

POLICY/PROCEDURE INFORMATION (Policy no CS003)	
Subject	Safeguarding Adults at Risk Policy & Procedures (Including Prevent) CS003 <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs)</i>
Applicable to	All staff of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
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CQC Standard if applicable	Safe
Links to other Hospice Policies	Mental Capacity Act Policy CS007 Whistleblowing Policy OP008 Recruitment and Selection Policy HR025 Reporting of Incidents and Accidents Policy OP002 Freedom to Speak Up Policy OP017
Links to external policies	
Summary	This policy pulls together the main points of the relevant legislation to provide guidance for staff and volunteers to be able to raise a concern regarding adult safeguarding and when appropriate make a referral to the Local Authority so that they are able to exercise their duties under section 42 (Care Act 2014).
This policy replaces	Safeguarding Adults at Risk Policy and Procedures 2022

IMPORTANT NOTICE

Staff should refer to the Hospice website for the most up to date Policy. If the review date of this document has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

Version Control			
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INDEX		
Section	Contents Title	Page
1.	Introduction	4
2.	Legislative Framework/Related Policies	5
3.	Policy Aims	6
4.	Scope	6
5.	The NHS Care Act Six Principles of Safeguarding	7
6.	Responsibilities	7
7.	Definitions	10
8.	Staff Training	12
9.	Monitoring, Review and Audit	13
10.	Recruitment and Selection	13
11.	Disclosure and Barring Service (DBS)	14
12.	The Mental Capacity Act and Safeguarding	14
13.	Procedure for Raising and Reporting Adult Safeguarding Concern	15
14.	Whistleblowing	17
15.	Managing Suspected Abuse	17
16.	Safeguarding Adult Reviews (SAR)	18
17.	Confidentiality and Information Sharing	19
18.	Consent	19
19.	Sharing a Safeguarding Concern Without Consent	20
20.	Record Keeping	22
21.	Support of Service Users and Carers	22
22.	Serious Incidents/Notifications	23
23.	Complaints	24
24.	Prevent	24
25.	Equality Impact Assessment (EIA)	27

APPENDICES		
Appendix	Appendix Title	Page
1.	Managing a Potential/Actual Safeguarding Incident	28
2.	Contact Details for Safeguarding Teams	29
3.	Safeguarding Alert Form	30

1. Introduction

Nottinghamshire Hospice is an independent charity delivering palliative and end of life care to the people of Nottinghamshire. Nottinghamshire Hospice is registered with the Care Quality Commission to deliver treatment of disease, disorder or injury, nursing care and personal care to people at our hospice on Woodborough road or in a person's own home. The organisation also includes a fundraising department that manages a range of fundraising events and a retail section with several shops in the local community staffed by paid workers and volunteers. The hospice doesn't provide care for under 18's although home visits are undertaken where children aged 18 and under may be present. We recognise that there are times when staff or volunteers may be exposed to children whilst caring for another family member.

The Hospice recognises that its first priority should always be to ensure the safety, wellbeing and protection of adults and children accessing hospice services who may be at risk. It is the responsibility of all staff working with patients, families and carers is to act promptly on any suspicious or evidence of abuse or neglect.

Safeguarding is everyone's responsibility

The term safeguarding encompasses everything that assists a child, young person or adult at risk to live a life that is free from abuse and neglect, and which enables them to retain independence, well-being, dignity and choice. The purpose of this policy and procedure is to provide staff with clarity regarding their responsibilities and ensure they know what to do when they identify a safeguarding concern. The document also outlines the governance arrangements that are in place to safeguard vulnerable adults and children who may access hospice services.

Statutory Requirements

The Hospice complies with the following two groups of regulations:

- Health and Social Care Act 2008 (Regulated Activities) Regs 2014 (Part 3)
- Care Quality Commission (Registration) Regulations 2009 (Part 4)

These describe requirements that reflect the recommendations made by Sir Robert

Francis following his inquiry into care at Mid Staffordshire NHS Foundation Trust to assure safe quality care for patients and families.

The following regulations relate to safeguarding and need to be considered in how the hospice assures itself that there are effective safeguarding processes and practices in place:

- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment

This policy and procedure is written with reference to the Nottinghamshire Safeguarding Adults Board www.safeguardingadultsnotts.org and the multi-agency safeguarding hub (MASH) and demonstrates the commitment of the hospice to working with other agencies to ensure that vulnerable adults and children accessing its services are safeguarded.

