


TRUST POLICY FOR AND PROCEDURES FOR SAFEGUARDING ADULTS

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	1	June 2004	S Marbrow	Original Policy
	2	Nov 2008	S Marbrow	Revision and reformat for NHSLA
	2.1 & 2.2	Nov 08	Pam Twine	Amendments following review
	3	June 09	S Marbrow	Amendments to reflect DoLS and review for NHSLA
	3.1 & 3.2	March 2010	S Marbrow	Amendment to account for separation of Partnership Boards
	3.3	June /July 2010	S Marbrow	Amendments following comments from Safeguarding Children's Lead
	4	April 2011	S Marbrow	Amendment re: Coroner information & deletion of obsolete information
	4.2	May 2014	J O'Daly	Review in timescales
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	4.4	December 2018	J O'Daly-Miller	Following merger and revised statutory guidance
	4.5	June 2020	Jane O'Daly-Miller	Following External Audit
4.6	October 2022	Leanne Millard	Update to reflect organizational changes externally, tissue viability section and addition relating to DNA's.	
Intended Recipients: All nursing, clinical and medical staff. Associate Directors, Service Managers, Divisional Nurse Directors, Operational Managers and Senior Matrons/ Senior Midwives, Facilities Managers and Therapy staff.				
Training and Dissemination: Safeguarding mandatory training, Dissemination will be via the intranet				
To be read in conjunction with: SSASPB Safeguarding Adult procedures / Derby and Derbyshire Safeguarding Adult Board Procedures				

In consultation with and Date: Trust Safeguarding and Vulnerable People Committee 23.11.22	
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Contact for Review	Head of Safeguarding & Vulnerable People
Executive Lead Signature	 <p>Executive Chief Nurse and Director of Patient Experience</p>

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1. INTRODUCTION

Living a life that is free from harm and abuse is a fundamental right of every person. This policy applies to all areas of the Trust where adults at risk of abuse or neglect may attend or visit and the duties outlined in this policy, which are in accordance with national legislation and local Safeguarding Adult Board policies, apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.

The aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

The key principles of adult safeguarding are as follows

- Empowerment: presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process.
- Protection: ensuring that people are safe and that they have support and representation as necessary during the process.
- Prevention: minimising the likelihood of repeated abuse and recognising the person's contribution to this in safeguarding plans.
- Proportionality: the ways in which the safeguarding procedure is used are proportionate, as unobtrusive as possible and appropriate to the risk presented.
- Partnership: people can be satisfied that agencies are working constructively to make them safe.
- Accountability: the way in which the safeguarding process is conducted must be transparent and consistent; it must always be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g., the courts).

In all adult safeguarding situations, the actions taken must be made personal to the individual. There should be a series of conversations with the adult concerned at the centre of the conversation and participative in them so that their feelings, wishes and goals are identified and worked with.

2. PURPOSE AND OUTCOMES

- To ensure that all staff are aware of their duties in relation to safeguarding adults and that adults at risk of abuse are protected from any form of abuse or neglect whilst in the care of The University Hospitals of Derby and Burton NHS Foundation Trust
- To ensure that staff receive training and guidance in the recognition of abuse and neglect and are aware of the special needs of adults at risk
- To ensure that staff are able to identify and respond to any possible or actual abuse of patients in a timely and effective manner
- To ensure that all decisions taken by professionals about a person's life must be timely, reasonable, justified, proportionate, ethical and fully recorded

3. DEFINITIONS

IMCA	Independent Mental Capacity Advocate
Abuse	Any abuse is a violation of an individual's human and civil rights by any other

	<p>person or persons which may result in significant harm.</p> <p>Abuse may consist of a single act or repeated acts. It may be a deliberate act of neglect or an omission to act. Abuse is about the misuse of the power and control that one person has over another. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as institutional abuse.</p>
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4. KEY RESPONSIBILITIES/ DUTIES

