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SAFEGUARDING ADULTS AT RISK

NGH-PO-241

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CONTENTS

Version and Revision Control	3
1. SUMMARY / POLICY ON A PAGE	4
2. INTRODUCTION AND PURPOSE	5
Introduction	5
Purpose.....	5
3. WHO DOES THIS POLICY APPLY TO.....	5
4. SUBSTANTIVE CONTENT	6
Raising a Safeguarding Adult Concern	7
· on receipt of the referral the Trust's safeguarding adult's team will liaise with the local authority regarding the progress of the referral.....	8
Preservation and Gathering of Evidence : Physical Evidence.....	8
Preserve and Gathering of Evidence :Photographic Evidence	8
Preserve and Gathering of Evidence :Forensic Evidence	8
Police Involvement.....	8
Safeguarding Enquires.....	8
Service User and Family Involvement.	9
Mental Capacity Act (MCA) 2005 including Deprivation of Liberty Safeguards	9
(DoLS)	9
Safeguarding Concerns Raised About the Trust	10
Allegations of abuse by staff	10
Supporting Staff	11
Confidentiality and Information Sharing.....	11
5. ASSOCIATED SAFEGUARDING PROCEDURES	12
Prevent.....	12
Multi Agency Public Protection Arrangements (MAPPA)	13
Domestic Abuse and Multi-Agency Risk Assessment Conference (MARAC)	13
6. ROLES & RESPONSIBILITIES	14
7. DEFINITIONS.....	15
8. COMPLIANCE STATEMENTS.....	16
9. IMPLEMENTATION & TRAINING	16
10. MONITORING & REVIEW	17
11. REFERENCES & ASSOCIATED DOCUMENTATION.....	17
APPENDICES	19
Appendix 1 What constitutes abuse- A Brief Guide for Staff	20

Version and Revision Control

Version	Date of Review	Author of Review	Summary of Review
4	June 2021	Named Nurse for Safeguarding Adults	
3.3	July 2018	Named Nurse for Safeguarding Adults	
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1. SUMMARY / POLICY ON A PAGE

The policy gives guidance to staff employed by Northampton General Hospital NHS Trust to ensure:

- Adults at risk are protected from abuse and safeguarded when abuse has occurred
- Staff understand their responsibility in identifying and responding to concerns of adult abuse
- The Trust identify and respond correctly to concerns for Prevent, Domestic Abuse, Human Trafficking or other types of abuse
- Staff are able to manage allegations against people in a position of trust
- Attend training provided by the Trust
- Know how to obtain help and advice in relation to a vulnerable adult
- Are aware of the internal and external policies regarding safeguarding.
- Maintain confidentiality of the adult.

2. INTRODUCTION AND PURPOSE

Introduction

Northampton General Hospital (NGH) NHS Trust recognises that adult safeguarding is everybody's responsibility. The Trust is committed to ensuring individual rights are promoted and protected. Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. It is about people and organisation's working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, feelings, wishes and beliefs (Care Act 2014)

Northampton General Hospital NHS Trust shares the commitment of partner agencies that are part of the statutory Northamptonshire Safeguarding Adults Board (NSAB) to safeguard adults at risk by:

- Respecting and upholding their human rights
- Always giving full consideration to their needs, interests and wishes
- Working together to reduce the likelihood of abuse or neglect of adults at risk
- Co-operating in the provision of a professional response to any concerns raised which is robust, proportionate and timely
- Ensuring all Trust staff are provided with clarity regarding their duties and responsibilities to safeguard adults at risk
- Reinforcing the importance of inter-agency working with the aim of achieving the best possible outcomes for those who are we are aiming to protect from risk of abuse.

This policy is reflective of the Northamptonshire Safeguarding Adults Board Multi-Agency Policy and Procedure and should be read in conjunction with that document [link below].

<http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/safeguarding-adults-forms.aspx>

Purpose

This policy:

- Provides information regarding types of abuse and how people may be at risk
- Identifies local operational arrangements in place to reduce and/or prevent the risk of harm from abuse and exploitation for adults at risk; aligning with the principle of empowerment and making safeguarding personal
- Facilitates guidance on how to raise a safeguarding adult concern, including reporting of allegations or concerns for a colleague and/or visitor, irrespective of their status, profession or authority
- Provides guidance regarding safeguarding adult's education and training following guidance on competencies given in the Adult Safeguarding Intercollegiate Document (2018).

3. WHO DOES THIS POLICY APPLY TO

This policy applies to all Trust workers; both temporary and substantive and includes those engaged by the Trust in a non-remunerative capacity, for example, students and volunteers.

