Sexual Harm Prevention

Reference Number: RDF1012-22
Date of Response: 03/11/2022

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

1. **Does your organisation have a policy that covers sexual safety, specifically preventing episodes of sexual misconduct and sexual violence involving patients, visitors and staff?**

Answer: Yes.

2. **If your answer to question 1 was yes, please can you forward an electronic copy of the policy to me?**

Answer: Please find attached Policies.
 Please note , section 5.3 of the Prevention of Harassment and bullying policy refers to sexual harassment.

3. **If your answer to question 1 was yes, what date did the policy become effective?**

Answer: Please see Trust Policies (first page).

4. **If you have updated your policy within the past five years, please can you provide me with an electronic copy of the policy it replaced? If the information is available, please can you specify how your current policy is now different.**

Answer: The Royal Devon Policy was harmonised in 2018 following TCS transfer in 2016. The changes noted within the version control are "Updated and harmonised for RD&E and North Devon Employees. Addition to Sections: 1.2, 2.1, 3.1, 3.2, 3.3, 4.3, 4.4, 4.5, 5.1.2, 5.4, 5.4.4, 6, 7, 8".   We have attached the previous policy so there can be a comparison of the documents.

5. **Has your organisation accepted vicarious liability for any cases of sexual assault or violence concerning any staff or patients in the past five years (2017 to date) (Please include any cases that may have led to an out of court settlement.)**

Answer: In respect of patients and staff - Having considered the whole request, we have interpreted question 5 as meaning sexual assault and sexual violence. Number of cases – Nil

6)
    a) If your answer to question 5 was yes, please can you provide figures, specifically for the total number of cases and total compensation paid per year.

    Answer: This question is not applicable.

b) If possible, can you provide a breakdown for each case, specifying year; cost; whether the claimant was a patient, staff member or other (please specify): and whether the perpetrator was a staff member or patient?

Answer: This question is not applicable.

NHS
Royal Devon University Healthcare
NHS Foundation Trust

Safeguarding Adult Policy	
Post holder responsible for Procedural Document	███████████████████ ████████████ ████████████████
Author of Policy	███████████████████ ████████████ ████████████████
Department responsible for Procedural Document	Integrated Safeguarding
Contact details	████████████ ████████
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			

Controlled document
This document has been created following the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare Trust Policy for Procedural Documents. It should not be altered in any way without the express permission of the author or their representative.

Full History			Status: Draft	
RD&E and NDHT have fully established Safeguarding Adults Polices			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: ██████████████ ████████ *See separate Polices for consultation prior to integration 28/02/2022*	
Contact for Review: ████████████████ ██████████	Title of author Nurse Consultant Safeguarding Lead RDUH – Barnstaple Site Head of Safeguarding RDUH – Exeter site
Executive Lead Signature: *Carolyn Mills Chief Nursing Officer Exec Lead Safeguarding*	**To be added by Policies Administrator when uploading to Intranet**

Safeguarding Adults Policy

Post holder responsible for Procedural Document	██████████████████████████
Author of Policy/Strategy	██████████████████████████
Division/ Department responsible for Procedural Document	Specialist Services/ Safeguarding
Contact details	████████
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

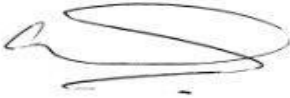| Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience	✓	Maintain Operational Service Delivery	✓
Assurance Framework	✓	Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards - Regulation: **13**		Infection Control	
Other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

Controlled document
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Royal Devon and Exeter NHS
NHS Foundation Trust

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:	████████████████████████████████ ███████████████████████ ████████████
Executive Lead Signature: Chief Nurse	

CONTENTS

Royal Devon and Exeter
NHS Foundation Trust

NHS

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

NO → Review care planning → Consider signposting to Police/other organisations → Review again as needed

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

YES — Document Mental Capacity Act Assessment — **EITHER / OR**

NO → Has capacity? Support the adult with decisions & raise concern with consent

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

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**

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 rde-tr.safeguarding@nhs.net
- If urgent call 999 or ring 01392 381206 option 5 and complete form afterwards

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 01392 406430/406439

Safeguarding Adults Policy
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 6666 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 6666 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 rde-tr.Safeguarding@nhs.net and Care Direct at csc.caredirect@devon.gov.uk.

If your concern is urgent you could phone (08:00-20:00 Monday to Friday, 08:00-13:00 Saturdays) **0345 155 1007** or outside of these times the Emergency Duty Service on **0345 6000 388** 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 01392 406430 or with DCC Emergency Duty Service 0345 6000388 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 0300 303 4626**. 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 01392 406430/406439 or rde-tr.safeguarding@nhs.net.

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 01392 406430 or rde-tr.safeguarding@nhs.net.

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: 0300 555 2222 24-hour service. Text a lender's details to 07860 022 116.

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 Mr Manager. 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): 01392 381206 Option 5, safeguardingadultseast-mailbox@devon.gov.uk

- Northern: 01392 381208 safeguardingadultsnorth-mailbox@devon.gov.uk

- Southern: 01392 381211 safeguardingadultssouth-mailbox@devon.gov.uk

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

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Devon Safeguarding Adults Partnership (DSAP) (2020) *Adult Self-Neglect and Hoarding Guidance. A*vailable at:
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Devon Safeguarding Adults Partnership (DSAP) (2020) *Multi Agency Framework for managing risk.* Available at:
https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/EX7DKaOMYspCkwIjM8AhlUwBhC9xN5UNZ2K-ZytkbzEInQ?e=i22qkI

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	0300 303 4626	
Royal Devon and Exeter Safeguarding team	01392 408630	rde-tr.safeguarding@nhs.net
Care Direct Devon County Council	0345 155 1007	csc.caredirect@devon.gov.uk
Devon County Council Safeguarding Adults team	01392 381206 Option 5	safeguardingadultseast-mailbox@devon.gov.uk
Devon County Council DoLS team	01392 381676	dols@devon.gov.uk
Independent Mental Capacity Advocacy (IMCA) service	0845 231 1900	imca.devon@nhs.net
National Association of Primary Care (NAPC)	020 7636 7228	napc@napc.co.uk
Police – if at risk of immediate danger	999	If non urgent 101 101@dc.police.uk
Police Central Safeguarding Team	0845 605 1166	
PREVENT	01392 225130	
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	0300 303 4626	Sexual Assault Referral Centre Devon

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.

Royal Devon and Exeter **NHS**

NHS Foundation Trust

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	Caroline Holt, 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:	

NHS
Northern Devon Healthcare
NHS Trust

Document Control

Title	Safeguarding Adults Policy	
Author ██████████	**Author's job title** Specialist Nurse, Safeguarding Adults	
Directorate Unscheduled Care	**Department** Integrated Safeguarding Team	

Version	Date Issued	Status	Comment / Changes / Approval
0.1	May 2020	Draft	Initial version for comment
0.2	July 2020	Draft	Initial circulation to NDHT Integrated Safeguarding Changes: Minor changes within section 6 Changes to section 11 Changes to definition sexual abuse 2.2 Additional information re SARC section 6.8 Additional information re Domestic abuse 6.8 Addition role of Court of Protection and OPG 6.7 Update to organisation chart Move appendix flowchart to prefix Addition 6.14 + flow chart 'Missed appointments' Link to DSAP PiPoT protocol
0.3	Sept 2020& Oct 2020	Draft	Edit to Missed Appointments flow chart Addition re escalation Addition re Fire Service referral
0.4	Oct 2020	Draft	Updated training requirements (ABri)
0.5	Oct 2020	Draft	Formatting + small amendment to 'was not brought' appendix DRAFT VERSION TO BE SHARED BEFORE FINAL APPROVAL AT SAFEGUARDING COMMITTEE, WITH APROVAL OF NURSE CONSULTANT LEAD
0.6	Oct 2020	FINAL	Minor Edits
0.7	Oct 2021	FINAL	Minor Edits
0.8	Nov 2021	Draft	Minor updates + reference to the Domestic Abuse Act 2021(not finalised)
0.9	February 2022	Draft	Minor edits +updates as 0.8 and to reflect changes in organisational structures + minor edits to consent re information sharing

Main Contact	
██████████ Barnstaple Health Centre Vicarage Street Barnstaple Devon EX32 7BH	**Tel: Direct Dial** – ██████████ **Email**: ██████████

Lead Director		
Chief Nurse and Executive Lead for Safeguarding		
Superseded Documents		
Safeguarding Adults Policy v7.0 October 2019		
Issue Date	**Review Date**	**Review Cycle**
		Three Years
Consulted with the following stakeholders: (list all)		
Central Safeguarding Team: Devon and Cornwall Police Local Authority (Care Direct) North Safeguarding Adults Team NDHT Integrated Safeguarding Team Wide circulation within NDHT: Details held by Safeguarding Team Circulation to other agencies: Police, Local Authority, Devon Partnership Trust, Royal Devon and Exeter NHS Foundation Trust, NHS Devon Clinical Commissioning Group, Devon and Somerset Fire Service.		
Approval and Review Process Approval through NDHT Safeguarding Committee Any revisions to be agreed at Safeguarding Operational Group and submitted to R,D and E and NDHT Safeguarding Joint Integrated Safeguarding Committee (JISC) for approval. March 2022: Revision through Safeguarding Operational Group and JISC		
Local Archive Reference G: Integrated Safeguarding Folder: Policies: Adults: Safeguarding Adults **Local Path** G:\INTEGRATED SAFEGUARDING FOLDER\POLICIES\ADULTS\Safeguarding Adults 2020 **Filename** Safeguarding Adults 2020		
Policy categories for Trust's internal website (Bob) Integrated Safeguarding Team: Safeguarding Adults	**Tags for Trust's internal website (Bob)** Abuse, Neglect, Self-Neglect, Harm, IMCA, Modern Slavery, SARC, Homeless Domestic Abuse	

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PREFIX A

Safeguarding Adults
Decision making: reporting your concern

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 → Complete a Mental Capacity Act Assessment

NO →

EITHER / **OR**

- Has capacity? Support the adult with decisions & raise concern with consent
- Lacks capacity? Complete a Best Interest Decision

Consider raising a 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

NO → Review care planning → Consider signposting to Police/other organisations → Review again as needed

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 possible
- ✓ Revisited and reviewed

- Raise a safeguarding concern (referral) to Care Direct (link on BOB)

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: NDHT Safeguarding Team 01271 341550
Care Direct 01392 381208

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1. Purpose

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.

Care and Support Statutory Guidance (2014, updated 2022) was issued under the Care Act.

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 carer's, to act positively to prevent harm, abuse or neglect (including self-neglect), and respond effectively if concerns are raised.

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

Northern Devon Healthcare NHS Trust is a member of the Torbay and Devon Safeguarding Adult Partnership (TDSAP). The Torbay and Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners of the Devon Safeguarding Adults Board (DSAB) that work to safeguard adults across Devon.

This policy, therefore, should be read in conjunction with the Devon Multi-Agency Safeguarding Adult Procedures and Guidance (January 2018).

These policies are available via a link from the NDHT website.

The Care Act (2014) and Guidance (DHSC, 2022) 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.

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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.

2. Definition

2.1 Safeguarding Adults

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect (Department of Health, 2014). It includes self-neglect in some circumstances. It is everybody's business.

2.2 Adults at risk

For the purpose of safeguarding, an 'Adult at Risk' is any person over the age of eighteen years old who:

a) "has needs for care and support (whether or not the [local] authority is meeting any of those needs), and

b) is experiencing, or is at risk of, abuse or neglect, and

c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."

Where someone is over 18 but still receiving children's services and a safeguarding issue is raised the matter should be dealt with as a matter of course by the Adult Safeguarding Team.

The Care Act says that if a child, young carer or an adult caring for a child is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

The local authority staff, social workers, young people and carers need to work together to plan for the transition to adult care services

2.3 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.

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- **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.
- **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. (Department of Health, 2014)

The Care and Support Statutory Guidance (DHSC, 2022) also contains provision for the safeguarding of carers.

2.4   Section 42 the Safeguarding Enquiry

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

A Section 42 Safeguarding Enquiry is about deciding whether or not the Local Authority, or another organisation or person, should do something to help or protect the adult at risk.

Although the Local Authority holds the duty to make an Enquiry, they are empowered to 'cause Enquiries to be made'. This means that other organisations or agencies may be tasked with conducting an Enquiry under Section 42, Care Act (2014).

Where there is agreement, between the Local Authority, CCG and NDHT, an Enquiry is 'caused out' to NDHT this follows processes aligned to TDSAP Multi-Agency Framework for Managing risk and TDSAP Process and Expectations for Caused out Enquiries, DSAP Business Process for Caused out S42 Enquiries, TDSAP allocation grid and NDHT Incident reporting process for safeguarding concerns / Section 42 Enquiries. The lead agency is 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 body making the enquiry if it considers that the process and/or outcome is unsatisfactory. Devon County Council will have the responsibility for updating their case management system.

2.5   Safeguarding Adults Boards (SAB)

Each Local Authority area must have a statutory Safeguarding Adults Board – often referred to as the Local Safeguarding Adults Board (LSAB) - whose purpose is to help and protect

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adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services such as the Care Quality Commission (CQC).

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners of Devon Safeguarding Adults Board that works to safeguard adults across Devon.

2.6   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 partner 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 main objectives of the report are to:

- Establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults
- Review the effectiveness of procedures
- Inform and improve local inter-agency practice
- Improve practice by acting on learning, and
- Highlight good practice.

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

2.7   Domestic Homicide Review (DHR)

Introduced by the Home Office in 2011, domestic homicide reviews (DHRs) are designed to look at what lessons can be learned about agency and inter-agency practice and procedures when the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

(a)   A person to whom they were related or with whom they were or had been in an intimate personal relationship, or
(b)   A member of the same household.

The purpose is not to apportion blame but to reflect on what happened with a view to preventing domestic homicides in the future. A DHR will be called by the local Community Safety Partnership for the area in which the person lived, and will in turn have been informed of the case by the local police.

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3.   Responsibilities

3.1   Role of Safeguarding Adults executive and non-executive leads

The Chief Nursing Officer for Royal Devon and Exeter Hospital and NDHT has executive responsibility. The Chief Nurse RD&E/ NDHT Chairs the JISC and reports to the Joint Trusts Board.

He/she is accountable for the governance of safeguarding to the service, partners and regulators.

3.2   All members of staff

All employees (including bank & agency staff), volunteers and contractors are required to adhere to the policies, procedure and guidelines of the Trust, including their roles and responsibilities under this policy. All staff should make sure that they have familiarised themselves with their local multi-agency safeguarding policy as the Trust policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed, and the local responsibilities of the Trust staff within multi-agency safeguarding practice.

Staff must also work at all times within the guidelines of their professional codes of conduct and the policies of the Trust to prevent abuse through an act or omission to act. Omissions to act and poor professional practice can amount to neglect even if the abuse was unintentional.

3.3   Approving Group

Joint Integrated safeguarding Committee.

4.   Safeguarding Adults Principles

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

Under the Care Act (2014) the Government has agreed principles for safeguarding adults that can provide a foundation for achieving good outcomes for patients.

4.1   Principle 1 – Empowerment

Presumption of person-led decisions and consent

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

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4.2   Principle 2 – Protection

Support and representation for those in greatest need

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

4.3   Principle 3 – Prevention

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

4.4   Principle 4 – Proportionality

Proportionality and least intrusive response appropriate to the risk presented

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

4.5   Principle 5 – Partnerships

Local solutions through services working with their communities

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

4.6   Principle 6 – Accountability

Accountability and transparency in delivering safeguarding

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

Making Safeguarding Personal is core to safeguarding practice.

Safeguarding should be person led and outcome focussed.

There should be a culture within NDHT of focussing on personalised outcomes for the person with care and support needs who may be at risk, or has been abused.

Professionals need to consider how they work with individuals, and within their service, ensuring the principle of 'Making Safeguarding Personal' is applied in practice.

Points to consider:

- Ensure patient participation is core throughout any safeguarding care planning.
- Providing accessible information to help the individual participate.
- Ensuring advocacy is provided when needed.
- Ensure person centred approaches are supported.

What does this look like in practice?

When any safeguarding concern is identified have 'conversations' with the patient at the very beginning:

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- What outcomes does the patient want and how do they think those outcomes can be achieved?
- Record conversations with the patient.
- Involve the patient and their family (with consent) in development of any safeguarding care plans.
- Keep the patient updated with any agreed actions / outcomes.

Note: even if the patient is deemed to lack mental capacity for specific decisions related to safeguarding it is still important to have these conversations with the patient to develop an understanding of known patient wishes and beliefs in order that 'Best Interests' decisions can be reached.

5.   Integrating Clinical Governance and Adult Safeguarding

There are opportunities to be gained from streamlining and integrating systems, where investigations can be undertaken in parallel and the learning from both can be informative and help to develop communication between safeguarding teams and health agencies. A clear distinction needs to be made between the two processes to avoid duplication and to use opportunities where one investigative process can meet the requirements of both sets of procedures. It is important to recognise the potentially high level of adverse incidents that would be reportable as safeguarding concerns if the two processes came together.

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

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

Incidents are reported within NDHT using the Datix reporting system.

All incidents, reported within NDHT, are allocated an investigating manager and follow processes outlined within the Clinical Governance framework of the Trust. There are agreed processes between the NDHT Clinical Governance team and the Safeguarding Team to ensure effective working across teams.

All incidents reported as 'safeguarding' are reviewed by a member of the specialist integrated safeguarding team to provide assurance that safeguarding responsibilities are followed.

Whilst satisfying all requirements, when investigating an incident relating to safeguarding, there needs to be an avoidance of duplication making best use of resources.

TDSAP have agreed a multi-agency framework for managing risk, within the structures of Safeguarding Enquiries, Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Public Protection Arrangements (MAPPA), Creative solutions: Doing what matters Forum, People in Positions of Trust (PiPOT), Local Authority Designated Officer (LADO), PREVENT, modern slavery and human trafficking.

