern Form	12
6.7. Section 42 Enquiries	12
6.8. Persons in Position of Trust.....	13
6.9. Recording in the electronic patient record	13
6.10. Information Sharing.....	13
6.11. If a Safeguarding Concern is not agreed	14
7. EQUALITY IMPACT ASSESSMENT	15
8. DISSEMINATION, IMPLEMENTATION AND TRAINING	15
9. MONITORING COMPLIANCE	15
10. REFERENCES.....	15
APPENDIX 1: DOCUMENT CONTROL SHEET	17
APPENDIX 2: EQUALITY IMPACT ASSESSMENT	18

1. INTRODUCTION

“Safeguarding means protecting an adults right to live in safety, free from abuse and neglect” (Care and support statutory guidance, 2024)

Safeguarding adults from harm is a core duty of Humber Teaching NHS Foundation Trust; it is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adults wellbeing is promoted. This includes having regards to their views, wishes, feeling and beliefs in deciding on any action, and must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Adults can be at risk of abuse and neglect whilst in our care. All staff have a duty to empower our patients or service users and to protect them. Our patients or service users should be in control of their care, and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent, such as lack of capacity or other legal or public protection.

The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- 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
- address what has caused the abuse or neglect

In order to achieve these aims it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect
- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to

The Trust covers three Local Authority Safeguarding Adults Boards/Partnerships:

- Hull Safeguarding Adults Partnership Board ([HSAPB](#))

- East Riding Safeguarding Adults Board ([ERSAB](#))
- North Yorkshire Safeguarding Adults Board ([NYSAB](#))

This policy should be read in conjunction with the local multi-agency policies and procedures which can be accessed via their websites and by following the hyperlinks above.

2. SCOPE

This policy applies to all employees of the Trust, including any agency staff and other staff not directly employed directly by the Trust such as students, trainees, volunteers, clinical attachments, apprentices, seconded staff and all other staff on placement within the Trust.

3. DEFINITIONS

The following are categories of harm as outlined in the Care Act 2014. Staff should be mindful that there are many different forms of abuse, staff are therefore advised that discretion is required when deciding what action is taken to safeguard an 'Adult at Risk'.

1. **Organisational** – This includes neglect and poor care within an organisation or specific care setting, such as a hospital or care setting, or in relation to care provided in one's own home. Organisational abuse can range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of structure, policies, processes and practices within an organisation.
2. **Discriminatory** – Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.
3. **Sexual** – This includes 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.
4. **Financial or Material** – This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.
5. **Physical** – including hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions.
6. **Psychological** – This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.
7. **Neglect or acts of omission** – including acts of omission, commission, discharging too early, ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, food, drink and heating.
8. **Self-Neglect** – This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.
9. **Modern Slavery** – This includes slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
10. **Domestic Abuse** – Any incident or pattern of incidents of controlling, coercive, 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 sexual orientation. The abuse can encompass, but is not limited to: psychological, physical, sexual, economic and emotional forms of abuse (Domestic Abuse Act 2021)

There are a number of safeguarding issues that are not specifically named in the above list but may in itself span more than one of them. For example:

- Abuse via social media platforms and apps. Forms of abuse that may take place on social media include sexual, psychological, discriminatory and financial
- Cuckooing – the practice of taking over a home of an adult at risk. This could include physical, psychological, financial and sexual abuse and may lead to the adult at risk neglecting their own needs
- An adult at risk may be exploited criminally or sexually which could include modern slavery, physical, psychological, sexual, domestic, and financial abuse.

4. DUTIES AND RESPONSIBILITIES

The Safeguarding Children, young people and adults at risk in the NHS: Accountability and Assurance Framework (NHS England 2022) sets out clearly the safeguarding roles, duties and responsibilities of all organisations in the NHS. The Care Act 2014 is the legislation that gives duties to all organisations including the NHS.

