Royal United Hospitals Bath
NHS Foundation Trust

Adult Safeguarding Policy

Reference Number:	719
Author & Title:	Rachel Burns, Named Professional Lead Adult Safeguarding
Responsible Director:	Chief Nurse
Review Date:	1st August 2026
Ratified by:	Vulnerable People's Assurance Committee
Date Ratified:	1st August 2023
Version:	6.0

Related Policies & Guidelines:

Mental Capacity Act (MCA) incorporating Deprivation of Liberty Safeguards (DoLS) Policy *****
***This will be reviewed once the Code of Practice for the Liberty Protection Safeguards has been received.**
Managing Clinically Challenging Behaviours Guidance
Non-Concordance with Treatment and Care (incorporating Covert Medication) Policy
Mental Health Policy
Raising Concerns (Whistleblowing) Policy
Domestic Violence Policy
Prevent Policy
Children and Young People Safeguarding Policy
Managing Conduct Policy
Incident Reporting Policy
Multi-Agency Public Protection Arrangements (MAPPA) Guidance
Overarching Information Governance Policy

Professional Codes of Conduct (E.g. GMC, NMC, HPC)
Bath and North East Somerset (BaNES) Community Safety and Safeguarding Partnership Joint Regional Safeguarding Adults Multi-Agency Policy (June 2019)
BaNES Community Safety and Safeguarding Partnership Multi-Agency Safeguarding Adults. Procedures. (September 2019)
Wiltshire SAB Multi-Agency Policy and Procedures (July 2019)
BaNES Community Safety and Safeguarding Partnership Self-Neglect Policy and Guidance (August 2019)
BaNES Community Safety and Safeguarding Partnership Adult Position of Trust Framework (June 2020)

Index:

Amendment History

Issue	Status	Date	Reason for Change	Authorised
3		January 2016	Change in legislation	
4		November 2017	Reviewed against LSAB multi agency Policies – no changes required.	
5		April 2020	Reviewed against local safeguarding Partnerships policies	
6		August 2023	Update of current policy: processes, change in Governance processes, team structures.	

1. Policy Summary

The Care Act 2014 set out statutory duties and guidance within a legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties and must;

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it occurs.
- Make enquiries, **or cause others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Safeguarding Adult Review. The criteria for a Safeguarding Adults Review are:
- an adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died); or
- an adult has experienced serious abuse or neglect which has resulted in permanent harm, reduced capacity, or quality of life (whether or not it knew because of physical or psychological effects), or the individual would have been likely to have died but for an intervention; and there is concern that partner agencies could have worked more effectively to protect the adult.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, where the adult has adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

The duty to safeguard applies to all, but has legal implications for the local authority, the NHS and the Police.

The purpose of this document is to ensure that the Royal United Hospitals Bath NHS Foundation Trust [RUH] meets nationally recognised and regionally agreed best practice for safeguarding adults at risk of abuse or neglect.

This policy brings together guidance from NHSE. This includes: the role of NHS commissioners, health service managers and practitioners in preventing and responding to neglect and abuse, focusing on patients in the most vulnerable situations. The documents include good practice principles and examples which have been incorporated into this policy.

Using the Clinical Governance and Adult Safeguarding Flowchart, this also aims to integrate these two approaches with the desired outcome of greater openness and transparency about clinical incidents, learning from safeguarding concerns that occur within the RUH and its health and social care partners, clarity on reporting and more improved positive partnership working.

The RUH should always promote the wellbeing of the adults at risk in their safeguarding arrangements. Professionals should work with the adult to establish

what being safe means to them and how that can be best achieved. Professionals should be advocating safety measures that do not take into account the individual's wellbeing as defined in Section 1 of the Care Act 2014;

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day-to-day life (including over care and support provided to the individual and the way in which it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- The individual's contribution to society

The Care Act 2014 guidance (Chapter 14) identifies six key principles for all safeguarding adults work;

Principle 1: Empowerment – Presumption of Person-Led Decisions and Consent

Adults 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 interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

Principle 2: Protection – Support and Representation for Those in Greatest Need

There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for patients who may be less able to protect themselves.

Principle 3: Prevention

Prevention of harm or abuse is the primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

Principle 4: Proportionality - Proportionality and Least Intrusive Response Appropriate to the Risk Presented

Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

Principle 5: Partnerships - Working in a multi-disciplinary approach

Adult Safeguarding will be most effective where services work collaboratively to prevent, identify and respond to harm and abuse.

Principle 6: Accountability - Accountability and Transparency in Delivering Safeguarding

Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

The policy applies to all RUH staff.