The procedure within this document is not exhaustive. Safeguarding concerns can be complex and further advice should always be sought from the Hospice Safeguarding Lead (Director of Care), Deputy Safeguarding Lead (Deputy Director of Care) or MASH.

2. **Legislative Framework/Related Policies**

The Care Act 2014 was implemented in April 2015 consolidating existing community care legislation, and for the first time placing safeguarding adults on a statutory footing. Care and Support Statutory Guidance (2014) was issued under the Care Act 2014 and replaces previous Guidance: No Secrets (2000).

Care Quality Commission Fundamental Standards of Quality and Safety

These came into force in April 2015 for all providers. These standards offer a

	<p>comprehensive guide for policy and practice that applies to both adults and children. Contained within all the standards is an element of safeguarding across all the standards but more specific guidance is provided in the standard that covers ‘service users must be protected from abuse and improper treatment’.</p> <p>Nottingham and Nottinghamshire Multi-Agency Adult Safeguarding Procedure for Raising a Concern and Referring sets out the joint Nottingham and Nottinghamshire Safeguarding Adult Boards’ procedure for all organisations to follow when they have a concern that an adult with care and support needs is at risk of abuse and/or neglect in Nottingham and Nottinghamshire.</p>
<p>3.</p>	<p>Policy Aims</p> <p>To ensure that Nottinghamshire Hospice has a positive culture that promotes safeguarding as a key principle at the heart of its care.</p> <p>Has in place the right systems and processes to ensure that we can recognise and act upon any concerns relating to the safeguard of those who use or come into contact with our services.</p> <p>Provide guidance to all staff so they understand their responsibilities under this policy to raise a concern and when appropriate make a referral to the Local Authority so that they are able to exercise their duties under section 42 (Care Act 2014).</p>
<p>4.</p>	<p>Scope</p> <p>This policy and procedure applies to all hospice staff, volunteers, students and staff on honorary contracts, secondment and insight visits, contractors working on hospice sites and applies to safeguarding for adults.</p>

5. The NHS Care Act Six Principles of Safeguarding

Empowerment	Personalisation, person-led decisions and informed consent.
Prevention	Risk assessment, recognition of potential vulnerable situations.
Proportionality	Proportionate and least intrusive response appropriate to the risk presented.
Protection	Support and representation for those in greatest need.
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability	Accountability and transparency in delivering safeguarding.
For more details see Appendix 3	

6. Responsibilities

The Care Act provides a legal framework for local authorities to work with other parts of the health and care system to protect adults at risk of abuse or neglect. Roles, responsibilities and accountability are set out in the Act with local authorities playing the lead co-ordinating role. Each organisation must have in place roles to support the safeguarding function.

Trustees

The Hospice has appointed a Trustee Safeguarding Lead to provide assurance to the Board.

Quality and Safety Committee

This is a Trustee led committee that assures the Trustee Board by reviewing and monitoring to ensure the processes and systems in place are robust to safeguard those who use the services provided by the hospice. They will seek assurance that there are policies and procedures in place to enable staff to be able to effectively identify adults at risk, provide appropriate support measures and report concerns to relevant safeguarding bodies. The Board will also seek assurance that systems are in place to provide support to employees working with significant safeguarding concerns.

Chief Executive Officer

The Chief Executive Officer is accountable for ensuring there is a robust framework in place for safeguarding adults at risk across hospice services.

Director of Care (Registered Manager)

The Director of Care is the safeguarding lead for the hospice. They will:

- Be informed of all allegations of abuse within the hospice.
- Liaise with partner agencies as required.
- Act as Senior Liaison Officer (SLO) Adult Safeguarding.
- Notify the Local Authority Designated Officer (LADO) of all allegations of abuse brought against any individual providing services to the hospice.
- Liaise with the Nottinghamshire safeguarding team and CQC where necessary when an allegation of abuse of an adult is brought against any individual providing services for the hospice.
- Provide liaison for updates with partner agencies e.g., police, counter fraud and report this to the Senior Leadership Team and Trust Board.
- Ensure completion of internal investigations.
- Complete an annual safeguarding self-assessment.
- Ensure staff and volunteers in contact with adults at risk have regular supervision and support and relevant training to enable them to identify and respond to possible abuse and neglect.
- Review and update Safeguarding Policies and Processes.
- Deputy Director of Care to liaise in the absence of the Director of Care.