The Domestic Abuse Act (2021) provides a statutory framework in relation to the prevention and support of victims of domestic abuse. This includes the formation of a Devon Domestic Abuse Partnership Board, which has been formed.

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6. What to do when abuse is suspected

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

Prefix A is designed to assist staff in the decision making and reporting process for safeguarding adults concerns.

6.1 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 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.
- 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.

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.

'Making Safeguarding Personal' is core to safeguarding practice. Person led and outcome focused.

If safe to do so at this point you need to ask (and record those conversations) the patient what outcomes they want.

The professional should consider if the person at risk has Mental Capacity to make decisions related to the presenting concerns, and if reason to doubt Mental Capacity a formal Mental Capacity Act (MCA) assessment should be completed.

Decision making should then be aligned to the Core Principles of the Mental Capacity Act (2005). See MCA Policy.

Advocacy support may be indicated (see section 6.5).

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(The professional should have the knowledge and skills to complete the MCA assessment, and if not to speak to their line manager requesting support.)

Step 2   Report your concern

You should usually report your concern to your line manager or, in their absence, another senior member of staff.

The line manager and the reporter must decide whether the allegation/incident falls within the NDHT Safeguarding Policy (Prefix A). If in doubt assume it is a safeguarding concern as it can always be de-escalated at the point of triage. If you are unable to contact your line manager immediately you should proceed as follows, and talk to your line manager later.

If you have reasons why you do not wish to talk to your line manager you should still take the steps below. The safety and welfare of the adult(s) at risk is the first priority.

Step 3   A safeguarding 'concern' should be raised

This must be done with patient consent, to the Local Authority (Care Direct).
There is a link to the electronic reporting form on the NDHT internal website.

If the possible abuse has taken place outside of Devon (e.g. Within Cornwall) then the Concern should be reported directly to that Local Authority. (Contact NDHT Safeguarding Team if needing advice.

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 – this must be properly explored and recorded in line with the Mental Capacity Act (2005)
- 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
- Staff are implicated
- The person has the mental capacity to make that decision but they may be under duress or being coerced
- The risk is unreasonably high and the sharing information can be justified
- The court order or other legal authority has requested the information.
- The Care Act (2014, s.11) places responsibility on the Local Authority to carry out a needs assessment if the adult is experiencing or at risk of abuse or neglect, even if the adult is refusing.

You may wish to discuss the concern with the NDHT Integrated Safeguarding Team prior to raising a concern on 01271 341550, or with the DCC Safeguarding Team Professional Line (preferred number in office hours) 01392 381208, or emergency Duty service 0345 6000388.

Care Direct 0345 155 1007 is primarily for members of the public or for professionals wanting general advice.

Concerns relating to the 'quality' of external agency service provision can be reported to the Quality Assurance Improvement Team (QAIT), or reported through community team leads to the 'Multi Agency Quality Huddle'. See section 10.

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Where there may be occasions anyone considers that there is not agreement in relation to a safeguarding response, or considers the safeguarding response is not robust, advise discuss with immediate line manager and contact NDHT Safeguarding Lead.

See also NDHT Freedom to speak up: Raising Concerns (Whistleblowing Policy).

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

TDSAP Escalation Protocol

Step 4   An incident report must be made on the DATIX system

The incident report on DATIX should make it clear that it is a safeguarding adult issue and what actions have been taken. This will then be passed to the reporter's line manager and the Safeguarding Adults' Lead.

Subsequent actions will depend on the description of the concern, the part played by NDHT, and the level of harm sustained.

See the Incident Reporting Policy. The DATIX incident should contain details of the safeguarding concerns as well as actions that have been taken, confirmation that the safeguarding concern has been reported to the Local Authority (Care Direct) and what further action may be required. Guidance on reporting safeguarding adult concerns on DATIX can be found here.

Step 5   Where the adult at risk is a patient of NDHT

All concerns of abuse should also be clearly and accurately documented in the patient's record: 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. The nature of the abuse suspected or otherwise should be clearly outlined and any unexplained injuries noted on a body map. Safeguarding documents should be held within the patient record but not directly in the clinical notes.

In paper notes a green safeguarding divider should be used to clearly identify which records are confidential to safeguarding practice.

A copy of the safeguarding 'concern' form should be printed and added to the patient's notes behind this divider.

On electronic records (RIO Community records) safeguarding documents should be clearly labelled as 'safeguarding' within the documents folder.

6.2   Role of Line managers

Line managers are responsible for ensuring that staff are aware of the Trust's policies and of the relevant guidance.

When a concern is raised by a member of their staff regarding a patient or member of the public:

- The manager should support the member of staff in following the guidance in this policy.
- The Manager will support the rights of a member of staff who raises concerns about NDHT services.

    NDHT Whistleblowing (How to Raise a Concern) Policy

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The manager has the responsibility for making an initial decision with the member of staff as to whether this incident should be raised as a safeguarding concern – Prefix A can be used to support this decision. If in doubt, a referral should be made to the Local Authority (Care Direct).

- The manager will remind the member of staff to also make an incident report (DATIX) and to take other steps identified above in Section 6.1.

- If the manager thinks there is any possibility that a crime has been committed then Telephone **101,** or **999** in an emergency.

- The manager will need to decide on the basis of the seriousness of the allegation whether to report the concern to the Community Services Manager / Senior Manager.

- The Manager should take steps to ensure that any evidence is protected and is available for a Strategy Meeting and /or the investigation which may be arranged.

- The Manager will ensure that the reporter is kept informed of the 'progress' of the safeguarding concern raised, and steps being taken.

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

Those incidents that are not coded as 'safeguarding' are still reviewed by the DATIX team, the responsible manager, the community services manager or service manager, heads of department and specialists. If there are no apparent safeguarding concerns within an incident, normal procedures for investigation should apply. However, if through the investigation process a safeguarding concern should emerge a safeguarding concern should be raised immediately and progressed as above.

6.3   Responsibility of the Devon County Council Safeguarding Team

The Local Authority have statutory responsibility to make (or cause to be made) 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 has 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.

There may be occasions where a community service manager, within the Local Authority, makes a decision on management responsibility, on a case by case basis rather than being triaged by the Local Safeguarding Team Hub. It is important that it is clear who is managing the process.

6.4   Safeguarding Strategy Meeting

A Safeguarding Strategy meeting is a professionals' 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.

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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.

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 or ICAA (see section 6.5). Family members' views can also be taken into consideration at any strategy meeting.

6.5   Involvement of Advocacy and Independent Mental Capacity Advocates (IMCA) and Independent Care Act Advocate (ICAA)

The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the same time as such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted**.**

An IMCA must be instructed, by the Local Authority or an NHS body, and then consulted, for people aged over 16 lacking capacity who have no-one else other than paid staff to support them whenever:

- The Trust is proposing to provide serious medical treatment (SMT), or
- An NHS body or Local Authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and:
    - o   The person will stay in hospital longer than 28 days, or
    - o   They will stay in the care home for more than eight weeks.

Within the Devon and Torbay Health and Social Care community, practitioners are advised to consider instructing an IMCA to support someone who lacks capacity:

- In adult protection cases, whether or not family, friends or others are involved.
- For care reviews when no-one else is available to be consulted.

There are different referrals for different situations so please follow the detailed eligibility guidance for involving IMCAs in SMT decisions: Devon Torbay Advocacy Eligibility Guidance

Please refer to the MCA/IMCA page on BOB for access to:

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- The IMCA service referral form
- IMCA service leaflets
- Guidance on when to instruct an IMCA
- Information on the role of an IMCA
- Information on Care Act Advocacy
- Check list for instructing an IMCA in SMT decisions

In some circumstances an ICAA may need to be appointed rather than an IMCA, please consult Guidance above.

6.6   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.

In general terms, 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 it is sensible to have a discussion with the lead officer in the local police force.

Of course, the police may need to be involved in an emergency situation 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, and so the person's wishes would not be the sole consideration. Local policies and procedures should be followed to ensure that information is shared appropriately. The Information Governance team, Integrated safeguarding team and NDHT Caldicott Guardian can be contacted for advice.

Where a complaint or a serious incident is identified in these circumstances, discussions may be need to take place with the police to determine whether progressing the complaint might prejudice subsequent legal action - if so, the complaint should be put on hold, and the complainant will be advised of this fact. The Local Authority Safeguarding Hub will normally share the safeguarding concerns with the police at an early stage.

If a reported crime has already been reported to the Local Authority there will be a 'CR' or 'EN' number which would indicate the Police are aware.

If having been provided with either an incident log number (long number i.e. 123/01012020), Crime number (i.e. CR/1234/20) or Enquiry number (i.e. EN/1234/20) you just need contact with the officer dealing but don't know their name/contact details then send an email to 101@devonandcornwall.pnn.police.uk

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If you know the officer's five figure shoulder number or both names of the officer dealing then you can e-mail direct. Either use
- the number followed by for example 12345@devonandcornwall.pnn.police.uk
- or their first name.surname@devonandcornwall.pnn.police.uk

All safeguarding referrals, that require a Police involvement, should be reported to the at the Local Authority triage stage (if not reported earlier) but if having done this need further police safeguarding advice is required then call 0845 6051166 or email centralsafeguardingteam@devonandcornwall.pnn.police.uk

If a referral is made to the Police **YOU MUST** ensure a Datix is completed that includes the 'EN' or 'CR' number and ensure that 'safeguarding' is indicated within the Datix.

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

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, The Court of Protection might intervene where there is abuse by people appointed to look after the finances or welfare of someone without mental capacity to do so themselves.

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.

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.

It is important to check an appointee / appointees are formally registered with the OPG.

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This can be done by applying to the [Office of the Public Guardian](#) and email to the OPG using a secure NHS email account.

6.8   Domestic Violence and Abuse and Sexual Assault Referral Centres (SARC)

The Domestic Abuse Act (2021). The bill includes:

- The creation of a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. As part of this definition, children are explicitly recognised as victims if they see, hear or otherwise experience the effects of abuse;
- The establishment of the office of the domestic abuse commissioner
- The introduction of new domestic abuse protection notices and orders
- Duties on local authorities to provide accommodation
- Introduction of the new offence of non-fatal strangulation
- A statutory footing for the guidance supporting Clare's law

Details of those 'personally connected to' are found within the Domestic Abuse Act (2021). Further details can be found at: [Domestic Abuse Bill 2020 overarching factsheet](#)

Hidden harms and harmful traditional practices

The terms 'hidden harms' and 'harmful traditional practices' can be used to describe a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Harmful traditional practices are forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice.

The most common are:

- forced or early marriage
- so called 'honour' based violence
- female genital mutilation or cutting (FGM)

These practices violate human rights and may be a form of domestic and/or sexual violence. There is no, and cannot be any, honour or justification for abusing the human rights of others'.

Forced Marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is now a specific offence under Section 121 of the Anti-Social Behaviour, Crime and Policing Act 2014 and this came into force on 16 June 2014.

Also known as Hidden Harms the abuse is undetected and unreported. It can also include:

- Modern slavery
- Online child abuse
- Domestic abuse
- Hate crime

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NDHT has a separate Policy on Domestic Violence and Abuse

The principles of safeguarding practice should apply.

If there is significant risk, contact the Police on 999 for immediate assistance.

A safeguarding concern may be raised (with patient consent, unless there is a duty to raise) if the concern meets criteria under safeguarding practice.

If needing advice / support contact NDHT Integrated Safeguarding team / Specialist Midwifery team (for midwifery services) or the Independent Domestic Violence Adviser (IDVA) – see Appendix D for contacts.

Specialist Sexual Assault Referral Centres (SARC) are provided by NDHT

SARC 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 0300 303 4626**. 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: SARC

There is a NDHT Standard Operating Procedure to support safeguarding practice for adults and children presenting to the SARC services.

6.9   Self Neglect

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.

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 and impact on other people.

An understanding of the application of the Mental Capacity Act (MCA) (2005) in practice underpins work undertaken with adults who self-neglect.

The MCA empowers people to make decisions for themselves wherever possible, and protects people who lack capacity by providing a framework that places individuals at the very heart of the decision-making process.

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The dilemma for practitioners is often in determining whether self-neglect is due to lacking mental capacity or unwillingness to maintain appropriate 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. Assessment should focus on the person's recognition and understanding of the potential consequences. Where a patient lacks capacity care planning should follow a Best Interests Approach with decisions aligned to the principles and Code of Practice of the Mental Capacity Act.

Professionals should firstly review care planning and put in any immediate assurances to support the patient. There should be an assessment of Mental Capacity (when indicated), assurance a multi-agency approach is adopted with appropriate information sharing, and a Lead Professional identified where possible.

There may be a duty to raise this as a Safeguarding Concern to the Local Authority (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. The Care Act (s.11) places a responsibility on the Local Authority to undertake a Care Needs assessment even where there may be refusal where there are potential safeguarding risks. Contact the NDHT Safeguarding Team if further advice is needed.

There needs to be assurance that agencies are working together to support the patient and protect from risks of abuse and neglect.

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.

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, 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

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

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

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

To raise a concern follow advice in section 6.1 above.

The views and wishes of the patient should always be sought. They would need to consent to the concern being raised if they have capacity to do so, unless there is a duty to raise, as outlined above. A Datix should also be completed.

You can discuss a potential case prior to raising a concern or discuss a case you have already made with Devon County Council safeguarding adults team on 01392 381208 (professional line).

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Alternatively, you can contact the Trusts' Integrated Safeguarding team on 01271 341550 or ndht.safeguardingadults@nhs.net

Further information available on TDSAP Self-Neglect Guidance DSAP Adult Self-Neglect Guidance for Action

6.10 Pressure Ulcers

The Department of Health and Social Care document 'Safeguarding Adults Protocol - Pressure Ulcers and the interface with a Safeguarding Enquiry' (January 2018) offers guidance for the clinical management of the removal and reduction of harm to the individual, whilst considering if an adult safeguarding response under section 42 of the Care Act (2014) is necessary. It highlights that whilst the treatment and response to pressure ulcers is predominantly a clinical one, prevention is a shared responsibility.

Single grade 1 & 2 pressure ulcers require early intervention. Severe damage is indicated by multiple pressure ulcers of grade 2 or a single grade 3 or 4. 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 with Care Direct. This may require patient consent.

The 'Adult Safeguarding Decision Guide for individuals with severe pressure ulcers' in Appendix C of the guidance should be used to inform decision making.

You can discuss a potential case prior to raising a concern or discuss a case you have already made with the Local Authority (Care Direct) safeguarding adults team on 01392 381208 (professional line).

Alternatively, you can contact the Trusts' Integrated Safeguarding team on 01271 341550.

If the patient has been receiving care from another service prior to presentation the responsible manager for the Datix should consider contacting the manager of the service (Care Home/ Community Nursing Team) involved in the care of this patient to inform them that a Concern has been raised with the Local Authority (Care Direct).

6.11 Homelessness Reduction Act 2017

There may be a number of intersecting risks when someone is homeless.

It is important to consider presenting risks aligned to safeguarding practice, with assurances that principles of MCA (2005) applied, agencies evidence working together and ideally a lead professional is identified.

From the 1st October 2018, as part of the Homelessness Reduction Act (2017), 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 (with consent). (Follow link within paragraph to refer to the Local Authority.)

There are resources available to support practice. Safeguarding Guide. Safeguarding Toolkit. DSAP Adult Self Neglect Guidance. The Blue Light Manual.

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6.12 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.

NDHT Trust is a recognised 'partner agency' with the (England) Illegal Money Lending Team.

Loan sharks are illegal moneylenders who often charge very high interest rates. You can check if a company is authorised to lend money and report loan sharks anonymously.

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: 0300 555 2222 24-hour service. Text a lender's details to 07860 022 116.

If you are making this report as a NDHT employee then a Datix should be completed which highlights safeguarding.

6.13 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. Additionally you can look at the Devon & Torbay Modern Slavery Adult Victims referral Pathway Protocol.

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.

A Datix should be completed identifying 'safeguarding' response required.

6.14 Missed appointments 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 aligned to safeguarding practice. See Appendix B

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6.15 Concerns raised regarding abuse or neglect within NDHT/ or involving staff employed by NDHT.

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

Where an allegation or suspicion of abuse is raised about a NDHT hospital, service or member of staff the same reporting process should be followed (i.e. raise a concern with the Local Authority and complete a Datix report).
However you MUST also notify the Trust's Director of People / Human Resources and /or the Safeguarding Lead.

There may well be immediate protection arrangements which are required involving the manager of that service/staff member. NDHT Safeguarding Lead will determine the course of action to be taken. This normally will include informing the manager of the service, senior nurse/manager, Assistant Director of Nursing and/or Director of Nursing.

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 Trust is a signatory to the multi–agency safeguarding protection procedures which require the Trust to work in full cooperation with partner agencies, usually through a Safeguarding Strategy meeting. It is important to take an open and non-defensive approach to allegations and to ensure there is a measure of independence within the safeguarding process.

The Trust will on occasion undertake an internal investigation without delay, commencing with an incident report and a 72 hour report. The decision to undertake an investigation, and the level of that investigation, rests with the Trust's Designated Officer. In some instances further investigation may only happen with the agreement of the police and it must have regard for the safety and welfare of the victim(s) of abuse.

In situations where an incident has been designated a Serious Incident under the Incident Reporting Policy, the Commissioners may decide to Chair the safeguarding strategy meeting.

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. Link to TDSAP PiPoT Protocol

7.   Capacity and Consent

People have a fundamental legal and ethical right to determine what happens to their own bodies.

Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery, including decisions around the sharing of information.

Consent must be documented in patient notes. The Trust's Consent Policy provides the detail and forms used in order to obtain and document consent appropriately.

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7.1   Consent to share information

Decisions in relation to information sharing can be complex.

As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.
.
NDHT information governance team; integrated safeguarding team and Caldicott Guardian can support with advice.

Wherever possible informed consent to share information should be obtained from the adult at risk of abuse or neglect, however there may be situations where:
- Consent is withheld, or
- The person is unable to give informed consent.

Information may still be shared between professionals if consent is withheld **if** there is reasonable belief that:
- There is a high risk of serious harm to the adult at risk, or
- Consent was withheld under duress, or other vulnerable adults or children are at risk.