Safeguarding Adult Boards (Staffordshire, Derbyshire and Derby City Local Authorities)	Safeguarding Adult Boards are required to lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The Trust is required, as a partner agency, to attend the Board and its sub- groups; participate in the work of the Board to achieve its aims and submit the findings of the Safeguarding Adult Assurance processes to the relevant forum at the SAB
Integrated Care Board (ICB)	Derby and Derbyshire ICB and Staffordshire and Stoke on Trent ICB monitor Trust performance in safeguarding in regular meetings with the Trust. The Head of Adult Safeguarding for the ICB coordinates assurance processes across health providers including the Trust
Executive Chief Nurse	The Executive Lead is accountable to the Trust Board for ensuring compliance with this policy in all parts of the Trust. The Executive Lead, or their nominated deputy, is also a member of the Safeguarding Adult Board.
Trust Designated Adult Safeguarding Manager (DASM)	The Trust DASM is an identified HR representative of sufficient seniority to ensure that a strategic overview is taken of issues relating to staff performance and management of allegations against staff in relation to care, treatment and safeguarding adults. The Trust Safeguarding Lead works with the Trust DASM in an advisory capacity in such cases. The Trust DASM is responsible for overseeing response in specific cases and that where necessary referrals are made to the Disclosure and Barring Service and for ensuring that safer working practices in relation to safeguarding are coordinated and monitored.
Trust Safeguarding Lead	The Trust Safeguarding Lead is responsible for alerting the Trust Safeguarding Committee and Lead Executive Officer to any concerns or shortfalls in safeguarding practice within the Trust, advising with regard to the impact of relevant policy, enquiries or legislation, development or review of Safeguarding Adult training and Trust Policy and Procedures for Safeguarding Adults. The Trust Safeguarding Lead is also responsible for advice and support offered by the safeguarding team to staff and teams within the Trust.
Safeguarding & Vulnerable People Team	The Trust Safeguarding & Vulnerable People Team is responsible for providing advice to Trust staff, for facilitating liaison and escalation with the appropriate Local Authority Social Care Department, provision of training and for maintaining records of the number and nature of alerts raised and the quality of advice in such cases.
Trust Safeguarding and Vulnerable People Committee (TSGVPC)	The TSGVPC meets quarterly and oversees that national developments regarding safeguarding adults are incorporated into Trust policies and processes. They also receive reports and monitor

	<p>the implementation of adult safeguarding processes throughout the Trust, agree assurance reports to the Trust Quality Assurance Committee and assist with compilation of evidence necessary to ensure compliance for registration with the Care Quality Commission and other external assurance processes.</p>
<p>Business Units, Ward Sisters/Charge Nurses, Nursing and medical staff, On-call Managers will</p>	<ul style="list-style-type: none"> • Ensure that they and their staff are aware of the relevant policies and processes including Deprivation of Liberty Safeguards (DoLS) and that they undertake mandatory training and any refresher training required. • Escalate concerns and communicate cases of concern to the relevant local authority (the local authority for the usual residence of the patient) adult social services department and the safeguarding team via uhdb.safeguarding@nhs.net • Must escalate concerns to the Trust Safeguarding and Vulnerable People’s Leads where it is alleged that it has been caused by hospital employees / processes and complete a PIPOT and / Or LADO as per the Managing Allegations Policy opac-retrieve-file.pl (koha-ptfs.co.uk) • Have a responsibility to respond sensitively to a disclosure of abuse or historical abuse, act in a professional manner and take appropriate action. • Matrons, working with the Adult Safeguarding Specialist Nurse, will undertake initial investigations where a s42 enquiry is submitted by the local authority. • Ensure that concerns about individual cases are escalated where appropriate to all Trust staff including volunteers <p>In short, all staff / volunteers must raise concerns about the safety of any adult at risk of abuse and neglect with whom they are directly or indirectly involved with and to work within the safeguarding policy. Additionally, all staff are expected to use the Trust Freedom to Speak Up (Raising Concerns at Work) Policy where necessary.</p>

5. POLICY DETAILS

5.1 Although the following list is not exhaustive, an adult requiring safeguarding support *may* be a person who:

- Is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these.
- Has a learning disability.
- Have a physical disability and/or a sensory impairment.
- Has mental health needs.
- Has a long-term illness/condition.
- Misuses substances or alcohol.
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse.
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.
- Experiences domestic abuse and because of needs for care and support cannot take necessary

steps to maintain their safety

In the context of safeguarding adults, the vulnerability of the adult is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and the extent to which they can protect themselves from abuse, neglect and exploitation.