Implementation of this policy will ensure that:

- All staff are aware of how to recognise and report issues of abuse and neglect to those adults who are at risk as defined by the Care Act.
- Patients are able to contribute to and are involved in safeguarding enquiries as defined in the "Making Safeguarding Personal" agenda within the Care Act.
- Staff work in a preventative manner to protect vulnerable adults from being abused.
- There is consistency of reporting and procedures across health, social care and other partner agencies locally.
- There will be an increase in staff awareness of issues for vulnerable adults.
- The RUH is compliant with the Care Quality Commission (CQC) Fundamental Standard 13 relating to safeguarding people from abuse or neglect who use our services.

2. Policy Statements

This document sets out the RUH system for safeguarding adults at risk from abuse and neglect. It provides a robust framework to ensure a consistent approach across the whole organisation and supports our statutory duties as set out in the NHS Constitution.

The RUH is committed to improving the quality of health and social care, developing accountability to patients and strengthening the choice and control they have over their care.

The Government has agreed principles for adult safeguarding that can provide a foundation for achieving good outcomes for patients.

3. Definition of Terms Used

Safeguarding Duties

Statutory safeguarding duties apply to an adult who is over 18 and:

- Has needs for care and support (whether the local Authority is meeting any of those needs or not) and
- Is experiencing, or at risk of, abuse and neglect; and
- As a result of these care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should be advocating "safety" measures that do not take into account the individual's wellbeing.

Making Safeguarding Personal (MSP)

The aim of Making Safeguarding Personal is to ensure that safeguarding is person led and outcome focused. It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control; as well as improving their quality of life, wellbeing and safety.

Think Family

All adult safeguarding should include a Think Family approach. Establish whether there are children in the family and whether checks should be made on any children and young people who are part of the same household irrespective of whether they are dependent on care either from the adult at risk of abuse or the person alleged to have caused harm.

Abuse

Abuse may be intentional or unintentional or result from a lack of knowledge.

Abuse can consist of single or repeated acts. It can affect one person or multiple individuals in any relationship or service context and may result in significant harm to, or exploitation of, the person(s) subjected to it. Vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. When complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that referral should be made to the police service as a matter of urgency. In order to identify potential patterns of abuse it is important that information is recorded and appropriately shared.

Types of Abuse

This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered. Types of abuse include:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

- Domestic abuse – including psychological, physical, sexual, financial, emotional abuse; controlling and coercive behaviours and 'honour' based violence.

- 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 pressurised into consenting.

- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, Lasting Power of Attorney agreements, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- Modern slavery – encompasses slavery, human trafficking, sexual exploitation, forced labour, domestic servitude or the removal of organs. It includes threatening, coercing, deceiving and forcing individuals into a life of abuse, servitude and inhumane treatment.

- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, 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 including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Harm and Serious Exploitation

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 wellbeing of an adult; and
- Address what has caused the abuse or neglect.

4. Duties and Responsibilities

Executive Lead for Safeguarding Adults

The Chief Nurse is the Executive Director for Adult Safeguarding and is responsible for;

- Reporting to RUH Board on all matters relating to adult safeguarding and receiving and submitting an annual report.
- The RUH representative on the multi-agency safeguarding partnerships; Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People Partnership (SVPP).

- Ensuring that the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007 are fully implemented within the RUH, to ensure that the rights of persons lacking capacity are respected.

- Ensuring that any safeguarding concern that is identified as a Serious Incident [SI] is investigated by a designated person and the findings and recommendations are linked to the local multi-agency safeguarding procedures

- Ensuring that any allegations against or involving RUH staff are investigated under the RUH Managing Conduct Policy and at the same time referred to Adult Social Care under the Person in Position of Trust Multi-agency BCSSP, Safeguarding procedures. If there is any possibility that a crime has been committed then the police must be informed

- **Non-Executive and Elected Leads**

  - Champion and maintain focus on safeguarding.

  - Provide independent scrutiny.

  - Hold Executive Directors and Boards to account.

Nominated Adult Safeguarding leads

The RUH Adult Safeguarding Team comprises of the following staff:

- Named Nurse, Adult Safeguarding
- Specialist Practitioner, Adult Safeguarding
- Safeguarding Adults and DoLS Administrator

The Adult Safeguarding Team is responsible for:

- Ensuring the process and procedures are in place for recognising and reporting issues of abuse or neglect of adults at risk of harm an are applied consistently.

- Cooperating effectively with partner organisations, such as Adult Social Care and Children's Social Care, Police, Adult Community Services and Voluntary agencies.

- Attending local and regional Safeguarding Adults Partnership Sub-groups and developing internal structures to provide assurance to the organisation that adult safeguarding issues are considered and dealt with in a consistent and effective way.