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

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

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

The law does not prevent the sharing of sensitive personal data between organisations, provided that the sharing is lawful and is consistent with information sharing guidance issued by the Information Commissioner's Office (ICO).

If the person is **unable to give informed consent** and is assessed as lacking capacity to consent, but information needs to be shared in order to prevent or protect them from abuse, then the 'best interest' principle must be followed. Please see NDHT MCA Policy and TDSAP Information sharing principles and agreements for adult safeguarding.

7.2.   Consent to refuse support/intervention

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

If it is decided that a person does have capacity and has taken an informed choice to live in a situation that puts them at risk, then the person, their carer (formal or informal), a relative, their community support and any other relevant agency or individual should be consulted in order to ensure that the person is offered all possible choices. He or she may still choose to stay in the situation and live with that risk. In cases where people make this choice, it is still important to undertake a risk assessment and put in place a safeguarding plan.

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

If other people are placed at risk by the decisions made by the adult, there may be occasions where there is a duty to raise a concern, for example if a child or other adult at risk may be involved. Another example would be if the adult was presenting with self-neglect and posed risks to others e.g. public health or fire. In this case there would be a duty to report.

If it is decided that the adult at risk does not have capacity then staff should act in the best interests' of the adult, and do what is necessary to promote health or wellbeing or prevent deterioration.

The Mental Capacity Act (2005) provides a statutory framework to empower and protect people at risk of abuse or neglect who are not able to make their own decisions.

Please follow the Principles and Code of Practice aligned to the Mental Capacity Act (2005). Where there is reason to doubt Capacity please ensure that a MCA assessment is completed and documented within the records to evidence how decisions were made.

An IMCA or ICAA may need to be appointed – see section 6.5.

8.   Whole home / Whole service Investigations

Where the care of a resident or residents in a Care Home are the subject of a strategy meeting it may be decided to carry out an Enquiry into the standards of care within the Home. The same applies to a patient or patients in a ward or hospital. The decision will be made at the Safeguarding Strategy meeting and terms of reference will be drawn up. In most cases a review of some of the residents' care is undertaken. Social Workers from the Safeguarding Team undertake these reviews and Trust staff may be asked to support.

The Community Services Manager involved in the safeguarding meetings will need to be mindful of the resource commitments that any safeguarding investigation will require. It is important to ensure the actions from a safeguarding meeting are being clear as to what is being asked of health staff and terms of reference for any investigation should be made clear. Consideration should also be given to the likely impact of diverting resources as this may expose other (potentially at risk) adults on caseloads and currently under the care of the organisation to risk of harm.

It is recommended that nurses ensure that their contribution to these reviews is documented on the patient record as well as within any safeguarding Enquiry report. Where the input is considerable and beyond what are felt normal duties the Director of Nursing or deputy should be consulted to consider the impact on the required resource commitment.

8.1 Care Services Team

There is a team of nurses who work within NDHT alongside Care Homes by supporting professional clinical development.

The Team Lead works within the Trust to identify, prevent, and investigate issues relating to safeguarding in a timely manner, through the development of positive working relationships with care services.

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The safeguarding nurses work collaboratively with the Care Quality Commission to influence best practice within a variety of care settings within the community through the provision of professional nursing advice and support on a range of care and quality issues.

The role of the Team Lead (who holds the title of 'Safeguarding Adult Nurse' within this team) will include professional involvement in whole service adult safeguarding Enquiries as outlined in the set Terms of Reference, and as directed by the Local Authority.

On-going professional advice, support and monitoring to care services is provided throughout whole service investigations to ensure sustained improvements in care provision, to recognise and challenge poor practice and to raise concerns to the relevant agencies if appropriate.

9. When does poor care become a safeguarding issue?

The aim of every commissioner and service provider should be effective, high-quality care and support for every individual. When this falls short, people are put at risk and safeguarding referrals rise.

There is evidence that many of the issues raised as safeguarding concerns, (such as falls, pressure sores, wrongly administered medication or poor nutritional care) are not rooted in malicious harm but in poor practice and poor-quality care. Nonetheless, the impact on the adult at risk can be just as great, regardless of whether harm is intended.

It is important to differentiate between the two, in order to address problems in the right way, so that all adults at risk receive safe, high-quality care and support.

If you have concerns about poor quality practice or care then you should raise a Concern to the Local Authority. You can seek advice from the NDHT Integrated Safeguarding Team or Local Authority Safeguarding Team.

NDHT has a role to alert the CCG and CQC where repeated patterns of harm are identified.

Repeated instances of poor care indicate serious underlying problems and point towards organisational abuse, which happens when standards of care are so poor that adults are put at increased risk. The importance of recording everything, and regularly reading that has been recorded by everyone, cannot be overstated. Only through good recording can patterns of incidents over time be tracked and analysed, and therefore addressed.

The Quality and Improvement team (QAIT) led by the Local Authority hold a weekly 'Quality Huddle'. Community teams can feed in to this huddle through the Community Locality Leads who can represent NDHT at this meeting.

The Local Authority also lead on two monthly multi agency Commissioning meetings at which NDHT has representation.

10. Disclosure and Barring Service (DBS)

The DBS manages a vetting and barring list and has the power to bar certain people from regulated activity with children and adults at risk.

As an NHS provider the Trust is known as a regulated activity provider for the purposes of the scheme.

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The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk.

It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts including most NHS jobs. It is also a criminal offence to employ a barred individual.

Employers and service providers will be able to check an individual's status on-line free of charge.

Employers, Local Authorities, professional regulators and other bodies have a duty to refer to the DBS information about individuals working with children or adults where they consider the individual to have caused harm or pose a risk of harm.

The Trust therefore has a duty to refer relevant information as it is a provider of regulated activity. Please refer to the Disclosure and Barring Service Policy. Also the DBS website provides guidance on when employers should make a referral to them.

11.   Training Requirements

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

NDHT has aligned 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)'.

Each level of training requires staff to complete a minimum number of hours training over a three year period. These training hours can be met by undertaking a variety of different training interventions.

The Trust recognises that staff undertake many episodes of training that are relevant to safeguarding adults and children and some that are core to both adults and children.

Level 1 – Safeguarding Awareness:

Who: All staff to complete as part of induction and then as part of their annual update training

What: Induction face to face training
Annual update training as part of course programmes stated on Learn +
Six monthly NDHT Safeguarding Newsletter.

How to access: At induction or for refresh through mandatory update days or E-MOT course. Receipt of the Safeguarding Newsletter.

Level 2 – Safeguarding Alerters:

Who: All front line patient facing staff to complete

What: Single e-learning package which includes Mental Capacity Act (MCA), Deprivation of Liberty Safeguarding (DoLS) and PREVENT (counter terrorism national agenda). Approximately 2 hours to complete, depending on existing knowledge.

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Domestic Abuse and Sexual Violence Training
FGM

How to access:
Through Learn+.

Level 3 – Safeguarding Practitioners:

Who: Registered health care staff working with adults, who engage in assessing, planning, intervening and evaluating the needs of **adults where there are safeguarding concerns.** This may include registered staff in any healthcare setting. All Safeguarding Adult Link practitioners and/ or supervisors.

Level 3 training requires staff to complete 8 hours over 3 years.

What: There is an opportunity to use a blended learning approach which may include eLearning, face-to-face, virtual face-to-face, reflection on safeguarding, webinar, and many more.

You can do eLearning via Learn + AND then 1 of these sessions to support your 3 yearly compliance.

OR you could do 3 sessions on different subjects.

OR you could do something each year which lasts 2/3 hours.

How do I capture this?

If you undertake a session via Learn + then this will be captured on your behalf by the Learning & Development (L&D) team.

OR

The three yearly **Safeguarding Training Declaration** enables staff to document the variety of training that they undertake at Level 3 and above.

E-learning can be accessed through Learn +.

12.   Monitoring Compliance with and the effectiveness of the Policy

12.1 Standard/Key Performance Indicators

Key performance indicators comprise:
- Percentage of staff completing Safeguarding training
- Number of safeguarding concerns raised by NDHT
- Number of safeguarding concerns raised about NDHT staff or services
- Number of DBS referrals

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12.2 Process for Monitoring Compliance and Effectiveness

This Policy will be shared across the Trust for implementation.

The Safeguarding Lead Nurse will be responsible for reporting compliance to the Operational Group and to the JISC.

Alongside the reporting of key performance indicators the NDHT Integrated Safeguarding Team will also undertake audits, as agreed within the Annual report and work plan for that team.

This policy and its implementation will be monitored through the JISC. This Committee is chaired by the Lead Nurse. Within Northern Devon Healthcare Trust, the Chief Nurse / executive lead has operational oversight of the Safeguarding Lead and responsibility for Safeguarding Adults.

The Safeguarding Adults Lead reports to the Director of Nursing and is a member of the TDSAP operational group and sub groups.

All line managers have a responsibility to ensure the Safeguarding Adults Policy is followed by staff that they directly manage. Where non-compliance is identified, support and advice will be provided to improve practice.

In cases where this Policy is not followed immediate assurance of patient safety is of primary importance.

The manager of the individual / service should investigate any non-compliance and report through established Governance and HR Policies.

This should be escalated to the Safeguarding Nurse Lead or to the Director of Nursing dependant on level of concern.

Support should be made available to staff where this is appropriate.

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13. Equality Impact Assessment

Table 1:   Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age	x			Additional protection for those over 18 and older adults who may be at increased risk of abuse
Disability	x			Safeguarding those who have a disability and meet the criteria for safeguarding.
Gender	x			There is evidence that risks of some types of abuse may be related to gender, therefore this Policy would make a positive impact on that group.
Gender Reassignment	x			As above
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership	x			Purpose of this Policy is to support upholding of patients' rights.
Pregnancy	x			There is evidence that risks of some types of abuse may be related to gender, therefore this Policy would make a positive impact on that group.
Maternity and Breastfeeding	x			Increased risk of DV to this group. This Policy will have a positive impact.
Race (ethnic origin)	x			There is increased honour based violence within some ethnic groups
Religion (or belief)	x			As above
Sexual Orientation	x			Increased risks of abuse to this group. This Policy will have a positive impact.

References

Care Act 2014, London: The Stationary Office

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Department of Health and Social Care (DHSC) (2022) *Care and Support Statutory Guidance.* Available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance [Accessed 17/02/22].

Torbay and Devon Safeguarding Adults Partnership (TDSAP) (2018), Devon multi-agency safeguarding adult procedures and guidance.

Torbay and Devon Safeguarding Adults Partnership (TDSAP) Business Processes for Caused Out S42 Enquiries Protocol

Torbay and Devon Safeguarding Adults Partnership (TDSAP): Business Process for caused out S42 enquiries, allocation grid

Torbay and Devon Safeguarding Adults Partnership (TDSAP) (2020) Multi Agency Framework for managing risk

Torbay and Devon Safeguarding Adults Partnership (DSAP) (2020) Allegations Against

People in Position of Trust (PiPoT) Protocol

Torbay and Devon Safeguarding Adults Partnership (DSAP) (2020) Adult Self-Neglect and

Hoarding Guidance

Homelessness Reduction Act 2017 London: The Stationary Office

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

Mental Capacity Act 2005, London: The Stationary Office

NDHT Domestic Violence and Abuse Policy

NDHT Female Genital Mutilation Policy

NDHT Freedom to Speak up: Raising Concerns (Whistleblowing) Policy

NDHT Incident reporting process for safeguarding concerns / Section 42 Enquiries

NDHT Mental Capacity Act (2005) Policy

NDHT Standard Operating Procedure: Safeguarding Children and Adults in Peninsular Sexual Assault Referral Centre's Standard Operating Procedure

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

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

The Care Act (2014)

Acknowledgements

Material on Self Neglect based on work of Suzy Braye, Independent Researcher and Consultant, *s.braye@sussex.ac.uk*

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Appendices

Appendix A   Organisational chart

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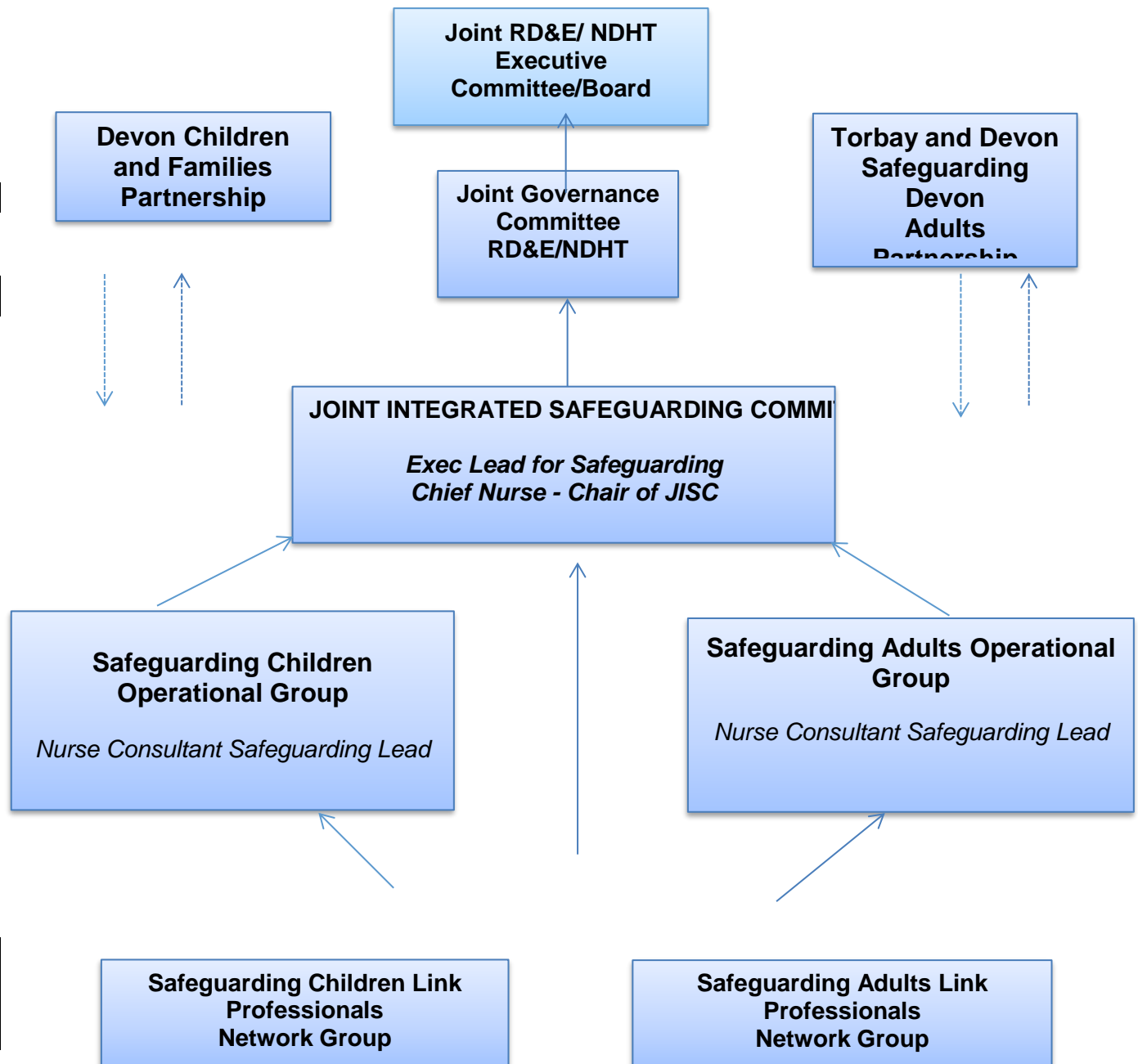
Appendix B   Did not attend

Actions to take when an adult reliant on the support of others is not brought to an appointment / did not attend / could not gain access at home.

```
┌──────────────────────────────────┐
│ Did not attend / could not gain  │
│ access                           │
└──────────────────────────────────┘
              │
              ▼
```

Administrative staff to confirm contact details are correct (consistent with referral letter, including telephone number if known) then notes passed to clinician.

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              │
              ▼
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Clinician to assess the **implications of non-attendance on the adult's health** and consider whether an immediate response is required.

```
              │
              ▼
```

Letter to adult cc GP informing of non-attendance; consider including information why attendance is important. It may be appropriate to contact by telephone to discuss if support is needed to attend.

Send second appointment. Contact relevant community services (GP, social worker/health visitor/school nurse/community nurses) if support is needed

NB *The Clinical Management Centre can only send appointments to a named patient unless contacted directly to put a comment on the waiting list. Then the person printing the letter would be prompted to alter the template for that specific booking.*

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              │
              ▼
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Was Not Brought to Second Appointment

Consider health implications of non-attendance

Check if non-attendance has been documented by other specialities.

Consider safeguarding issues - possible neglect / self neglect

Seek advice from Trust Safeguarding Team 01271 341 533

Consider referral to Care Direct (Link on BOB.)

Document all discussions and actions taken.

Record as 'Was Not Brought'

If clinically required, offer a 3rd appointment.