Managers

Are responsible for:

- Promoting the importance of and compliance with this policy and procedures to all staff within their departments and ensure all staff attend mandatory/any additional training.
- Ensuring all staff and volunteers involved in any aspect of safeguarding adults' concerns, are aware of their roles and responsibilities.
- Respond to any identified concerns, giving advice and support to all staff and volunteers. Work with the reporter to address the concerns and where appropriate working directly with the adult at risk, and the family.
- Ensure regular monitoring of safeguarding concerns that have been raised and any action plans or care planning is implemented and or escalated.
- Escalating safe-guarding concerns to hospice safeguarding lead if required.
- Monitor feedback from external agencies working with a safeguarding concern.
- Inform staff both internally and externally promptly if there is a safeguarding risk that may impact on the delivery of care or safety of staff.
- Make arrangements, when necessary, for any appropriate advocate as required, e.g., Independent Mental Capacity Advocate (IMCA).

Staff and volunteers

All staff and volunteers have a responsibility to:

- Provide service users with the best possible care available and be mindful of having a zero tolerance to any form of abuse.
- Comply with all policies and procedures.
- Undertake identified safeguarding training and maintaining current working

knowledge relevant to their role.

- Act in a timely manner on any concern or suspicion that an adult who is at risk of being abused, neglected or exploited and ensure that the situation is assessed.
- Discuss any concern about health and well-being of an adult at risk with their line manager. If the concern involves a line manager contact the safeguarding lead.
- Work with their line manager if appropriate to address concerns raised.
- Be aware that the patient/others must be involved from the outset and clear and open communication must be maintained unless this poses a risk to the individual or compromises safety.
- Establish the patient/other wishes regarding how they view the risk and see the desired outcome.
- To report and record accurately all actions and interventions.
- Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services.
- Remaining vigilant at all times to the possibility of abuse or neglect.
- Recognise the impact of diversity, beliefs and value of people.
- May be required to participate in Adult Safeguarding reviews/investigations.

7. Definitions

Term	Definition
Abuse	Abuse is the misuse of power, trust, respect, control and/or authority; it violates a person's human and civil rights.
Adult at risk	<ul style="list-style-type: none"> • An adult who is over 18. • An adult who may come into contact with hospice services and may be vulnerable by reason of mental or physical disability, age or illness. • Someone who is or may be unable to take care of him or herself or is unable to protect him or herself against significant harm or exploitation.

County Lines	Drug dealers in major cities establish networks for the supply and sale of drugs to users in towns and rural areas, using typically those who are young or otherwise vulnerable to carry, store, and sell the drugs.
Domestic abuse	<p>Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between people aged 18 or over who are, or have been, intimate partners or family. The abuse can encompass but it is not limited to: -</p> <ul style="list-style-type: none"> • psychological • sexual (including female genital mutilation) • financial • emotional • forced marriage • honour-based violence <p>A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in the Serious Crime Act 2015. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.</p>
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse, for example, hate crime.
Female Genital Mutilation (FGM)	FGM refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. It is an offence under UK law to carry this out, assist in this or take a child out of the country for this to happen.
Human Rights	The Human Rights Act 1998 (the Act or the HRA) sets out the fundamental rights and freedoms that everyone in the UK is entitled to and includes: - <ul style="list-style-type: none"> • Right to life • Freedom from torture and inhuman or degrading treatment • Freedom from slavery and forced labour • Right to liberty and security
MASH	The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all professionals to report safeguarding concerns. Out of hours concerns are referred to the Emergency Duty Team.
Modern slavery	Modern slavery encompasses – slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Specified public authorities have a duty to notify the Secretary of State of any person identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015.
Neglect and acts of omission	Ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others,

		particularly when the person lacks the mental capacity to assess risk for themselves.
	Organisational abuse	Is the mistreatment, abuse or neglect of an adult by a regime or people in a setting or service where the adult lives or that they use.
	Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
	Financial or material abuse	Includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions of the misuse or misappropriation of property, possession or benefits.
	Psychological abuse	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.
	Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
	MAPPA	Multi-Agency Public Protection Arrangements. Nottinghamshire Probation Trust works with Police and Prison services to manage the supervisions in the community of the most dangerous, offensive, violent and sexual offenders.
	Self-Neglect	This covers a wide range of behaviour concerning a person's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a safeguarding response is needed will depend on the person's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
	Safeguarding Adults	Means protecting an adult's (18+) right to live in safety, free from abuse and neglect" <ul style="list-style-type: none"> • Has need for care and support (whether or not the local authority is meeting any of those needs). • Is experiencing, or is at risk, of abuse. • As a result of these needs is unable to protect himself or herself against abuse or neglect, or the risk of it (Department of Health, 2014).
	Safeguarding Adult Review (SAR)	Section 44 of the Care Act requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when: an adult dies or is seriously injured, and abuse/and or neglect is known or suspected to be a factor.
	Section 42 Safeguarding enquiry	Section 42 (Care Act 2014) places a duty on local authorities to make enquiries, or cause others to do so, where an adult with care and support needs is experiencing, or at risk of abuse and unable to protect themselves because of their care support needs.