Director of Nursing, Allied Health and Social Care Professionals

The Executive Director of Nursing, Allied Health and Social care professionals is the executive lead for safeguarding practice and accountable and responsible for ensuring that the Trust's contribution to safeguarding adults is discharged effectively.

Trust Board and Directors

The board and directors are responsible for the discharging of duties in relation to safeguarding of adults in the Trust. The board is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risks associated with safeguarding adults.

Named Professionals

The Trust must have arrangements in place which include the identification of named professionals. Named professionals have a key leadership role in the promoting of good professional practice, supporting the local safeguarding system and ensuring safeguarding policies, processes and practice is in place.

The Named Professional for Adult safeguarding and Mental Capacity Lead holds responsibility for the management of adult safeguarding allegations against staff.

Humber Safeguarding Team (Internal)

The Trust safeguarding team operate a duty desk Monday – Friday 09:00 – 17:00 and provide support in a number of ways:

- To ensure staff have access to professional support and guidance when dealing with safeguarding issues or concerns
- To work with Trust staff to help them achieve their competencies to work with adults in a safe way
- To ensure staff and service users have access to information to support their decision-making processes
- To offer debriefing and supervision to staff and staff groups
- To work in partnership with the Local Authority Safeguarding Adults Teams (External) and Boards
- To provide training in relation to safeguarding adults, Prevent and Mental Capacity Act in line with the Intercollegiate Document 2018
- To deliver safeguarding practice in line with the Trusts overall strategy and the Safeguarding Plan 2023-2026.

All Staff

Staff are required to be familiar with this policy and to comply with it at all times. Safeguarding adults is everybody's responsibility. Staff have a responsibility to raise a safeguarding concern when they are suspected or identified, and must not rely on others to do this. Staff should ensure they attend statutory training, and managers should ensure staff are released to attend this.

5. CONTEXT

5.1. The Care Act 2014

The Care Act 2014 applies to adults (aged 18 and over) who:

- have 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.

(Care Act 2015, 14.2)

The following six principles (Care Act 2015 14.13) apply to all sectors and settings including care and support services and underpin all adult safeguarding work:

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

The Care Act requires that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by who. Where appropriate, Humber Teaching NHS Foundation Trust may be asked by a Local Authority to make enquiries on their behalf.

The full Care Act guidance is available at:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

5.2. Mental Capacity Act (MCA) 2005

This section sets out the work that should be undertaken and must be considered throughout adult safeguarding concerns.

The MCA provides a statutory framework to empower and protect people who lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. The MCA outlines five statutory principles that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Mental capacity is frequently raised in relation to adult safeguarding. Professionals and other staff need to understand and always work in line with the MCA. They should use their professional judgement and balance many competing views, and will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision-making if possible.

The MCA created the criminal offences of ill-treatment and willful neglect in respect of people who lack the ability to make specific decisions. The offences can be committed by anyone responsible for that adult's care and support and are punishable by fines or imprisonment. Acts of ill-treatment could be deliberate or reckless.

5.3. Other relevant legislation

In the UK the foundations of safeguarding legislation are held within the United Nations Convention on the Rights of the Child for children, and for adults, the European Convention on Human Rights as well as the Convention on the Rights of Persons with Disabilities. Responsibilities of the Trust are enshrined in international and national legislation such as:

- Human Rights Act 1998
- Mental Health Act 2007
- Children Act 1989 and 2004
- Domestic Abuse Act 2021
- Sexual Offences Act 2003
- Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- Children and Families Act 2014
- Modern Slavery Act 2015

The above list is not exhaustive. Staff should ensure they are legally literate in their professional field, and when responding to adult safeguarding issues consider the different legislation that may apply.

5.4. Think Family

All agencies should consider the needs of the whole family, not just the adult. The 'Think Family' approach aims to improve outcomes for children, young people and families with additional needs by coordinating the services they receive from the local authority and its partner agencies. The approach specifically refers to parents with a mental health difficulty and parents with a long-standing limiting illness.