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              │
              ▼
```

Write to referrer /GP with copy to patient/parent. Detail non-attendance at appointments and ensure referrer and GP are aware if no further appointment has been arranged.

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Appendix C   Pressure Ulcers and Safeguarding

Link to: Safeguarding Adults Protocol: pressure ulcers and the interface with a safeguarding enquiry

Or view the document below:

PDF

safeguarding-adults-
protocol-pressure-ulc

Adult Safeguarding Decision Guide for Individuals with severe pressure ulcers:

W

Adult Safeguarding
Decision Guide for in

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NHS

Northern Devon Healthcare
NHS Trust

Appendix D   Contacts

Title	Name	Address	Telephone	E-mail
Chief Nursing Officer for R,D and E and NDHT	Carolyn Mills			
Director of Nursing	Jason Lugg	North Devon District Hospital Raleigh Park, Barnstaple, EX31 4JB	c/o Ellie King 01271 314109	j.lugg@nhs.net
Nurse Consultant Safeguarding Lead	Anna Brimacombe	Integrated Safeguarding Team Northern Devon Healthcare NHS Trust, Barnstaple, EX31 4JB	Tel: 01271 341533 Mob: 07854 371818	anna.brimacombe@nhs.net
Safeguarding Adults Specialist Nurses	Alison Bradshaw Mary Fisher	Integrated Safeguarding Team Northern Devon Healthcare NHS Trust, Barnstaple, EX31 4JB	Mob: 07471 027756 Mob: 07779 039027	alison.bradshaw3@nhs.net mary.fisher5@nhs.net
Named Midwife	Angela Whitfield	Ladywell Unit North Devon District Hospital Raleigh Park, Barnstaple, EX31 4JB	Tel: 0271 322673	angela.whitfield1@nhs.net
Emergency Department Safeguarding Lead Doctor	Lotte Lindenbaum	Accident & Emergency North Devon District Hospital Raleigh Park, Barnstaple, EX31 4JB	01271 311527	lotte.lindenbaum@nhs.net
Safeguarding Adults Administrator	Sarah-Jane Cronin	Barnstaple Health Centre Vicarage Street Barnstaple, EX32 7BH	01271 341550	ndht.safeguardingadults@nhs.net
MCA / LPS Lead	Pete Deadman	Barnstaple Health Centre Vicarage Street Barnstaple, EX32 7BH	01271 341 521	peter.deadman@nhs.net
MCA/LPS/Safeguarding Administrator	Judith Latcham	Barnstaple Health Centre Vicarage Street Barnstaple, EX32 7BH	01271 341521	ndht.dols@nhs.net
Health IDVA (Independent Domestic Violence Advisor)	Jess Taylor/Celine Townsend	Northern Devon Healthcare Trust Barnstaple, EX31 4JB	Mob: 07792 338280	jessica.taylor54@nhs.net celine@ndada.co.uk

Other Contacts		
Sexual Assault Referral Centre - SARC	0300 303 4626	
Royal Devon and Exeter Safeguarding team	01392 408630	rde-tr.safeguarding@nhs.net
Devon County Council Safeguarding Adults	01392 381208 option 5	customerservicecentrecaredirectteam-mailbox@devon.gov.uk
Devon County Council DoLS team	01392 381676	dols@devon.gov.uk
Devon Advocacy consortium Torbay and Devon Independent Mental Capacity Advocacy (IMCA) service	0845 231 1900	*imca.devon@nhs.net*
Care Direct Devon County Council	0345 155 1007	csc.caredirect@devon.gov.uk
National Association of Primary Care (NAPC)	020 7636 7228	napc@napc.co.uk
Police – if at risk of immediate danger	999	
Police Central Safeguarding Team	0845 605 1166	
PREVENT	01392 225130	
North Devon Against Domestic Abuse (NDADA)	01271 321946	
SPLITZ	0345 155 1074	
National Domestic Abuse helpline	0808 200 0247	
Women's Aid		helpline@womensaid.org.uk https://chat.womensaid.org.uk/
National LGBT+ Domestic Abuse helpline	0800 999 5428	
The Men's Advice Line	0808 801 0327	
The Mix under 25's helpline	0808 808 4994	
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	

NHS
Northern Devon Healthcare
NHS Trust

Document Control

Title	
Bullying and Harassment Policy	

Author		Author's job title
		Assistant Director of Human Resources

Directorate		Department
Nursing Quality & Workforce		HR Operations

Version	Date Issued	Status	Comment / Changes / Approval
1.0		Final	Published on Tarkanet.
1.1	Feb 2008	Revision	Amendments made due to NHS Litigation Authority assessment.
1.2	Mar 2008	Revision	Approval gained from Policy Group and Joint Negotiating and Consultative Committee.
1.3	Apr 2008	Revision	Presented to Clinical Services Executive Committee for final approval.
1.4	May 2008	Revision	Presented to Trust Board for ratification on 6th May 2008. Ratified without amendments.
2.0	May 2008	Final	Finalised version published on Tarkanet.
2.1	Jun 2008	Revision	Final amendments to ensure corporate identity requirements.
2.2	Dec 2008	Revision	Checked against NHS LA Level 1 assessment recommendations, no amends necessary.
2.3	Apr 2008	Revision	Checked Against NHS LA level 2 assessment recommendations, amended as required.
2.4	Apr 2008	Revision	Approved by Joint Negotiating and Consultative Committee (JNCC) in April 2010.
2.5	May 2010	Revision	Revised and approved by JNCC in May 2010.
2.6	May 2010	Revision	Minor amendments by Corporate Affairs to document control report, headers and footers and formatting. Formatted for document map viewing. Bookmarks and hyperlinks for appendices. Updated to reflect name change from Respect and Dignity and corrected page numbering. Recommended revised layout for Appendix E. Reference to NHS Constitution. Websites added to Appendix G.
2.7	Feb 2011	Revision	Review date extension for one year approved by Director of Personnel & Development on 11 Feb 2011. Minor amendments by Corporate Affairs to update document control report format.
2.8	Jan 2012	Revision	Harmonised policy as a result of the merging of Northern Devon Healthcare NHS Trust and NHS Devon community services. A summary of key issues and differences is on page 4.

2.9	Feb 2012	Revision	Comments and amendments incorporated following presentation at Partnership Forum.
3.0	Feb 2012	Final	Approved by Partnership Forum on 14th February following consultation.
3.1	Feb 2012	Revision	Minor amendments by Corporate Governance to document control report, header and footer updated, document formatting, hyperlinks to appendices and policies. The monitoring section has been strengthened as a result of revised NHSLA requirements. Appendix H compliance monitoring added.
3.2	Feb 2012	Revision	Above points addressed
4.0	June 2018	Final	Approved by Partnership Forum, June 2018
5.0	Feb 2019	Final	Addition to Appendix B, Section 4. Approved by Pay & Reward Group on 30th January 2019.
5.1	June 2021	Extension	In April-21 Governance Committee it was agreed that this document would have extended due dates until 31st May 2022.

Main Contact
Assistant Director of HR
Workforce Development Directorate
███████████████
███████████████
North Devon District Hospital
Raleigh Park
Barnstaple
EX31 4JB

Tel: Direct Dial –
Tel: Internal –
Email:

Lead Director
Director of Nursing, Quality & Workforce

Superseded Documents
NDHT- Bullying and Harassment Policy (formerly Respect & Dignity Policy) v2.7 2011
NHS Devon – Dignity at work Policy v 3 17th January 2011

Issue Date	Review Date	Review Cycle
June 2021	May 2022	Extension

Consulted with the following stakeholders: (list all)
- Pay & Reward Group Staff Side
- Partnership Forum

Approval and Review Process
- Partnership Forum

Local Archive Reference
G:\ Personnel & Development
Local Path
\ HR Admin \ policies, personnel
Filename
Bullying & Harassment Policy v4.1 Final

Policy categories for Trust's internal website (Bob)	**Tags for Trust's internal website (Bob)**
Human Resources, Occupational Health, Personnel and development, Harmonised	

CONTENTS

1 Introduction

This document sets out Northern Devon Healthcare NHS Trust's system for maintaining Respect and Dignity both for staff and for any individual on Trust premises. It provides a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the NHS Constitution. It also reflects the provisions contained within Section 32 of the national Agenda for Change staff handbook and applies to all Trust employees. Nothing contained within this policy is intended to contravene or reduce an individual's entitlement under national terms.

The Trust expects of its managers and staff the highest standards of behaviour in carrying out their duties and responsibilities and that they will work to the agreed values, culture and behaviours of the Trust. To achieve this standard it is essential that employees work in a supportive environment, which does not tolerate unacceptable behaviour of any kind. The Trust is therefore committed to creating an environment of positive working relationships. Any form of harassment or bullying is totally unacceptable. Furthermore, the Trust guarantees that all complaints will be taken seriously and will be thoroughly and fairly investigated.

1.1 *Policy Statement*

The Trust Board and individual directors are committed to providing a working environment free from harassment, prejudice or bullying and to positively promoting a culture of "acceptable behaviour". It will not tolerate any behaviour by individuals, or groups which in any way causes offence, embarrasses, or threatens others. The Trust supports the right of all staff to be treated with respect and dignity at work at all times. This policy extends to all employees and individuals on Trust premises. For the purpose of this policy and procedure, the term 'Manager' is used to cover any employee who has responsibility for staff. The Trust will ensure appropriate training and development opportunities are available to managers and staff aimed at preventing and managing bullying and harassment (See Section 7).

2 Purpose

Harassment on the grounds of race, gender, disability, age, sexual orientation, religion or belief is a serious matter. The purpose of this document is to ensure that the Trust complies with the following laws:

- Equality Act 2010
- Protection from Harassment Act 1997
- Human Rights Act 1998
- Disclosure Protection Act 2000

Employers are liable for the activities of their employees where they know, or should know, about their conduct and take no action to prevent inappropriate behaviour. Bullying and harassment by staff is a matter of conduct and may also constitute a criminal or civil offence. Instances will be dealt with through the Trust's Disciplinary Policy and may be referred to the police and relevant professional bodies as appropriate.

Implementation of this policy will ensure that:

- Individuals are made aware of the policy (via Trust Managers) through appropriate publicity and training.
- Positive action will be taken to prevent and/ or deal with harassment, prejudice or bullying.
- Any employee of the Trust will be able to pursue any concern they might have if they feel that they are being subjected to harassment or bullying.
- Incidents and complaints are dealt with effectively and that ultimately, incidences of harassment and bullying are eradicated.

3 Definitions

3.1 Harassment

Harassment can be defined as:

"Any unwanted attention or behaviour that a person finds unreasonable, offensive and which makes him or her feel threatened or uncomfortable potentially leading to a loss of dignity or respect".

Harassment can take many forms. It can be related to age, related to sexual orientation, related to disability, related to class, related to religion or related to politics. Other examples may include trade union membership and suspected or actual HIV/ Aids status. In addition, a person with a close relationship to anyone detailed above could also be subjected to harassment because of this relationship.

Forms of harassment

There are many forms of behaviour that can cause harassment. Here are some examples:

- Sexual innuendo
- Request for sexual favours in return for promotion or job security
- Lewd remarks
- Ageist comments
- Jokes and offensive language which are targeted at a particular group or individual
- Insults or threats
- Spreading of malicious rumours
- Gossip or slander
- Displaying offensive materials, in the form of e.g. photographs, calendars, ornaments
- Offensive literature or computer based graphics
- Inappropriate use of social media to covey unacceptable comments or spread gossip
- Sex based/ racially based gestures
- Written abuse including graffiti
- Physical assault, touching, pinching or pushing

3.2   Bullying

Bullying can be defined as:

"The abuse of power or position to criticise, intimidate and undermine an individual in a way which leaves them feeling hurt, humiliated or vulnerable".

It should be noted that it is not always the case that bullying is more common from a manager to a subordinate. It can occur from a subordinate or group of subordinates to a manager and between colleagues of equal position within the organisation.

Forms of bullying

Bullying can take many different forms and may include:

- Constant criticism which undermines or demeans an individual.
- Shouting or swearing at a person, in public or private.
- Verbal intimidation.
- Physical intimidation.
- Constantly undervaluing a person's contribution.
- Criticising someone for work that has always previously been acceptable.
- Over zealous monitoring of someone's work.
- Unreasonable allocation of work.
- Unreasonably removing areas of responsibility and replacing with menial tasks.
- Setting someone unrealistic targets.
- Singling out or victimising an individual for different treatment.
- Being ignored by colleagues.
- Excluded from social activities.

The list of examples is not exhaustive. It is important to recognise that the occasional differences of opinion or conflicts in working relationships will occur and can be regarded as normal. Problems with harassment and bullying arise when an individual becomes affected by the situation. They may feel offended, humiliated, or demoralised by the actions of another.

Legitimate management procedures to deal with staff whose capability or conduct is in question will not be regarded as harassment or bullying provided the manager employs acceptable behaviour in his/her dealings.

3.3   Acceptable Behaviour

Displaying acceptable behaviour we:

- Afford dignity, trust and respect to everyone and ourselves.
- Provide feedback based on evidence and are open to constructive criticism.
- Have awareness of the effect of our behaviour on others and only make reasonable and manageable demands.
- Communicate honestly and openly, clearly stating what we mean and expect of others.

- Start from the assumption that everyone is working to the best of his/her ability, considering his/her current stage of personal and professional development.

4   Responsibilities

4.1   Role of the Chief Executive

The Chief Executive has the overall responsibility for all Human Resources matters and for ensuring mechanisms are in place for the overall implementation, maintenance, monitoring and revision of this policy.

4.2   Role of the Trust Board

The Trust Board is responsible for:

- Promoting and providing an environment for exemplary behaviour.
- Providing a framework for resolving individuals concerns.
- Ensuring the correct operation of the policy and procedure.
- Facilitating awareness and training of all staff.
- The Director of Nursing, Quality & Workforce is, in particular, responsible for ensuring the full application of this policy and procedure.

4.3   Role of Managers

(See Appendix A – Guidance Notes for Managers)
Managers are responsible for:

- Proactively promoting a culture dignity, respect and acceptable behaviour.
- Ensuring that employees are aware of the aims and objectives of the organisation.
- Leading by example. (By treating all their staff with respect and dignity).
- Monitoring the behaviour of their staff.
- Being proactive in addressing the causes of harassment or bullying.
- Notifying the HR Operations Team of all complaints relating to harassment and bullying so that effective action and monitoring takes place.
- Reporting any incidents of bullying and harassment on DATIX being mindful of any request to maintain confidentiality (e.g. not identifying the names of the parties concerned).
- Supporting individuals who are experiencing harassment or bullying.
- Managing the expectations of all parties and ensuring promises that may not be able to be delivered are not given (e.g. don't promise an individual that they will never have to work with another individual again).

- Not condoning discriminatory, adverse behaviour from patients, members of the public or other staff.

- Dealing with incidents reported to them informally, if appropriate, in a quick, sensitive and effective way.

- Taking appropriate action against those who are behaving unacceptably.

- Identifying training needs if/ where appropriate and discussing with HR or Workforce Development team suitable training options.

- Ensuring (in a contributory capacity) that the Trust's policy and procedure is well known to staff and service users.

- Contributing to the policy's implementation, monitoring and review.

4.4   Role of individual employees

(See Appendix B – Guidance Notes for Employees)

Trust employees are responsible for:

- Treating all their colleagues with respect and dignity.

- Understanding that they can challenge any type of harassment and bullying and seek the support of colleagues and managers.

- Promoting dignity and respect by setting an example and behaving in an acceptable way themselves.

- Recognising the manager's role and responsibility in the delivery of the aims and objectives of the organisation.

- Being aware of the Trust's commitment to creating an environment free of harassment and bullying.

- Supporting individuals experiencing harassment or bullying.

- Reporting incidents of harassment or bullying they witness.

- Undertaking awareness training where this has been identified as a development need.

4.5   Role of Trade Unions

Trade Unions are responsible for:

- Supporting application of the Trust's policy and procedure.

- Contributing to the on-going review and development of the policy.

- Being fully aware of the policy and procedure and support its use with members.

5   Confidentiality and support for staff

A member of staff can be assured that any incident reported will be treated seriously and in confidence as far as is reasonably practicable (see Appendix C – Guidance Notes Regarding Confidentiality). If confidence cannot be maintained for whatever reason, the complainant will be informed prior to any action being taken.

Support for the complainant and alleged harasser may be accessed through the line manager, the Workforce & Organisational Development Directorate (HR Operations Team), a trade union representative or the Occupational Health Department.

Employees will be protected against victimisation as a result of making or being involved in a justified complaint.

6 Procedure

A flowchart outlining both the informal and formal procedures can be found at Appendix D.

6.1 Informal

If an employee feels that they are being harassed or bullied, they can:

- If they feel able to do so, object to the behaviour (either verbally or in writing) by stating directly to the person concerned that they find the alleged bully/harasser's behaviour to be unwelcome and upsetting and that it should stop.

- Talk to their manager, or if it is their manager that they are concerned about, their manager's manager.

- Talk to someone in the HR Operations Team (a contact number is available in Appendix E).

- Talk to their trade union representative who is trained and experienced in all aspects of the formal and informal options.

- Make a self-referral to the Occupational Health Department, who can assist with external welfare and counselling support (contact numbers are available in Appendix E).

6.2 Mediation/Facilitated Discussion

A facilitated discussion and/or mediation is essentially part of the informal procedure, but can, under certain circumstances, be used instead of the formal procedure. A facilitated discussion between the parties can be supported by HR or a senior manager. It involves working through the issues to try and reach an agreement. Mediation further builds on the principles of a facilitated discussion to try and bring about a resolution. Mediation should only be undertaken by an individual trained in mediation. Such mediation can only take place with the agreement of both parties (i.e. recipient and alleged bully/harasser). Requests for the mediation service must be made to the HR Operations Team (a contact number is available in Appendix E).

6.3 Formal

Ideally issues will be resolved at the informal stage. However, if informal attempts have not been successful or the behaviour is too serious for the problem to be resolved informally, employees will be advised to pursue a formal complaint. This will require:

- The parties to be identified

- A thorough and impartial investigation of all the evidence

The allegation will be investigated using the Trust's Disciplinary Procedure. If it is found, at a formal disciplinary hearing, that harassment or bullying did occur; consideration will be given to imposing a disciplinary sanction in line with the provisions of the Disciplinary Policy.

6.4 Harassment or bullying by a contract worker or agency worker

If a member of staff perceives that they are being bullied or harassed by a contract worker or agency worker they should inform their manager immediately. The manager in turn must take prompt action to deal with the situation.

Action should be taken to ensure that the employee making the complaint is not placed in a position where further incidents may take place. This may include reporting the incident to the contractor and agency and agreeing action to be taken to deal with the matter. Action could include the contractor or agency replacing the worker while they conduct an investigation. Also please refer to the Trust's Managing Violence & Aggression Policy.