8. Staff Training

All staff will undertake mandatory safeguarding training via Blue Stream at a level relevant to their job responsibilities. Staff will also undertake any additional training as required.

	<p>The training programme will include Prevent, to ensure that staff are aware of radicalisation as a safeguarding concern.</p>
<p>9.</p>	<p>Monitoring, Review and Audit</p> <p>This policy and procedure will be reviewed annually or more frequently in response to changes to legislation, organisational changes or learning from specific internal or external incidents.</p> <p>Audit will be undertaken with the approval of the Hospice Quality & Safety Committee in response to any identified areas of concern or as part of a quality improvement programme.</p> <p>In addition a mandatory safeguarding audit will be undertaken to determine if hospice policies and procedures are effective and that best practice can be evidenced.</p> <p>The Director of Care will report any trends and all safeguarding occurrences (by exception) to the Quality and Safety Committee to ensure appropriate actions and learning takes place.</p>
<p>10.</p>	<p>Recruitment and Selection</p> <p>All staff must be recruited in line with the Hospice Recruitment and Selection Policy to ensure that the required checks have been completed. Enhanced checks with an adult barred list check by the Disclosure and Barring Service will be made on all staff and volunteers before they are able to work unsupervised and delivering regulated activity with vulnerable adults.</p> <p>Nottinghamshire Hospice Human Resources Department identify which roles must have a DBS check before the recruitment process commences so applicants can be advised that it is a criteria for success before they are appointed.</p> <p>It is a criminal offence to employ a barred individual.</p> <p>Staff and Volunteer DBS checks will be repeated every three years and a record of the checks will be retained in the individual personnel record, managed by the Human Resources Department.</p>

	<p>DBS records will be retained and destroyed in accordance with instructions provided by the DBS and the Data Protection Act.</p>
<p>11.</p>	<p>Disclosure and Barring Service (DBS)</p> <p>The DBS manages a vetting and barring list and has the power to bar certain people from regulated activity with adults at risk.</p> <p>The DBS makes decisions about who should be barred and holds a central register of those who are barred from working with adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with adults at risk in a wide range of posts.</p> <p>The Hospice as a provider of regulated activity has a duty to refer to the DBS, information about individuals working with adults where they consider the individual to have caused harm or pose a risk of harm. The Director of People Services and Director of Care must be involved in any decision to refer a member of staff to the DBS.</p> <p>The Hospice is required to notify Disclosure and Barring Service (DBS) if there is sufficient evidence of a risk of harm to adults at risk by an individual employee or volunteer and to provide details of any management action taken such as restriction of practice or exclusion.</p>
<p>12.</p>	<p>The Mental Capacity Act and Safeguarding</p> <p>The right to live a life free from harm, abuse or neglect (including self-neglect) is universal and applies to everyone equally – regardless of their ability to make decisions or engage independently with a process.</p> <p>The principles of the Mental Capacity Act 2005 (MCA) may need to be used when reviewing safeguarding situations involving people whose capacity is being questioned.</p> <p>The MCA and Deprivation of Liberty Standards must be used as a reference when safeguarding is being questioned in any best interest decision-making process.</p>