Working Together to Safeguard Children (2023) makes specific reference to professionals being particularly alert to the potential need for early help and intervention for a child who is living in a family where there is substance misuse, adult mental health problems and domestic abuse.

As many adults using the Trusts services may also be parents or carers, this policy should be read in conjunction with the Safeguarding Children's policy and Domestic Abuse policy. Where there is a safeguarding enquiry for an adult with care and support needs, and there are children or young people in the household, the person making enquiries must also consider the child or young persons welfare and whether a referral to children's social care is required.

5.5. Multi-Agency Public Protection Arrangements

Multi-Agency Public Protection Arrangements (MAPPA) is the set of statutory arrangements for managing sexual, violent and terrorist offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

Section 325(3) of the Criminal Justice Act 2003 requires what are known as Duty to Cooperate Agencies to cooperate with Responsible Authorities in establishing MAPPA arrangements. This includes cooperating with other DTC agencies. The NHS is a DTC agency, and representatives of Humber Teaching NHS Foundation Trust partake in these multi agency protection arrangements.

Further information can be found by reading the Trusts MAPPA policy and procedure.

5.6. Sexual Safety

Patients and service users should feel, and be, safe from sexual harm. Sexual safety is defined as feeling safe from any unwanted behaviour of a sexual nature and feeling safe from sexual harm. Feeling safe means not being made to feel uncomfortable, frightened, or intimidated in a sexual way at any time.

Humber Teaching NHS Foundation Trust takes disclosures of sexual safety seriously and will address the incident quickly with empathy and compassion. Where a patient or service user experiences sexual harm in any way, or the threat of sexual harm, this is a safeguarding adult concern and should be responded to as such. The following should happen:

- Immediate actions should be taken to protect that person from sexual harm or abuse – this could be practical support such as patient movement on wards, or contacting emergency or domestic abuse services if the person is in their own home
- If safe and appropriate to do so, consent sought to submit a safeguarding adult concern to the Local Authority
- A datix should be submitted and concern form (if completed) attached
- The electronic patient record should be updated

It is important that the patient or service user is offered immediate practical, physical and emotional support following the experience of unwanted sexual behaviour, assault or harassment. Examples include:

- Practical – Support to attend hospital, the police station or other appointments, movement of patients or review of patient engagement levels on inpatient wards, supporting person to remove clothing and preserve evidence

- Physical – Review by medic, or at acute hospital depending on injury, support to attend a local sexual assault referral centre, support to access sexual health or pregnancy services
- Emotional – Providing the patient or service user the opportunity to access emotional or psychological support provided by the Trust or specialist or community service

Sometimes because of illness, a person cannot control their sexual behaviour, language or impulses and this is often known as sexual disinhibition. It may mean they take their clothing off, be over familiar or express sexually inappropriate thoughts or comments. This can trigger strong feelings of fear and anxiety for those who have experienced sexual assault or harassment, and can be embarrassing and distressing for those exhibiting it, as well as dangerous due to risk of repercussions from others. Staff should discuss sexual disinhibition with those showing or witnessing this in a sensitive and appropriate way to that person, and offer both practical and emotional support. If a person cannot stay in a place that will increase their sexual safety, such as a single sex ward, plans and risk assessments should be put in place to ensure their sexual safety.

Where sexual relationships are established between patients or service users staff must take immediate action to assess mental capacity, risk to those involved and what action is required to keep everyone safe. Staff must consider the risk of control and coercion and a person being able to freely give informed consent, and also the sexual safety of others who share the same space as those wishing to engage in a sexual relationship. There are circumstances in which it will not be appropriate for patients or service users to engage in relationships of this nature, for example if a person lacks capacity to consent, a person is pressuring or coercing another, or if supporting this would put others at risk of, or witnessing, sexualised behaviour.

