Royal Devon University Healthcare NHS Foundation Trust

Safeguarding - Hoarding & Self Neglect

Reference Number: RDF1915-23
Date of Response: 09/10/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

To Royal Devon University Healthcare NHS Foundation Trust,

I am following up on a request in accordance with the Freedom of Information Act 2000, which relates to adult safeguarding.

1. *Does your organisation have a panel or a 'hoarding panel', which focuses on supporting adults who hoard in their home?*
   Answer: No.

2. *If yes, please can you provide me with a copy of the policy/guidance/standard operating procedure/terms of reference that informs the remit of the panel?*
   Answer: Not applicable.

3. *Is there policy or guidance in the organisation to support staff, working with or encounter people who self-neglect?*
   Answer: Yes 'Safeguarding Adult Policy'. Guidance is included in the links within the policy to Torbay and Devon Safeguarding Adults Partnership self-neglect and hoarding guidance, and the Trust's Safeguarding Adults training.

4. *If yes, please can you provide me with a copy?*
   Answer: Please find 'Safeguarding Adult Policy' attached.

Royal Devon University Healthcare NHS Foundation Trust

Safeguarding Adult Policy

Post holder responsible for Procedural Document	[redacted] Nurse Consultant Safeguarding Lead NDHT [redacted] Head of Safeguarding RD&E
Author of Policy	[redacted] Nurse Consultant Safeguarding Lead NDHT [redacted] Head of Safeguarding RD&E
Department responsible for Procedural Document	Integrated Safeguarding
Contact details	[redacted]
Date of original document	01/09/2007 NDHT 01/06/2008 RD&E
Impact Assessment performed	Yes
Ratifying body and date ratified	Joint Integrated Safeguarding Committee 20/04/2022
Review date	Fully Integrated Safeguarding Policy 20/10/2022
Expiry date	20/04/2023
Date document becomes live	Immediate (Temporary Joint Doc at Trust Integration)

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		**Strategic Directions – Key Milestones**	
Patient Experience	x	Maintain Operational Service Delivery	
Assurance Framework	x	Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards - Regulation: **SAFE**		Infection Control	
Other *(please specify)*:			
Note: This document has been assessed for any equality, diversity or human rights implications			

Full History *RD&E and NDHT have fully established Safeguarding Adults Polices*		**Status: Draft** *This 'Front Sheet' will cover the Safeguarding Adults Policies for RD&E and NDHT until a fully integrated Policy is developed.* *Staff within each Trust Site will continue to follow the Policy for their Trust Site (RD&E Exeter, NDHT North Devon) including the procedures which are in place.* *Both Policies already include the legislative and statutory requirements which are in place to safeguarding and protect adults with care and support needs who are unable to protect themselves and these have not changed.*	
Version	Date	Author	Reason
			NO change to existing RD&E or NDHT Policy.

Associated Trust Policies/ Procedural documents:	*PLEASE ADD LINKS to RD&E and NDHT Polices*
Key Words	*Safeguarding* *Adults* *Protection* *Adult Abuse* *Self-Neglect* *Neglect* *Financial Abuse* *Physical Abuse* *Sexual Abuse* *FGM* *Exploitation* *Significant Harm* *Section 42 Enquiry* *Raising a Concern* *MARAC* *Domestic Abuse* *Care Direct* *Safeguarding Hub* *Vulnerable Adult* *Harm*
In consultation with and date: [redacted] [redacted] *See separate Polices for consultation prior to integration 28/02/2022*	
Contact for Review: [redacted] [redacted]	Title of author Nurse Consultant Safeguarding Lead RDUH – Barnstaple Site Head of Safeguarding RDUH – Exeter site
Executive Lead Signature: [redacted] *Chief Nursing Officer Exec Lead Safeguarding*	**To be added by Policies Administrator when uploading to Intranet**

Royal Devon and Exeter NHS
NHS Foundation Trust

Safeguarding Adults Policy

Post holder responsible for Procedural Document	[redacted], Head of Safeguarding
Author of Policy/Strategy	[redacted], Head of Safeguarding
Division/ Department responsible for Procedural Document	Specialist Services/ Safeguarding
Contact details	[redacted]
Date of original document	01/06/2008
Impact Assessment performed	**Yes/** No
Ratifying body and date ratified	Joint Integrated Safeguarding Committee 22 September 2021
Review date	22 March 2026
Expiry date	22 September 2026
Date document becomes live	26 October 2021

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		**Strategic Directions – Key Milestones**	
Patient Experience	✓	Maintain Operational Service Delivery	✓
Assurance Framework	✓	Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards - Regulation: **13**		Infection Control	
Other *(please specify)*:			
Note: This document has been assessed for any equality, diversity or human rights implications			

representative.

Full History		Status: Final	
Version	Date	Author	Reason
1.0	June 2008	Lead for Safeguarding Adults	New Policy
2.0	March 2011	Lead for Safeguarding Adults	Routine Revision
3.0	November 2014	Nurse Consultant Safeguarding	Routine Revision
4.0	November 2017	Nurse Consultant Safeguarding	Routine Revision
5.0	March 2019	Nurse Consultant Safeguarding	Links to referral form renewed and new email address incorporated.
5.1	September 2020	Nurse Consultant Safeguarding	Updating to refer to clinical record in light of introduction of MyCare
6.0	July 2021	Head of Safeguarding	Routine revision and to better align with NDHT processes

Associated Trust Policies/ Procedural documents:	'Did not attend' flowchart Complaints Policy and Procedure Disclosure and Barring Service (DBS) Policy Domestic Abuse Affecting Patients Policy Follow up of non-attendees for antenatal care Health Records Policy Incident reporting, analysing, investigating and learning policy and procedures Information Governance Policy Management of Allegations of Adult or Child Abuse by Staff Policy Management of Violence, Aggression and Challenging Behaviour Policy Medical Photography & Recording of Patients Policy Prevent Policy Records Management Policy Safeguarding Children Policy Stress Management: Prevention, Recognition and Support Policy Supporting Staff in Adverse Events Procedure
Key Words	Safeguarding Adults, Abuse, neglect, Modern Slavery, self-neglect, domestic abuse, FGM, Female genital mutilation, whole service safeguarding, organisational

	abuse, County Lines
In consultation with and date: Reviewed with reference to Northern Devon Healthcare Trust's policy which was sent out in consultation to other agencies, Police, Local Authority, NHS Devon Clinical Commissioning Group, Devon and Somerset Fire Service. Sent on 04/08/2021 to Chief Nursing Officer, Director of Nursing, Assistant Directors of Nursing, Associate Medical Directors, Clinical Leads, Clinical Matrons, Clinical Nurse Managers, Deputy Head of Governance, Director of Governance, Governance Managers, Health & Social Care Managers, Joint Integrated Safeguarding Committee, Medical, Examiner's Service, Safeguarding Team, Safeguarding Adults Operational Group members, Equality and Inclusion Lead, Community Nurse Team Managers Health IDVA	
Contact for Review:	[redacted] Head of Safeguarding [redacted]
Executive Lead Signature: Chief Nurse	[redacted]