	<p>The MCA does provide guidance when determining the level of support needed to enable individuals to participate in safeguarding procedures.</p>
<p>13.</p>	<p>Procedure for Raising and Reporting Adult Safeguarding Concern</p> <p>If someone is at immediate risk of abuse call the police on 999. If it is an historic incident(s) then call the police on 111.</p> <p>Nottinghamshire Hospice has a responsibility to establish and operate systems and processes effectively to ensure that adults at risk are protected, and the investigation of allegations of abuse as soon as they become aware of them (CQC 2015). (Please refer to Appendix 1 'managing a potential/actual safeguarding incident').</p> <p>Although staff have a duty to act, which includes sharing information, they should be careful which whom they discuss their concerns (this includes with work colleagues) and should restrict this to their manager and the Director of Care, unless the immediate welfare of the adult at risk makes this unavoidable.</p> <p>Adults at risk, in keeping with the principles of 'Making Safeguarding Personal', should be an active partner in the raising of a concern, the purpose of which is to enable the local authority to decide if a duty to make or cause an enquiry under section 42 needs to be activated and, if so, who will undertake the enquiry, and whether any actions need to be taken as a result. Safeguarding referrals should be made with the consent of the adult at risk (if they have capacity) in keeping with the first principle of safeguarding (Department of Health, 2014).</p> <p>Any staff member or volunteer should make a referral directly to the relevant safeguarding team if they feel that, waiting to speak to their manager or the Director of Care puts or keeps the vulnerable person at risk, of the situation escalating. In this situation the Director of Care must be advised of the referral and reasons as soon as possible. (see Appendix 1 for the process)</p> <p>If the Director of Care makes a decision not to make a referral and the person raising the concern is unhappy with the decision, they should follow the Whistleblowing Policy OP008.</p>

Incident reporting is one of the key methods for alerting when unintended or unexpected incidents could have or did lead to harm. An incident report should be completed via Vantage for all incidents that occur within the organisation.

Where the person at risk refuses to give consent to report the safeguarding it may be justifiable in certain circumstances to override confidentiality and share information due to the risks posed to themselves or others. Staff should seek support from the Director of Care, who can advise on appropriate actions.

When an allegation of abuse involves a staff member this should be flagged up as a matter to urgency to the Director of Care or CEO who will consider the following actions:

- Discuss the concern with the relevant Safeguarding Team.
- Carry out an internal investigation if and when appropriate, taking into account any action requested or taken by local authority safeguarding teams or Police force (This may have to be delayed if they are investigating). Advise the CEO of the situation and update with progress.
- Report to the police if there are concerns that a criminal offence has been committed.
- Refer to the professional body of the staff member concerned (if applicable)

If an internal investigation establishes or suspects a crime may have occurred this must be reported to the police.

When the allegation against a hospice employee or volunteer is unconnected to their employment, the line manager will consider the facts and determine if the actions of the employee pose a risk to the service users or business. The manager must seek advice from the Director of Care or the CEO.

Pressure ulcer damage

Before considering whether to make a Safeguarding Adults Referral in respect of

	<p>Pressure Ulcer damage you must first complete the forms in the Department of Health’s Pressure Ulcer Protocol which will help to determine the appropriate action including whether a safeguarding referral is required.</p>
<p>14.</p>	<p>Whistleblowing</p> <p>The values of Nottinghamshire Hospice Trust include “being trustworthy, having integrity and being reliable”.</p> <p>Whistleblowing is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member or the way an organisation delivers its services or the member of staff feels that they are unable to share information with the person who has responsibility for safeguarding as they believe they are implicated or colluding with the alleged abuse.</p> <p>Staff or volunteers who feel they cannot share information relating to patients’ care must follow the Hospices’ Whistleblowing Policy .</p> <p>The Board of Trustees have a designated Whistleblowing lead that staff can contact if they have concerns that they are unable to raise within the line management structure.</p> <p>Staff and volunteers can if they feel the employer will cover up the alleged abuse, or treat them unfairly if they complained, share the information with regulators such as the Care Quality Commission.</p>
<p>15.</p>	<p>Managing Suspected Abuse</p> <p>Staff and managers will work closely with other relevant organisations where and whenever required, including the Police and Local Safeguarding Boards, and will always cooperate in any abuse investigations. This will include following any protection plan agreed through multi-agency procedures in order to reduce the risk of further abuse after an actual or suspected case of abuse.</p> <p>If a Line Manager is alerted to any suspicion or alleged abuse affecting a service user, they should take immediate action to ensure the service user concerned is removed from the danger. The matter should be reported to the Director of Care.</p>