This policy also sits alongside the Consent and the Mental Capacity Act (Lawful Authority for Providing Examination, Care or Treatment) Trust Policy and Procedures as issues of mental capacity and the ability to give informed consent may be central to decisions and actions in safeguarding adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- To understand the implications of their situation.
- To take action themselves to prevent abuse.
- To participate to the fullest extent possible in decision-making about interventions

The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives.

The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters.

The role of protecting adults at risk of harm can appear to conflict with that individual's right to make decisions for themselves and the balancing of protection and autonomy is not always well understood.

All decisions taken in the safeguarding adults process must comply with the Consent and the Mental Capacity Act (Lawful Authority for Providing Examination, Care or Treatment) Trust Policy and Procedures.

Adults **with capacity** may choose to accept risks which others may consider to be unwise and consequently remain in less-than-ideal circumstances.

Where a patient with capacity is at risk of abuse and does not want a safeguarding referral to be made their wishes must be followed **unless** there is an issue of public interest (e.g., others are at risk; abuse is perpetrated by a person in position of power and trust; a crime has been committed or may be committed) However, Staff and volunteers will be expected to continue to exercise as much vigilance as possible in such circumstances and to ensure that work is taken forward in a multi-agency context with regular good quality sharing of relevant information, all agencies having a shared understanding of the risks and plans for ongoing involvement. The Safeguarding & Vulnerable People Team are required to ensure effective liaison, coordination and safety planning in such cases.

5.2 Types of abuse

Abuse is a violation of an individual's human or civil rights, by any other person or persons. Professionals should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. The following types of abuse and neglect are identified within the Care Act 2014, but should not be considered exhaustive:

Physical Abuse	including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions
Domestic Abuse	An incident or pattern of incidents of controlling, coercive or threatening

	behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, Female Genital Mutilation and Forced Marriage.
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.
Sexual Exploitation	involves exploitative situations and relationships where people receive 'something' (e.g., accommodation, alcohol, affection, money) as a result of performing, or others performing on them, sexual activities.
Psychological abuse	including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, radicalisation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	including theft, fraud, internet and postal scamming, doorstep crime, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern Slavery	encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory abuse	including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, pregnancy and maternity, marriage or civil partnership or religion.
Organisational abuse	including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect and acts of omission	including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
Self-neglect	this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

When domestic abuse is an issue the Trust policy for Domestic Abuse must also be referred to

5.3 Required response to suspected or actual abuse or neglect

If you have concerns that there is a safeguarding issue this may be due to:-

- witnessing an incident,
- an allegation disclosed to you,
- observing signs that might indicate abuse,
- any other trigger

Safeguarding responses should be swift and personalised and should involve the adult in the enquiries and decision making from the start – making safeguarding personal for that individual. Central to this is having a genuine conversation with the adult to understand how we can help them to achieve the outcomes most important to them. The adult should experience the safeguarding process as empowering and supportive. This should encourage proportionate responses and improve outcomes for the adult concerned.