- Supporting the delivery of strategic objectives across the service.

- Providing systems and structures to support safeguarding e.g. procedures, training.
- Quality assure adult safeguarding practices and report quarterly to the ICB.
- Supporting the management of complex or high-risk situations.

Decision Maker e.g. Line Manager, Matron and Senior Sister/Charge Nurse

- Act as a role model for best adult safeguarding practice.
- Promote the agenda for Adult Safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards within their clinical area.
- Make decisions about safeguarding referrals to the Adult Safeguarding Team.
- Manage any immediate protection issues.
- Coordinate the safe transfer of safeguarding responsibilities on discharge of patients from the RUH.
- Support the cascade of learning from any safeguarding or associated Root Cause Analysis (RCA) action plan to their area.
- Implement any recommendations and share best practice within their Division/area of work. Maintaining the safeguarding agenda as a focus at team meetings, act as a local resource to the team.
- To ensure compliance with legislation within the multi-disciplinary team at ward or department level and to assist in embedding into everyday practice

Leading an enquiry

A member of the RUH Adult Safeguarding team will lead a safeguarding enquiry on behalf of the Trust, of reported cases of suspected abuse or neglect, with the support of the relevant ward or department.

Site Managers and Night Sisters/Charge Nurses

Site Managers and Night Sisters/Charge Nurses are responsible for implementing the Safeguarding Adults policy out of hours and ensuring that there is adherence to the policy and the reporting procedures.

Ward & Department Managers

Ward and department managers are responsible for ensuring that there is adherence to the policy by their staff. They are responsible for signing off local induction which ensures that staff are aware of the policy and know where to find supporting information. They are also responsible for updating staff with any changes.

All staff

All staff have a responsibility to report any actual or suspected case of adult abuse or neglect to the most senior person on duty in their area. At the time the abuse or neglect is reported it should be documented in the patient's record and a referral generated to the Adult Safeguarding team either by completing a Safeguarding Adults Harm Event on the Millennium Electronic Patient Record (EPR) system or direct contact with the team where there is no access to Millennium.

For referrals out of hours i.e. after 5pm, weekends and Bank Holidays the following referral routes can be undertaken:

- Complete a Safeguarding Harm Event on Millennium.
- Or inform Adult Safeguarding team within normal working hours where there is no access to Millennium.

- **For urgent referrals or advice** telephone the Local Authority Emergency Duty Social Care teams (where patient is normally resident)

- Contact the police if there is a concern that a criminal offence has occurred.

- Document concerns and actions taken in the patients' medical records.

5. Safeguarding Adults Policy

Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and wellbeing. Healthcare staff are often working with patients who for a range of reasons, may be less able to protect themselves from neglect, harm or abuse. Adult Safeguarding concerns vary according to the nature of harm, the circumstances it arose in and the people concerned.

Adult Safeguarding is about the safety and wellbeing of all patients but providing additional measures for those least able to protect themselves from abuse or neglect.

Degree of Harm

Some concerns may be minor in nature but provide an opportunity for early intervention for example, advice to prevent a problem escalating. Other safeguarding concerns may be more serious and need a response through multi agency procedures and possible statutory intervention through regulators, the criminal justice system or civil courts.

Type of Harm and Abuse

Harm or abuse can take place in a wide range of settings such as within regulated services and within people's own homes. The cause of harm and abuse may similarly be wide ranging e.g. harm caused unintentionally by an unsupported carer; neglect caused by staff or a service; abuse which is caused through recklessness or is intentional.

Who may require support in keeping themselves safe?

Many patients are able to safeguard their own interests and protect themselves from neglect, harm or abuse. However, some adults are in vulnerable situations and are less able to protect themselves or make decisions about their safety. Hospitalisation alone can result in a degree of vulnerability not normally part of the person's life when they are in their own home.

Timely and ongoing assessment of the person attending/residing in the RUH will identify adults in the most vulnerable circumstances. It is expected staff use person centred care to reduce the risk of neglect, harm and abuse.

The RUH should 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. Professionals and other staff should not be advocating "safety" measures that do not take account of individual wellbeing.

Why is Adult Safeguarding important to patient care?

All staff in RUH, must comply with statutory legislation and regulations when safeguarding patients and is a fundamental part of a patient safety and well-being.

Learning from high profile enquiries identified recurrent themes in the failures of care:

- Patients are not empowered to make choices about their care and protection.
- Patient's voice is not heard.
- Neglect and abuse arise in the absence of effective prevention and early warning systems.
- Neglect and abuse are not always recognised by health care staff.
- Lack of transparency and openness in investigation – incidents are not well managed through multi agency adult safeguarding procedures.
- Adult Safeguarding is seen as the responsibility of others.