	<p>A staff member who is accused or suspected of abuse, will be dealt with according to the hospice’s disciplinary procedure which, subject to risk assessment, will usually mean the individual being suspended, without prejudice to that individual, pending investigation. Legal guidance may be sought prior to this decision being taken.</p> <p>Any member of staff dismissed for misconduct which harmed, or placed at risk of harm, a vulnerable service user, will be reported to the Disclosure and Barring Service and their professional body (if applicable).</p>
<p>16.</p>	<p>Safeguarding Adult Reviews (SAR)</p> <p>Section 44 (Care Act 2014) requires Nottingham and Nottinghamshire Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:</p> <ul style="list-style-type: none"> • An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or • An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect. <p>Safeguarding Adults Boards are free to arrange SAR in any other situation involving an adult in its area with care and support needs.</p> <p>SAR are intended to determine what agencies and individuals involved in the case might have done differently so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again.</p> <p>The purpose of a SAR is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.</p> <p>Nottinghamshire Hospice will participate as appropriate in any SARs they are invited to.</p>

17. Confidentiality and Information Sharing

Safeguarding duties in relation to adults at risk cannot be met without effective and appropriate sharing of relevant information, some of which may usually be regarded as confidential between practitioner and patient. Protection for the vulnerable Individual is only possible, and the services may only be appropriately coordinated, if those forming judgements about necessary action have access to all the relevant information.

Confidential information can be shared if required in performance of statutory obligation, necessary to protect from harm or if it is in the public interest to do so. It is clearly in the public interest that the framework of protection required by the government and set out in the guidance operates effectively and that those unable to protect themselves are protected.

Staff should be aware that if a vulnerable adult (with capacity) makes a safeguarding disclosure and does not wish the matter to be taken any further they are limited in the action they are lawfully able to take. Where the suspected abuse is of a criminal nature or where it is believed that other vulnerable adults may be at risk they may be obliged to share the information with other agencies such as the police or MASH.

18. Consent

The adult at risk should, in line with the 'Making Safeguarding Personal' agenda, consent to any safeguarding concern on their behalf.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced, or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services, or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information.

Staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?

- Explain the concern and why you think it is important to share the information.
- Tell the adult with whom you may be sharing the information with and why.
- Explain the benefits, to them or others, of sharing the information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know.
- Reassure them that they are not alone and that support is available to them. Support the adult to weigh up the risks and benefits of different options.
- Ensure they are aware of the level of risk and possible outcomes.
- Offer to arrange for them to have an advocate or peer supporter.
- Offer support for them to build confidence and self-esteem if necessary.
- Agree on and record the level of risk the adult is taking.
- Try to build trust to enable the adult to better protect themselves.

If the adult still refuses to consent to intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected unless any of the criteria in the section below apply.

19. Sharing a Safeguarding Concern Without Consent

There are a number of circumstances where staff can make a decision to share a safeguarding concern without consent including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act.

- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Other people are, or may be at risk, including children.
- The concern involves a regulated activity.
- Sharing the information could prevent a serious crime.
- A serious crime has already been committed.
- The risk is unreasonably high and/or meets the criteria for a multi-agency risk assessment conference (MARAC).
- Staff are implicated.
- There is a court order or other legal authority for taking action without consent.
- In your professional opinion the person remains unduly influenced coerced or intimidated by another person and/or are frightened of reprisals.

It is important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

Staff should seek advice from the Director of Care (except in emergency situations) and a decision made based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety.

If the decision is to take action without the adult's consent, unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why. Legal advice should be sought where appropriate.

In all circumstances, it is important to keep a careful record of the decision-making

	<p>process and ensure the consent and reason for overriding is included on the safeguarding report.</p>
<p>20.</p>	<p>Record Keeping</p> <p>The person raising the safeguarding concern must document all details in full and log the concern on the Vantage Incident Module. They should also document appropriately on 'SystemOne' or lizuka considering the balance of confidentiality and the recording of a concern.</p> <p>If the concern related to someone not on the Hospice caseload for example, a family member or a person in authority, the details of the concern and action taken should still be recorded on Vantage Incident Module.</p> <p>If appropriate, consider documenting the following:</p> <ul style="list-style-type: none"> • What you observed/discussed with the patient. • What was the decision after discussion with the line manager. • What ameliorative/or protective measures have been put in place. • Escalation to the Nottinghamshire Adults Safeguarding Board, or if a referral is not made what other action has been taken. • Any plans or actions. <p>All the documentation must be factual. The team should continue to monitor and document any actions that have been taken to address the issue.</p> <p>The line manager and the reporter of the concern should work together on the Vantage incident report to add any further information, actions taken and if appropriate close the incident/concern.</p>
<p>21.</p>	<p>Support of Service Users and Carers</p> <p>Patients and/or carers whose alleged abuse is being investigated may need support from the hospice or signposted to other support agencies. This may be on-going</p>