Your immediate actions are to:

- Confirm and ensure the person's immediate safety
- Make an initial telephone call to the relevant social care team notifying them of concerns and to enquire as to any history of involvement with the individual;
- Follow up the contact with Social Care by a written safeguarding referral. (In Derby sites these are via the Whiteboard; In Burton sites these are on the safeguarding intranet site). Ensuring all sections are completed and consideration is made for Advocacy support.
- In sites other than Derby (where referrals are made via the whiteboard as above) a copy of the safeguarding referral should be sent to the Trust Safeguarding & Vulnerable Team via uhdb.safeguarding@nhs.net
- There should be no delay in referring to Adult Social Care
- It is important that any evidence is preserved e.g., not washing the patient or destroying of clothes etc. where sexual assault / abuse is a concern.
- Ensure accurate, contemporaneous recording of incident
- Where it appears that a crime has been committed the police should be contacted. If the victim is at immediate risk or undergoing abuse – call 999
- Where the concern relates to physical abuse, ensure a body map of bruising or injuries is completed and agree with Social Care / Police whether photographing of patient is required.
- Where the issue involves allegations against trust staff / volunteers, the Trust Managing Allegations policy should be followed and a DATIX / IR1 created. Contact the Trust Safeguarding team and senior manager or out of hours the Senior Nurse or Manager on Call
- Dependent on the wishes and feelings of the adult, relatives must be informed of the concerns and actions taken **UNLESS** a potential crime of a sexual or violent nature is indicated. In these circumstances
- disclosure to the family must await the outcome of a strategy discussion with the Police / Social Care and agreed action plan
- Implement advice of safeguarding team

5.4 Safeguarding the patient who lacks capacity

Section 44 of the Mental Capacity Act 2005 creates an offence of ill-treating or willfully neglecting a person who lacks capacity. The offence only applies to those people who care or have other specified responsibilities for the person who lacks capacity. In these cases, the responsibility for investigation rests with the police and a safeguarding referral must be made immediately

Where a patient lacks capacity, the safeguarding process must proceed and MCA / best interest

process followed alongside that.

5.5 Where patients/ relatives make a disclosure on behalf of patient

Do not make promises of confidentiality or outcome. Explain that concerns may have to be escalated as the abuse may impact on others.

Reassure that they have done the right thing in disclosing their concerns and that information will be given to those who know the correct processes to follow.

Where concerns are raised about historical abuse it must be ascertained as to whether the perpetrator is still alive and poses a risk to individuals / children. No action can be taken forward unless the person making the disclosure gives details of name, date of birth and address and they should be supportively encouraged to reveal those details or to make the disclosure themselves directly to the relevant local authority department.

5.6 Safeguarding and Tissue Viability issues

Pressure ulcers may occur as a result of neglect. If you suspect that an adult with care and support needs has pressure damage as a result of neglect or acts of omission, you must complete an adult safeguarding referral as per UHDB process. *See flow chart at Appendix 1*

5.7 Did Not Attend (DNA) / Was Not Brought (WNB)

If an adult, particularly those who with additional vulnerabilities (i.e. those with learning disabilities, dementia, mental health concerns or frailty) DNA or WNB to an appointment, the health professional should undertake a risk assessment based on their knowledge of the health and social concerns. *Please see flow chart at Appendix 2*

5.8 Deprivation of Liberty Safeguards (DoLS) & Safeguarding Adults

DoLS apply to those aged 18 or over and who do not have mental capacity to make decisions for themselves.

DoLS are not appropriate when the patient is in need of care and treatment that can only be provided in an Acute Trust. Reasonable and appropriate restrictions and restraints are permissible under the MCA but a capacity assessment and best interest process must be clearly recorded in the records.

DoLS are necessary when

- the patient is medically fit but remaining on the ward, or
- the patient will be discharged to a place which is not their ordinary residence, or
- where the family / relatives are not in agreement with the care and treatment plan proposed by the responsible clinician, or
- where the restrictions and restraints in place cause an intensity and frequency of distress to the patient
- where the patient is not receiving care and treatment that can ONLY be provided in the acute trust

Where it is considered that a patient may be experiencing a DoLS, the DoLS authorisation form should be completed and forwarded to the relevant supervisory body (i.e., the LA DoLS team which covers the area where the patient is normally resident) **VIA** the safeguarding team. The DoLS authorisation forms are on the whiteboard at Derby sites and on the safeguarding pages of the intranet across Burton Hospitals sites.