Inquests, enforcement measures by regulators and prosecutions by the courts highlight the cost to health services and to the professionals within them, where duties to safeguard adults are not met.

Integrating Clinical Governance and Adult Safeguarding

There are opportunities to be gained from streamlining and integrating systems where investigations can be undertaken in parallel and the learning from both can be informative and help to develop communication between safeguarding teams and health and social care agencies. A clear distinction needs to be made between the two processes to avoid duplication and to use opportunities where one investigative process can meet the requirements of both sets of procedures.

In organisations as large and complex as the NHS, things will sometimes go wrong. Incident reporting is one of the key methods for alerting other parts of the organisation to issues that if left unattended may pose a risk in future, to patients or the health and safety of staff, visitors, contractors and others.

The purpose of the reporting system is to enable the NHS to actively learn from incidents and to ensure that where required changes are identified they become embedded in practice. This includes those incidents that occur on NHS premises, in the provision of NHS commissioned services or when an NHS employee is carrying out a work-related task on non-NHS premises.

The process and reporting outlined below considers the clinical governance process within the safeguarding process.

In the event of a Serious Incident occurring, where a patient has been harmed:

- the incident must be recorded on the Datix Incident Reporting System.
- a 72 Hour report will be completed. The purpose of the 72 hour report will be to get an overview of the incident and to discuss any associated safeguarding concerns.
- The information gathered for the 72 hour reports can be used to inform the safeguarding referral to the relevant Local Authority.

If a structured investigation is required a round table meeting will be held and a representative from the Adult Safeguarding team will be in attendance where there are safeguarding concerns.

What to do when abuse or neglect is suspected?

You may witness abuse or neglect, be told about abuse or neglect or suspect that abuse or neglect is occurring. It is your duty to report immediately where you have concerns that an adult may be experiencing or is at risk of experiencing abuse or neglect (Appendix 1).

- **Step 1; where people are in immediate danger** the police should be called immediately via 999.
- **Step 2;** report your concern to your line manager or, in their absence, another senior member of staff or the RUH Adult Safeguarding Team.

If you are unable to contact your line manager or Adult Safeguarding Team immediately you should proceed as follows and talk to your line manager later.

Step 3; completing a Safeguarding Harm Event on the patient electronic record Millennium will trigger a referral to the Adult Safeguarding Team or you can contact the team directly (in hours) or the Emergency Duty Social Care Team (where the patient is usually resident) out of hours

If you have reasons why you do not wish to talk to your line manager you should contact the Adult Safeguarding team or raise your concerns via the confidential Raising Concerns email or telephone line (details available on the RUH Intranet) or via the Freedom to Speak Up Guardians as the safety and welfare of the adult/adults at risk are the first priority.

Role of Line Managers

Line managers are responsible for ensuring that staff are aware of the RUH's policies and procedural documents. When an alert is raised by a member of their staff regarding a patient or member of the public:

- The manager should support their member of staff in following the requirements of this policy.
- The manager will safeguard the rights of a whistle blower (see RUH Raising Concerns Policy)
- The manager must take steps to ensure the patient is protected at all times
- If the manager thinks there is any possibility that a crime has been committed then the police must be informed
- The Nurse in Charge/Manager should ensure that any records, photographic evidence and chronology of events are available for a Safeguarding Planning meeting, Safeguarding Enquiry and any subsequent safeguarding meetings
- Out of hours the site manager and/or the on-call manager will help with the decision making and actions described above.

Responding to safeguarding concerns

The Local Authority, on receiving a concern, **must make enquiries or cause others to do so**, if they reasonably suspect any adult meets the criteria (see Section 3). This is a Section 42 Enquiry. The Local Authority must consider whether the adult requires an independent advocate to represent and support the adult during the enquiry.

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

- Establish facts;
- Explore concerns further with the person expressing concern;
- Ascertain the adult's wishes and views, or their representative's;

- Establish perceived risk;
- Assess the need of the adult for protection and support and how this may be met;
- Protect the adult from the abuse or neglect, taking the adults wishes and views intro account;
- Make decisions on necessary follow up action with regard to the person or organisation responsible for the abuse or neglect; and
- Enable the adult to achieve resolution and recovery

The specific circumstances will determine the most appropriate person or agency to undertake the enquiry. The Local Authority is responsible for referring the enquiry to the right person and ensuring the enquiry is acted upon, will set proportionate timescales and review outcomes of any enquiry undertaken. The Local Authority has the right to challenge if not satisfied with the process of the enquiry. The RUH Adult Safeguarding Team will usually lead or support the most appropriate person to undertake the enquiry.

If a crime is suspected and referred to the police, then the police will lead the criminal investigations.

Criminal Offences and Adult Safeguarding

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect for example physical or sexual assault or rape; psychological abuse or hate crime; wilful neglect; unlawful imprisonment; Human Trafficking; theft and fraud; and certain forms of discrimination also construes specific criminal offences under various pieces of legislation. Immediate referral or consultation with the police will enable the police to establish whether a criminal act has been committed and this will give an opportunity of determining if, and at what, stage the police need to become involved further and undertake a criminal investigation.

A criminal investigation by the police takes priority over all other enquiries.

The multi-agency approach however, should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution.

Concerns regarding abuse or neglect within RUH/or involving staff employed by the RUH.

Where an allegation is made about a service provided by the RUH, this should be referred to the Adult Safeguarding Team, the ICB should be informed and CQC notified.

These concerns are often highly sensitive in nature and the Line Manager will need to deal appropriately with staff within the service while considering the safety of other patients. Should the concerns relate to a member of staff, the Person in a Position

of Trust procedures should be followed. RUH managers should give consideration as to whether the member of staff should be suspended from duty pending an investigation according to the RUH's Managing Conduct Policy. Advice should also be sought from Human Resources.

The RUH is a signatory to the multi–agency safeguarding protection procedures which require the RUH to work in full co-operation with partner agencies. It is important to take an open and non-defensive approach to allegations and to ensure there is a measure of independence within the safeguarding process.

Patient Safety Incident reporting in the NHS is guided by a range of national requirements and policies. These include requirements for reporting into the national reporting and learning system (NRLS) and investigating as set out in the Serious Incident Framework 2015: https://www.england.nhs.uk/patient-safety/serious-incident-framework/

For incidents that require an investigation that spans both patient safety and safeguarding frameworks, a planning meeting will be convened to agree terms of reference and next steps. This meeting will be chaired by the Chief Nurse or one of their deputies.

The advice of the police should be sought prior to making the decision to initiate an investigation by the RUH if the abuse or neglect is thought to be a criminal act.
In some circumstances the information about the concern may not have been reported internally through the line manager or the incident reporting system. In this case the Adult Safeguarding team will be alerted by members of the multi-agency teams or Police. The Adult Safeguarding team will inform the Chief Nurse or deputy and, if necessary, the Trust Allegations Officer-Deputy Director of Human Resources.

Information sharing and confidentiality

Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding. Organisations need to share safeguarding information in order to prevent serious harm or death; coordinate effective and efficient responses; enable early intervention to prevent escalation or risk; reveal patterns of abuse; help identify people who may pose a risk to others; reduce organisational risk and protect reputation.

Consent to Share Information

Wherever possible informed consent to share information should be obtained from the adult at risk, however there may be situations where:

- Consent is withheld; or
- The person is unable to give informed consent.

Information may still be shared between professionals if consent is withheld **and** there is reasonable belief that:

- There is a high risk of serious harm to the adult at risk; or
- Consent was withheld under duress, or other adults or children are at risk

OR

- When the courts have made an order; or
- To prevent, detect or prosecute a serious crime.

Absolute assurances of confidentiality cannot be given, especially where other adults or children may be at risk.

If consent is **withheld** and the risk of harm is assessed as low at that time, the multi-disciplinary team should consider what can be offered to the adult at risk to enable them to get help in the future.

If the person is **unable to give informed consent** and is assessed as lacking capacity to consent, but information needs to be shared in order to prevent or protect them from abuse, then the 'best interest' principle must be followed.

Consent to refuse support or intervention

Some adults at risk may refuse intervention and support from professionals, one of the starting points is to assess whether the patient has the mental capacity to make the particular decision at that time.

If it is assessed that a person does have capacity and has taken an informed choice to live in a situation that puts them at risk, then the person, their carer, their community support and any other relevant agency or individual should be consulted in order to ensure that the person is offered all possible choices. He or she may still choose to stay in the situation and live with that risk.

Staff will need to determine whether the adult at risk is making the decision of their own free will or whether they are being subjected to coercion or intimidation. If it is believed that the adult at risk is exposed to intimidation or coercion, efforts should be made to offer the adult 'distance' from the situation in order to facilitate decision making.

Situations where the adult at risk does not have capacity

If it is decided that the adult at risk does not have the mental capacity to decide to engage in a safeguarding process then staff should act in the best interests of the adult, and do what is necessary to promote their health or wellbeing or prevent further neglect or abuse.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions and is underpinned by five key principles:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.

3. Individuals with capacity have the right to make what might be seen as eccentric or unwise decisions.

4. However, should a patient lack capacity, then anything done for or on behalf of people without capacity must be in their best interests.

5. Anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a "decision specific" test. No one can be labelled "incapable" as a result of a particular medical condition or diagnosis. The Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any other condition or aspect of a person's behaviour which might lead others to make unjustified assumptions about capacity.

For further information please refer to the RUH Mental Capacity Act Policy and procedure guidance.

Risks arising from self-neglect

The complexity and multi-dimensional nature of self-neglect means that it can be difficult to detect and identify. There is no accepted definition either nationally or internationally, See BaNES Community Safety and Safeguarding Partnership Self-Neglect Policy and Procedures (available on intranet)

Suggested definitions are;

- **Persistent** inattention to personal hygiene, nutrition, health and/or environment (including hoarding)

- **Repeated** refusal of some/all indicated services which can reasonably be expected to alleviate associated risks and improve quality of life

- Self-endangerment through the manifestation of unsafe behaviours

Often, the cases which give rise to the most concern are those where an adult at risk refuses help and services and as a result is seen to be at significant risk. If RUH staff are satisfied that the adult at risk has the mental capacity to make an informed decision, then that person has the right to refuse services/treatment/ intervention.

Although there should always be a presumption of capacity, in these high-risk cases a mental capacity assessment must be undertaken to establish that the adult at risk does have capacity to understand the risks, consequences of their actions, and

decisions. **This should be clearly evidenced and documented within the patient's notes.**

Where the adult at risk (with capacity) continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the adult at risk and to understand the basis of refusal. If the adult at risk lacks capacity to understand the risks and consequences of refusal then the Mental Capacity Act should be followed and a best interest decision made. In both these situations consideration should be given to convening a Multi Agency Risk Management Meeting if risks are unknown or thought to be significant and an advocate should be appointed to support the patient during the process. This could be an appropriate family member or friend or an Independent Mental Capacity Advocate (IMCA)

6. Prevent & Radicalisation in Safeguarding

Prevent is part of CONTEST which is the Government's counter-terrorism strategy that aims to stop people becoming radicalised and undertake terrorist activities.

The Counter-Terrorism and Borders Act 2019 places a duty on certain bodies in the exercise of their functions to have "due regard to the need to prevent people being drawn into terrorism". The duty does not confer new functions on any specified authority. The term "due regard" as used in the Act means that authorities should place appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

The Prevent Duty became effective as of 1st July 2015 and the accompanying Guidance was revised in April 2021 Revised Prevent duty guidance: for England and Wales - GOV.UK (www.gov.uk)

Prevent is central to the Safeguarding agenda and therefore needs to be a priority within Safeguarding policies, procedures and training.

What does this mean?

Extremism in itself is not illegal but we still encourage people to be aware of potential signs of it because it can act as a "pathway" to terrorism. Prevent does not aim to criminalise people for holding extreme views; instead, it seeks to stop individuals from encouraging or even committing violent activity.

If you have concerns about an individual and you believe someone is at risk of radicalisation you can raise your concerns with your line manager, the Prevent lead or the Adult and Children Safeguarding team or via the confidential Prevent reporting telephone number or e mail (see Prevent Policy).

7. Monitoring Compliance

Standards/Key Performance Indicators

Key performance indicators comprise:

- Percentage of staff completing Adult Safeguarding training.
- Audit of Safeguarding concerns which followed the policy process.
- DATIX incidents (clinical) that lead to RCA and safeguarding concerns raised with the Local Authorities
- HR investigations into staff conduct that result in safeguarding concerns raised with the Local Authorities

Process for monitoring compliance and effectiveness

This policy and its implementation will be monitored through the Vulnerable People Assurance Committee. This Committee is chaired by the Chief Nurse or nominated deputy.

The Safeguarding Adults Committee will report any key issues, actual or potential by quarterly report through the RUH governance structure.

The Safeguarding Adults Committee will provide the Trust Board with an annual report, detailing key actions that have been taken to meet the requirements of safeguarding adults.

All line managers have a responsibility to ensure the Safeguarding Adults Policy is followed by staff that they directly manage. The Safeguarding Adults Committee will undertake case reviews to ensure consistency of compliance with the policy and reporting procedures. Where non-compliance is identified, support and advice will be provided to improve practice.

8. Review

Process for Reviewing the Policy

The policy will be reviewed every three years. The author will be sent a reminder by the Corporate Governance Manager four months before the due review date.

The author will be responsible for ensuring the policy is reviewed in a timely manner. In order to ensure the policy is up to date, the author may be required to make a number of revisions, e.g. committee changes or amendments to individuals' responsibilities. Where the revisions are minor and do not change the overall policy, the author will make the amendments, record these in the document control report and send to the Corporate Governance Manager for publishing.

The reviewed policy will be approved by the RUH's Safeguarding Adults Committee.

The author must update the Document Control Report each time the policy is reviewed. Details of what has changed between versions should be recorded in the Document Control Report.

9. Training

Managers are responsible for ensuring all their staff receives the type of initial and refresher training that is commensurate with their role(s).

Staff must refer to the Mandatory Training Profiles, available on the intranet, to identify what training in relation to Adult Safeguarding is relevant for their role and the required frequency of update. Further information is available on the statutory and mandatory training web pages about each subject and the available training opportunities.

The Mandatory Training Policy identifies how training non-attendance will be followed up and managed and is available on the intranet.

Training statistics for mandatory training subjects are collated by the Learning & Development team and are reported to the Strategic Workforce Committee.
Staff must keep a record of all training in their portfolio.

All staff and managers can access their mandatory training compliance records via the Trust's mandatory reporting tool (STAR) available on the intranet.

All clinical staff new to the Trust undertakes mandatory Adults at Risk training, this includes Adult Safeguarding, MCA and DoLS and Prevent awareness.

Adult safeguarding training Level 1 and Level 2 is available via RUH specific e-learning modules. Level 3 adult safeguarding is available for staff identified by the training needs analysis and is available via face to face sessions only. Board level training programme is delivered alongside Children's safeguarding in line with requirements laid out in the Royal Colleges of Nursing Intercollegiate Document 2018.

10. References

Care Quality Commission, Fundamental Standards. Health and Social Care Act 2008

Clinical governance and adult safeguarding: an integrated process, Department of Health, Guidance for Healthcare

Prevent and Duty Guidance for England and Wales 2015

Care and Support Statutory Guidance Issued under the Care Act 2014, Department of Health

United Nations Office of Drugs and Crime (2015)

Acknowledgement to North Devon Healthcare NHS Trust Safeguarding Adults Policy

Associated Documentation:

Wiltshire SAB Multi-Agency Policy and Procedures (July 2019)

BaNES Community Safety and Safeguarding Partnership Joint Regional Multi-Agency Policy (June 2019)

BaNES Community Safety and Safeguarding Partnership Multi-Agency Safeguarding Adults Procedures (September 2019)

Professional Codes of Conduct [E.g. GMC, NMC, HPC]

Royal Colleges of Nursing Intercollegiate Document Adult Safeguarding: Roles and Competencies for Health Care Staff (July 2018)

RUH Policies and Guidelines

Dignity, Privacy and Respect Policy

Incident Reporting Policy

Mental Capacity Act incorporating Deprivation of Liberty Safeguards Policy

Raising a Concern Policy

Domestic Violence Policy

Prevent Policy

Managing Conduct Policy

Multi-Agency Public Protection Arrangement (MAPPA) Guidance

Associated Legislation

Care Act 2014

Equalities Act 2010

Data Protection Act 2018

The General Data Protection Regulation

Human Rights Act 1998

Modern Slavery Act 2015

Domestic Abuse-Coercion and Control Act 2015

Criminal Justice and Courts Act 2015

Mental Capacity Act 2005

Mental Capacity (Amendment) Act 2019

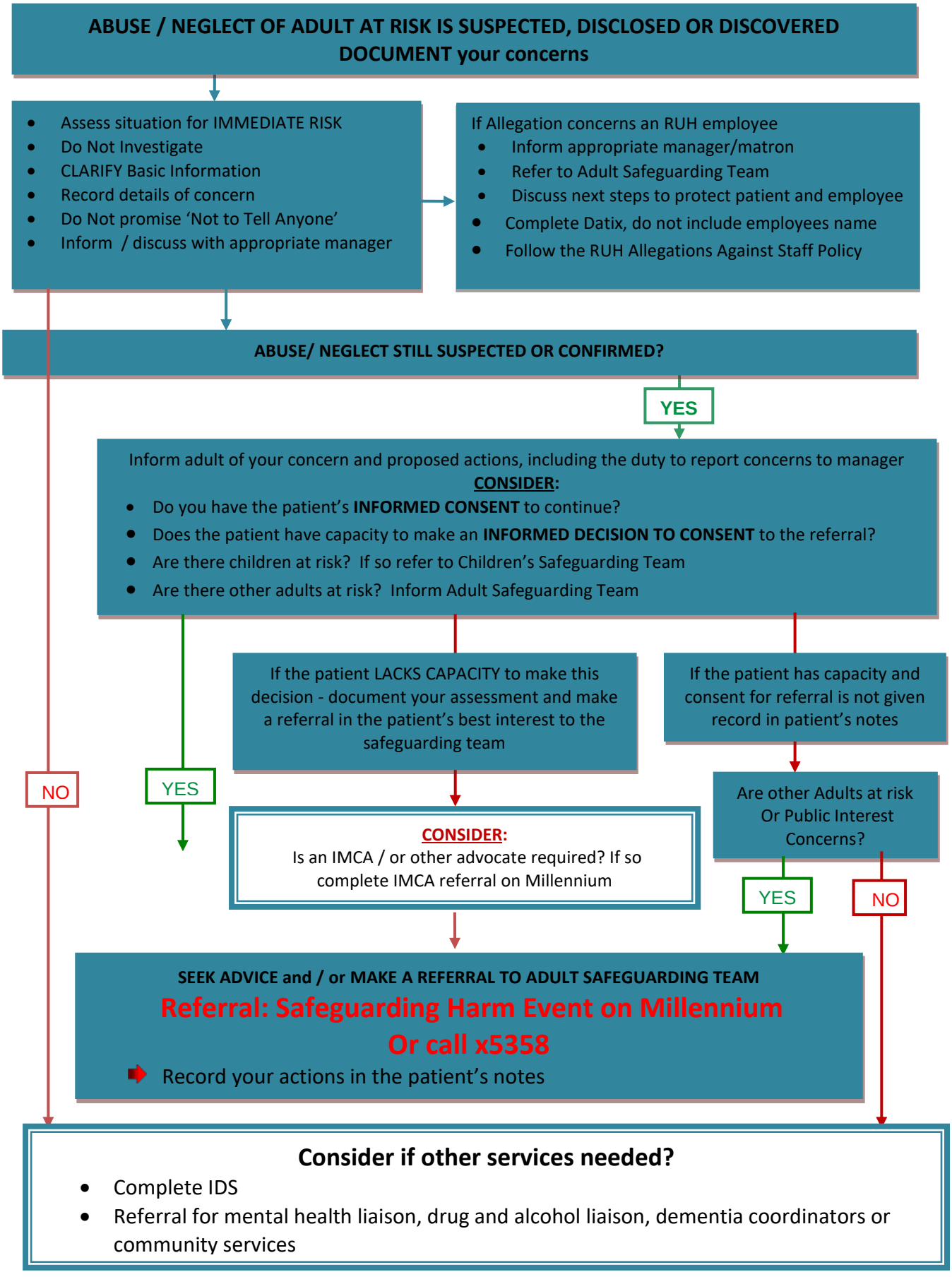
The Mental Health Act 2007

Health and Social Care Act 2008

Counter Terrorism and Borders Act 2018

Appendix 1: Decision and Reporting Process for Safeguarding Adult Concerns

See Next Page


ABUSE / NEGLECT OF ADULT AT RISK IS SUSPECTED, DISCLOSED OR DISCOVERED
DOCUMENT your concerns
Assess situation for IMMEDIATE RISK
Do Not Investigate
CLARIFY Basic Information
Record details of concern
Do Not promise 'Not to Tell Anyone'
Inform / discuss with appropriate manager
If Allegation concerns an RUH employee
Inform appropriate manager/matron
Refer to Adult Safeguarding Team
Discuss next steps to protect patient and employee
Complete Datix, do not include employees name
Follow the RUH Allegations Against Staff Policy
ABUSE/ NEGLECT STILL SUSPECTED OR CONFIRMED?
YES
Inform adult of your concern and proposed actions, including the duty to report concerns to manager
CONSIDER:
Do you have the patient's INFORMED CONSENT to continue?
Does the patient have capacity to make an INFORMED DECISION TO CONSENT to the referral?
Are there children at risk? If so refer to Children's Safeguarding Team
Are there other adults at risk? Inform Adult Safeguarding Team
If the patient LACKS CAPACITY to make this decision - document your assessment and make a referral in the patient's best interest to the safeguarding team
If the patient has capacity and consent for referral is not given record in patient's notes
NO
YES
CONSIDER:
Is an IMCA / or other advocate required? If so complete IMCA referral on Millennium
Are other Adults at risk Or Public Interest Concerns?
YES
NO
SEEK ADVICE and / or MAKE A REFERRAL TO ADULT SAFEGUARDING TEAM
Referral: Safeguarding Harm Event on Millennium
Or call x5358
Record your actions in the patient's notes
Consider if other services needed?
Complete IDS
Referral for mental health liaison, drug and alcohol liaison, dementia coordinators or community services