6.5 Harassment or bullying by a patient or member of the public

If a patient or member of the public is perceived as harassing or bullying a member of staff, then that member of staff has the right to inform his or her manager immediately. Prompt action will be taken to deal with the situation.

Action should be taken to ensure that the employee making the complaint is not placed in a position where further incidents may take place. In these circumstances please refer to the Trust's Managing Violence & Aggression Policy.

7 Training and Education

Training on Equality & Diversity is part of the Trust's mandatory training programme. Where additional or more specific training is identified as a developmental need, appropriate courses or programmes will be identified and sourced to meet the required needs.

8 Monitoring Compliance With and the Effectiveness of the Policy

8.1 Standards/Key Performance Indicators

Key performance indicators comprise:

- Improved results in Annual Staff Survey (bullying and harassment).

- Reduction in number of Occupational Health self-referrals each year

- Reduction in number of incident forms/datix submissions each year.

8.2   Process for Monitoring Compliance and Effectiveness

8.2.1 Monitoring Arrangements

When either procedure (i.e. informal or formal) has been completed, it is important to check that harassment or bullying (if upheld), has stopped and there has been no victimisation.
Careful monitoring is required to ensure the issue has been resolved. A Manager will check by way of a specially convened meeting to review and discuss the outcome and any ongoing action plan.

The number of cases of bullying and harassment are monitored through the quarterly monitoring report with actions and outcomes reported in the regular confidential reports compiled by the HR Team. Any incident form/datix report which alleges harassment or bullying will be reviewed by a member of the HR Team.

9   References

Legislation

- The Protection from Harassment Act 1997
- The Disclosure Protection Act 2000
- The Human Rights Act 1998
- The Equality Act 2010
- The Health & Safety at Work etc, Act 1974
- The Workplace (Health, Safety and Welfare Regulations)1992 SI 1992/3004

The NHS Employers website provides further information and resources on bullying and harassment: www.nhsemployers.org.

10   Associated Documents

- Disciplinary Policy

- Equal Opportunities Policy

- Incident Reporting Policy

- Managing Violence and Aggression Policy

- NDHCT Training Needs Analysis

- Risk Management Policy

- Training and Study Leave Policy

- Whistleblowing Policy

Appendix A: Guidance Notes for Managers

1.   Introduction

1.1   The Trust finds any form of harassment and bullying unacceptable and recognises that in such cases there needs to be clear guidance on how managers will deal with the situation.

1.2   Managers will treat all complaints of harassment or bullying in a serious and non-judgemental manner.

1.3   This document sets out how managers can prevent or deal with cases of harassment and bullying.

1.4   Legitimate management procedures to deal with staff whose capability or conduct is in question will not be regarded as harassment or bullying provided the manager employs acceptable behaviour in his/her dealings.

2.   Avoiding Harassment and Bullying

2.1   Harassment or bullying is a serious issue that is detrimental to the employee(s) concerned and the running of the workplace.

2.2   Many incidents of harassment can be dealt with effectively in an informal way, as often a person is unaware of the effect their behaviour has on others. Once made aware of the distress caused by their actions, the offensive behaviour often ceases.

2.3   All managers have a responsibility to establish and maintain a working environment free from harassment and bullying. Managers should ensure that all employees are aware of what constitutes harassment and bullying at work.

2.4   Managers should not allow items that could be offensive to be displayed in their department. This includes photographs, calendars, literature, graffiti and other symbols.

2.5   Where managers observe inappropriate behaviour or hear offensive comments/discussions taking place, this must be immediately brought to the attention of the individuals concerned and advised that this must stop. Should such a request be disregarded, the manager will consider whether it is appropriate to implement the Trust's Disciplinary Procedure.

3.   Reported Allegations of Harassment

3.1   All complaints of harassment and bullying must be taken seriously and prompt action taken.

3.2   Initially employees can try to deal with the situation personally by asking the offender to stop and making it clear that their behaviour is unacceptable/ unwanted. Where this has no effect, or where the employee feels unable or unsure how to deal with the situation, the employee should seek advice from their manager.

3.3   In some instances the employee may have difficulty raising their concern with their immediate manager. Where such difficulties occur the employee may

seek the advice and support from the HR Operations Team or a trade union representative.

3.4   The HR Operations Team must be notified of all complaints relating to harassment and bullying so that effective monitoring takes place.

3.5   Incidents of harassment or bullying at work will be treated as a serious offence and may lead to disciplinary action up to and including summary dismissal.

3.6   The investigation will be carried out as quickly as possible and in a sensitive manner. This is regardless of whether the matter has been raised informally or formally. Where the matter is being investigated formally, the processes detailed in the Trust's Disciplinary Policy will be followed.

3.7   Managers should be sensitive to the situation where the employee alleging harassment or bullying may prefer to discuss the incident with a manager of the same sex or background. Arrangement for this can be made by the HR Operations Team.

3.8   Where it is inappropriate for investigations to be carried out by the line manager, responsibility will be given to another manager who has as little connection with the circumstances of the complaint as possible and is likely to have an understanding of the complaint being considered. Please refer to Disciplinary Policy.

3.9   During the investigations it may be necessary to make arrangements to avoid the individuals working together.

3.10   At each stage of the process both parties will be entitled to have a trade union representative or work place colleague present.

3.11   Where the matter proceeds to a disciplinary hearing, assistance will be given to help alleviate the victim's stress. This may include allowing the complainant to give evidence through a third party where practical.

3.12   Where harassment/ bullying is proven, the victim will not normally be moved to another job unless this move is at their request. Similarly the victim will not be suspended or alternatively forced to work with the harasser, especially in serious cases.

3.13   Where necessary the advice of Occupational Health will be sought on the availability and provision of counselling and further support.

3.14   Ensuring complete confidentiality will make it difficult to investigate a complaint. However, it is essential that confidentiality guidelines are established to protect the rights of both the complainant(s) and those accused (see Appendix C – Guidance Notes Regarding Confidentiality).

Appendix B: Guidance Notes for Employees

1.   Introduction

The aim of these notes is to protect employees from harassment and bullying and to enable them, if necessary, to make a complaint or assist in an investigation without fear of reprisal.

The Trust takes all forms of harassment and bullying very seriously. The following guidance notes explain what employees should do in the event of being subjected to harassment or bullying at work.

2.   What is Harassment?

Definitions and examples of harassment are many and varied, a guiding principle is that it is:

- Unwanted
- Persistent
- Offensive
- Unreasonable

It is action or behaviour which is based upon something about you such as sex, race, age, disability, religion or belief, marital status, sexuality, pregnancy/maternity, gender reassignment, social class, regional accents or achievements etc.

Examples may include:

- Sexual innuendo
- Request for sexual favours in return for promotion or job security
- Lewd remarks
- Ageist comments
- Jokes and offensive language which are targeted at a particular group or individual
- Insults or threats
- Spreading of malicious rumours
- Gossip or slander
- Displaying offensive materials, in the form of e.g. photographs, calendars, ornaments
- Offensive literature or computer based graphics
- Inappropriate use of social media to covey unacceptable comments or spread gossip
- Sex based/ racially based gestures
- Written abuse including graffiti
- Physical assault, touching, pinching or pushing

This list is not exhaustive.

Unwanted sexual attention from a man or a woman is harassment if it continues after you make it clear that you find it unacceptable. However, one incident can be enough to constitute harassment, if it is sufficiently serious. Anyone can be the victim of harassment; it is not the intent but the impact of the behaviour, which is important.

3.   What is Bullying?

Bullying is repeated abuse that denies an individual respect, destroys self-confidence and creates a stressful environment. It is sometimes hard to recognise.
Bullying can include the following:

- Giving the cold shoulder – leaving an individual out of communications, exclusion from activities.
- Verbal abuse – sarcasm, shouting, swearing, threats, belittling a person or their abilities.
- Physical abuse – physical conduct ranging from pushing, shaking or blocking someone's way, to actual assault.
- Unfair treatment – apportioning blame wrongly, not recognising true contribution.
- Humiliation – hurtful gossip.

This list is not exhaustive.

It should be noted that it is not always the case that bullying is most common from a manager to a subordinate. It can occur from a subordinate or group of subordinates to a manager and between colleagues of equal position within the organisation.

Anyone can be the victim of harassment or bullying at work and it is for this reason the Trust takes harassment and bullying at work seriously, ensuring that procedures are in force to deal with such cases quickly and sympathetically.

4.   What should I do if I find myself being subjected to harassment or bullying at work?

You must first make it clear to the person(s) who is harassing or bullying you that their behaviour is unwelcome and that you want it to stop. Once the person concerned knows their behaviour is unwelcome, this may be enough to stop it. Should the behaviour continue you should talk to your manager, lead clinician, clinical tutor or appraisal lead. If you wish, you may also consult with a member of the HR Operations Team or your trade union representative. They will be able to advise you on what to do next. This might be to make a formal complaint.

It is important to keep a record of the incidents so you can accurately recall what has been happening.

If it is your manager or supervisor who is harassing or bullying you, speak to someone more senior, any member of the HR Operations Team or your trade union representative. The Trust has a Supporting Staff Policy.

5.   What will happen if I make a formal complaint?

You are entitled to and will be protected against any attempt at victimisation by other persons.

Allegations about harassment or bullying will be:
- Taken seriously.
- Dealt with confidentially by management at every level as far as is reasonably practicable. If confidence cannot be maintained for

whatever reason, the complainant will be informed prior to any action being taken.

- Fully, promptly and sensitively investigated.

Any employee who brings a complaint of harassment or bullying will not suffer victimisation for having brought the complaint. However, if the complaint is untrue and has been brought in bad faith (e.g. spite), disciplinary action may be taken.

6.   Informal procedures to resolve a complaint

It is usually better for a complaint to be resolved informally if possible. In many cases it may be sufficient for the person carrying out the investigation to explain to the person causing offence that the behaviour complained of is unwelcome, embarrassing and is interfering with work.

7.   Mediation/Facilitated Discussion

A facilitated discussion and/or mediation is essentially part of the informal procedure, but can, under certain circumstances, be used instead of the formal procedure. A facilitated discussion between the parties can be supported by HR or a senior manager. It involves working through the issues to try and reach an agreement. Mediation further builds on the principles on the principles of a facilitated discussion to try and bring about a resolution. Mediation should only be undertaken by an individual trained in mediation. Such mediation can only take place with the agreement of both parties (i.e. recipient and alleged bully/harasser). Requests for the mediation service must be made to the HR Operations Team.

8.   Formal procedures to resolve a complaint

If informal attempts have not been successful or the behaviour is too serious for the problem to be resolved informally, employees will be advised to pursue a formal complaint. This will require:

- The parties to be identified.
- A thorough and impartial investigation of all the evidence.
- Each side to have an opportunity to present their case, either on their own, with a workplace colleague, a trade union representative or some other appropriate person.

Consideration will (in accordance with the Trust's Disciplinary Procedure) be given to imposing a disciplinary sanction, up to and including summary dismissal, if it is found harassment or bullying did occur.

9.   Subsequent action

If your complaint is upheld, consideration may need to be given to separating the parties involved although this may not always be possible and it may be necessary for parties to continue to work together. If your complaint is not upheld, consideration may still be given to the need to separate the parties involved in the interests of harmonious staff relations.

Where a complaint is genuinely made then regardless of the findings of the investigation, you will not be adversely affected by any action taken. However if the investigation finds a complaint was made with malicious or vexatious intent, disciplinary action may be taken.

In any case where a complaint is upheld, a check will be made that the harassment or bullying has stopped and that there has been no victimisation.

10.   What if I need support and counselling?

It is appreciated that being subjected to harassment or bullying can be extremely distressing.

In addition to the support you will be given when reporting the incident, the Occupational Health Department can also arrange for you to receive professional counselling (see Appendix D– Internal Sources of Health and Advice).

11.   Complaints of harassment and/or bullying by a person who is not an employee of the Trust

If you consider that you are being harassed or bullied by a patient, patient's relative, member of the public, contract worker or agency worker you must report the matter immediately to your manager who in turn will take immediate action to protect you. Please see Sections 6.4 and 6.5 in the main body of the policy for further information.

12.   How you can help prevent harassment or bullying in your workplace?

As an employee you can help ensure a working environment where harassment and/ or bullying will not occur by:

- Being aware of the issue: know the Trust's policy.
- Making sure your own conduct does not cause offence or misunderstanding.
- Treating all your colleagues with dignity and respect.
- Supporting individuals who may be experiencing harassment or bullying.
- Setting an example and not behaving in an unacceptable way yourself.
- Reporting incidents of harassment or bullying they witness.
- Not being afraid to stand up against being harassed or bullied at work or to support colleagues who are being harassed or bullied at work.
- Not accepting behaviour that may be offensive.
- Being aware of what goes on around you.

The Trust has taken positive steps to ensure that harassment and bullying does not occur in the workplace and that procedures exist to resolve complaints. It is your responsibility as an employee to abide by and support these steps so all employees can work with dignity and respect in a harmonious, friendly and supportive working environment free of any harassment or intimidation based on individual differences.

13.   Additional Information

If having read through these guidelines you remain unsure what to do and/or would like further advice, then please talk to your manager, the HR Operations Team or your trade union representative. All matters will be treated in the strictest confidence and action will not normally be taken without your agreement unless the complaint is so serious that to take no action would potentially put you are others at the risk of harm.

Appendix C: Guidance Notes for Managers Regarding Confidentiality

- Clarify any confusion there may be about confidentiality on an informal support system and the confidentiality guidelines required for formal investigation and disciplinary procedures.

- Never promise absolute confidentiality but encourage all parties not to disclose information about the incident and/ or investigation.

- A clear understanding of why a promise of total confidentiality cannot be made needs to be established and supported by a guarantee by the employer to limit discussion to only those individuals involved.

- Only disclose information on a 'need to know' basis – designate an investigator to ensure that details of the incident and the investigation are only discussed with those who are involved in the process, or with the individuals who have to make a decision about the outcome.

- Restrict the viewing and circulation of documents relating to the investigation only to those involved in the investigation and any subsequent process.

Appendix D: Flowchart Showing Harassment / Bullying Procedures - For Guidance Only
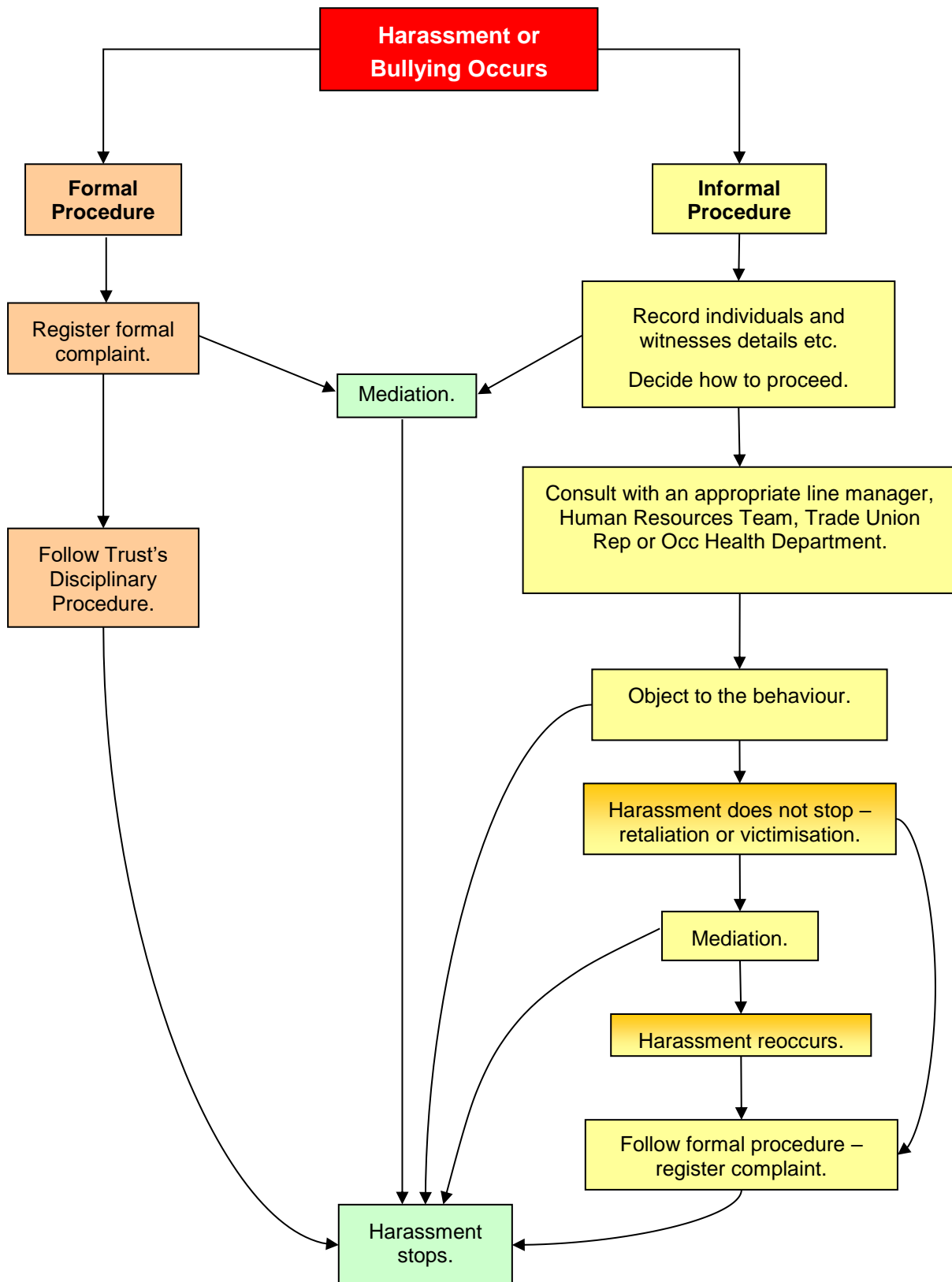
Appendix E: Internal Sources of Help and Advice

Internal Sources of Help and Advice	*Contact Details*
HR Operations Team	**01271 311533**
Occupational Health Department - NDDH	**01271 341520** Internal Extension **2791**
Occupational Health Department – RD&E	**01392 405800**
Chaplain (NDDH)	**01271 322362** Internal Extension **2362**
Trade Union Representative (via Staffside Secretary)	**01271 322353**

Appendix F: Equality Impact Assessment Screening Form

Equality Impact Assessment Screening Form			
Title	Bullying and Harassment Policy		
Author	Tim Robinson, Assistant Director of Human Resources (Revision)		
Directorate	Workforce & Organisational Development		
Team/ Dept.	Workforce & Organisational Development		
Document Class Policy	**Document Status** Review	**Issue Date** June 2018	**Review Date** June 2021

1	**What are the aims of the document?**
	This document sets out Northern Devon Healthcare NHS Trust's system for maintaining Respect and Dignity both for staff and for any individual on Trust premises. It provides a robust framework to ensure a consistent approach across the whole organisation. The Trust is committed to creating an environment of positive working relationships. Any form of harassment or bullying is totally unacceptable and it will not condone or tolerate any such behaviour. Furthermore, it guarantees that all complaints will be taken seriously and will be thoroughly and fairly investigated.
2	**What are the objectives of the document?**
	The Trust is committed to creating an environment of positive working relationships. Any form of harassment or bullying is totally unacceptable and it will not condone or tolerate any such behaviour. Furthermore, it guarantees that all complaints will be taken seriously and will be thoroughly and fairly investigated.
	Harassment on the grounds of race, sex, disability, age, sexual orientation, religion or belief is a serious matter. The purpose of this document is to ensure that the Trust complies with the following laws The Equality Act 2010, Protection from Harassment Act 1997, Human Rights Act 1998 and Disclosure Protection Act 2000. Employers are liable for the activities of their employees where they know, or should know, about their conduct and take no action to prevent inappropriate behaviour.
3	**How will the document be implemented?**
	Implementation of this policy will ensure that:
	• Individuals are made aware of the policy (via Trust managers) through appropriate publicity and training. • Positive action will be taken to prevent and/ or deal with harassment, prejudice of bullying • Any employee of the Trust will be able to pursue any concern they might have if they feel that they are being subjected to harassment or bullying. • Incidents and complaints are dealt with effectively and that ultimately, incidences of harassment and bullying are eradicated.
4	**How will the effectiveness of the document be monitored?**