It is important to understand that DoLs do not provide authority for detention or compulsory treatment under Mental Health Act 1983. Equally, the Mental Health Act 1983 is the legal framework for treatment and detention without consent of the patient for assessment / treatment of a symptom or manifestation of a mental disorder and does not apply to treatment / assessment for a physical illness.

Sometimes it can be difficult to identify whether the presenting physical issues/ behaviors are as a result of a physical or mental disorder. In these circumstances it is preferable to refer the patient to the adult mental health services and request an assessment. Where there is not thought to be a treatable mental disorder for which the person can be detained under the MHA then DOLs may be used, subject to the provision that they should require care and treatment in an acute trust and following MCA / best interest processes.

5.9 Information sharing and record keeping

Local information sharing protocols for Safeguarding Adults exist for all statutory partner organisations. These protocols recognise that information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

Decisions about what information is shared and with whom will be taken on a case-by-case basis. Whether or not information is shared with or without the adult at risk's consent, the information must be:

- Necessary for the purpose for which it is being shared
- Shared only with those who have a need for it
- Be accurate and up to date
- Be shared in a timely fashion
- Be shared accurately
- Be shared securely

Both medical and nursing staff involved must ensure effective record keeping in relation to the issues in accordance with Trust record keeping policies.

5.10 Staff training

Staff training for all patient facing clinical staff is provided as an integrated package for children and adults at level 3 of the Intercollegiate Competencies (both adults and children) national guidance. This training is mandatory for all clinical, patient facing staff. This is provided by e-learning / face to face sessions. It also gives compliance at level 1 and 2 and should be undertaken yearly. For all other staff training is by e-learning at level 1.

6. EQUALITY IMPACT ASSESSMENT

This policy has been assessed as not affecting the equality or diversity of any one particular group of stakeholders.

7. MAINTENANCE

The Named Nurse for Safeguarding Adults at Risk will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance and city-wide arrangements for adult safeguarding.

8. COMMUNICATION AND TRAINING

The training needs analysis and matrix can be seen on the Trust Safeguarding Intranet sites.

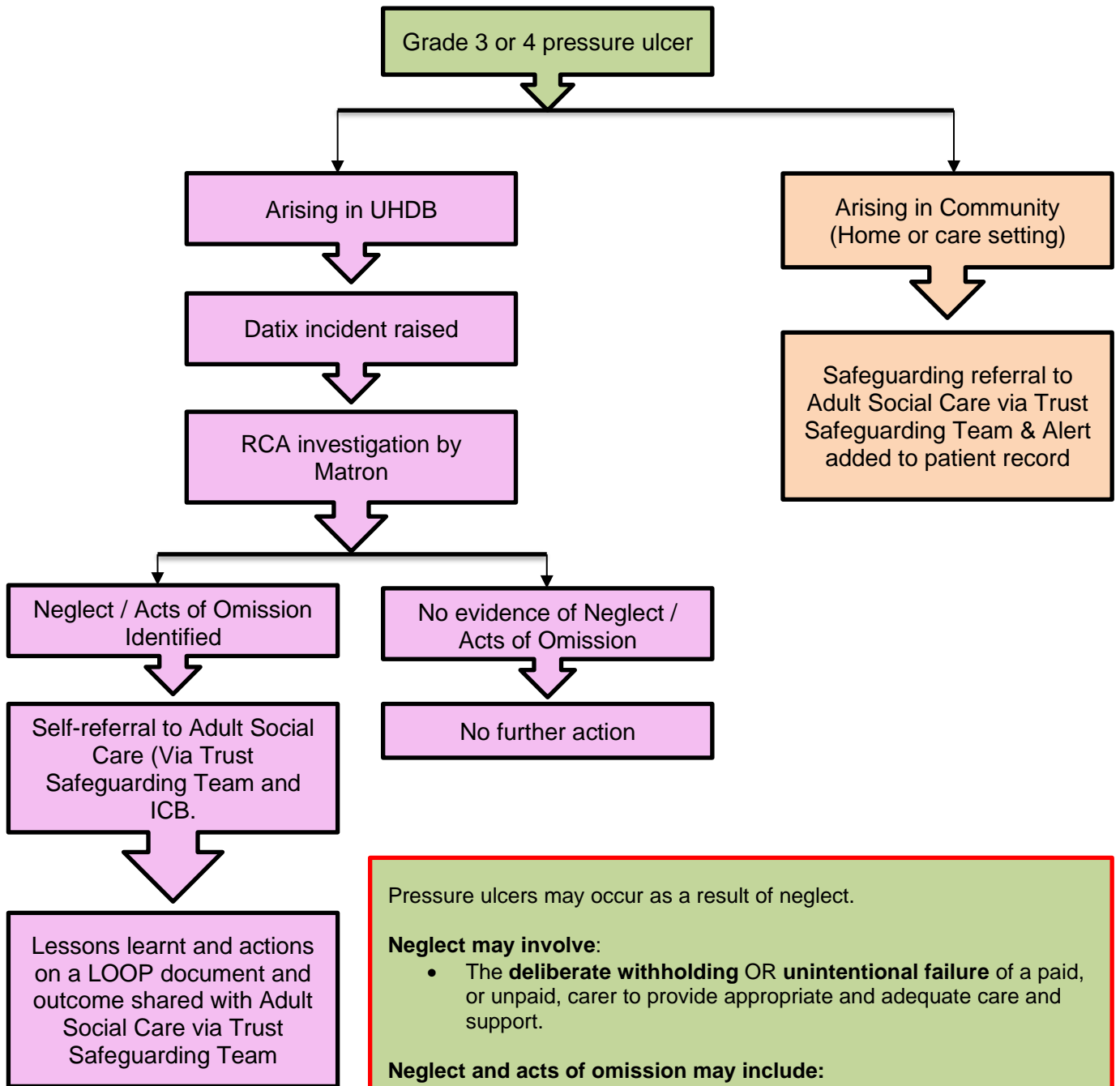
9. MONITORING COMPLIANCE & EFFECTIVENESS

Monitoring	Lead	Monitoring method	Frequency	Committee/ Group
Incident summary reports regarding Section 442 enquiries	Named Nurse for Safeguarding Adults	Datix	Quarterly	Trust Safeguarding & Vulnerable People Committee
Compliance with mandatory training	Workforce development	Education and training database	Quarterly	Trust Safeguarding & Vulnerable People Committee
Audit of safeguarding referrals	Trust Safeguarding Lead	Case file audit	Annually	Trust Safeguarding & Vulnerable People Committee

10. REFERENCE

- The Care Act 2014
- The Care Act Support and Statutory Guidance ch 14 April 2015
- DSAB policies and procedures
- SSSAPB policies and procedures

APPENDIX 1 – TISSUE VIABILITY & NEGLECT GUIDANCE FLOWCHART



Pressure ulcers may occur as a result of neglect.

Neglect may involve:

- The **deliberate withholding** OR **unintentional failure** of a paid, or unpaid, carer to provide appropriate and adequate care and support.

Neglect and acts of omission may include:

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health care and support
- The withholding of the necessities of life, such as medication, adequate nutrition and healing.

In some instances, this is highly likely to result in, significant preventable skin damage.

If you suspect that an adult with care and support needs (see below) has a pressure damage as a result of neglect or acts of omission, you MUST complete an adult safeguarding referral as per UHDB process.

Please see Net-i for guidance on the referral process <https://neti.uhdb.nhs.uk/az-nc-corp-nursing-safeguarding-adults>. You can also contact the team to discuss cases via 01332 (7) 87547

APPENDIX 2 – DID NOT ATTEND (DNA) /WAS NOT BROUGHT (WNB) FLOWCHART