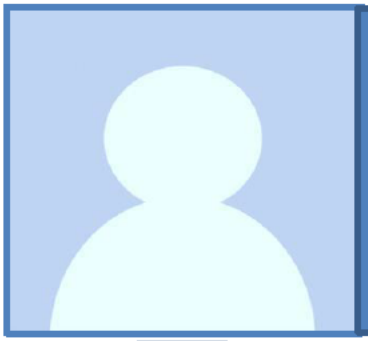
CONTENTS

KEY POINTS OF THIS POLICY:

If you report a safeguarding concern you will be listened to, supported and involved in any decisions

Keep 'Making Safeguarding Personal' core to practice:
patient led and outcome focussed

In an emergency always call 999



Does the adult have care and support needs, and are they experiencing or at risk of abuse or neglect and unable to protect themselves? (Care Act 2014)

YES

Consider immediate protective measures that may be needed in care planning

Is there reason to doubt mental capacity to make decisions related to safeguarding?

YES

Document Mental Capacity Act Assessment

NO

Review care planning

Consider signposting to Police/other organisations

Review again as needed

EITHER

OR

Has capacity? Support the adult with decisions & raise concern with consent

Lacks capacity? Complete a Best Interest Decision

Consider raising a a safeguarding concern with the Local Authority

There may be a duty to raise a concern without consent if there are other justified and legal reasons to act to protect others, to report a crime or because the concerns may cause death or significant harm

- Raise a Safeguarding concern form to Care Direct with copy to [redacted]
- If urgent call 999 or ring [redacted] option [redacted] and complete form afterwards

HAVE YOU:

- ✓ Reviewed clinical care plans to reduce risk
- ✓ Ensured Mental Capacity Act 2005 is part of Safeguarding Practice
- ✓ Evidenced working with all agencies to protect patient from risks of abuse/neglect
- ✓ Shared information aligned with Information Governance Policies
- ✓ Identified a Lead professional if needed
- ✓ Revisited and reviewed
- ✓ Considered other options e.g. Health IDVA (Independent Domestic Violence Advisor) or referral for care support

Think family – if you have concerns about a child or other adult at risk there would be a duty to raise a concern

For advice: RD&E Safeguarding Team [redacted]

BASIC STEPS

There are six key principles of safeguarding which should inform the ways in which professionals and other staff work with adults.

- **Empowerment** - people being supported and encouraged to make their own decisions and give informed consent.
- **Prevention** - it is better to take action before harm occurs.
- **Proportionality** - the least intrusive response appropriate to the risk presented.
- **Protection** - support and representation for those in greatest need.

Step 1 Assess the immediate risk

- Where people are in immediate danger and the adult is identified as being at significant risk the police should be called immediately. Dial 999.
- If a crime has been committed, preserve any evidence e.g. items of clothing, bed linen etc.
- The professional should also consider if there are any immediate additional measures, aligned to the six key principles of safeguarding, outlined above, that may need to be put into place at this point.
- If safe to do so at this point you need to ask the patient what outcomes they want **(and record those conversations).**
- Record bruising, marks, stab wounds etc on the electronic record on the Safeguarding assessment and body map.

Step 2 Report your concern

- Discuss your concerns with your line manager, senior colleague or a member of the Trust Safeguarding Team. Details can be found on the safeguarding pages of the Hub.
- If the danger is immediate then contact the Police on 999 and Trust Security Team on [redacted] if appropriate.

- **Partnership** - local solutions through services working with their communities.
- **Accountability** – Accountability and transparency delivering safeguarding

1. INTRODUCTION

1.1 This policy applies to all staff employed by the Royal Devon & Exeter NHS Foundation Trust (hereafter referred to as "the Trust").

1.2 Safeguarding means 'protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect' (Department of Health, 2014).

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.

This policy is compliant with this legislation.

1.3 **Failure to comply with this policy could result in disciplinary action.**

2. PURPOSE

2.1 This policy sets out the organisation's statement of purpose for all members of staff to promote the wellbeing of everyone who uses services, and their carers, to act positively to prevent harm, abuse or neglect (including self-neglect), and respond effectively if concerns are raised.

2.2 The Trust is committed to an organisational culture which prevents abuse and neglect, and has a zero tolerance of practice that harms service users.

2.3 The Trust is a member of the Torbay & Devon Safeguarding Adult Partnership (TDSAP) who work to safeguard adults across Devon. This policy, therefore, should be read in conjunction with the TDSAP Adult Procedures and Guidance which are available via a link on the Trust's intranet Safeguarding page.

2.4 These procedures are based on the Care Act (2014) and Guidance sets out the statutory requirement for local authority social services, health, police and other agencies to both develop and assess the effectiveness of their local safeguarding arrangements. This is founded on the six key principles of:

- **Empowerment** - people being supported and encouraged to make their own decisions and give informed consent.
- **Prevention** - it is better to take action before harm occurs.
- **Proportionality** - the 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.

  These six principles should inform the ways in which professionals and other staff work with adults.

  They apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system.

2.5 The Policy outlines a process that combines the principles of protection and harm prevention with individuals' self-determination; respecting their views, wishes and preferences in accordance with the 'making safeguarding personal' approach.

3. DEFINITIONS

3.1 The safeguarding duties apply to an adult who:

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

3.2 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect (care and support statutory guidance)

3.3 Abuse

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

Abuse includes:

- **Physical abuse -** including hitting, slapping, pushing, kicking, misuse of medication or inappropriate sanctions or restraint.
- **Domestic violence or abuse – including coercive control**
- **Sexual abuse -** including rape, assault by penetration and sexual assault or causing a person to engage in sexual activity without consent. Consent is defined as 'agrees by choice and has the freedom and capacity to make that choice.' (Sexual Offences Act 2003)
- **Psychological abuse -** this is sometimes referred to as emotional abuse and includes threats of harm or abandonment, deprivation of contact, humiliation or blaming.
- **Financial or material abuse -** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery, or servitude -** includes slavery, human trafficking, forced labour, and domestic servitude.
- **Discriminatory abuse -** this may include other types of abuse experienced by someone because of their race, gender, gender identity, age, disability, sexual orientation, or religion.
- **Organisational abuse -** formerly known as 'Institutional Abuse'. Including abuse that takes the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It may be a one-off incident, repeated incidents or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes and practices in an organisation.
- **Neglect and acts of omission -** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services,

the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- **Self-neglect -** includes a wide range of behaviours involving an individual's neglect of their personal hygiene, health, or surroundings and includes behaviours such as hoarding. See section 5.7

3.4 Section 42 the Safeguarding Enquiry

Section 42 (2) of the Care Act 2014 places a duty on Local Authorities and the multi-agency safeguarding system to make formal enquiries and if necessary take action to protect adults at risk from harm, abuse, or neglect.

An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

Although the Local Authority holds the duty to make a Safeguarding Enquiry, they are empowered to delegate to another organisation if appropriate. This is known as 'causing out Enquiries to be made'. Where there is agreement, between the Local Authority, CCG and the Trust, when the concern is about abuse or neglect in the Trust, an Enquiry is 'caused out' to the Trust which becomes the lead agency responsible for appointing an Enquiry Lead to chair and co-ordinate the Enquiry.

The outcome of caused out Enquiries will always be fed back to the local authority and the objectives of the enquiry will be quality assured by the local authority, who is able to challenge the Trust if it considers that the process and/or outcome is unsatisfactory.

3. 5 Safeguarding Adults Reviews (SAR)

A SAR is completed when:

- An adult dies 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.
- An adult is still alive but has experienced serious neglect or abuse and there is concern that agencies could have worked more effectively to protect the adult.

SARs are a way for all agencies of the partnership to identify the lessons that can be learned from particularly complex or difficult safeguarding adult cases and to implement changes to improve services in the light of these lessons. The SAR process involves all the relevant agencies for each case e.g. as well as hospital health services community and mental health services the individual may also have had contact with police, social services, housing, voluntary support and probation, all of which would be involved in the SAR.

The purpose of having a SAR is not to reinvestigate or to apportion blame but an opportunity to derive learning for all agencies involved and to make changes to practices in the future.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 Responsibilities of the Trust Executive Lead for Safeguarding

The Safeguarding Adults Executive Lead (Chief Nurse) is responsible for reporting to the Board and providing executive leadership. They are accountable for the governance of safeguarding to the service, partners and regulators.

4.1.1 Provide the Trust Board with a strategic overview of safeguarding adult issues within the Trust.

4.1.2 Chair the Joint Integrated Safeguarding Committee (JISC).

4.2 Responsibilities of the Named Professional for Safeguarding Adults supported by members of the Safeguarding Team

4.2.1 To offer advice and support to staff on all aspects of safeguarding adults.

4.2.2 To identify safeguarding adults training needs according to agreed training standards and the Intercollegiate Document for Adult Safeguarding (2018) and to facilitate the delivery of the training.

4.2.3 To maintain the quality of the implementation of the Safeguarding Adult policy in conjunction with Trust managers via the clinical governance process.

4.2.4 To advise the Chief Executive and senior managers of the Trust on safeguarding adults matters.

4.2.5 To ensure that the Trust has up-to-date Safeguarding Adults policy.

4.2.6 To attend the TDSAP meetings as appropriate and to participate in TDSAP subgroups ensuring effective communication and inter-agency working between all agencies.

4.3 Responsibilities of Managers

4.3.1 Ensure that all staff are aware of their role in safeguarding adults.

4.3.2 Ensure that staff access safeguarding adults training appropriate to their responsibilities within the Trust as outlined in their training needs compliance matrix.

4.3.3 Ensure that staff make comprehensive and accurate healthcare records in relation to patients where there are safeguarding adult concerns.

4.3.4 Ensure that staff work effectively and share relevant information with professionals from other organisations in order to safeguarding adults.

4.3.5 Ensure that safeguarding responsibilities are reflected in job descriptions.

4.3.6 Support the rights of a member of staff who raises concerns about Trust services.

4.3.7 Take steps to ensure that any evidence is protected and is available for a Strategy Meeting and /or the investigation which may be arranged.

4.3.8 Out of hours the Senior Manager on call and/or the site manager will help with the ‘decision making journey’ and actions described here.

4.4 Responsibilities of Clinical Staff

4.4.1 Be familiar with and follow the Trust Safeguarding Adults Policy and know who to contact in the Trust to get advice about safeguarding adults

4.4.2 Ensure that they receive and act in accordance with safeguarding adults training and maintain their skills and competencies and that it is recorded on the staff record.

4.4.3 Ensure relevant information about the patient is shared in line with the Information Governance Policy.

4.4.4 Maintain accurate, comprehensive and legible records which are stored securely in line with the Trust’s Records Management Policy and Health Records Policy.

4.5 Responsibility of Joint Integrated Safeguarding Committee (JISC)

4.5.1 To assure the Governance Committee that the effective implementation of the infrastructure and processes for safeguarding is embedded within corporate and divisional structures.

4.5.2 To provide a focus for performance management of the delivery of the safeguarding agenda through corporate and divisional infrastructures and to escalate where necessary.

4.5.3 To provide expert safeguarding adult advice to the Trust Executive Lead and the Executive Team.

4.5.4 To ensure that multi-agency partnership working is strengthened and any shared issues identified are given a focus.

4.5.5 To identify commission and monitor the Trust's safeguarding adults training needs and attainment of the required training standards.

4.5.6 To oversee and monitor the Trust responses and action plan to the findings of serious case reviews or complaints relating to safeguarding adults.

4.5.7 To agree an annual audits programme both internally and externally.

4.5.8 To receive reports from the Safeguarding Adults Operational Group (SAOG) in accordance with the ISC schedule of reports.

4.6 The Safeguarding Adults Operational Group is responsible for:

4.6.1 To monitor the implementation of the Safeguarding Adults Policy.

4.6.2 To monitor and implement the training strategy.

4.6.3 To ensure robust systems of communication with Devon County Council Social Services, Police and other partner agencies.

4.6.4 To define and monitor key performance indicators for quarterly review by the ISC.

4.6.5 To review and oversee implementation of any actions from serious case reviews.

4.6.6 To implement an on-going system of audit and to review those results.

4.6.7 To identify themes from review of incidents and complaints.

4.6.8 Effective communication with all staff groups regarding lessons learned from safeguarding reviews nationally

5. WHAT TO DO WHEN A SAFEGUARDING CONCERN IS IDENTIFIED OR DISCLOSED

Anybody could see abuse taking place, be told about abuse or suspect abuse is occurring. It is your duty to report any safeguarding concerns.

The flowchart on Page 6 is designed to assist staff in the decision making and reporting process for safeguarding adult concerns.

5.1 Role of the reporter

Anyone can raise a safeguarding concern which may be about a specific incident or it could be about an on-going situation or something a patient discloses to you. If a patient does disclose abuse or neglect, you should:

- Remain calm and listen carefully to what you are being told, and only ask questions for clarification.
- Not promise confidentiality but where necessary, should reassure the adult at risk that they will be kept safe.

- You must record on electronic record or in writing your observations and any relevant conversations at the earliest opportunity, while the memory is fresh. This record should be signed and dated**.** This record will form the basis of the other reports.
- NOT become involved in any investigation at this stage but document any relevant information from discussions and observations.
- Respect the confidentiality of staff and patients and only discuss this situation with persons who need to know.

You must take action that is aligned to the Principles of Safeguarding

Here is a step by step guide for what you must do:

Step 1 Assess the immediate risk

- Where people are in immediate danger and the adult is identified as being at significant risk the police should be called immediately. Dial 999.
- If a crime has been committed, preserve any evidence e.g. items of clothing, bed linen etc.
- The professional should also consider if there are any immediate additional measures, aligned to the six key principles of safeguarding, outlined above, that may need to be put into place at this point.
- If safe to do so at this point you need to ask (and record those conversations) the patient what outcomes they want.
- Record bruising, marks, stab wounds etc on the electronic record on the Safeguarding assessment and body map.

Step 2 Report your concern

- Discuss your concerns with your line manager, senior colleague or a member of the Trust Safeguarding Team. Details can be found on the safeguarding pages of the Hub.
- If the danger is immediate then contact the Police on 999 and Trust Security Team on [redacted] if appropriate.

5.1.1 Mental Capacity

Establish whether the patient has the mental capacity to make decisions about any referral and subsequent action and ensure this is documented. See Assessing Mental Capacity Policy. Use the appropriate documentation in the electronic record.

- If the patient has capacity to make decisions about a referral, their consent should be sought. You can share without consent for reasons set out in 5.1.2.
- If the patient lacks capacity to make decisions about referral, a referral can be made in their best interest.
- Consider the need for referral an **Independent Mental Capacity Advocates (IMCA)** See referral form on HUB. An IMCA must be instructed and consulted for people aged over 16 lacking capacity who have no-one else other than paid staff to support them. NB There are plans to integrate the referral form within MyCare.
- You may also need to consider referral for an **Independent Care Act Advocate (ICAA)**. Please contact the Safeguarding Team to discuss or ask social worker.

5.1.2 Additional information about reporting concerns

Adults have a general right to independence, choice and self-determination including control over information about themselves.

In the context of adult safeguarding these rights can be overridden in certain circumstances:

- The person lacks the mental capacity to make that decision – see above
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- Trust staff are implicated which poses a risk to other patients
- the person has the mental capacity to make that decision but they may be under duress or being coerced
- the risk is so high that the person is at imminent risk of death or significant harm
- They meet the criteria in domestic abuse for a MARAC referral (see Domestic Abuse Policy)
- a court order or other legal authority has requested the information.

5.1.3 Make safeguarding personal. Ask the person what they would like to have happen as a result of the referral.

5.1.4 If an adult as a result of care and support needs is unable to protect themselves from risk of abuse or neglect and is experiencing abuse or neglect then refer to the Local authority should be made. This can be done by completing the safeguarding adult concern referral form on the HUB Safeguarding Page. Send a copy to both the Trust Safeguarding Team at [redacted] and Care Direct at [redacted]

If your concern is urgent you could phone (08:00-20:00 Monday to Friday, 08:00-13:00 Saturdays) [redacted] or outside of these times the Emergency Duty Service on [redacted] but always follow up with a written safeguarding adult concern form which can be saved**.**

You may wish to discuss the concern with the Trust Safeguarding Team prior to raising a concern on [redacted] or with DCC Emergency Duty Service [redacted] out of hours.

If the possible abuse has taken place outside of Devon in another county then the Concern should be reported directly to that Local Authority. (Contact Trust safeguarding team if needing advice.)

For staff working in the community, a copy of the referral should also be sent to the line manager and/or Clinical Matron. Telephone referrals must be followed up in writing using the referral form. If the notes are held in the patient's home, consideration will need to be given as to whether it is safe to keep the referral form there if the perpetrator will also have access to it putting the person at further risk; if not a copy should be kept in the office.

The Trust Safeguarding Team will upload the form to the patient's record and where appropriate add a Safeguarding Concern flag.

5.1.5 If an allegation is made against a member of Trust staff, follow the Management of Allegations of Adult or Child Abuse by Staff Policy. See section 5.14

5.1.6 Consideration should be given to the wellbeing of any children. Follow the Safeguarding Children Policy.

5.1.7 Where abuse is perpetrated by family members or within the home, domestic abuse approaches and legislation can be considered. Staff should refer to the Domestic Abuse Policy. A Health IDVA (Independent Domestic Violence Advisor) referral can be made with the person's consent – referral form on HUB Safeguarding pages. If the patient has care and support needs, a Health IDVA referral can be made alongside raising a Safeguarding Adult referral.

5.1.8 If safe to do so, and if the patient is in agreement, inform the family/carers of concerns, actions taken and any outcomes reached. If the patient lacks capacity and is un-befriended, a referral to the Independent Mental Capacity Advocate Service (IMCA) IMCA referral form is necessary.

Where anyone considers that there is not agreement in relation to a safeguarding response or considers the safeguarding response is not robust, discuss with immediate line manager and contact Trust Safeguarding Team.

See also Trust Whistleblowing Policy and contact details for the Trust Freedom to Speak up Guardians.

See DSAP Escalation Protocol where there is not alignment between organisations.

5.2 What happens next?

The Local Authority have statutory responsibility to make or ask for whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

If the Local Authority have identified a need for a 'Section 42 Enquiry' an appropriate agency will be identified to lead on this. The Enquiry process can include utilising previous processes such as a strategy meeting or discussion, or may only involve a conversation with the individual concerned.

5.3 Safeguarding Strategy Meeting

A Safeguarding Strategy meeting is a planning meeting.

The primary aim is to ensure that the principles of safeguarding the individual are applied.

Representatives will be invited from all agencies who are involved with the patient, and all those having an interest or responsibility for safeguarding.

Those invited have a responsibility to produce reports for the meeting if they are unable to attend so that a decision can be reached regarding the next steps.

It is important that this decision is based on all pertinent information available.

The outcome may be:

- More information needs to be gathered,
- An investigation needs to be undertaken,
- A safeguarding conference needs to be called, or

- That no further action needs to be taken under the safeguarding procedures.

A Strategy Meeting Chair is appointed and formal minutes should be recorded and circulated to attendees and those invited.

The Enquiry Lead draws on the knowledge and experience of other professionals to inform the Safeguarding Enquiry.

'Making Safeguarding Personal' must be core to all safeguarding practice and this also includes any strategy meeting, taking into account what the patient has expressed as wishes / outcomes or taking into account the views of appointed Lasting Power of Attorney or IMCA (see section 6.5). Family member's views can also be taken into consideration at any strategy meeting.

5.4 Referral to the Police

The police are a key safeguarding partner.

At what point the police should become involved in a safeguarding investigation will depend on a number of factors, including:

- the views and wishes of the adult at risk
- whether a criminal offence as defined by law has been disclosed
- the exact circumstances surrounding each individual case of suspected abuse or neglect.

If there are concerns that an adult is at immediate risk of serious harm, the police have powers to intervene if a person needs immediate assistance due to a health condition, injury or other life-threatening situation.

If the situation is not an emergency, it is important to find out from the person whether they want the police to be involved, especially where there are complex family dynamics or personal relationships. Risk of harm to others should also be considered in these circumstances, so the person's wishes would not be the sole consideration.

If there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless, then referral too Police may be required. You can contact the Police if it is not urgent by ringing 101 or send an email to 101@dc.police.uk Make a note of the Crime or Incident Log Number. Document in patient's records.

If having done this need further police safeguarding advice is required then call 0845 6051166 or email centralsafeguardingteam@devonandcornwall.pnn.police.uk

5.5 Role of the Court of Protection and Office of Public Guardian

5.5.1 The Court of Protection

The Court of Protection deals with issues arising in relation to the health, care and financial resources of people lacking mental capacity to manage these things for themselves. For example, the Court of Protection can authorise the deprivation of liberty of someone living in their own home or supported/sheltered living. In relation to safeguarding, if someone who lacks capacity to manage their affairs is being abused by the person they have appointed to do so (their LPA) the Court of Protection might intervene

5.5.2 Office of the Public Guardian

The Office of the Public Guardian (OPG) is a public body that works closely with the Court of Protection. Its main role is to register applications for powers of attorney. These are powers granted by an adult to another person, often a family member, to allow them to look after their finances or make decisions on health and welfare issues if they lose mental capacity in the future (Lasting Power of Attorney, LPA).

If a person has lost capacity and has not granted a power of attorney to anyone, it may be necessary to apply to the Court of Protection to appoint a 'deputy'. They are usually appointed to manage finances. Deputies are often family members, specialist solicitors or a local authority representative.

Deputies can be appointed to deal with health and welfare matters, but this is uncommon. Usually a deputy is not needed, as health and social care professionals working with the person and their family makes those decisions, or, if there is serious conflict, the Court of Protection decides.

Some attorneys and deputies abuse their positions and exploit the person they are appointed to support. This is often financial abuse, but may involve failing to act in the older person's best interests in other ways, such as bullying or threatening behaviour. The OPG can investigate allegations of abuse against a court-appointed deputy or registered attorney. They may refer the case to a local authority or investigate themselves. If the case needs urgent action, for example to stop someone emptying a person's bank account, they can initiate court proceedings via the Court of Protection and the court can freeze the funds or order urgent action it thinks needs to be taken.

If someone declares that they have an LPA for someone it is important to check that this has been formally registered with the OPG. The LPA document can be uploaded to the patient's electronic record in the "Demographics" section under "Advanced Decisions".

This can be done quickly and easily by applying to the Office of the Public Guardian and email to OPGurgent@publicguardian.gov.uk using a secure NHS email account and giving details of the patient's name, address and date of birth.

5.6 Domestic Abuse

Domestic abuse includes any incident or pattern of incidents of controlling, coercive or threatening, degrading or violent behaviour, including sexual violence of those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality.

Family members are defined as mother, father, son, daughter, brother, sister and grandparents whether directly related, in laws or step family. However, this is not an exhaustive list and may be extended to aunts, uncles and cousins etc.

Domestic abuse covers a range of types of abuse, including, but not limited to, psychological, physical, sexual, emotional, financial, economic, harassment, stalking, or online abuse. Domestic abuse is rarely a one-off incident and it is often the cumulative impact of this type of abuse that has a particularly damaging effect on the victim.

It also includes so called 'honour' based violence, female genital mutilation and forced marriage.

The Trust has separate policies on Domestic Violence and Abuse Affecting Patients and also one for Domestic Abuse Affecting Staff.

The principles of safeguarding practice should apply.

If there is significant risk, contact the Police on 999 for immediate assistance or complete a MARAC (see Domestic Abuse policies).

A safeguarding concern may be raised if the person has care and support needs and meets criteria under safeguarding practice. Consent will be needed unless there is a duty to raise – see Page 6.

If they do not have care and support needs, then you can seek advice / support by contacting the Safeguarding team or with consent the Health IDVA (Independent Domestic Violence Adviser) – see Hub for contacts.

5.6.1 Specialist Sexual Assault Referral Centres (SARC)

SARC is provided by Northern Devon Healthcare Trust provides specially trained medical and counselling staff to help all victims of sexual crime when they most need it. If someone discloses sexual assault or rape you can call the **SARC 24hr helpline on** [redacted]. Victims may need time to think about what has happened to them although should consider getting medical help as soon as possible, as they may be at risk of sexually transmitted infections or pregnancy. If victims have not yet decided whether they want to report to police, forensic evidence can still be gathered within 7 days and stored until the victim feels able to report.

In the case of a victim lacking capacity and/ or at risk of on-going harm the police should always be informed.

Link: https://sarchelp.co.uk/exeter-sarc/

5.7 Self Neglect

5.7.1 Manifestations of self-neglect are complex, with biological, behavioural and social factors that may be associated with, if not causative of, self-neglect. It is important to note that alcohol and substance misuse may be part of the picture and should be considered within the context of possible self-neglect.

5.7.2 A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behavior. There may come a point when they are no longer able to do this, without external support.

The threshold for professional intervention in self-neglect situations is where harm is being caused to the person or others.

Five key areas should be considered when assessing whether harm is being caused:

- impact on physical health
- impact on emotional well-being
- impact on social functioning
- impact on environment
- impact on other people.

5.7.3 An understanding of the application of the Mental Capacity Act (MCA) (2005) in practice underpins work undertaken with adults who self-neglect. Where a patient lacks capacity with regard to how their self-neglect impacts themselves or others, care planning should follow a Best Interest Approach with decisions aligned to the principles of MCA.

The dilemma for practitioners is often in determining whether self-neglect is due to lacking mental capacity or unwillingness to maintain societal norms of standards of self-care. A critical question to consider from the outset is: *'Who is this a problem for?'*

Where a person is unwilling to recognise the potential risks of self-neglect, there is limited likelihood of them engaging with support. Practitioners should assess whether the person is able to make links between self-neglect and the impact on physical wellbeing, emotional wellbeing, social functioning, home environment and other people. Do they understand the potential consequences?

Professionals should firstly review care planning and give immediate, appropriate offers of referrals to possible support services.

You may need to raise a safeguarding adult concern referral if others are at risk or if the patient does not have capacity to make decisions relating to safeguarding, or if the risks are significantly high, where you can justify sharing information without consent. Keep 'Making Safeguarding Personal' core to practice - patient led and outcome focussed.

It is often valuable to hold a meeting to consider care planning with key professionals involved and including the patient. A 'professionals only' meeting may be indicated, keeping the patient updated with any decisions made as appropriate.

Identifying a lead practitioner would be best practice.

5.7.4 There should be a multi-agency approach to supporting a patient who is at risk of self-neglect. Alongside statutory agencies the team should consider the role of all agencies including housing, drug and alcohol support services, mental health teams and voluntary sector services.

The risk of fire is significant in those who self-neglect. This must be considered in any risk assessment and care planning.

The Fire Service have a very supportive role with all patients at risk and will offer free Home Safety Fire checks when requested (check eligibility criteria). Contact: 08000502999. Consent should be gained where possible but consider if risk is high to person/others that referral without consent may be needed.

A referral can be made: email: firekills@dsfire.gov.uk

or online: https://www.dsfire.gov.uk/YourSafety/Index.cfm?siteCategoryId=4

You can discuss a potential case prior to raising a concern by contacting the Trusts' Safeguarding team on [redacted] or [redacted]

5.8 Concerns that an adult may be at risk of radicalisation by terrorists and violent extremists (PREVENT)

5.8.1 Where concerns are raised that an adult may be at risk of being radicalised and subsequently drawn into violent extremism or terrorist-related activity, follow the Prevent guidance outlined in Appendix 2. See Prevent Policy.

5.9 Pressure Ulcers

The Department of Health and Social Care document 'Safeguarding Adults Protocol - Pressure Ulcers (2018) offers guidance on considering if an adult safeguarding response is necessary. It highlights that whilst the treatment and response to pressure ulcers is predominantly a clinical one, prevention is a shared responsibility.

If there is concern that the pressure ulcer may have arisen as a result of poor practice, neglect/abuse or an act of omission, a safeguarding concern should be raised. This may require patient consent.

You can discuss a potential case prior to raising a concern with the Trusts' Safeguarding team on [redacted] or [redacted].

If the patient has been receiving care from another service prior to presentation the professional should consider contacting the manager of the service (Care Home/ Care Agency/Community Nursing Team/ hospital) involved in the care of this patient to inform them that a Concern has been raised.

5.10 Homelessness Reduction Act 2017

From the 1st October 2018, as part of the Homelessness Reduction Act, hospitals providing inpatient care, Emergency Departments and MIU's are bound by the Duty to Refer. This requires all named public bodies including our own Trust to refer anyone they believe may be homeless, or threatened with homelessness. The Principles of Safeguarding apply. (Follow link within paragraph for further advice.)

5.11 Financial Abuse

Financial abuse can present in many different ways including theft, fraud, false representation, exploitation and misuse of a power of attorney, deputy, appointeeship, or other legal authority.

There may be cuckooing related to County Lines drug gang where someone is living in their home in order to deal drugs.

There may be economic abuse where someone is being prevented from earning their own money or not allowed to drive a car to work in order to earn money, so cannot get a job. This can be a feature of coercion and control, particularly in domestic abuse.

Loan sharks are illegal moneylenders who often charge very high interest rates. If anyone is concerned that they think a patient has been exploited by a loan shark this can be reported anonymously. Report a loan shark online reportaloanshark@stoploansharks.gov.uk . Telephone: [redacted] 24-hour service. Text a lender's details to [redacted].

Raise a safeguarding concern if the patient gives consent or lacks capacity to make decisions about this.

5.12 Modern Slavery

Human trafficking and modern slavery are happening every day across the UK, affecting thousands of men, women and children.

Trafficked and exploited persons are often forced to live and work at the margins of society so that they remain hidden and are unable to ask for help. However, given the high-risk jobs they do, victims often require healthcare services to treat problems such as broken bones caused by accidents on dangerous work sites, or sexual health conditions linked to sexual exploitation. This gives the NHS a unique opportunity to make a difference to these victims' lives.

Spotting the signs of modern slavery is not always easy. Victims are often fearful of their controllers and may try to hide their situation due to fear of retributions against themselves, friends or family. However, many NHS staff are already aware of potential victims, in fact, one-in-eight NHS staff in England think they have seen a victim of trafficking in their clinical practice. (Ref: NHS England)

If it is an emergency call 999.

For help and advice call any time on **0800 0121 700.** It is free from landlines and most mobile phones. Or visit the Modern Slavery website and complete the online form.

If you think slavery is happening, do not attempt to let the victim know that you have reported it or challenge the traffickers. You need to ensure their safety and yours. More information is available through the Devon and Cornwall Police website.

The Principles of safeguarding practice apply. Any individual referral (unless an exception applies) should be with patient consent and 'making safeguarding personal' should be core to practice.

5.13 Missed appointments and "Was not brought" in the context of safeguarding

If a patient misses an appointment / fails to answer the door to a member of the community team this should be considered in relation to safeguarding as it may indicate neglect or self-neglect See Did Not Attend flowchart.

5.14 Concerns raised regarding abuse or neglect within the Trust/ or involving staff employed by the Trust.

This includes raising concerns in relation to 'People in Positions of Trust' (PiPoT)

Where an allegation or suspicion of abuse is raised about a Trust hospital, service or member of staff please contact the Head of Safeguarding or Senior Safeguarding Nurse to manage this following the Management of Allegations policy.

There may well be immediate protection arrangements which are required and a safeguarding adult concern referral may be needed and/or referral to Police. The Trust Designated Allegations Officer (HR) and the Head of Safeguarding will determine the course of action to be taken. This normally will include informing the senior nurse/manager, Assistant Director of Nursing and/or Director of Nursing. The NHS Devon CCG Safeguarding Team may also need to be informed.

These concerns are often highly sensitive and the Manager will need to deal appropriately with staff within the service while considering the safety of other adults at risk.

The member of staff may be suspended from duty pending an investigation according to the Trust's Disciplinary Policy. Advice should be sought from Human Resources.

The manager of the member of staff should ensure that the member of staff can access support from Occupational Health during any investigation process.

A multi-agency practice agreement has been approved. See DSAP PiPoT Protocol

6. WHOLE HOME / WHOLE SERVICE ENQUIRIES

6.1 Concerns about the quality of care being delivered in care settings or by care providers should be reported. If the concerns fall below a safeguarding threshold, can be recorded on the DCC system known as [redacted]. Positive experiences of care settings can also be recorded.

6.2 Safeguarding concerns regarding care home, hospitals, prisons or other institutions or concerns about the care delivered by domiciliary or other care providers should be reported to Care Direct as outlined in section 5.1.

If there are general safeguarding concerns about the care home affecting multiple residents, please complete one safeguarding referral form.

If there are specific different concerns about a number of residents, please complete separate safeguarding concern forms for each person to ensure that each concern is looked at.

6.3 Early indicators of organisational abuse may include

- Lack of investment – equipment broken, home dirty
- Poor leadership – manager ineffectual or controlling
- High turnover and low morale amongst the staff
- Residents look frightened, lack of activity for residents.
- Lack of training; carers don't understand residents' needs
- Record keeping is poor and the home is not organised
- Health professionals' advice is ignored
- Insufficient staff – carers hard to locate

Early Indicators of Concern in Residential and Nursing Homes (Centre for Applied Research and Evaluation, 2012).