	Once either procedure (i.e. informal or formal) has been completed, it is important to check that harassment or bullying (if upheld), has stopped and there has been no victimisation. Careful monitoring is required to ensure this.
5	**Who is the target audience of the document?**

	All Staff			
6	**Is consultation required with stakeholders, e.g. Trust committees and equality groups?** Yes			
7	**Which stakeholders have been consulted with?** • Pay & Reward Group • Partnership Forum			

8	**Equality Impact Assessment**
	Please complete the following table using a cross, i.e. **X**. Please refer to the document "A Practical Guide to Equality Impact Assessment", Appendix 3, on Tarkanet for areas of possible impact. • Where you think that the policy could have a **positive** impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, cross the 'Positive impact' box. • Where you think that the policy could have a **negative** impact on any of the equality group(s) i.e. it could disadvantage them, cross the 'Negative impact' box. Where you think that the policy has **no impact** on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, cross the 'No impact' box.

Equality Group	Positive Impact	Negative Impact	No Impact	Comments
Age	X			This policy provides a robust framework for managing all forms of bullying and harassment with additional focus on the prevention of bullying & harassment on the grounds of a protected equality characteristic.
Disability	X			(As above)
Gender	X			(As above)
Gender reassignment	X			(As above)
Human Rights (rights to privacy, dignity, liberty and non degrading treatment)	X			(As above)
Marriage and civil partnership	X			(As above)
Pregnancy, maternity and breastfeeding	X			(As above)
Race / Ethnic Origins	X			(As above)
Religion or Belief	X			(As above)

Sexual Orientation	X			(As above)
	If you have identified a negative discriminatory impact of this procedural document, ensure you detail the action taken to avoid/reduce this impact in the Comments column. If you have identified a **high** negative impact, you will need to do a Full Equality Impact Assessment, please refer to the document "A Practical Guide to Equality Impact Assessments", Appendix 3, on Tarkanet. For advice in respect of answering the above questions, please contact the Equality and Diversity Lead.			
9	**If there is no evidence that the document promotes equality, equal opportunities or improved relations, could it be adapted so that it does? If so, how?**			

Completed by:

Name	Tim Robinson
Designation	Assistant Director of Human Resources
Trust	Northern Devon Healthcare NHS Trust
Date	June 2021

Royal Devon and Exeter NHS
NHS Foundation Trust

Prevention of Harassment and Bullying Policy	
Post holder responsible for Procedural Document	Julie Cooper, Interim Director of People
Author of Policy	███████████████████████ ████████
Division/ Department responsible for Procedural Document	Human Resources
Contact details	█████
Date of original document	August 2002
Impact Assessment performed	**Yes**/ No
Ratifying body and date ratified	Workforce Governance Committee Chair-25 February 2019
Review date	February 2022 (every 3 years)
Expiry date	August 2022
Date document becomes live	6 March 2019

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**: 18**		Infection Control	
Other *(please specify)*:			
Note: This document has been assessed for any equality, diversity or human rights implications			

Controlled document
This document has been created following the Royal Devon and Exeter NHS Foundation Trust Policy for Procedural Documents. It should not be altered in any way without the express permission of the author or their representative.

Prevention of Harassment and Bullying Policy
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Full History		Status: Final	
Version	Date	Author	Reason
1.0	19/09/2011	Senior HR Manager	Minor amends
2.0	July 2014	HR Manager	Improvements to process
3.0	February 2015	Employee Relations Manager	Improvements to format
4.0	01/08/2018	Employee Relations Manager	Updated and harmonised for RD&E and North Devon Employees. Addition to Sections: 1.2, 2.1, 3.1, 3.2, 3.3, 4.3, 4.4, 4.5, 5.1.2, 5.4, 5.4.4, 6, 7, 8

Associated Trust Policies/ Procedural documents:	Grievance Policy Disciplinary and Appeals Policy Personal Development and Gateway Review Policy Maintaining High Professional Standards Policy Whistleblowing Policy Management of Violence, Aggression and Challenging Behaviour Policy
Key Words	Bullying, Harassment, Promoting Dignity, Mediation & Facilitated Meetings
In consultation with and date: JSPRG – 31 January 2019 Quality Assured- 7 February 2019 Workforce Governance Committee Chair's approval: 25 February 2019	
Contact for Review:	Employee Relations Manager
Executive Lead Signature:	*J Cooper* Julie Cooper, Director of People

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KEY POINTS OF THIS POLICY:

This Policy is intended to assist in developing a working environment which is free of harassment and bullying behaviours and to give confidence to individuals to complain about harassment and bullying in the knowledge that it will be taken seriously and dealt with promptly and sensitively.

The policy provides a mechanism whereby staff can report issues relating to harassment and bullying.

Employers and individuals can be ordered to pay unlimited compensation where discrimination based harassment has occurred, including payment of compensation for injury to feelings.

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1. INTRODUCTION

1.1   The Royal Devon and Exeter NHS Foundation Trust (hereafter referred to as "the Trust") is committed to creating a working environment (which includes off-site conferences and other official events) which reflects its values and behaviours:

- Honesty, Openness and Integrity
- Fairness
- Inclusion and Collaboration
- Respect and Dignity

1.2   The Trust does not tolerate harassment or bullying of any kind in the workplace. The Trust expects of its managers and staff the highest standards of behaviour in carrying out their duties and responsibilities and that they will work to the agreed values, culture and behaviours of the Trust. This policy, and its associated Toolkit, aims to assist in developing a working environment which is free of harassment and bullying behaviours and gives confidence to individuals to complain about harassment or bullying, in the knowledge that it will be taken seriously and dealt with promptly and sensitively.

1.3   The procedure provides a mechanism whereby staff can report issues relating to harassment and bullying and for these to be dealt with, whether carried out by an employee, student, contractor, volunteer, patient, the public or member of staff from an external agency/employer.

1.4   Informal resolution should be attempted in the first instance, wherever possible

1.5   This policy applies to all employees employed by the Trust. Any harassment or bullying allegedly perpetrated by an employee from an external agency or contractor will be reported to the relevant employer in order for appropriate action to be taken in line with their Policies. If the alleged harassment or bullying is being carried out by a patient or a member of the public, employees or their Line Manager should complete a Datix Report and this will be dealt with under the Management of Violence, Aggression & Challenging Behaviour Policy.

1.6   The Prevention of Harassment and Bullying Toolkit should be utilised alongside this policy as a guide for employees and managers on how matters of harassment and bullying will be dealt with.

1.7   Harassment and bullying are not only unacceptable, they may also be unlawful.

1.8   **Failure to comply with this policy may result in disciplinary action being taken.**

2.   PURPOSE

2.1   This policy sets out the Trust's commitment to eliminating all forms of harassment and bullying.   It defines what is considered harassment and bullying and how such matters should be dealt with consistently and fairly.

        The purpose of this document is to ensure that the Trust complies with the following laws:

- Equality Act 2010

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- Protection from Harassment Act 1997
- Human Rights Act 1998
- Disclosure Protection Act 2000

Employers are liable for the activities of their employees where they know, or should know, about their conduct and take no action to prevent inappropriate behaviour. Bullying and harassment by staff is a matter of conduct and may also constitute a criminal or civil offence. Instances will be dealt with through the Trust's Disciplinary Policy and may be referred to the police and relevant professional bodies as appropriate.

Employers and Individuals can be ordered to pay unlimited compensation where discrimination based harassment has occurred, including payment of compensation for injury to feelings.

2.2 This policy sets the standards of behaviour required by the Trust from all of its employees and seeks to:

- Provide a working environment where staff are valued and achieve the best possible care for patients;
- Reduce incidents of harassment and bullying in the workplace and ensure that if they occur they are dealt with effectively;
- Inform employees how they can obtain help and advice;
- Inform employees of the informal options available to resolve any complaints and where these are unsuccessful or inappropriate, how to raise a formal complaint;
- Provide guidance for managers in how to deal with complaints of harassment and bullying; protect the confidentiality of the individuals concerned and of the process, as far as this is possible.

2.3 All staff groups are expected to understand and comply with this policy.

2.4 The Trust is committed to equal opportunities for all its existing and future employees, irrespective of gender, age, race, colour, creed, religion, religious belief, nationality, ethnic origin, social background, sexual orientation, transgender status, marital status, disability, real or suspected HIV/Aids status, non-relevant criminal background or Trade Union membership.

2.5 The Trust is committed to eliminating all forms of discrimination in the workplace.

2.6 The Trust will fully investigate all alleged breaches of this Policy. Any employee who is found to have breached this Policy may face disciplinary action, in accordance with the Disciplinary Policy and Procedures.

3. DEFINITIONS

3.1 **Bullying** is described by ACAS as "offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient." Bullying can be verbal, physical, hidden or covert and cyber.

It should be noted that it is not always the case that bullying is more common from a

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manager to a subordinate. It can occur from a subordinate or group of subordinates to a manager and between colleagues of equal position within the organisation.

3.2 **Harassment** is defined in the Equality Act 2010 as "unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual."

Harassment can take many forms. It can be related to any one of the protected characteristics. In addition, a person with a close relationship to anyone detailed above could also be subjected to harassment because of this relationship.

Examples of Harassment are:

- Sexual innuendo
- Lewd remarks
- Ageist comments
- Jokes and offensive language which are targeted at a particular group or individual
- Inappropriate use of social media to convey unacceptable comments or spread gossip
- Spreading of malicious rumours
- Offensive literature or computer based graphics

In addition the complainant need not possess the relevant characteristic themselves, and can be because of their association with a person who has a protected characteristic, or because they are wrongly perceived to have one, or treated as if they do.

3.3 **Relevant protected characteristics** as defined in the Equality Act 2010, protected characteristics related to harassment are age, disability, gender reassignment, race, religion or belief, sex, and sexual orientation

3.4 **Victimisation** is where an employee receives detrimental treatment for carrying out a protected act e.g. making a complaint of discrimination under the Equality Act 2010.

4. **DUTIES AND RESPONSIBILITIES OF STAFF**

4.1 **The Director of People** has overall responsibility for the policy.

4.2 **The Human Resources (HR) Department is** responsible for supporting line managers in applying the policy to ensure a fair and consistent approach;
- The HR Department will arrange mediation as required.

4.3 **Manager Responsibilities:**
- To behave in accordance with the Trust's values and behaviours, being role models of the kind of behaviour's expected by the Trust;

- Proactively promoting a culture of dignity, respect and acceptable behaviour.

- Leading by example. (By treating all their staff with respect and dignity).

- Identifying training needs if/ where appropriate.

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- To ensure that the behaviour within their team is appropriate and to deal with behaviour that breaches this policy;

- To fully understand their role in addressing all forms of unacceptable behaviours to stop it from being repeated, doing so with appropriate confidentiality and sensitivity;

- To document any informal action taken to resolve complaints.

4.4   **Employee Responsibilities:**

- To behave in accordance with the Trust's values and behaviours, understanding individual rights and personal responsibilities under this policy;

- To understand the Trust's commitment to deal with intimidating behaviours in the workplace;

- Promoting dignity and respect by setting an example and behaving in an acceptable way themselves.

- Being aware of the Trust's commitment to creating an environment free of harassment and bullying.

- Reporting and/or challenging behaviour which is believed to be inappropriate (either to the Line Manager, an HR representative, or via a Datix Report);

- To be aware that they can be personally liable to pay compensation and can be prosecuted if found to have deliberately harassed or bullied an individual;

- Undertaking awareness training.

- Access support available as indicated in Appendix 4.

4.5   **Trade Union Representatives:**

- To advise and/or support employees in resolving issues of alleged harassment or bullying;

- Promoting the Trust's policy and procedure.

- To represent and/or support employees during a formal process in line with the policy;

- To inform the HR Department of any areas / departments where they believe issues of harassment or bullying may be occurring.

4.6   **Investigation Manager**

- To conduct and coordinate a fair, prompt and sensitive investigation;

- To define terms of reference for a formal investigation and ensure a planned approach to dealing with a potential situation of harassment and/or bullying using the Toolkit;

- To attend training in conducting investigations;

- To fully document all information regarding investigation meetings and correspondence with employees.

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4.7   **Workforce Governance Committee Responsibilities:**

- The Workforce Governance Committee will ratify the policy. The Workforce Governance Committee will monitor compliance with the Policy.

5.   EXAMPLES OF ACCEPTABLE AND UNACCEPTABLE BEHAVIOUR

5.1   General

5.1.1   Bullying and harassment can take different forms and may be against one or more people and take place over one or more incidents.

Some examples of acceptable behaviour may include:

- Treating everyone with dignity and respect at work;
- Not tolerating bullying or harassment in the workplace.

5.1.2   Some examples of unacceptable behaviour may include:
- Spreading malicious rumours or insulting someone by word or behaviour;
- Allowing your feelings to impact on how you behave towards colleagues;
- Excluding or victimising colleagues;
- Rude or patronising behaviour towards colleagues;
- Overbearing supervision or other misuse of power or position;
- Inappropriate or offensive language;
- Inappropriate or unwanted contact such as sending of text messages, emails, unwanted telephone calls or placing posts on Social Media;
- Unwelcome sexual advances – touching, standing too close, display of offensive materials, making decisions on the basis of sexual advances being accepted or rejected;
- Blaming of colleagues;
- Belittling of colleagues contributions;
- Preventing Individuals progressing by intentionally blocking promotion or training opportunities;
- Unreasonably removing areas of responsibility and replacing with menial tasks;
- Inappropriate use of social media to convey unacceptable comments or spread gossip

    The list of examples is not exhaustive. It is important to recognise that the occasional differences of opinion or conflicts in working relationships will occur and can be regarded as normal. Problems with harassment and bullying arise when an individual becomes affected by the situation. They may feel offended, humiliated, or demoralised by the actions of another.

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Legitimate management procedures to deal with staff whose capability or conduct is in question will not be regarded as harassment or bullying provided the manager employs reasonable behaviour in their dealings.

5.2 Racial Harassment

5.2.1 Racial harassment usually involves someone behaving or acting in a way that causes embarrassment or humiliation or is likely to intimidate or offend others on the ground of their ethnic origin. Examples of racial harassment may include:

- Display or circulation of racially offensive material, including computer/mobile phone based graphics and photographs;

- Verbal or physical threat or abuse;

- Innuendo, mockery or unwarranted remarks or inappropriate jokes, including the sharing of jokes on mobile phones etc.;

- Use of derogatory racial stereotypes;

- Deliberate isolation or different treatment, comments, actions or written material which derides or insults someone's race, colour or nationality or ethnic origin.

5.3 Sexual Harassment

5.3.1 This can be difficult to define because types of behaviour which may cause distress, annoyance or embarrassment to one individual may be acceptable to another. It may, for example, be acceptable to remark upon someone's appearance when it is clear that this will be welcome. However, persistent or inappropriate remarks of this type which are neither invited nor welcome may well cause offence and could therefore, amount to sexual harassment, even if this was not the intention.

5.3.2 In general, sexual harassment can be distinguished from acceptable behaviour in that it involves unreciprocated and unwelcome actions, attention or behaviour of a sexual nature. Some forms of sexual harassment, such as assault, are obvious; others are much less so and may include:

- Displays or circulation of sexually offensive material;

- Innuendo;

- Obscene gestures, leering, staring;

- Unsolicited comments;

- Touching, hugging, pinching or pushing;

- Suggestions that sexual favours may further an employee's career or that not offering sexual favours may adversely affect an employee's career.

5.4 Bullying

5.4.1 The Trust defines bullying as the abuse of power or position to criticise, intimidate and undermine an individual in a way which leaves them feeling hurt, humiliated or vulnerable.

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5.4.2 Bullying can be an unconstructive and an unfair criticism of an employee's performance or behaviour at work. An occasional raised voice or argument is not bullying.

5.4.3 It is unacceptable to condone bullying under the guise of "performance management". Conversely, an appropriate management style is acceptable provided that employees are treated with respect and dignity. Managers should ensure that they consider their style and how it may impact on those that they manage and adjust their behaviour where necessary. In particular, managers should be aware of ensuring an appropriate style when managing "difficult" employees whose behaviour may annoy or frustrate.

5.4.4 Bullying is not always from a Manager to a subordinate. It can occur from a subordinate group or subordinates to a Manager and between colleagues or equal position. Bullying can be 'open' or 'unseen'.

5.5 **Open Bullying**

Includes:

- Persistent criticisms, which undermine or demean an individual, making them feel incompetent and persistently 'got at (not legitimate performance management);
- Public ridicule or humiliation;
- Shouting or swearing in public or in private, sometimes over trivial matters;
- Singling out or victimising an individual for different treatment;
- Being criticised for work that has previously been acceptable;
- Malicious gossip/slander and innuendoes.

5.6 **Unseen Bullying**

Includes:
- Unreasonably removing areas of responsibility and replacing with menial or trivial tasks;
- Isolation: ignoring or excluding someone from social activities. Occasional differences of opinion or conflicts in working relationships will occur and can be regarded as normal. Problems with bullying arise when an individual becomes more seriously affected by the situation. They may feel offended, humiliated, or demoralised by the actions of another.

5.7 **Other unacceptable behaviour**
Includes:

- Omission from general conversation and social activity;
- Being continually given duties, which are considered to be stereo-typically gender specific;
- Shouting and swearing, not necessarily directed at employees;
- Grabbing, pushing, placing your hands on an employee in anger, to intimidate, restrain.

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6. PROCEDURE FOR RESOLVING CONCERNS INFORMALLY

6.1 The Trust is committed to a culture where complaints can be resolved through informal discussion and agreement between the employee(s) and the line manager.

6.2 Informal action should be taken as soon as the harassment or bullying becomes apparent. Any information or action taken to prevent further harassment or bullying should be recorded with a note (by the alleged victim) of the date and what was said by all those involved. The Prevention of Harassment and Bullying Policy should only be utilised when informal attempts to find a solution have failed. This may involve any of the following approaches:

- If the individual feels they are able to do so, with or without support from a colleague, object to the behaviour (either verbally or in writing) by stating directly to the person concerned that they find the alleged bully/harasser's behaviour to be unwelcome and upsetting and that it should stop.;

- The individual speaking to their line manager (or senior manager if their concerns relate to their line manager) to raise their concerns;

- A facilitated meeting;

- Mediation;

- Speak to a Freedom to Speak up Guardian

- Talk to their trade union representative who is trained and experienced in all aspects of the formal and informal options;

- Make a self-referral to the Occupational Health Department, who can assist with external welfare and counselling support.

- Employees should consider attempting informal resolution in the first instance. The Trust reserves the right to not investigate the complaint formally until such a time as the employee is able to demonstrate that routes of informal resolution have been considered and exhausted.

6.3 However, in exceptional circumstances it may be appropriate to instigate a formal investigation without informal resolution being considered. This should only be considered with the advice of the HR lead.

6.3.1 Facilitated Meeting

A facilitated meeting is essentially part of the informal procedure, but can, under certain circumstances, be used instead of the formal procedure. A facilitated discussion between the parties can be supported by HR or a Senior Manager. It involves working through the issues to try and reach an agreement.

6.3.2 Mediation Meeting

Mediation further builds on the principles of a facilitated discussion to try and bring about a resolution. Mediation should only be undertaken by an individual trained in mediation. Such mediation can only take place with the agreement of both parties (i.e. recipient and alleged bully/harasser).

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7. PROCEDURE FOR ADDRESSING FORMAL COMPLAINTS

7.1 As stated the aim is to try to resolve situations informally in the first instance. Where this is unsuccessful or the concerns are more serious the formal process may be invoked.

7.2 For a complaint to be investigated formally the complainant must put their allegations in writing to their line manager (or senior manager where the Line Manager is implicated). This must detail instances of the alleged behaviour including for example, dates, times and any witnesses.

7.3 Where an employee finds it difficult to make a formal written complaint but still wishes their complaint to be taken forward on a formal basis, the line manager may consider a formal interview which would record the evidence of the employee.

7.4 An employee may raise a verbal complaint of bullying or harassment with their line manager and wish to take time to consider making this a formal written complaint. In the event that the employee makes a decision to proceed with their complaint and put this in writing they must do so within 10 working days of making the verbal complaint. If no formal written complaint is received within this timescale the line manager will write to the employee and confirm that the matter is closed, unless the Trust believes that there is a possible risk to its employees or patients.

7.5 Using the Manager's Toolkit the Investigating Manager will undertake a review with a peer or senior manager. This will determine whether or not options for appropriate informal resolution have been attempted.

7.6 An investigation will be commenced, following the investigation guidelines contained within the Trust's Disciplinary and Appeals Policy. The Investigation Manager will endeavour to complete the investigation within a realistic time frame without any unnecessary delays. However, it is recognised that under certain circumstances and/or operational constraints this may not always be possible.

7.7 On completion of the investigation, the findings will be shared with an agreed Senior Manager and an outcome meeting will be held with the Complainant to advise if their complaint was upheld or rejected.

7.8 If the outcome of an investigation is found that harassment or bullying did occur, any consideration to imposing a formal sanction will be decided at a disciplinary hearing, in line with the Trust's Disciplinary and Appeal's Policy.

7.9 Note however, legitimate management procedures to deal with staff whose capability or conduct is in question will not be regarded as harassment or bullying provided the manager employs reasonable behaviour in their dealings

7.10 The Disciplinary procedure may also be used for disciplinary action against an individual who makes an unfounded allegation of bully and/or harassment

8. SUSPENSION/TEMPORARY REDEPLOYMENT/TEMPORARY AMENDMENTS TO DUTIES

8.1 No suspension or redeployment or amendments to duties should be considered without some form of evidence considered in section 5.

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8.1.1   Harassment, bullying or victimisation may be considered to meet the criteria for gross misconduct, in line with the Trust's Disciplinary and Appeals Policy, and suspension, redeployment or amendments to duties may be considered.

8.1.2   No action should be taken without referencing Section 7 in the Disciplinary and Appeals policy and completing the Suspension Risk Assessment Tool in the Disciplinary and Appeals policy Manager's Toolkit. Where a risk assessment indicates that suspension is appropriate this should be discussed with an HR representative.

8.1.3   If suspension is required out of hours, ie after 5pm, at the weekend or during a public holiday, an out of hours on-call manager will be identified to carry out the suspension.

8.2   Harassment or Bullying by a Contract Worker or Agency Worker

8.2.1   If a member of staff perceives that they are being bullied or harassed by a contract worker or agency worker they should inform their manager immediately. The manager in turn must take prompt action to deal with the situation.

8.2.2   Action should be taken to ensure that the employee making the complaint is not placed in a position where further incidents may take place. This may include reporting the incident to the contractor and agency and agreeing action to be taken to deal with the matter. Action could include the contractor or agency replacing the worker while they conduct an investigation.

8.3   Harassment or Bullying by a Patient or Member of the Public

8.3.1   If a patient or member of the public is perceived as harassing or bullying a member of staff, then that member of staff has the right to inform t h e i r manager immediately. Prompt action will be taken to deal with the situation.

8.3.2   Action should be taken to ensure that the employee making the complaint is not placed in a position where further incidents may take place.

9.   APPEAL

9.1   The complainant will have the right to appeal against the outcome of the investigation only:

- Where they can evidence that the process of the investigation was flawed;
- Where they can demonstrate that they have been treated unfairly.

9.2   There is no right of appeal because the complainant is generally unhappy with the outcome.

9.3   The reasons for the appeal in line with the reasons listed above should be fully detailed in a letter to the Investigating Manager within 5 working days of receipt of the outcome letter.

9.4   The complainant is not eligible to have access to any other process which is instigated against an alleged perpetrator as a result of their initial complaint.

10.   CASE REVIEW

10.1   Following the conclusion of a complex case consideration will be given to conducting a case review. This will include for example the investigation manager, hearing chair, HR representative, line manager. This will help to identify where improvements can be made in the process, any trends, training needs etc.

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11. ACCESS TO INFORMATION

11.1   If an employee wishes to access personal information they should contact the Information Governance team. This may include situations where a member of staff is suspended.

12. ARCHIVING ARRANGEMENTS

The original of this policy will remain with the author, Employee Relations Manager, Human Resources Operations department. An electronic copy will be maintained on the Trust Intranet (*HUB),* P – Policies – P – Prevention of Bullying and Harassment, and P – Policies – B – [Prevention of] Bullying and Harassment policy. Archived copies will be stored on the Trust's "archived policies" shared drive, and will be held for 10 years.

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

13.1   In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
All formal hearing outcomes will be recorded on ESR.	Records on ESR	Reported to Workforce Governance Committee by ER Specialist Team
Internal audit will review fitness of policy and application of policy	HR report assessing disciplinary outcomes and application of the policy	Reported to Workforce Governance Committee by ER Specialist Team
Monthly Performance Management Meetings	Divisional Directors	Within Divisional Management Meetings

14. REFERENCES

NHS Choices – Bullying at Work
http://www.nhs.uk/Livewell/workplacehealth/Pages/bullyingatwork.aspx

ACAS Guide for Employees – Bullying and harassment at work
http://www.acas.org.uk/media/pdf/o/c/Bullying-and-harassment-at-work-a-guide-for-employees.pdf

CIPD Code of practice on harassment at work
http://www.cipd.co.uk/global/europe/ireland/employment-law/codes-of-practice/harassment.aspx

CIPD harassment and bullying factsheet
http://www.cipd.co.uk/hr-resources/factsheets/harassment-bullying-at-work.aspx#link_1

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APPENDIX 1: LIST OF USEFUL ORGANISATIONS

Occupational Health Service
Tel: 01392 40(5800)
http://hub.exe.nhs.uk/welcome/directorates/human-resources/occupational-health/

Staff Support and Counselling Service
Tel: 01392 40(5800)

National Organisations include:

National Bullying Helpline
Tel: 0845 22 55 787
www.nationalbullyinghelpline.co.uk/

Bully on Line
www.bullyonline.org

Citizens Advice Bureau
www.citizensadvice.org.uk

Samaritans
Tel: Free Calls from any phone 116 123
www.samaritans.org

ACAS
Tel: 0300 123 1100
www.acas.org.uk

Stonewall
Tel: 08000 50 20 20
www.stonewall.org.uk

Equality Advisory and Support Service
Tel: Freephone 0808 800 0082
www.equalityadvisoryservice.com

Employee Assistance Programme
Tel: 0800 0851376

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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	Managers All staff groups Staff Side
The key changes if a revised policy	Updated and harmonised for RD&E and North Devon Employees. Addition to Sections: 1.2, 2.1, 3.1, 3.2, 3.3, 4.3, 4.4, 4.5, 5.1.2, 5.4, 5.4.4, 6, 7, 8
The key objectives	To set out the Trust's commitment to eliminating all forms of harassment and bullying in the workplace. It defines what is considered harassment and bullying and how such matters should be dealt with consistently and fairly.
How new staff will be made aware of the policy and manager action	Cascade by email from a manger, induction process, Trust Intranet, raising policy at team meetings and Comms cells. All Trust managers are responsible for making their teams aware of this policy and the clear responsibilities within it.
Specific Issues to be raised with staff	The Policy sets out clear responsibilities for all employees when issues of possible harassment and bullying occur during their employment. The importance of staff attempting to resolve their issues informally and with their line managers in order to seek the earliest possible resolution.
Training available to staff	Staff can access support and advice on this policy via the HUB.
Any other requirements	N/A
Issues following Equality Impact Assessment (if any)	No negative impacts
Location of hard / electronic copy of the document etc.	The original of this policy will remain with the author, Employee Relations Manager, Specialist HR Services Team. An electronic copy will be maintained on the Trust Intranet (HUB), P – Policies – P – Prevention of Bullying and Harassment policy. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely.

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APPENDIX 3: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	Prevention of Harassment and Bullying
Division/Directorate and service area	Human Resources
Name, job title and contact details of person completing the assessment	Sally Shephard, Employee Relations Manager Ext: 3944
Date completed:	August 2018

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 provide a mechanism whereby staff can report issues relating to harassment and bullying and for these to be dealt with, whether carried out by an employee, student, contractor, volunteer, patient, the public or member of staff from an external agency/employer.

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

   Carers ☐   Staff X 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	☐	X
Disability	☐	X
Sex - *including: Transgender, and Pregnancy / Maternity*	☐	X
Race	☐	X
Religion / belief	☐	X
Sexual orientation – *including: Marriage / Civil Partnership*	☐	X

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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.)?

N/A

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?**

The policy follows equality and diversity good practice by spelling out what constitutes harassment and bullying and, recognising that racial and sexual harassment is common, gives examples of both.

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":	N/A
Issue:	
How is this going to be monitored/ addressed in the future:	
Group that will be responsible for ensuring this carried out:	

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Royal Devon and Exeter NHS
NHS Foundation Trust

Prevention of Harassment and Bullying Policy	
Post holder responsible for Policy	Deputy Director of Transformation & Organisational Development
Author and post holder of Policy	Jack Orchard, Employee Relations Manager
Division/ Department responsible for Policy	Human Resources
Contact details	███
Date of original document	August 2002
Impact Assessment performed	**Yes**/No
Ratifying body and date ratified	Workforce Governance Committee 04.09.15
Review date (and frequency of further reviews)	September 2017 (every 3 years)
Expiry date	March 2018 (extension 31 March 2019)
Date document becomes live	15.09.15

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

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience		Waiting	
Assurance Framework		Privacy and Dignity	
Monitor/Finance/Performance		Efficiency and Effectiveness	
CQC Regulations/Outcomes:	18	Delivery of Care Closer to Home	
		Infection Control	
Other *(please specify)*:			
Note: This policy has been assessed for any equality, diversity or human rights implications			

Controlled document
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Royal Devon and Exeter NHS

NHS Foundation Trust

Full History			**Status:** Final	
Version	Date	Author (Title not name)	Reason	
1	19/9/11	Senior HR Manager	Minor amends	
2	7/14	HR Manager	Improvements to process	
3	02/15	Employee Relations Manager	Improvements to format	

Associated Trust Policies/Procedural documents:	Grievance Policy Disciplinary and Appeals Policy Personal Development and Gateway Review Policy Maintaining High Professional Standards Policy Management of Violence, Aggression and Challenging Behaviour Policy Whistleblowing Policy
In consultation with and date: • Divisional/Directorate Managers – April 2015 • Deputy Director of HR and Operations Team – April 2015 • JSCNC – 9th April 2015 • Policy Expert Panel – 30th June 2015 • Workforce Governance Committee Chair's approval: 4th September 2015	
Contact for Review:	Employee Relations Manager
Executive Lead Signature: *Tracey Cottam*	Tracey Cottam, Director of Transformation and Organisational Development

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Prevention of Harassment and Bullying Policy Policy granted extension until 31 March 2019 by the Workforce Governance Committee Chair on 10 January 2019

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Review date: *September 2017*

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1.   INTRODUCTION

1.1   The Royal Devon and Exeter NHS Foundation Trust (hereafter referred to as the Trust) is committed to creating a working environment (which includes off-site conferences and other official events) which reflects its values and behaviours:

- Honesty, Openness and Integrity
- Fairness
- Inclusion and Collaboration
- Respect and Dignity

1.2   The Trust does not tolerate harassment or bullying of any kind in the workplace. This policy, and its associated Toolkit, aims to assist in developing a working environment which is free of harassment and bullying behaviours and gives confidence to individuals to complain about harassment or bullying, in the knowledge that it will be taken seriously and dealt with promptly and sensitively.

1.3   The procedure provides a mechanism whereby staff can report issues relating to harassment and bullying and for these to be dealt with, whether carried out by an employee, student, contractor, volunteer, patient, the public or member of staff from an external agency/employer.

1.4   Informal resolution should be attempted in the first instance, wherever possible.

1.5   This policy applies to all employees employed by the Trust. Any harassment or bullying allegedly perpetrated by an employee from an external agency or contractor will be reported to the relevant employer in order for appropriate action to be taken in line with their Policies. If the alleged harassment or bullying is being carried out by a patient or a member of the public, employees or their Line Manager should complete a Datix Report and this will be dealt with under the Management of Violence, Aggression & Challenging Behaviour Policy.

1.6   The Prevention of Harassment and Bullying Toolkit should be utilised alongside this policy as a guide for employees and managers on how matters of harassment and bullying will be dealt with.

1.7   Harassment and bullying are not only unacceptable, they may also be unlawful.

1.8   Failure to comply with this policy may result in disciplinary action being taken.

2.   PURPOSE

2.1   This policy sets out the Trust's commitment to eliminating all forms of harassment and bullying. It defines what is considered harassment and bullying and how such matters should be dealt with consistently and fairly.

2.2   This policy sets the standards of behaviour required by the Trust from all of its employees and seeks to:

- Provide a working environment where staff are valued and achieve the best possible care for patients;
- Reduce incidents of harassment and bullying in the workplace and ensure that if they occur they are dealt with effectively;
- Inform employees how they can obtain help and advice;

- Inform employees of the informal options available to resolve any complaints and where these are unsuccessful or inappropriate, how to raise a formal complaint;
- Provide guidance for managers in how to deal with complaints of harassment and bullying;
- Protect the confidentiality of the individuals concerned and of the process, as far as this is possible.

2.3   All staff groups are expected to understand and comply with this policy.

2.4   The Trust is committed to equal opportunities for all its existing and future employees, irrespective of gender, age, race, colour, creed, religion, religious belief, nationality, ethnic origin, social background, sexual orientation, marital status, disability, real or suspected HIV/Aids status, non-relevant criminal background or Trade Union membership.

2.5   The Trust is committed to eliminating all forms of discrimination in the workplace.

2.6   The Trust will fully investigate all alleged breaches of this Policy. Any employee who is found to have breached this Policy may face disciplinary action, in accordance with the Disciplinary Policy and Procedures.

3.   DEFINITIONS

3.1   **Bullying** is described by ACAS as "offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient."

3.2   **Harassment** is defined in the Equality Act 2010 as "unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual."

3.3   **Relevant protected characteristic** as defined in the Equality Act 2010, protected characteristics related to harassment are age, disability, gender reassignment, race, religion or belief, sex and sexual orientation.

3.4   **Victimisation** is where an employee receives detrimental treatment for carrying out a protected act e.g. making a complaint of discrimination under the Equality Act 2010.

4.   DUTIES AND RESPONSIBILITIES OF STAFF

4.1   **Executive Director Responsibilities:**
- The Director of Transformation and Organisational Development has overall responsibility for the policy.

4.2   **Human Resources Responsibilities:**
- The Human Resources (HR) Department will support line managers in applying the policy to ensure a fair and consistent approach;
- The HR Department will arrange mediation as required.

4.3   **Manager Responsibilities:**

- To behave in accordance with the Trust's values and behaviours, being role models of the kind of behaviour's expected by the Trust;
- To ensure that the behaviour within their team is appropriate and to deal with behaviour that breaches this policy;
- To fully understand their role in addressing all forms of unacceptable behaviours to stop it from being repeated, doing so with appropriate confidentiality and sensitivity;
- To document any informal action taken to resolve complaints.

4.4 Employee Responsibilities:

- To behave in accordance with the Trust's values and behaviours, understanding individual rights and personal responsibilities under this policy;
- To understand the Trust's commitment to deal with intimidating behaviours in the workplace;
- To report and/or challenge any behaviour which is inappropriate (either to the Line Manager, an HR representative, or via a Datix Report);
- To be aware that they can be personally liable to pay compensation and can be prosecuted if found to have deliberately harassed or bullied an individual;
- Access support available as indicated in Appendix 4.

4.5 Staff Side Representatives / Workplace Colleague:

- To advise and support employees in resolving issues of alleged harassment or bullying;
- To represent/support employees during a formal process in line with the policy;
- To inform the HR Department of any areas / departments where they believe issues of harassment or bullying may be occurring.

4.6 Investigation Manager

- To conduct and coordinate a fair, prompt and sensitive investigation;
- To define terms of reference for a formal investigation and ensure a planned approach to dealing with a potential situation of harassment and/or bullying using the Toolkit;
- To attend training in conducting investigations;
- To fully document all information regarding investigation meetings and correspondence with employees.

4.7 Workforce Governance Committee Responsibilities:

- The Workforce Governance Committee will ratify the policy. The Workforce Governance Committee will monitor compliance with the Policy.

5. EXAMPLES OF ACCEPTABLE AND UNACCEPTABLE BEHAVIOUR

5.1 General

5.1.1 Bullying and harassment can take different forms and may be against one or more people and take place over one or more incidents.

Some examples of acceptable behaviour may include:

- Treating everyone with dignity and respect at work;
- Not tolerating bullying or harassment in the workplace.

5.1.2   Some examples of unacceptable behaviour may include:

- Spreading malicious rumours or insulting someone by word or behaviour;
- Allowing your feelings to impact on how you behave towards colleagues;
- Excluding or victimising colleagues;
- Rude or patronising behaviour towards colleagues;
- Overbearing supervision or other misuse of power or position;
- Inappropriate or offensive language;
- Inappropriate or unwanted contact such as sending of text messages or unwanted telephone calls;
- Unwelcome sexual advances – touching, standing too close, display of offensive materials, making decisions on the basis of sexual advances being accepted or rejected;
- Blaming of colleagues;
- Belittling of colleagues contributions.

5.2   Racial Harassment

5.2.1   Racial harassment usually involves someone behaving or acting in a way that causes embarrassment or humiliation or is likely to intimidate or offend others on the ground of their ethnic origin.   Examples of racial harassment may include:

- Display or circulation of racially offensive material, including computer/mobile phone based graphics and photographs;
- Verbal or physical threat or abuse;
- Innuendo, mockery or unwarranted remarks or inappropriate jokes, including the sharing of jokes on mobile phones etc;
- Use of derogatory racial stereotypes;
- Deliberate isolation or different treatment, comments, actions or written material which derides or insults someone's race, colour or nationality or ethnic origin.

5.3   Sexual Harassment

5.3.1   This can be difficult to define because types of behaviour which may cause distress, annoyance or embarrassment to one individual may be acceptable to another. It may, for example, be acceptable to remark upon someone's appearance when it is clear that this will be welcome. However, persistent or inappropriate remarks of this type which are neither invited nor welcome may well cause offence and could therefore, amount to sexual harassment, even if this was not the intention.

5.3.2   In general, sexual harassment can be distinguished from acceptable behaviour in that it involves unreciprocated and unwelcome actions, attention or behaviour of a sexual nature. Some forms of sexual harassment, such as assault, are obvious; others are much less so and may include:

- Displays or circulation of sexually offensive material;
- Innuendo;
- Obscene gestures, leering, staring;

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- Unsolicited comments;
- Touching, hugging, pinching or pushing;
- Suggestions that sexual favours may further an employee's career or that not offering sexual favours may adversely affect an employee's career.

5.4 Bullying

5.4.1 The Trust defines bullying as the abuse of power or position to criticise, intimidate and undermine an employee in a way which leaves them feeling hurt, humiliated or vulnerable.

5.4.2 Bullying can be an unconstructive and an unfair criticism of an employee's performance or behaviour at work. An occasional raised voice or argument is not bullying.

5.4.3 It is unacceptable to condone bullying under the guise of "performance management". Conversely, an appropriate management style is acceptable provided that employees are treated with respect and dignity. Managers should ensure that they consider their style and how it may impact on those that they manage and adjust their behaviour where necessary. In particular, managers should be aware of ensuring an appropriate style when managing "difficult" employees whose behaviour may annoy or frustrate.

5.4.4 Bullying is not always from a supervisor to a subordinate. It can occur from a subordinate group or subordinates to a supervisor and between colleagues or equal position. Bullying can be 'open' or 'unseen'.

5.5 Open Bullying
Includes:

- Persistent criticisms, which undermine or demean an individual, making them feel incompetent and persistently 'got at (not legitimate performance management);
- Public ridicule or humiliation;
- Shouting or swearing in public or in private, sometimes over trivial matters;
- Singling out or victimising an individual for different treatment;
- Being criticised for work that has previously been acceptable;
- Malicious gossip/slander and innuendoes.

5.6 Unseen Bullying
Includes:

- Unreasonably removing areas of responsibility and replacing with menial or trivial tasks;
- Isolation: ignoring or excluding someone from social activities. Occasional differences of opinion or conflicts in working relationships will occur and can be regarded as normal. Problems with bullying arise when an individual becomes more seriously affected by the situation. They may feel offended, humiliated, or demoralised by the actions of another.

5.7 Other unacceptable behaviour
Includes:
- Omission from general conversation and social activity;

- Being continually given duties, which are considered to be stereo-typically gender specific;
- Shouting and swearing, not necessarily directed at employees;
- Grabbing, pushing, placing your hands on an employee in anger, to intimidate, restrain.

6. PROCEDURE FOR RESOLVING CONCERNS INFORMALLY

6.1 The Trust is committed to a culture where complaints can be resolved through informal discussion and agreement between the employee(s) and the line manager.

6.2 The Prevention of Harassment and Bullying Policy should only be utilised when informal attempts to find a solution have failed. This may involve any of the following approaches:

- The individual speaking to the individual they feel is behaving inappropriately;
- The individual speaking to their line manager (or senior manager if their concerns relate to their line manager) to raise their concerns;
- A facilitated meeting;
- Mediation.

6.3 Employees should consider attempting informal resolution in the first instance. The Trust reserves the right to not investigate the complaint formally until such a time as the employee is able to demonstrate that routes of informal resolution have been considered and exhausted.

6.4 However, in exceptional circumstances it may be appropriate to instigate a formal investigation without informal resolution being considered. This should only be considered with the advice of the HR lead.

7. PROCEDURE FOR ADDRESSING FORMAL COMPLAINTS

7.1 As stated the aim is to try to resolve situations informally in the first instance. Where this is unsuccessful or the concerns are more serious the formal process may be invoked.

7.2 For a complaint to be investigated formally the complainant must put their allegations in writing to their line manager (or senior manager where the Line Manager is implicated). This must detail instances of the alleged behaviour including for example, dates, times and any witnesses.

7.3 Using the Manager's Toolkit the Investigating Manager will undertake a review with a peer or senior manager. This will determine whether or not options for appropriate informal resolution have been attempted.

7.4 An investigation will be commenced, following the investigation guidelines contained within the Disciplinary and Appeals Policy.

8. SUSPENSION/TEMPORARY REDEPLOYMENT/TEMPORARY AMENDMENTS TO DUTIES

8.1 No suspension or redeployment or amendments to duties should be considered without some form of evidence considered in section 5.

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8.2 Harassment, bullying or victimisation may be considered to meet the criteria for gross misconduct, in line with the Trusts Disciplinary and Appeals Policy, and suspension, redeployment or amendments to duties may be considered.

8.3 No action should be taken without referencing Section 5.3 in the Disciplinary and Appeals policy and completing the Suspension Risk Assessment Tool in the Disciplinary and Appeals policy Manager's Toolkit. Where a risk assessment indicates that suspension is appropriate this should be discussed with an HR representative.

9. APPEAL

9.1 The complainant will have the right to appeal against the outcome of the investigation only:

- Where they can evidence that the process of the investigation was flawed;
- Where they can demonstrate that they have been treated unfairly.

9.2 There is no right of appeal because the complainant is generally unhappy with the outcome.

9.3 The reasons for the appeal in line with the reasons listed above should be fully detailed in a letter to the Investigating Manager within 5 working days of receipt of the outcome letter.

9.4 The complainant is not eligible to have access to any other process which is instigated against an alleged perpetrator as a result of their initial complaint.

10. CASE REVIEW

10.1 Following the conclusion of a complex case consideration will be given to conducting a case review. This will include for example the investigation manager, hearing chair, HR representative, line manager. This will help to identify where improvements can be made in the process, any trends, training needs etc.

11. ACCESS TO INFORMATION

11.1 If an employee wishes to access personal information they should contact the Information Governance team. This may include situations where a member of staff is suspended.

12. ARCHIVING ARRANGEMENTS
The original of this policy will remain with the author, Employee Relations Manager, Human Resources Operations department. An electronic copy will be maintained on the Trust Intranet (IaN), P – Policies – P – Prevention of Bullying and Harassment , and P – Policies – B – [Prevention of] Bullying and Harassment policy. Archived copies will be stored on the Trust's "archived policies" shared drive, and will be held for 10 years.

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

13.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

No	Minimum Requirements	Evidenced by
1.	All formal hearing outcomes will be recorded on ESR.	Records on ESR
2.	Internal audit will review fitness of policy and application of policy	HR report assessing disciplinary outcomes and application of the policy
3.	Monthly Performance Management Meetings	Divisional Directors

13.2 Frequency
In each financial year, the Head of HR Specialist Services will audit no 1 and 2 every 6 months to ensure that this policy has been adhered to and a formal report will be written and presented at JSCNC and the Workforce Governance Committee.

13.3 Undertaken by
Line managers and Employee Relations Managers

13.4 Dissemination of Results
At the Joint Staff Consultation and Negotiation Committee (JSCNC) and Workforce Governance Committee meetings which are held monthly.

13.5 Recommendations/Action Plans
Implementation of the recommendations and action plan will be monitored by the JSCNC and Workforce Governance Committee meetings which meet monthly.

13.6 Any barriers to implementation will be risk-assessed and added to the risk register.

13.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers' cascade system.

14. REFERENCES

NHS Choices – Bullying at Work
http://www.nhs.uk/Livewell/workplacehealth/Pages/bullyingatwork.aspx

ACAS Guide for Employees – Bullying and harassment at work
http://www.acas.org.uk/media/pdf/o/c/Bullying-and-harassment-at-work-a-guide-for-employees.pdf

CIPD Code of practice on harassment at work
http://www.cipd.co.uk/global/europe/ireland/employment-law/codes-of-practice/harassment.aspx

CIPD harassment and bullying factsheet

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http://www.cipd.co.uk/hr-resources/factsheets/harassment-bullying-at-work.aspx#link_1

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APPENDIX 1: LIST OF USEFUL ORGANISATIONS

Occupational Health
Tel: 01392 40(5800)
http://ian.exe.nhs.uk/welcome/directorates/human-resources/occupational-health/

Staff Support and Counselling Service
Tel: 01392 40(5800)

National Organisations include:

National Bullying Helpline
Tel: 0845 22 55 787
www.nationalbullyinghelpline.co.uk/

Beat Bullying
Tel: 01208 771 3377 (9am – 6pm)
www.beatbullying.org (online chat available)

Bully on Line
www.bullyonline.org

Citizens Advice Bureau
www.citizensadvice.org.uk

Samaritans
Tel: 08457 909090
www.samaritans.org

ACAS
Tel: 0300 123 1100
www.acas.org.uk

Stonewall
Tel: 08000 50 20 20
www.stonewall.org.uk

Equality Advisory and Support Service
Tel: 0808 800 0082
www.equalityadvisoryservice.com

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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 strategy/policy	All employee groups.
The key changes if a revised policy/strategy	Improvements to format.
The key objectives	This policy sets out the Trust's commitment to eliminating all forms of harassment and bullying. It defines what is considered harassment and bullying and how such matters should be dealt with consistently and fairly.
How new staff will be made aware of the policy and manager action	Induction process. All Trust managers are responsible for making their teams aware of this policy and the clear responsibilities within it. Line managers should ensure they are aware and proactive when dealing with employment issues raised by staff and encourage informal resolution wherever possible. Furthermore they have a responsibility and accountability to manage complaints in accordance with this policy. Managers should utilise the Prevention of Harassment and Bullying Toolkit, available on IaN, in order to ensure consistent and effective management of complaints.
Specific Issues to be raised with staff	The Policy sets out clear responsibilities for all employees when issues of possible harassment and bullying occur during their employment. The importance of staff attempting to resolve their issues informally and with their line managers in order to seek the earliest possible resolution.

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Training available to staff	Training on harassment and bullying for all staff and guidance/toolkits for all employees available on IaN. Further training on conducting investigations is available for managers.
Any other requirements	None.
Issues following Equality Impact Assessment (if any)	Positive impact for all staff groups.
Location of hard / electronic copy of the document etc.	Located on IaN under Human Resources Trust Policies.

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APPENDIX 3: RAPID IMPACT ASSESSMENT SCREENING FORM

Name of policy, strategy, plan or project	Prevention of Harassment and Bullying
Division/Directorate and Service Area	HR
Name, job title and contact details of person completing the assessment	Employee Relations Manager Ext: 3944
Date:	February 2015

EXECUTIVE SUMMARY

No impacts identified.

Impact	Action	Result
Employees now have greater legal protection from harassment by service users.	Policy has specific sections on this issue	Risk minimised
Gender, race and sexual orientation are characteristics where banter and harassment are often confused.	Policy gives specific instances of harassment within these protected characteristics.	Risk minimised

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1. **What is the main purpose of this policy / plan / service?**

   To provide a mechanism whereby staff can report issues relating to harassment and bullying and for these to be dealt with, whether carried out by an employee, student, contractor, volunteer, patient, the public or member of staff from an external agency/employer.

2. **Who does it affect?**

   Staff and patients.

3. **What impact is it likely to have on different sections of the community/ workforce, considering the "protected characteristics" below?**

	Positive impact -- it could benefit	Negative impact -- it treats them less favourably or could do	Negative impact -- they could find it harder than others to benefit from it or they could be disadvantaged by it	Non-impact – missed opportunities to promote equality	Neutral -- unlikely to have a specific effect
Age	✓	☐	☐	☐	☐
Disability	✓	☐	☐	☐	☐
Sex including Transgender and Pregnancy / Maternity	✓	☐	☐	☐	☐
Race	✓	☐	☐	☐	☐
Religion / belief	✓	☐	☐	☐	☐
Sexual orientation including Marriage / Civil Partnership	✓	☐	☐	☐	☐

In identifying the impact of your policy across these characteristics, please consider the following issues:
- **Fairness**

  Does it treat everyone justly?
- **Respect**

  Does it respect everyone as a person?
- **Equality**

  Does it give everyone an equal chance to get whatever it is offering?
- **Dignity**

  Does it treat everyone with dignity?
- **Autonomy**

  Does it recognise everyone's freedom to make decisions for themselves?

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If you have any negative impacts, you will need to progress to a full impact assessment.

4. If you have identified any positive impacts (see above), what will you do to make the most of them?

"Protected characteristic" affected:	All	
Issue	The Equality Act widens protection to staff from harassment by patients.	
Who did you ask to understand the issues or whose work did you look at? Governance Manager JSCNC ACAS - Equality Act	What did you find out about? Change brought in by the Equality Act	What did you learn or confirm? That staff can now hold an employer legally responsible for failure to protect from harassment (on a third occasion where the employer is aware it has taken place and has not taken reasonable steps to prevent it happening again). This applies across all protected characteristics except pregnancy/maternity where any unfavourable treatment may be considered discrimination, and marriage/civil partnership).
Action as a result of above		
Action	By whom?	When?
Policy reflects the Trust's obligation to protect employees from harassment by patients.	Policy writer	During drafting

5. If you have identified any missed opportunities ("non-impacts"), what will you do to take up any opportunities to promote equality?

"Protected characteristic" affected:		
Issue		
Who did you ask to understand the issues or whose work did you look at?	What did you find out about?	What did you learn or confirm?

Action as a result of above		
Action	By whom?	When?

6. **If you have a identified a neutral impact, show who you have consulted or asked to confirm that this is the case, in the table below:**

Who did you ask or consult to confirm your neutral impacts?
(Please list groups or individuals below. These may be internal or external and should include the groups approving the policy.)
Governance Manager
JSCNC
Policy Expert Panel
Divisional/Directorate Managers
Operational managers (sample group)
HR Operations