Where a person engages in sexual behaviour and lacks the capacity to consent to this or is unable to due to being a minor, this is not only a safeguarding concern, but a potential criminal offence too, and should be reported to the Local Authority and Police. Advice on sexual safety concerns for patients should be sought from the Trust safeguarding team.

6. PROCEDURES

Safeguarding individuals at risk covers a wide spectrum of activity from prevention through to joint multi-agency responses where neglect, harm and abuse occur. The Trust's workforce is uniquely placed to identify any potential safeguarding risk and/or concern. The Trust does not tolerate neglect and/or poor professional practice. Poor practice or neglect may take the form of isolated incidents of inadequate or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct.

Repeated instances of poor care may be an indication of more serious problems (organisational abuse).

- Be aware and receptive to signs of harm, neglect and abuse. Look beyond first impressions – be professionally curious
- Help service-users express what is happening to them. Recognise patterns of concern
- Help service-users to voice what they want to happen
- You have a duty to report any concerns about care provided by other individuals and/or agencies external to the Trust, and must not rely on others to do so

There are key stages in responding to safeguarding related issues. There must be a clear audit trail of all discussions held, decisions made and actions taken, especially when making a reasoned decision about whether to refer through multi-agency procedures or not. These are detailed below.

6.1. Immediate Action

On occurrence of an incident of alleged abuse or neglect staff must ensure the persons immediate safety and welfare. This may include:

- Contacting emergency services where there is immediate danger, crime being committed or a medical emergency
- Supporting or signposting a person to a place of safety

Considering if there are other adults with care and support needs or children who are at risk and take appropriate steps to safeguard them in addition to the adult with care and support needs.

It is important that where there is an immediate danger, crime being committed or medical emergency, emergency services are contacted as a matter of priority and must not be delayed by other less urgent actions.

Staff must inform their line manager (unless they are the alleged source of harm– if this is the case then support should be sought directly from a seniormanager your teams safeguarding link worker and/or the Humber safeguarding team.

A datix should be completed within 24 hours of the incident occurring, reporting in detail the incident and immediate action taken. If an adult concern has been submitted to the Local Authority, this should be attached to the datix. More information about submitting an adult concern form can be found in sections 6.3 and 6.6.

6.2. Historical Disclosures

It's never too late to report abuse. If a person discloses historical abuse and consents to reporting it, this can be reported to the Local Authority via an adult concern form. It is important to be as clear and concise as possible as to what the person has disclosed to you, as this will support further enquiries.

Historical disclosures of abuse can also be reported to the Police by calling 101. The Police take every report seriously and understand that not everyone is able to report what has happened to them straight away. This is particularly relevant when a person discloses historical sexual abuse, and the Police have specialist officers to support people reporting such offences. Offences can also be reported anonymously via [Crimestoppers](#) or by calling 0800 555 111.

If there is a wider concern that the person alleged to have caused the harm or abuse, is in contact with other adults at risk, children or young people, or works in a position of trust, the information **MUST** be reported to the Local Authority Safeguarding Team or via the Police on 101 as a matter of public interest.

In all cases inform the Trust safeguarding team.

6.3. Decision to Raise a Concern with the Local Authority

The decision to raise a concern is a key step in the safeguarding referral process.

When considering if a safeguarding adult concern needs to be completed, staff must consider Section 42 (1) Care Act 2014, three duties:

- a) does the person have needs for care and support (whether or not the authority is meeting any of those needs)
- b) are they experiencing, or at risk of, abuse or neglect, and
- c) as a result of those needs are they unable to protect himself or herself against the abuse or neglect or the risk of it.

Advice can be sought internally from the Trust safeguarding team or externally from the appropriate Local Authority safeguarding team. Any discussions and decision making must be documented on

the electronic patient record.

It is possible to manage some potential safeguarding concerns internally if they do not meet the above criteria, for example an isolated incident between two service users or patients where no harm occurs, or where the alleged victim is not an adult with care and support needs. The key is robust documented evidencing of all discussion, decisions made and action taken. There must be evidence that a safeguarding adult's concern has been considered and a clear rationale as to why one does not need to be submitted. The persons consent and wishes must be explicitly referenced throughout.

Incidents that should be reported include:

- The alleged victim or carer is distressed, fearful or feels intimidated by the incident (psychological harm)
- Incidents are repetitive and targeted to either the adult or others
- The action resulted in a physical injury
- A crime has been committed
- The incident involves a member of staff or person in position of trust
- The alleged victim lacks mental capacity with regards to the safeguarding incident and is unable to protect themselves from abuse or neglect
- Abuse or neglect occurring whilst in the care of the Trust

This list is by no means exhaustive – in any situation where you feel abuse or neglect has occurred, and consent is given or overridden due to public interest or in the persons best interests, a concern form must be submitted to the relevant local authority safeguarding adults team.

More information on consent can be found in section 6.5.

All adults identified at risk of abuse will be listened to and taken seriously in an appropriate manner. Adults have a right to privacy, to be treated with dignity and respect. Adults have the right to lead their own lives and have their rights upheld, regardless of ethnic origins, gender, sexuality, disability, age, religious or cultural background and beliefs.

6.4. Making Safeguarding Personal (MSP)

“No decision without me”

MSP is a national approach to promote responses to safeguarding situations in a way that enhances involvement, choice and control of the adult involved, as well as improving quality of life, wellbeing and safety. It is seeing the person as experts in their own life and working with them to identify the outcomes they want.

Making safeguarding personal creates a culture where adults feel more in control, are empowered and have ownership of the risk, there are better relationships with professionals, and key elements of the persons quality of life and wellbeing can be safeguarded.

6.5. Gaining Consent

When a decision has been made to complete a concern to the local authority staff must gain informed consent from the adult at risk (informed consent applies when a person can be said to have freely given consent based on a clear appreciation and understanding of the facts, and the implications and consequences of an action, without undue influence).

This consent should be well documented on the adult concern form, and in circumstances where consent has not been sought or given, the rationale for submitting a concern explained.

Please refer to Trust policies on mental capacity and best interests, and consent, for further information on this.

6.5.1. Reporting without consent

There may be occasions when it is necessary to report abuse or neglect without consent such as:

- Where there is a serious risk of harm to the wellbeing and safety of the adult, or risk of harm to others
- Public protection concerns (other people are at risk, or to prevent a crime or report a crime that may have been committed)
- The alleged victim lacks capacity to consent

If an adult concern form is submitted to the Local Authority, or report made to the Police, without consent, then the adult should be informed unless it is unsafe to do so. This should be clearly documented on the electronic patient record.

Adults who lack the capacity to consent may need the support of an appropriate person or paid advocate to engage in safeguarding process. This is to help people become more aware of their rights, to exercise those rights and be involved and influence decisions that are being made.

6.6. Completing a Concern Form

Adult concern forms should be submitted to the Local Authority where the alleged abuse or neglect has occurred. This is because the Care Act places responsibility on the Local Authority where the neglect or abuse occurred, to make enquiries.

The below process should be followed when submitting a concern:

- The full detail of the safeguarding incident is to be recorded on the concern form. You must ensure that the detail is comprehensive and it reflects the actual incident and/or allegation. Any discussion, decisions made or any actions taken to protect the individual must be documented.
- Consent or reasons for submitting without consent should be clearly documented
- A concern can either be submitted via the Local Authority online portal or by sending a copy of the completed concern to the relevant local authority safeguarding adult Team email address
- A datix should be completed. Take care to ensure it is recorded using the correct safeguarding category, and that the concern form is attached to the incident report before submitting. The Trust safeguarding team will receive this incident and review the adult concern ensuring all appropriate actions have been taken

6.7. Section 42 Enquiries

Once an adult concern has been submitted the Local Authority will review it and consider whether further enquiries are required. If so, this takes the place in the form of a Section 42 Enquiry which will either be completed by the Local Authority or 'caused out' to another agency.

In some circumstances where the Trust has an established relationship with the patient, it may be more appropriate for the Trust to carry out the Section 42 Enquiry on behalf of the Local Authority.

The objectives of an enquiry into abuse or neglect are to:

- establish facts
- be certain of the adult's views and wishes
- assess the needs of the adult for protection or support and redress, and how they might be met
- protect the person from abuse and neglect, in line with the wishes of the adult
- make decisions about what action should be taken with the person or organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery

The Local Authority will contact the Trust Safeguarding Team to cause out an enquiry. The team will then consider the safeguarding concern and allocate to an appropriate person which could either be a practitioner in the team or a clinician / staff member across the Trust who is working with that adult. For staff members outside of the safeguarding team asked to carry out an enquiry, a buddy will be allocated from the team to provide support throughout the enquiry, and bespoke Section 42 Training is available.

All Section 42 enquiries are recorded by the safeguarding team for governance purposes, and completed enquiries are approved by the Clinical Risk Management Group before being submitted to the Local Authority.

Where risk remains following a section 42 enquiry, a protection plan may be required to identify the agreed arrangements to manage the risk. It should be drawn up in partnership with the adult at risk of harm and it should include consideration of the following issues:

- What support the adult at risk of harm would like to receive.
- What action can be provided to protect the adult at risk of harm
- What contingency arrangements can be put in place if required
- Arrangements for review of the protection plan

All reports and plans should be saved on the electronic patient record.

6.8. Persons in Position of Trust

Where the alleged source of harm is a person in position of trust, the Trusts Managing Concerns Against People in Position of Trust must be followed.

A person in position of trust may be someone working for, or on behalf of the Trust, or someone in a position of trust in the community. If it alleged that this person has caused harm towards an adult with care and support needs, this must be discussed with the Trust safeguarding team and an adult concern form should be submitted to the Local Authority.

6.9. Recording in the electronic patient record

A record of what has been disclosed or seen should be written on the patients electronic patient record as soon as possible and ideally on the same day. Records must be accurate and based on fact, showing a clear rationale as to the action taken and outcome of that. If an injury has been sustained a body map and detail of this should be recorded.

If an adult concern has been submitted to the Local Authority, a copy of this should be saved on the record. Where a written statement or disclosure has been taken this should also be saved on the record if appropriate to do so.

Please take care to record any reference or log numbers provided by the Local Authority, Police or other referral service.

6.10. Information Sharing

Robust information sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act 2018. The GDPR does not prevent or limit the sharing of information for the purposes of keeping children, young people and adults safe.

Practitioners must have due regard to the golden data protection rules that allow them to share information:

1. GDPR is not a barrier to sharing information, but provides a framework to do that appropriately
2. Be open and honest with the person from the outset about why, what, how and with

- who information will or could be shared, and seek their agreement unless it is unsafe or inappropriate to do so
- 3. Seek advice if you are in any doubt
- 4. Share with consent where appropriate, and where possible respect the wishes of those who do not consent to share information. Consent can be overridden in the public interest, or where a child or adult with care and support needs is at significant risk of harm. You will need to base your judgement on the facts of the case.
- 5. Consider safety and wellbeing of not only the person but those who may be affected by their actions
- 6. Information shared but must necessary for the purpose for which you are sharing it, shared only with those who need it (proportionate), be relevant, accurate, timely and secure
- 7. Keep a record of your decision and the reasons for it – whether it is to share information or not.

Specific advice can be sought from the Trust safeguarding team and information governance team. Information can also be sought from professional bodies where the member of staff is a registered professional.

Examples of when safeguarding information must be shared include:

- Any information that needs to be shared in order to protect a child, or to prevent or detect a crime
- Any information that needs to be shared in order to protect an adult at risk from harm or abuse, or to prevent or detect a crime
- To support statutory provisions for data sharing under the Care Act for local Safeguarding Adult Boards (LSABS) or Safeguarding Children Partnerships (LSCP)
- Where a disclosure is made of Female Genital Mutilation (FGM) or it is suspected
- When the allegation is made against a person in position of trust

6.11. If a Safeguarding Concern is not agreed

The local authority safeguarding adult team will take all concerns seriously. In some incidents, they may decide not to make enquiries. The local authority safeguarding adult team will feed back to the referrer the reason and rationale why they have come to this decision. Even in these circumstances, staff must ensure the continual safety of those in our care and protection.

To ensure the continual safety of those individuals at risk staff can take pathway options and/or actions.

- Evaluate existing assessments, care plans and risk assessments. Ensure that there is clear documented evidence that this has occurred
- If the existing assessments, care plans or risk tools do not cover the current risk(s) staff must implement new ones to ensure measures have been put in place to reduce future risk
- Staff can consider other referral options (this list is not exhaustive):
 - Care Quality Commission (CQC)
 - Internal within Humber Teaching NHS Foundation Trust – human resources (capability/disciplinary routes), health and safety, risk management, complaints, Humber Safeguarding Team etc.
 - Local authority social care– request review of current care plan, request for a professionals meeting or best interest meeting if the person lacks capacity with regards to the decision
 - NHS continuing care team – request a review
 - Local authority health and safety enforcement office – environmental issue or equipment concerns in private and independent residential care homes
 - Local Authority Business Unit where there are concerns about the quality of care

- with private/independent care providers (domiciliary care or residential)
- Freedom to speak up procedure
- Consider self-neglect tools and referral mechanisms (please refer to Trust self-neglect policy)

Where a safeguarding concern is not agreed and the staff member believes the patient or service user remains at risk of harm or abuse, staff can escalate this to the Trust safeguarding team who will review the case and where appropriate action a multi agency escalation process with the Local Authority.

7. EQUALITY IMPACT ASSESSMENT

Please see Appendix 2.

8. DISSEMINATION, IMPLEMENTATION AND TRAINING

This policy will be disseminated and implemented by the method described in the Document Control Policy.

All staff are assigned safeguarding adults training appropriate to their role, which is determined in accordance with the Intercollegiate Document for Safeguarding Adult training and Core Skills Training Framework. Staff will either be assigned Level 1, Level 2, or Level 3 on appointment or when there has been a change in their role.

Level 1 and Level 2 safeguarding adults training is delivered via e-learning. Level 3 is delivered via a blended program of e-learning and taught.

This training is essential and all staff must complete their safeguarding training in line with requirements.

In addition to the identified statutory and mandatory training, the safeguarding team will organise or advertise bespoke safeguarding adults training which will be shared via the Global magazine. These are opportunities for staff to access additional continuous professional development and training to expand their safeguarding knowledge.

9. MONITORING COMPLIANCE

Compliance against the requirements of this policy will be monitored by:

- Safeguarding training is monitored by the Safeguarding Team and Workforce & Development Division
- Safeguarding adult concerns will monitored by the Safeguarding Team and ICB on a quarterly basis, and reviewed on the Trusts Quality Dashboard
- Safeguarding incidents and reporting of adult concerns are reviewed in the Corporate Safety Huddle
- The policy is monitored in the QPaS meeting

10. REFERENCES

- The Care Act 2014
- The Children Act 1989 / 2004
- Human Rights Act 1998

- Mental Health Act 2007
- Children Act 1989 and 2004
- Domestic Abuse Act 2021
- Sexual Offences Act 2003
- Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- Children and Families Act 2014
- Modern Slavery Act 2015
- Section 325(3) of the Criminal Justice Act 2003
- Youth Justice and Criminal Evidence Act 1999
- CQC Identifying and responding to closed cultures
- Mental Capacity Act 2005
- Care Act and Statutory Support Guidance 2024
- Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework
- Adult social care: A consultation paper. Law Commission 2010

Related Policies

- Mental Capacity and Best Interests Policy
- Safeguarding Childrens Policy
- Domestic Abuse Policy
- Consent Policy
- Caldicott and Data Protection Policy
- Information Governance Policy
- Freedom to Speak Up Procedure
- MAPPA Policy

APPENDIX 1: DOCUMENT CONTROL SHEET

Document Type and Title:	Policy – Safeguarding Adults Policy and Procedures		
Document Purpose:	To provide guidance and statutory requirements to Trust staff relating to the identification, reporting and management of safeguarding adult concerns		
Consultation/ Peer Review	Date	Group / Individual	
<i>list in right hand columns consultation groups and dates</i>	September 2018	Safeguarding team	
	March 2021	Safeguarding Team, Modern Matrons, Division Leads, CCG Safeguarding Leads	
	July 2021	QPaS	
	July 2024	QPaS	
Approving Body:	QPaS	Date of Approval:	8 August 2024
NB All new policies and policies subject to significant amendments require approval at EMT and Board ratification.		(see document change history below for minor amendments and dates)	
Ratified at:	Trust Board	Date of Ratification:	N/a
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to EMT as the approving body that this has been delivered)</i>	Safeguarding adult training is provided by the Trust to all employees. There are no training requirements related to the implementation of this policy.	Financial Resource Impact:	Low
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	If N/A, state rationale:		
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Policy Management Team <input checked="" type="checkbox"/>	Author to send final document to HNF-TR.PolicyManagement@nhs.net	
Implementation:	<i>Describe implementation plans below - to be delivered by the author:</i> Implementation will consist of: <ul style="list-style-type: none"> Policy to be made available on the Trust intranet Notice of the review of the policy to be disseminated Trust wide. Update of the policy to be discussed in safeguarding link worker meetings 		
Monitoring and Compliance:	Compliance with this policy will be monitored within the safeguarding team		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.01	Review and amendments	Nov 2010	Reviewed and harmonised with ERYPCT
2.00	Minor amendment	Jan 2012	Change of telephone number Hull safeguarding team, appendices added.
3.00	Reviewed and amended	Nov 2015	Updated in line with Care Act and organisational restructure
4.00	Review and minor amendment	Sept 2018	Minor amendment. Updated terminology and contact details. Reference to VARM process and Lorenzo tab
4.1	Review and amended	March 2021	Updated information and guidance. Updated definitions of risk. Updated Humber Safeguarding Team details Updated Level 3 Safeguarding Training. Approved at QPaS (06/07/21).
5.0	Full review with minor amends	August 2024	Full review. Updated template and format, guidance on PIPOT and guidance on sexual safety. Approved at QPaS (8 August 2024). 05/02/2025 - Front page updated by Policy Management to match current Trust template, by request.

APPENDIX 2: EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Safeguarding Adults Policy and Procedures (N-024)
2. EIA Reviewer (name, job title, base and contact details): Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service

To provide guidance to Trust staff relating to supporting the development and implementation of the Multi-agency Policy, Procedures & Practice Guidelines. The Trust has agreed to co-operate in an interagency approach aimed at protecting adults at risk of abuse.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	See summary.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	See summary.
Sex	Men/Male, Women/Female	Low	See summary.
Married/Civil Partnership		Low	See summary.
Pregnancy/ Maternity		Low	See summary.
Race	Colour, Nationality, Ethnic/national origins	Low	See summary.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	See summary.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	See summary.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	See summary.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above:

The policy ensures that there is a fair and consistent approach provided to all patients irrespective of age, race, colour, religion/belief, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status or gender reassignment.

EIA Reviewer: Rosie O'Connell

Date completed: 19/07/2024

Signature: R O'Connell