6.4 Where there are concerns that abuse and neglect is occurring in a care home, hospital, prison or other institution; or being perpetrated by domiciliary or care providers, a whole service enquiry may need to be undertaken by DCC Safeguarding Adults Team. Trust staff may be asked to support this process.

6.5 The Community Services Manager involved in whole service safeguarding meetings will need to be mindful of the resource commitments that any safeguarding investigation will require and its impact on service delivery. There are Specialist Safeguarding Nurses and Care Services Educators working in the Eastern Care Services Team who work closely with DCC Safeguarding Adults Team to identify, prevent, and investigate issues relating to whole service safeguarding concerns in a timely manner. This team work collaboratively with the Care Quality Commission to influence best practice within a variety of care settings through the provision of advice, support and education on a range of care and quality issues.

7. DISCHARGING PATIENTS WHERE THERE ARE OUTSTANDING SAFEGUARDING CONCERNS

7.1 If a patient has been referred to the Local Authority/Care Direct due to a safeguarding issue then discharge should not occur if returning to the discharge address may continue to place the person at risk. Advice can be sought from the Trust Safeguarding Team or contact Devon County Council (DCC) Safeguarding Hubs via CDP professionals telephone numbers as follows:

- Eastern (Exeter, East and Mid Devon): [redacted] Option [redacted],
- Northern: [redacted]
- Southern: [redacted]

Please note that these numbers are intended for professionals use only.

7.2 In some circumstances the adult may insist on being discharged to an unsafe environment. In these circumstances it would be necessary to ensure there is a formal assessment of the patient's mental capacity to make this decision and the outcome clearly recorded in the patient's notes.

7.3 It is the responsibility of the member of staff discharging the patient to ensure effective communication to appropriate agencies on discharge, e.g. Social Services, General Practitioners (GPs), community services. It is important that a record of this communication is made in the patient's notes.

7.4 **COMMUNICATION**: Do not document safeguarding concerns or domestic abuse in Discharge summaries unless you are sure that the perpetrator of the abuse will NOT see or have access to the summary. If necessary, write a separate letter to the GP or relevant professionals.

8. SUPERVISION

8.1 Safeguarding adult work is demanding in nature and regular supervision is important both in supporting the individual worker but also ensuring that there is appropriate reflection and assessment of risk as well as help in making decision in a supportive and learning environment. Good quality supervision can help to:

- keep a focus on the adult at risk
- avoid drift
- maintain a degree of objectivity and challenge fixed views
- test and assess the evidence base for assessment and decisions
- address the emotional impact of work to prevent vicarious trauma

8.2 The Safeguarding Team provides supervision to all employees of the Trust as and when required.

8.3 Staff who manage a caseload or who work with vulnerable adults over a period of time are entitled to formal and regular supervision.

8.4 Supervision should be arranged and conducted in such a way as to permit proper reflection and discussion. Supervision should challenge assumptions and fixed thinking while promoting equality and diversity. Supervision should be supportive and offer the individual worker the opportunity to offload and obtain support when coping with difficult situations and volumes of work and through recognising issues which might affect the ability to cope with the work.

8.5 Supervision sessions should be recorded promptly, competently and stored securely. In respect to particular cases this should be in the notes.

8.6 Supervisors should be trained to carry out their role.

9. SUPPORTING STAFF

9.1 Involvement in safeguarding adults may be stressful for staff members who need to demonstrate a non-judgemental attitude to both victims and perpetrators, confront abuse issues, resolve conflict and establish support and protection. It is important that the impact on staff is recognised and that they are offered appropriate support and supervision (see the Trust's Stress Management: Prevention, Recognition and Support Policy and Supporting Staff in Adverse Events Procedure.

9.2 Where there is likely to be a risk to the personal safety of staff, managers must ensure that appropriate arrangements are made and recorded in line with the zero tolerance guiding principle as outlined in the Management of Violence, Aggression and Challenging Behaviour Policy.

9.3 Staff who report allegations or suspicions of abuse should receive acknowledgement and support, especially where the abuse involves colleagues, (Management of Allegations of Adult or Child Abuse by Staff Policy) and within the bounds of confidentiality, should be offered feedback on how their concern has been dealt with. This feedback would be given by an appropriate manager.

10. RECORD KEEPING

10.1 All concerns of abuse should be clearly and accurately documented in the patient's clinical records: date, time and specific concerns and all conversations and actions should be documented. Comments from family members or the patient should be stated as quotes and opinions should be documented as such.

10.2 The nature of the abuse suspected or otherwise should be clearly outlined and any unexplained injuries noted. Use the prompts and body map within the Safeguarding Flowsheet on MyCare.

10.3 In some instances, it may be appropriate to photograph and upload to MyCare in the Media section (please see the Medical Photography & Recording of Patients Policy).

10.4 The Trust Safeguarding Team will add safeguarding concern flags when a safeguarding concern is raised. Detail can be added to this flag where necessary, please contact them to add, alter or deactivate flags where necessary.

10.5 Do not document safeguarding concerns or domestic abuse in Discharge summaries unless you are sure that the perpetrator of the abuse will NOT see or have access to the summary. If necessary, write a separate letter to the GP or relevant professionals.

Training courses can be found on ESR. There is information on Trust Safeguarding internet page.

11. TRAINING REQUIREMENTS

11.1 The delivery of effective training is crucial to the success of the safeguarding adult agenda. There are differing levels of safeguarding training dependent on roles and responsibilities

11.2 The Trust its staff statutory training requirements to the Skills for Health Core Skills Training Framework (Skills for Health 2016). Included in this is the need for completion of Safeguarding training for adults and children which is underpinned by the 'Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)'.

11.3 Safeguarding Adults Level 1 training will be delivered to all staff and volunteers, both clinical and non-clinical, as part of induction training in accordance with the Corporate and Local Induction Policy with 3 yearly updates.

11.4 All staff who have direct or indirect contact with patients will receive Level 2 Safeguarding Adults elearning with updates every 3 years in accordance with Employee Training, Education and Development Policy.

11.5 Registered health care staff working with adults, who engage in assessing, planning, intervening and evaluating the needs of **adults where there are safeguarding concerns** and Safeguarding Link Practitioners will need Level 3 Safeguarding Adult training with updates every 3 years via a Safeguarding Adult training log.

11.6 Staff compliance with safeguarding training is monitored by Safeguarding Adult Operational Group, Statutory and Mandatory Training Group and Joint Integrated Safeguarding Committee.

11.7 Training courses can be found on ESR. There is information on Trust Safeguarding internet page.

12. ARCHIVING ARRANGEMENTS

The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet Hub. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely.

13. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY

13.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
Relevant safeguarding concerns must be reported on Datix.	Incidents reported will be reviewed at the on a quarterly basis.	SAOG and Joint Integrated Safeguarding Committee by Head of Safeguarding.
Trust Safeguarding Team monitor and quality assure all Safeguarding Adult concern forms Monitoring of section 42 reports	Feedback to staff. Escalating themes or areas of concern	Themes to SAOG or JISC
Section 42 enquiries learning	Section 42 Enquiry reports and Datix	SAOG and JISC
Percentage of staff completing Level 2 and Level 3 Safeguarding Adults training	Training reports and Quarterly Performance Report SAOG/ JISC	
Number of safeguarding adult referrals	Quarterly Performance Reports	JISC

14. REFERENCES

Care Act 2014, London: Stationery Office. Available at: http://www.legislation.gov.uk/ukpga/2014/23/contents

Centre for Applied Research and Evaluation (2012). *Early Indicators of Concern in Residential and Nursing Homes for Older People*. Hull: University of Hull. Available at:

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Home Office (2021). *Prevent duty guidance.* Available at: https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales#contents

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Department of Health and Social Care (2020 updated), *Care and support statutory guidance https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance*

Devon Safeguarding Adults Partnership (DSAP) (2018), *Devon multi-agency safeguarding adult procedures and guidance.* Available at: https://www.devonsafeguardingadultspartnership.org.uk/training-and-resources/policy-and-guidance/

Devon Safeguarding Adults Partnership (DSAP) (2020) *Adult Self-Neglect and Hoarding Guidance. A*vailable at:

[redacted]

Devon Safeguarding Adults Partnership (DSAP) (2020) *Allegations Against People in Position of Trust (PiPoT) Protocol*. Available at:

[redacted]

Devon Safeguarding Adults Partnership (DSAP) (2020) *Multi Agency Framework for managing risk*. Available at:

[redacted]

TDSAP Escalation Protocol

Home Office (2018). *Contest - The United Kingdom's Strategy for Countering Terrorism.* London: Stationery Office. Available at: CONTEST - UK Counter terrorism strategy

Local Government Association: *Adults safeguarding and homelessness. A briefing on positive practice.*

NHS England (2017) *Safeguarding Adults: A guide for healthcare staff https://www.england.nhs.uk/publication/safeguarding-adults-a-guide-for-health-care-staff/*

NHS England and NHS Improvement South West Modern Slavery Incident Response Framework – draft document August 2021; link will be added to policy when ratified.

Royal College of Nursing (2018) *Adult Safeguarding: Roles and Competencies for Health Care Staff: https://www.rcn.org.uk/professional-development/publications/pub-007069*

APPENDIX 1 USEFUL CONTACTS

Other contacts		
Sexual Assault Referral Centre - SARC	[redacted]	
Royal Devon and Exeter Safeguarding team	[redacted]	[redacted]
Care Direct Devon County Council	[redacted]	[redacted]
Devon County Council Safeguarding Adults team	[redacted]	[redacted]
Devon County Council DoLS team	[redacted]	[redacted]
Independent Mental Capacity Advocacy (IMCA) service	[redacted]	[redacted]
National Association of Primary Care (NAPC)	020 7636 7228	napc@napc.co.uk
Police – if at risk of immediate danger	999	If non urgent 101 [redacted]
Police Central Safeguarding Team	0845 605 1166	
PREVENT	[redacted]	
Devon Domestic Abuse Support Services	0345 155 1074	
NAPAC (National Association of People Abused in Childhood)	0808 801 0331	
National Domestic Abuse helpline	0808 200 0247	
National LGBT+ Domestic Abuse helpline	0800 999 5428	
The Men's Advice Line	0808 801 0327	
Modern Slavery helpline	08000 121 700	https://www.modernslaveryhelpline.org/contact-us
Loan Sharks helpline	0300 555 2222	reportaloanshark@stoploansharks.gov.uk
Paladin – National Stalking Advocacy Service	020 3866 4107	info@paladinservice.co.uk
Samaritans	116 123	
SARC	[redacted]	Sexual Assault Referral Centre Devon

APPENDIX 2: COMMUNICATION PLAN

Royal Devon and Exeter NHS
NHS Foundation Trust

COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the policy	All Trust staff, students and volunteers.
The key changes if a revised policy	3. Clearer definitions of safeguarding terms 4 Addition of responsibilities of Safeguarding Adults Operational Group 5.1 More information about reporting concerns and making safeguarding personal 5.5 Information about Court of Protection and Office of Public Guardian 5.6 Additions re Health IDVA and SARC 5.7 More guidance for self-neglect
The key objectives	To promote the wellbeing of everyone who uses services, and their carers, to act positively to prevent harm, abuse or neglect (including self-neglect), and respond effectively if concerns are raised.
How new staff will be made aware of the policy and manager action	Cascade by email from manager, induction Process.
Specific Issues to be raised with staff	Responsibilities section, flow chart and step by step guide to reporting.
Training available to staff	Adult Safeguarding Training – level dependant on staff role.
Any other requirements	N/A
Issues following Equality Impact Assessment (if any)	None identified
Location of hard / electronic copy of the document etc.	The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet Hub. Archived electronic copies will be stored on the Trust's “archived policies” shared drive, and will be held indefinitely.

APPENDIX 3: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	Safeguarding Adults Policy
Division/Directorate and service area	Trust-wide
Name, job title and contact details of person completing the assessment	[redacted] Head of Safeguarding
Date completed:	04/08/21

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

To promote the wellbeing of everyone who uses services, and their carers, to act positively to prevent harm, abuse or neglect (including self-neglect), and respond effectively if concerns are raised.

2. Who does it mainly affect? *(Please insert an "x" as appropriate:)*

Carers ☒ Staff ☒ Patients ☒ Other (please specify)

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Please insert an "x" in the appropriate box *(x)*

Protected characteristic	Relevant	Not relevant
Age	☒	☐
Disability	☒	☐
Sex - *including: Transgender, and Pregnancy / Maternity*	☒	☐
Race	☒	☐
Religion / belief	☒	☐
Sexual orientation – *including: Marriage / Civil Partnership*	☒	☐

4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to… (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

Vulnerable patients, particularly those who are dependent on others.

5. Do you think the document meets our human rights obligations? ☒

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- ***Fairness** – how have you made sure it treat everyone justly?*
- ***Respect** – how have you made sure it respects everyone as a person?*
- ***Equality** – how does it give everyone an equal chance to get whatever it is offering?*
- ***Dignity** – have you made sure it treats everyone with dignity?*
- ***Autonomy** – Does it enable people to make decisions for themselves?*

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

1.) The policy protects the right to autonomy outlining the need to make safeguarding personal and respect the choices of individuals.
It outlines the human right to live a life free of harmful or degrading treatment
2.) The Care Act and FGM guidance was reviewed as part of the process.
who you explicitly involved in this review (such as an equality advisor or a patient group) and
3.) The views and opinions of Community Nursing Teams were gathered as part of the process.

7. If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

"Protected characteristic":	
Issue:	*None identified*
How is this going to be monitored/ addressed in the future:	
Group that will be responsible for ensuring this carried	

out:	