	<p>during the safeguarding process. It will be the responsibility of supporting staff to ensure patients/carers in receipt of hospice services have appropriate care plans in place to identify and support their needs.</p> <p>Staff providing support should ensure that any evidence is not destroyed or invalidated during the investigation process.</p>
<p>22.</p>	<p>Serious Incidents/Notifications</p> <p>There are set procedures as defined by the Local Safeguarding Teams and NHS England's, Serious Incident Reporting Framework 2015 for investigation of potential adult safeguarding serious incidents. This includes patient safety incidents that result in moderate or more severe harm, e.g., patient falls, medication incidents or acquired pressure damage.</p> <p>The Director of Care must be informed immediately of any potential serious incidents and a record of all relevant information must be made on the Vantage Incident Module including allegations and concerns of abuse or neglect and immediate protective measures put in place. A referral should be submitted to the Local Team/Safeguarding Lead within 24 hours and make any further notification to other statutory bodies including CQC and NMC.</p> <p>If there is any uncertainty regarding reporting or notifying a serious safeguarding incident to the CQC, the Director of Care may seek further advice from the ICB Lead Nurse for Safeguarding.</p> <p>For many serious incidents, the investigation will be part of the safeguarding investigation process and this will form the serious incident report. A separate serious incident report may not be required from the hospice unless there are identified concerns relating to internal processes or staffing concerns.</p> <p>There is a statutory requirement to notify the Care Quality Commission in the event of abuse and allegations of abuse, this includes where the person is the victim(s) or abuser(s) or both.</p>

<p>23.</p>	<p>Complaints</p> <p>It is important to remember that safeguarding concerns may be raised with a complaint and should be addressed in accordance with this policy and procedure and the Hospice Complaints Policy .</p>				
<p>24.</p>	<p>Prevent</p> <p>Prevent is part of CONTEST, the Government’s counter terrorism strategy which aims to reduce the risk to the UK so people can go about their lives freely and with confidence.</p> <p>CONTEST has four work streams</p> <p>Protect – strengthening our borders, infrastructure, buildings and public spaces from an attack.</p> <p>Prepare – where an attack cannot be stopped, to reduce its impact by ensuring we can respond effectively.</p> <p>Pursue – to disrupt or stop terrorist attacks.</p> <p>Prevent – designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.</p> <p>Prevent is aimed at front line staff and is designed to help make staff aware about their role in preventing vulnerable people being exploited for terrorist purposes.</p> <table border="1" data-bbox="268 1503 1485 2024"> <tr> <td data-bbox="268 1503 571 1890"> <p>PREVENT</p> </td> <td data-bbox="571 1503 1485 1890"> <p>Prevent is part of the government’s counter-terrorism strategy referred to as CONTEST. Prevent has multiple aims including responding to the ideological challenge of terrorism and the threat from those who promote it, prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation.</p> </td> </tr> <tr> <td data-bbox="268 1890 571 2024"> <p>Radicalisation</p> </td> <td data-bbox="571 1890 1485 2024"> <p>Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. The aim of</p> </td> </tr> </table>	<p>PREVENT</p>	<p>Prevent is part of the government’s counter-terrorism strategy referred to as CONTEST. Prevent has multiple aims including responding to the ideological challenge of terrorism and the threat from those who promote it, prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation.</p>	<p>Radicalisation</p>	<p>Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. The aim of</p>
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radicalisation is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face-to-face encounters or through social media.

There are a number of factors that may make a person susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the individual circumstances.

The Prevent strategy recognises that care staff may come into contact with individuals who are vulnerable to radicalisation and is about identifying those individuals who are vulnerable and intervening to prevent them from supporting terrorism or becoming terrorists themselves.

Prevent is designed to operate in the pre-criminal space before any criminal activity has actually taken place. Prevent is therefore about:

- safeguarding individuals who are vulnerable to radicalisation who pass through our care.
- supporting and protecting those people that might be susceptible to radicalisation.
- supporting and redirecting them with the help of multi-agency input

NOT about criminalising individuals.

All 'Prevent' concerns should be escalated as a matter of urgency to the Prevent Lead identified through the ICB.

A concern that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist. It means you are concerned that they are vulnerable to being exploited by others and this then becomes a safeguarding concern.