All adult patients within the Trust could potentially be included in the definition of an 'adult at risk' and therefore this policy applies to all Trust patients, regardless of the nature of the service accessed or type of attendance / admission.

4. SUBSTANTIVE CONTENT

Legislative Framework

This policy relates to adults aged 18 years or over, in accordance with Department of Health guidance.

The Care Act (2014) removes the terminology 'vulnerable adult' and now uses 'adult at risk.' An **adult at risk** is a person who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs);
- 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.

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

The Care Act 2014 states that safeguarding is a statutory duty and reiterates the following six principles of safeguarding which inform the values of our organisation:

- **Empowerment** – we give individuals the right information about how to recognize abuse and what they can do to keep themselves safe. We consult with them before taking any action. When someone lacks capacity to make a decision we always act in his or her best interests;
- **Prevention** – we train staff how to recognize signs and take action to prevent abuse occurring;
- **Proportionality** - we discuss with the individual and where appropriate, with partner agencies, what to do where there is a risk of abuse or neglect before we make a decision;
- **Protection** – we have effective ways of assessing and managing risk. Our local complaints and reporting arrangements for abuse and suspected criminal offences work well;
- **Partnership** – we are good at sharing information locally. We have multi-agency arrangements in place and staff understand how to use these;
- **Accountability** – Everyone's roles are clear together with the lines of accountability; staff understand what is expected of them and others.

The lead responsibility for establishing and coordinating safeguarding adult processes lies with **local authorities** (adult social care). Managers and clinicians within NGH will work in partnership with the Local Authority to ensure that patients are protected against the risk of abuse (further up-to-date information is on the **Trust's safeguarding intranet page**).

The Care Quality Commission (CQC) sets out regulations as part of its registration requirements for providers to ensure:

- that the human rights and dignity of people who use services are respected
- the Trust must identify and respond when people are in vulnerable situations
- measures and arrangements are in place to ensure that patients are protected against the risk of abuse.

Making Safeguarding Personal (MSP)

Making safeguarding personal means safeguarding should be person-led and outcomes focused. It means engaging with the adult in a conversation about how best to understand and respond to any risks they face in a way that enhances their involvement, choice and control in improving the

quality of life, wellbeing and safety. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice (Care Act 2014: Section 14.15).

Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation.

Section 42 Enquiry

Section 42 enquiry applies when the local authority can undertake (or ask others to on their behalf) enquiries as necessary to decide whether any action should be taken, what and by whom, if it is believed an adult is experiencing or is at risk of, abuse or neglect.

Northamptonshire Safeguarding Adults Board (NSAB)

This is the local multi-agency board of partner agencies whose core responsibility is assuring robust local safeguarding arrangements are in place as defined by the Care Act (2014). The Director of Nursing, Midwifery and Patient Services is the Executive Lead for Safeguarding and works in partnership with the NSAB as part of multi-agency arrangements.

Categories of Abuse and Neglect

Categories of abuse and neglect can take many forms. Abuse or neglect may be deliberate or the result of negligence or ignorance; by omission or commission. Please refer to Appendix One for further details. This is not intended to be an exhaustive list but a guide to the sort of behaviour which could be a safeguarding concern.

Raising a Safeguarding Adult Concern

It is the role of all NGH staff to recognise adult abuse and make referral concerns to the local authority; staff do not make the decision whether the concern requires the adult safeguarding process, this is a decision made by the local authority as the statutory lead agency. When making a decision to refer, staff should consider if the adult at risk has capacity and if so it is important that they consent to the referral. However a decision to refer without consent can be made if public or child protection is an issue.

If abuse/harm is suspected, staff should **identify, assess and report:**

- **Identify:** if abuse of an adult at risk is suspected, advice should be sought from the line manager/coordinator, or the Trust's safeguarding team. The aim is to identify individuals who are at risk of harm by an individual(s) and who are unable to protect themselves from harm
- **Assess:** an immediate assessment of the individual's safety should be made. This should include a risk assessment of the situation to ensure the immediate safety/protection of the individual
- **Report:** a safeguarding concern should be reported via an electronic referral which is available on the safeguarding adult pages of the Trust intranet. A Datix should also be reported. This is in accordance with the [Northamptonshire Safeguarding Adults Board \(NSAB\) - Inter-agency procedures. – please refer to the NSAB website for further details](#) . A Datix should also be submitted via the Trust's reporting system.

Responsibility of the Ward Sister or Senior Manager

The line or senior manager must on being informed of a potential safeguarding incident:

- ensure immediate safety of the alleged victim.

- ensure the adult safeguarding team are contacted in hours / out of hours contact Site team manager.
- safeguarding adults referral is completed (**please refer to the safeguarding adults intranet page**)
- if a crime has been committed contact Northamptonshire Police via 101 or if an emergency call 999.
- **on receipt of the referral the Trust's safeguarding adult's team will liaise with the local authority regarding the progress of the referral.**

Preservation and Gathering of Evidence : Physical Evidence

Where there is allegation of physical abuse then staff should attempt to gather any physical evidence.

- Staff should ensure that their first priority is the welfare of the alleged victim.
- A body map should be used to evidence any physical evidence.

Preserve and Gathering of Evidence: Photographic Evidence

If photographic evidence is required, then this needs to be undertaken in line with Photography and Video Recording of Patients NGH-PO-068.

Preserve and Gathering of Evidence: Forensic Evidence

If staff members have concerns about the potential sexual / physical or allegations of a criminal act being committed, physical evidence will need to be collected. In serious cases an examination of the alleged victim will be carried out by a trained forensic examiner.

Police Involvement

Abuse is unacceptable and some abuse is a criminal offence and must be reported to the police as soon as possible either directly or through a senior staff member. There are times when the primary investigations will be held by the police. In these circumstances the officer in care of the case or senate investigating officer will contact the Named Nurse for Safeguarding Adults or Head of Safeguarding to ensure internal process do not conflict with normal enquires.

Safeguarding Enquires

Generally adults and their carers should be informed of when a safeguarding concern is raised. However there may be some circumstances where these notifications are made without person's knowledge. For example:

- if the adult may be put at increased risk
- if there are immediate risks to the practitioner making the referral
- in circumstances where the abuse, is suspected and the perpetrator not verified.

In these circumstances it should be made clear that knowledge of the concern is limited. The member of staff raising concerns should ensure there is documented evidence of all actions taken. Where possible a copy of the referral should be filed in the patients' medical notes. It is important that any information recorded and/or reported is factual and not based on opinion or conjecture.

If staff are not satisfied with the response to a concern or but feel their concerns are not being taken seriously, they should seek advice and support regarding their concerns from the Named Nurse for Safeguarding Adults, Matron or on call team.

Service User and Family Involvement

The Care Act (2014) recommends “making safeguarding personal.” Therefore where possible gaining consent for referrals and listening to and recording the views of patients and those involved in their care is important.

Trust staff and patients, including carer/s should be involved where appropriate in safeguarding procedures. Should a patient /carer refuse an intervention and is deemed to have capacity staff should document this discussion and seek further advice from the adult safeguarding team.

Mental Capacity Act (MCA) 2005 including Deprivation of Liberty Safeguards (DoLS)

Care and Support Statutory Guidance (2014) Section 14.47 states that mental capacity is frequently raised in relation to adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

All staff need to consider a patient’s mental capacity in terms of the MCA and undertake capacity and best interest assessments where appropriate and considering two key factors:

- Did the person give meaningful consent to the act, relationship or situation which constitutes the alleged or suspected abuse?
- Does the person now give meaningful consent to any preventable action, investigation or report?

All decision makers under best interests must consider and respect, as much as possible, a person’s known wishes and feelings and any act should be necessary and proportionate. Sometimes a decision must be made very rapidly in a person’s best interest (life sustaining situations) but usually there is time to explore with those who knows the person well, what the person’s values, wishes and feelings were, and whether any advance statement of wishes or advance refusal of treatment has been recorded.

The Deprivation of Liberty Safeguards (DoLS) is the current authorisation arrangements for adults either residing in a care home or hospital.

The right to liberty is enshrined through Article 5 of the Human Rights Act 1998. The state can only remove an individual’s liberty through a lawful procedure, if the following conditions are met:

- The person lacks mental capacity to consent to their accommodation for the purposes of care and treatment
- The care amounts to continuous supervision and control and they are not free to leave
- The care arrangements are attributable (in whole or in part) to the state.

The Court of Protection directly authorises all other deprivations of liberty not covered by DoLS, including community settings, as well as young people aged 16-17.

The Liberty Protection safeguards (LPS) will replace existing processes, to authorise a deprivation of liberty. The government has confirmed the aim to implement LPS on 1st April 2022. However there are plans for the current DoLS system to continue to run alongside the LPS for up to a year to support an effective transition between existing and new schemes.

Staff should access the **Mental Capacity Act including Deprivation of Liberty NGH-PO-303 for further guidance**

Independent Mental Capacity Advocate (IMCA)

IMCA's have a specific adult safeguarding role in safeguarding cases. Access to IMCA's is not restricted to people who have no one else to support represent them. People who lack capacity but do have family and friends can have an IMCA to support them through the adult safeguarding process where there are concerns that family/friends/carers are not acting in the adults' best interest or there is a conflict.

Staff should access the **Mental Capacity Act including Deprivation of Liberty NGH-PO-303 for further guidance.**

Independent Advocate

The Care Act 2014 introduces the role of the independent advocate (sometimes referred to as a Care Act advocate) to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

Homelessness

The Homelessness Reduction Act 2017 places renewed emphasis on the prevention of homelessness with the introduction of the new 'prevention' duty. Additionally the Act legally obliges local authorities to provide more meaningful assistance to all people who are eligible and homeless or threatened with homelessness.

Furthermore Section 10 of the Act places a statutory 'Duty to Refer' applies to organisations that provide inpatient care, emergency departments and urgent treatment centres. Referrals must include the patients name, contact details and the agreed reason for the patient being referred to the local housing authority. Staff must contact the Hospital Housing Outreach Worker if a patient who is homeless is admitted to the ward.

Safeguarding Concerns Raised About the Trust

The Trust is required to respond to safeguarding allegations made about the Trust

Staff may be required to participate in meetings and be required to undertake actions and meet timescales agreed within the safeguarding meeting. This may include writing a report in relation to the allegation. Currently there is an expectation that enquires/investigations will be completed within twenty-eight days unless there is Police involvement or the safeguarding concern is also a complaint or serious incident investigation. Guidance and support is available from the adult safeguarding team.

The completed report will be reviewed by the Named Nurse for Safeguarding Adults and a completed response and outcome will be sent to West and North Northamptonshire Councils.

Any learning/recommendations from the investigation will be acted upon and findings will be discussed with relevant wards and departments and if appropriate cascaded across the organisation

Allegations of abuse by staff

When an allegation of abuse/concerns involves a Trust staff member this should be raised as a matter of urgency to the staff member's manager. A Datix form should be completed (**do not insert the staff member's name or any identifiable information on the form and be sensitive to circulation**) and the Head of Safeguarding and Dementia should be informed in

accordance with the **Managing Concerns or Allegations of Abuse Made against Staff NGH-PO-484**.

Disclosure and Barring Scheme

The Disclosure and Barring Scheme (DBS) manages lists, barring certain people from regulated activity with children and vulnerable adults. As a NHS provider of services the Trust is known as a regulated activity provider for the purposes of the scheme and therefore has a duty to refer relevant information. The Human Resources team will be involved in any decision to refer a member of staff to the DBS.

Supporting Staff

The Trust recognises that involvement in any aspect of adult abuse can be stressful for staff. It is therefore committed to offering help and support for any staff that have concerns.

Staff are advised at training that the Trust provides a staff support service (SoS) and a counselling service via the occupational health department. These services can be accessed by self-referral or by referral by a line manager.

The safeguarding team offer advice and support to staff on a daily basis as part of case management for adult safeguarding cases.

Confidentiality and Information Sharing

Information sharing and recording of information will comply at all times with the Trust policies and professional codes of conduct relating to confidentiality, Data Protection Act (1998), Health Records Policy (2006), Human Rights Act (1998) and Information Sharing: Practitioners Guide (2006).

Any request for information regarding an adult at risk, staff should notify their line manager who in turn should access the Named Nurse for Safeguarding Adults for advice and support.

Written records must be kept, documenting any concerns, allegations or disclosures of abuse, noting dates and incidents. Any discussions with adults/carers, managers or other agencies/professionals must be documented.

Information sharing between agencies is of paramount importance in safeguarding adults. All staff must communicate and cooperate with others to protect adults at risk. Information must be shared between agencies lawfully on a 'needs-to-know' basis. To maintain a patient centred approach to safeguarding, where possible, this should be explained to the adult at risk and they should be told that information will be shared.

In the event of death or serious assault Northamptonshire police may request the person's health records to assist them in their inquiries. All access to medical records requests should be directed to the Trust's medical records department in the first instance. It is the responsibility of the Caldecott Guardian to grant permission for information to be shared.

The countywide safeguarding adult information sharing protocol can be found on the Trust's intranet or on the NSAB website.

Raising Concerns

The Trust's Raising Concerns at Work Policy NGH-PO-002 is available to enable staff to report that something is wrong, has happened, or may happen and to support staff in raising genuine concerns which will be treated seriously, promptly and fairly.

Raising a concern does not mean the individual has to provide proof of the problem – the individual only needs a genuine belief that something is wrong and could need looking into. The Trust policy is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member in the Trust.

Think Child, Think Parent, Think Family

It is essential that all staff ensure that they adopt a 'Think family' approach to their work, particularly when there are safeguarding concerns. The Trust's safeguarding team will provide advice and support on all aspects of safeguarding.

All staff has a duty of care under the Children's Act (1989) to identify and respond where children may be at risk of harm. Working Together to safeguard Children (2018) outlines the roles and duties of agencies to safeguard children. Staff must consider the implications for children when responding to adult safeguarding concerns.

Examples include:

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

Staff Recruitment Practices

The Trust recruitment processes are rigorously applied for adult safeguarding and children in line with relevant requirements such as the Disclosure and Barring Service (DBS).

5. ASSOCIATED SAFEGUARDING PROCEDURES

Prevent

CONTEST is a four part Government Strategy for reducing the risk to the UK, of terrorism and is made up of four work streams

Prevent is one of the four work stream which aims to stop people becoming terrorists supporting terrorism. Health has been identified as a key strategic partner in supporting this strategy which aims to support and protect people who might be susceptible to radicalisation.

Any staff who have concerns in relation to those (patients or staff) who they think may be becoming radicalised or being involved in violent extremism should be discuss this with the safeguarding team and follow the process for raising an alert when someone is considered to be a victim of or potentially susceptible to becoming radicalised into terrorist activity.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA is designed to ensure that there is a coordinated approach to the management of dangerous offenders and sexual offence offenders. The Information is shared with the Trust via the police to safeguarding leads in relation to individuals who may pose a risk to patient or staff. This is cascaded to relevant staff on a need to know basis.

Staff have a duty to share relevant information requested to aid the development of safety plans that will protect those identified as being at risk from an offender. Further advice and support should be accessed from the safeguarding team.

Domestic Abuse and Multi-Agency Risk Assessment Conference (MARAC)

All staff have a duty to ensure the safety of anyone suspected of experiencing domestic abuse. This includes undertaking specific risk assessments and appropriate referrals including the Domestic Abuse, Stalking and Harassment and Honour based Violence (DASH) tool. The aim of MARAC is to reduce the risk of serious harm or homicide for a victim and any children, by ensuring a coordinated multi-agency approach. In a MARAC meeting local agencies will discuss the highest risk victims of domestic abuse in their areas. Staff can access the domestic violence referral on the safeguarding adult's intranet page <http://thestreet/ClinicalInformation/Safeguarding-Service/SafeguardingAdults/SafeguardingAdults.aspx>

Sexual Assault Referral Centres (SARC)

Sexual assault referral centres offer medical, practical and emotional support to anyone who has been sexually assaulted or raped. They have specially trained doctors and counsellors to care for individuals. If an individual is considering reporting the assault to the police, they can arrange for individuals to have an informal discussion with a specially trained police officer who can explain the procedure. Serenity is the Trust's local ARAC which is located next to the Trust.

Adult at Risk Management (ARM) Framework

This provides a framework for professionals to facilitate effective multi-agency working with adults who **are deemed to have capacity** and who are at high risk due to the following reasons:

- Severe self-neglect
- Refusal to engage with services
- When someone is being targeted by an unknown third party

The ARM guidance can also be used to consider other risk situations such as 'frequent attenders' to services or where a single agency is struggling to maintain a high risk situation and a risk management meeting needs to be convened.

A guidance document and flowchart are available on the NSAB website on the safeguarding adult's procedures and forms page. Further advice and support can be obtained from the adult safeguarding team.

6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Are responsible for ensuring there is a policy in place.
Director of Nursing, Midwifery and Patient Services	Is the executive lead portfolio holder for safeguarding and has Board level responsibilities for the requirements under Regulation 11 of the Care Standards Act 2001 and Care Act 2014.
Head of Safeguarding and Dementia	The Head of Safeguarding and Dementia is the Trust wide strategic lead for safeguarding
Director of Workforce and Transformation	<p>The Director of Workforce and Transformation is responsible for ensuring that:</p> <ul style="list-style-type: none"> • Recruitment and retention policies will comply with relevant legislation and guidance relating to staff working with children and include enhanced Disclosure and Barring Service checks
Named Nurse for Safeguarding Adults	Named Nurse who provides operational leadership for adult safeguarding in providing a Trust wide overview of all adult safeguarding matters
Safeguarding Assurance Group	To ensure the appropriate discharge of responsibilities to safeguard children, young people and adults at risk
Safeguarding Operational Group	Responsible for providing assurance to the Safeguarding Assurance Group that the safeguarding of unborn, children, young people and adults at risk agenda are effectively implemented within the Trust
All Trust Employees	<p>Have a responsibility to:</p> <ul style="list-style-type: none"> • Support the Trust to achieve its Vision • Act at all times in accordance with the Trust values • Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities

7. DEFINITIONS

Adult at Risk	Any adult (persons aged 18 years or over) who is or may be in need of community services by reason of mental, or other disability, age or illness and who is unable to take care, or protect themselves against harm or exploitation
Categories of Abuse	Abuse is a violation of an individual's rights by another person. Abuse can be one single act or repeated acts.
Physical Abuse	Examples include: slapping, kicking, unapproved physical restraint.
Sexual Abuse	Examples include: non-consensual sexual activities, indecent exposures, harassment, sexual photography, sexual teasing
Psychological Abuse	Examples include: includes verbal aggression, statements intended to humiliate or infantilize, insults, threats of abandonment or institutionalization; intimidation, coercion, cyber bullying, isolation
Financial Abuse	Examples include :inappropriate management of a person's financial affairs, including property, possessions and benefits, theft, fraud, internet scamming
Neglect / Omission	Examples include: deprivation of a person's basic needs, personal care, and inappropriate use of medication.
Discrimination	Examples include: disregarding a person's values and beliefs, verbal abuse, harassment, deliberate exclusion due to a person's race, age, disability, gender, sexual orientation or religion
Domestic Violence	An incident of pattern of incidents of controlling, of coercive or threatening behaviour, violence or abuse by someone who I has been an intimate partner or family member regardless of gender or sexual orientation.
Modern Slavery	Encompasses slavery, human trafficking, and forced labour and domestic servitude.
Organisational	Includes neglect and poor care practice within an institution or specific care setting. This may range from a one off incident to ongoing ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Self-Neglect	This covers a wide range of behaviors, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

8. COMPLIANCE STATEMENTS

Equality & Diversity

This document has been designed to promote equality, diversity, inclusion and human rights in line with the Trust's Equality, Diversity and Inclusion Strategies. It has also been analysed to ensure that as part of the Public Sector Equality Duty the Trust has demonstrated that it has given 'due regard' to its equality duty and that, as far as is practicable, this document is free from having a potential discriminatory or adverse/negative impact on people or groups of people who have relevant protected characteristics, as defined in the Equality Act of 2010.

NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principles and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

Person Identifiable/Confidential Data and Privacy Rights

In line with the General Data Protection Regulation (2016) and the Data Protection Act 2018 the Trust is obliged to treat all information in a secure, professional and ethical manner, whilst keeping all person identifiable and personal confidential data confidential. In addition the Trust will not share employee information with a third party, unless there is a legal basis for disclosure, for example for the detection and prevention of crime, or if it is in the legitimate interest of the Trust.

As part of the Information Governance policies of the Trust and data protection legislation, if the Trust is required to share any reports/information/data relating to the processes and procedures of any of our policies, the data, where possible, will be anonymised to remove person identifiable/confidential data unless there is a justifiable reason not to.

For further information regarding a Data Protection Impact Assessment and Sharing Personal Data, please contact the Data Security and Protection Team @ Data.ProtectionAct@NGH.NHS.UK.

9. IMPLEMENTATION & TRAINING

This policy and the Northamptonshire Safeguarding Adults Board (NSAB) procedure will be made available to staff via the Trust intranet. The content of the policy will be communicated through induction training and mandatory training sessions for all staff

Ward Managers, Matron, Clinical Lead and General Managers of each division are responsible for ensuring that staff are made aware of new and revised policies and access to copies of these policies are provided.

Review of training as part of annual performance review

Managers undertaking annual individual performance reviews of clinical staff should include reference to Safeguarding Adults at Risk training as appropriate for their level and role. All staff are expected to complete mandatory training on a three yearly basis.

Training

Safeguarding within the Trust is compliant with the intercollegiate document Adult Safeguarding: Roles and Competencies for Health care Staff (2018).

The Trust is responsible for ensuring all staff be given adult safeguarding training that supports their role and responsibilities towards adults that they come into contact during their work. There are different levels of safeguarding adult training required for employees:

Level 1	All staff working in health settings. This is the minimum level required for staff
Level 2	All practitioners that have regular contact with patients, families or carer, or the public. This includes, health students, audiologists, nursing associates, registered nurses, medical staff
Level 3	Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there safeguarding concerns. This includes safeguarding professionals, urgent and unscheduled care staff, midwives.
Level 4	Specialist roles – named professionals. This includes lead doctors, head of safeguarding and named professionals.

Training is monitored via the monthly Director of Nursing, Midwifery and Patient Services monthly report and the quarterly Safeguarding Assurance group. An offer of face to face training, e-learning, workbooks and reflective accounts is in place.

Training linked to this policy is mandatory for some staff groups and therefore links to the Mandatory Training Policy (NGH-PO-306) for the organisation.

10. MONITORING & REVIEW

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Safeguarding training	Reporting to Safeguarding Assurance Group	Safeguarding Assurance Group	Quarterly	Named Nurse for Safeguarding Adults	Safeguarding Assurance Group	Safeguarding Assurance Group
Safeguarding Activity	Reporting to Safeguarding Assurance Group	Safeguarding Assurance Group	Quarterly	Named Nurse for Safeguarding Adults	Safeguarding Assurance Group	Safeguarding Assurance Group

11. REFERENCES & ASSOCIATED DOCUMENTATION

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Sexual Offences Act 2003 (c. 42). London. HMSO

Youth Justice and Criminal Evidence Act 1999 (c. 23) London. HMSO

This policy should be read in conjunction with the following policies:

Northampton General Hospital NHS Trust (2018) *Trust and Local Induction* NGH-PO-386. Northampton, NGHT

Northampton General Hospital NHS Trust (2018) *Health Records Management*. NGH-PO-058. Northampton, NGHT

Northampton General Hospital NHS Trust (2015) *Information Governance Policy* NGH-PO-233 Northampton, NGHT

Northampton General Hospital NHS Trust (2017) *Managing concerns or allegations of abuse made against staff*. NGH-PO-910. Northampton, NGHT

Northampton General Hospital NHS Trust (2017) *Mandatory Training* NGH-PO-306 Northampton, NGHT

Northampton General Hospital NHS Trust (2018) *Mental Capacity Act 2005 (including Deprivation of Liberty safeguards 2008)*. NGH-PO-303. Northampton, NGHT

Northampton General Hospital NHS Trust (2016) *Risk Management Strategy and implementation plan 2016-2019*. Northampton, NGHT

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Northampton General Hospital NHS Trust (2017) *Management of Incidents – clinical and non-clinical*. NGH-PO-393 Northampton, NGHT

Northampton General Hospital NHS Trust (2017) *Management of serious incidents and never events* NGH-PO-1049 Northampton, NGH

APPENDICES

Appendix 1 What constitutes abuse- A Brief Guide for Staff

Appendix 1 What constitutes abuse- A Brief Guide for Staff

- **Physical abuse**, including assault, hitting, slapping, kicking, pushing, punching, misuse of medication, restraint or inappropriate physical sanctions
- **Sexual abuse**, including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can be 'non-contact' sexual acts such as indecent exposure, online abuse, and non-consensual pornographic activities.
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying including cyber, isolation or unreasonable or unjustified withdrawal of services or supportive networks.
- **Financial or material abuse**, including theft, fraud and exploitation, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits. This can include 'cuckooing' where a person's property is taken over and used for illegal activities.
- **Neglect and acts of omission**, including wilfully ignoring medical, emotional or physical care needs, failure to provide access to appropriate health and social care (this can include tissue damage) including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication.
- **Self- neglect**, this covers a wide range of behaviour neglecting to care for one's personal hygiene; health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community/public health and mental capacity legislation
- **Self-harm**, is a broad wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug/alcohol misuse. Self-harm is a coping mechanism; an individual harms their physical self to deal with emotional pain or to break feelings of numbness by arousing sensation. Self-harm can include but is not limited to, cutting, burning, banging, bruising and scratching.
Accurate assessment, early detection and early mental health intervention are essential to treatment(s)
- **Domestic abuse**, the cross government definition is defined as any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality.

Domestic abuse is caused by an abuser/perpetrator's desire to gain power and control.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities

for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts or assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim. This includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage and it is clear that victims are not confined to one gender or ethnic group.

- **Modern Slavery** the Modern Slavery Act 2015 encompasses 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 inhuman treatment.

Trafficking is the movement of people/ a person from one place to another by means such as force, fraud, coercion or deception with the aim of exploiting them; most commonly for the purpose of sexual slavery, forced labour, forced begging, and forced criminality, forced marriage or for the extraction of organs or tissues including surrogacy

For many victims of modern slavery and trafficking access to healthcare is the only opportunity they may have to verbalise the situation they find themselves in. Front line healthcare workers can be one of the only professionals who may have unsupervised access to victims of modern slavery.

- **Discrimination abuse**, unequal treatment based on age, disability, gender, marriage, pregnancy, race, religion, sex or sexual orientation.
- **Hate crime**, hate crime incidents are acts of violence or hostility directed at people because of whom they are and who someone thinks they are. Hate crimes is when a victim or anyone else think it was motivated by hostility or prejudice based on disability, race, religion, transgender identity or sexual orientation.

Hate incidents take many forms, for example physical or verbal abuse, online threats, intimidation, graffiti, bullying or malicious complaints.

- **Homelessness** the legal definition of homelessness is that an individual has no home in the United Kingdom or anywhere else available and reasonable to occupy. The causes of homelessness are multifactorial.
- **Organisational** an incident or a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, procedures, processes and practices within an organization. For example, observed lack of respect and dignity, rigid routine, process/task organized to meet staff needs, disrespectful language and attitudes. This may be part of a culture to which staff are accustomed.
Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with a relative. It may also occur within nursing, residential of day care settings and in hospitals.

The seriousness or extent of the abuse is often not clear. It is important therefore when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness the following factors need to be considered:

- The vulnerability of the individual
- The nature and extent of the abuse
- The length of time it has been occurring
- The impact on the individual
- The risk of repeated or increasingly serious acts involving this or other vulnerable adults

FORM 1 & 2 - To be completed by document lead

FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD		
Note: Delegated ratification groups may use alternative ratification documents approved procedural document groups.		by the
DOCUMENT DETAILS		
Document Name:	Safeguarding Adults At Risk Policy	
Is the document new?	No	
If yes a new number will be allocated by Governance	New Number	
If No - quote old Document Reference Number	NGH-PO_241	
This Version Number:	4	
Date originally ratified:	2007	
Date reviewed:	July 2021	
Date of next review: a 3 year date will be given unless you specify different	July 2024	
DETAILS OF NOMINATED LEAD		
Full Name:	Elizabeth McKeever	
Job Title:	Named Nurse for Safeguarding Adults	
Directorate:	Patient & Nursing Services.	
Email Address:	Elizabeth.McKeever@nhs.net	
Ext No:	Ext 3769	
DOCUMENT IDENTIFICATION		
Keywords: please give up to 10 – to assist a search on intranet	To ensure that adults at risk who access services at Northampton General Hospital are adequately safeguarded and protected.	
GROUPS WHO THIS DOCUMENT WILL AFFECT?		
(please highlight the Directorates below who will need to take note of this updated / new policy)		
Anaesthetics & Critical Care	Gynaecology	Medicine
Child Health	Haematology	Nursing & Patient Services
Corporate Affairs	Head & Neck - inc Ophthalmology	Obstetrics
Diagnostics	Human Resources	Oncology
Facilities	Infection Control	Planning & Development
Finance	Information Governance	Trauma & Orthopaedics
General Surgery		Trustwide
TO BE DISSEMINATED TO: NB – if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:		
Where	When	Who
Safeguarding Assurance Group	15 th July 2021	Head of Safeguarding
Safeguarding Bulletin	September 2021	Head of Safeguarding
Safeguarding Training	Each Month	Adult Safeguarding Team

FORM 1b - EQUALITY ANALYSIS REQUIRED FOR ALL PROCEDURAL DOCUMENTS (I.E. POLICIES, PROCEDURES, PROTOCOLS, GUIDELINES) - FOR COMPLETION BY THE EQUALITY ANALYST	
Is there potential for, or evidence that, this procedural document will not promote equality of opportunity for all or promote good relations between different groups?	No
Is there potential for, or evidence that, this proposed procedural document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics – see below)? <ul style="list-style-type: none"> • Age • Disability • Gender Reassignment • Marriage and Civil Partnership • Pregnancy and Maternity • Race • Religion or Belief • Sex • Sexual Orientation 	No
If the answer to one or both of the questions above is 'yes' a full Equality Analysis must be undertaken by a trained Equality Analyst using the Trust's Equality Analysis Online Toolkit. The electronic report with this form for ratification.	(PDF) must be submitted
If the answer to both of the questions above is 'no' the full Equality Analysis process is not required. The Equality Analysis must be logged on the Trust's Equality Analysis Online Toolkit through the Off sections by a trained Equality Analyst. The electronic report (PDF) must be submitted ratification.	completion of the Screen & Sign with this form for

FORM 2 - RATIFICATION FORM to be completed by the document lead			
Please Note: Document will not be uploaded onto the intranet without completion of this form			
CONSULTATION PROCESS			
<i>NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify</i>			
Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
Safeguarding Assurance Group	July 2021	No	
Existing document only - FOR COMPLETION BY DOCUMENT LEAD			
Have there been any significant changes to this document? <i>if no you do not need to complete a consultation process</i>		Yes	
Sections Amended:	NO	Specific area amended within this section	
Re-formatted into current Trust format	NO		
Summary/ Introduction/Purpose	YES	Clear to reflect national legislation	

FORM 1 & 2 - To be completed by document lead

Scope	YES	To reflect national legislation
Definitions	YES	To reflect national legislation
Roles and responsibilities	NO	
Substantive content	YES	To reflect changes in the local authority
Monitoring	NO	
Refs & Assoc Docs	YES	To reflect national legislation
Appendices	YES	To clearly define abuse

POLICY

POLICY