If a member of staff has a concern that someone is being radicalised, staff should follow **NOTICE, CHECK, SHARE.**

Notice the signs

- What have you noticed and who was involved?
- Does the incident relate to local or national international news stories?
- Why do you feel the individual is vulnerable to radicalisation?
- What makes the individual at risk?
- Was it a one-off comment or statement out of context for that individual?
- Have you noticed a change in behaviour?

Check with someone you can trust

- Have you checked your concern with a colleague or line manager?
- Has any other information been identified, have there been any other historical concerns?
- Has the individual been spoken to, to clarify and did they offer a reasonable explanation?
- Have others noticed a change in behaviour?

Share with someone you can trust

- Have you checked your concern with a colleague or line manager?
- Has any other information been identified, have there been any other historical concerns?
- Has the individual been spoken to, to clarify and did they offer a reasonable explanation?

Have others noticed a change in behaviour?

	<p>Share with someone who can help</p> <ul style="list-style-type: none">• Discuss the concern with your line manager and inform the Hospice Safeguarding Leads.
25.	<p>Equality Impact Assessment (EIA)</p> <p>A full EIA has been completed.</p>

Managing a Potential /Actual Safeguarding Incident

If you suspect an abuse you must report it immediately to your line manager and log it on the Vantage Incident Module

Ensure the immediate safety and welfare of the vulnerable adult

If the person is not in any immediate risk but you're unsure or feel that they may be in the future?

If someone is at immediate risk of abuse or being harmed then call the police

Contact and inform your line manager/manager on call immediately. They will provide advice and support. Be aware of the possible need for forensic evidence, so ensure that you are careful not to destroy or interfere with potential sources of evidence.

Contact the Director of Care who is responsible for advising on safeguarding at the hospice to ensure we adhere to this policy and legislation.

If the safeguarding involves a member of staff or volunteer at the hospice, we are obliged to manage any investigation in conjunction with the local authorities. The HR Department will oversee any investigation/actions taken by the hospice to ensure compliance with hospice policy and procedure.

The following must be completed:

- Complete a safeguarding report. This may be required at a later date should there be any legal proceedings.
- An Incident report via the Vantage Incident module
- The Director of Care or deputy will report any safeguarding referral to CQC.

An exception report for all safeguarding will be tabled at the Quality and Safety Committee.

CONTACT DETAILS FOR SAFEGUARDING TEAMS

Please visit www.safeguardingadultsnotts.org for up to date information

NOTTINGHAMSHIRE COUNTY

Concerns regarding people who live in the Nottingham West CCG, Nottingham North and East CCG, Rushcliffe CCG, Mansfield and Ashfield CCG and Newark and Sherwood CCG areas are reported to MASH (Multi-Agency Safeguarding hub) on:

Contact number **0300 500 8090**

[MASH](#) is the single point of contact for **all professionals** to report safeguarding concerns. Opening hours are:

Monday to Thursday 08.30 am to 5.00 pm and Friday 08.30 am to 4.30 pm.

Completing the [online form](#) (Anytime, non-urgent cases only)

NOTTINGHAM CITY

Concerns regarding people who live in the Nottingham City area are reported to the Health and Care Point on:

Contact number **0115 876 3330**

This is a single point of contact for **all professionals** to report safeguarding concerns. Opening hours are Monday to Friday 8.30 am to 5.00 pm.

You can also complete an [online form](#) for non-urgent cases.

NB: If unsure where to call, ring any one of the numbers and they will advise you and help you make the right contact.

If you require an **urgent response outside of working hours** (08:30-17:00), contact the **Emergency Duty Team (EDT) on 0300 456 4546**. In an emergency call 999.



Safeguarding Alert Form

Name of member of staff/volunteer raising the alert:	
Date of alert:	
Time of alert:	

Details of the safeguarding incident:
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Actions taken:

Social Services referral:

Police notified:

<p>Incident form completed: Incident form completed on Vantage: YES/NO</p> <p>Incident Number:</p> <p>Date Incident recorded on Vantage:</p>
<p>Safeguarding Lead (Director of Care) informed: YES/NO</p> <p>Date:</p> <p>Time:</p>
<p>Director of Care Actions:</p>
<p>CQC Notification Completed:</p>
<p>Patient Details</p> <p>Date referred to the service:</p> <p>Date of Birth:</p> <p>Religion:</p> <p>Gender:</p> <p>Ethnicity:</p> <p>Sexual Orientation:</p>

Director of Care signature:

Date:

Designation: