

Safeguarding Adults at Risk Policy

Approval

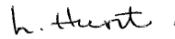
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Agreed by:

Signature of Chairman of Trustees:



Signature of Chief Executive:



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2023: update Hertfordshire Safeguarding Adults at Risk Policy 2022. Update GHHC flowchart. Update record-keeping. 2023: changes to wording to align with Safeguarding Children Policy. 2024: updated; role profile appendices added. 2025: reviewed; links updated; revised Appendix 7, training and competency requirements. 2026: updated; online links replace two previous appendices. Safeguarding lead trustee role profile added.

Next review

Person responsible for next review: Director of Nursing and Quality

Committee responsible for next review: Clinical Governance Committee

Next review date: May 2027

Policy statement

Safeguarding adults at risk of abuse or neglect is everybody's business, and Garden House Hospice Care's (GHHC) policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect <https://hertfordshireadultsg.trixonline.co.uk/>

The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect. The Care Act 2014 mandates local authorities to lead multi-agency systems, investigate suspected abuse under Section 42, establish Safeguarding Adults Boards (SABs), and provide independent advocates for vulnerable adults.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately. This Safeguarding Adults at Risk Policy, procedure and practice guide provides front-line staff, their managers and adults at risk with a framework within which to work.

This policy is in place in order that the human rights, needs and interests of adults at risk are always respected and upheld. All line managers are responsible for ensuring all relevant new staff and volunteers read this policy during their induction period.

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1 Policy statement

Safeguarding adults at risk of abuse or neglect is everybody's business, and Garden House Hospice Care's (GHHHC) policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect. The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately to enable the adult in need of safeguarding to remain in control of their life as much as possible. This Safeguarding Adults at Risk Policy, procedure and practice guide provides front-line staff, their managers and adults at risk, with a framework within which to work.

This policy is in place in order that the human rights, needs and interests of adults at risk are always respected and upheld. It must be read in conjunction with the Hertfordshire Safeguarding Adult Board Policy. <https://hertfordshireadultsg.trixonline.co.uk/>

This policy applies to all employees, including interim staff and volunteers, who come into direct or indirect contact with adults at risk and their families/carers.

All line managers are responsible for ensuring all relevant new staff and volunteers read this document during their induction period.

This policy determines the standards required by GHHHC to ensure that GHHHC complies with its statutory and legal obligations and national/local best practice. GHHHC reserves the right to amend this at any time in line with best practice and regulatory change.

The purpose of this policy is to:

- Identify the principles of safeguarding adults at risk with whom GHHHC may have contact
- Describe the characteristics that define an adult at risk
- Identify the procedure that staff and volunteers must adopt if they suspect an adult at risk may be experiencing, or be at risk of, harm.

2 Six Principles of Safeguarding

The policy is based on the Six Principles of Safeguarding (The Care Act, 2014) that underpin all adult safeguarding work:

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process, and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self - determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help

Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local solutions through services working together within their communities	I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Safeguarding Adults at Risk aims to ensure that organisations work together to prevent abuse occurring and when abuse does occur, adults at risk are protected from further harm. In line with government policy, the objective is to prevent and reduce the risk of significant harm to adults from abuse, while supporting individuals to maintain control over their lives and to make informed choices without coercion.

The Safeguarding Procedure Flowchart is displayed on notice boards in all clinical areas and can be found on the Hospice intranet, [Safeguarding Adults at Risk Policy](#), Appendix 3.

3 Related Hospice policies/procedures/guidelines - see Appendix 1

4 Responsibilities/accountabilities

Trustees	The Trustees are ultimately responsible for safeguarding and promoting the welfare of GHHC beneficiaries. The Trustees will identify a Trustee Safeguarding Lead and: • Actively promote a safe culture and trusted environment • Ensure adequate safeguarding policies, procedures and measures are in place • Ensure through quality reporting that the policy is robustly implemented across the organisation • Ensure adequate systems are in place to handle incidents and allegations, including reporting to the relevant authorities, including the charity commission • Attend relevant training • Support the safeguarding policy, procedures and practice on behalf of the Board and ensure these are in line with most recent government legislation and best practice • Some of these responsibilities may be delegated to the Chief Executive Officer
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GARDEN HOUSE HOSPICE CARE

	• Approve this policy at the Clinical Governance Committee and Board of Trustees meetings and ensure through reporting that the policy is robustly implemented across the organisation. • The nominated safeguarding Trustee and Chairman of Trustees will be informed of all reports to the Hertfordshire Safeguarding Adult Board at the earliest opportunity • Receive a yearly report on the management of safeguarding from the Designated Safeguarding Lead. All Trustees are responsible for ensuring this policy is approved at Board level and is robustly implemented. Some of these responsibilities may be delegated to the Chief Executive Officer.
Chief Executive Officer (CEO)	• The CEO has overall responsibility for ensuring the Hospice has sound and robust business processes and management throughout all areas of the Hospice. • The CEO has delegated responsibility to ensure that serious incidents are reported to the Charity Commission in accordance with its guidance and that safeguarding allegations, complaints or incidents are reported to other agencies in accordance with the law and best practice.
Director of Nursing & Quality/ Safe-guarding Lead	The Director of Nursing and Quality is the designated Safeguarding Lead and works closely with the CEO to ensure the organisation complies with all legislation and requirements in relation to safeguarding children. This role is accountable for ensuring the Hospice complies with the legislation and has the relevant policies, procedures and practices in place. The Director of Nursing and Quality will present a yearly report on the management of safeguarding to the Hospice Care and Clinical Governance Committee.
Safeguarding Champion for Adults	The Deputy Director of Nursing and Quality is the nominated safeguarding champion and provides support to the Safeguarding Lead and provide cover for them during periods of absence. The champion is the source of advice and guidance to clinical teams and signpost to available agencies as required.
All managers	• Managers will ensure that they and their staff follow the organisation's policies and procedures. • Responsible for ensuring all relevant staff and volunteers read this policy during their induction. • Ensure that staff and volunteers attend/complete annual statutory/mandatory training • Provide full support with any adults identified at risk of safeguarding issues.
All other staff including volunteers	All staff and volunteers have a duty to report when abuse, by another Hospice team member, is disclosed or suspected. This may be supported as needed by following OM07 Freedom to Speak Up Policy.

	All staff and relevant volunteers are required to attend statutory mandatory training, comply with policies and procedures and highlight any concerns at the earliest opportunity. The staff who identify the concern are responsible for documenting and completing an electronic report. Volunteer staff must complete this with their manager.
External staff or official visitors including celebrities and VIPs	Any external staff or official visitors including celebrities and VIPs will not be allowed any contact with patients and their families visiting the Hospice without the continued presence of a member of GHHC staff.

5 Recognising a safeguarding concern

5.1 Definition of an Adult at Risk

An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support. 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.

5.2 Prevent duty

What is Prevent?

The Prevent Strategy, published by the Government in 2011 and refreshed in 2018 and 2023, is part of the overall Counter-Terrorism Strategy, CONTEST. The aim of the Prevent Strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The 2018 and refreshed 2023 Prevent Strategy specific objectives:

- Tackle the ideological causes of terrorism
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

'Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm.'

The Prevent Strategy

What is the different between extremism and terrorism?

Extremism: The vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

Terrorism: The use or threat of action, both in and outside of the UK, designed to influence any international government organisation or to intimidate the public. It must also be for the purpose of advancing a political, religious, racial or ideological cause.

The Prevent Duty is concerned with all forms of terrorism and extremism. It also includes some forms of and non-violent extremism:

- Far right and extreme far right groups
- Religious extremist groups
- Environmental and animal rights extremism
- Unclear ideology (school massacre, InCel).

GHHC is also subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the Prevent Duty. It applies to 'specified authorities' that are described in Schedule 6 of the Act.

All relevant staff will recognise vulnerability to being drawn into terrorism, (which includes someone with extremist ideas that are used to legitimise terrorism and are shared by terrorist groups), including extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups, and be aware of what action to take in response, including local processes and policies. See Channel programme in section 9 below.

<https://www.gov.uk/guidance/making-a-referral-to-prevent>

5.3 Whistleblowing

Any employee of GHHC who suspects serious wrongdoing within the organisation can speak out safely. GHHC is committed to developing a culture where it is safe and acceptable for all Hospice team members to raise concerns without fear of recrimination, to bring to the attention of the appropriate level of management any deficiency in the provision of service, breach of procedure or impropriety. The GHHC Freedom to Speak Up Guardian will support any person who raises a concern under [OM07 Freedom to Speak Up Policy](#).

5.4 What is a concern?

A concern (see table below and Appendix 2: Definitions - Forms of Abuse) may be any worry about an adult who has or appears to have care and support needs, who is subjected to, or may be at risk of, abuse or neglect and who may be unable to protect themselves from the abuse or neglect or risk of it.

The Care Act 2014 and the Care and Support Statutory Guidance define the categories of abuse but emphasises that organisations should not limit their view on what constitutes abuse.

Type of abuse	Description of abuse
Physical abuse	Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
Domestic violence/ abuse	Including psychological, physical, sexual, financial, emotional abuse; and 'honour' based violence.
Sexual abuse	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting

Type of abuse	Description of abuse
Psychological abuse	Including emotional abuse, threats of harm or abandonment, radicalisation, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
Modern slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory abuse	Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
Organisational abuse	Any form of abuse or neglect that has arisen as a result of the structure, policy, processes or practices within an organisation, such as a hospital or care home or in relation to care provided in one's own home. This may range from a one-off incident to ongoing ill treatment.
Neglect and acts of omission	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
Self-neglect	This covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Sexual Exploitation	Involves exploitative situations, contexts and relationships which can be face to face or online, where adults at risk (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

A concern may be raised by anyone, and can be:

- A direct or passive disclosure by the adult at risk
- A concern raised by staff, volunteers, others using the service, a carer or a member of the public. An observation of the behaviour of the adult at risk, or the behaviour of another person towards the adult at risk, or of one service user towards another
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits.

6 Responding to a concern

It is important to report any concerns promptly. In order to make safeguarding personal, it is important that discussions take place with the individual about what outcome they would like in relation to the concerns raised. These will vary from case to case depending on the adult's individual wishes and circumstances.

Good practice guidance while responding to a disclosure:

- Speak to the adult in a private and safe place
- Assure them that you are taking them seriously
- Don't interview the person, but establish basic facts
- Listen carefully to what you are being told, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not promise to keep a secret/keep information confidential; explain who you will tell and why
- Ask the adult what they would like to happen
- Explain how the adult will be kept informed
- Identify an immediate safeguarding plan with the adult at risk
- Where appropriate make a best interest decision about the risks and the immediate protection plan needed if the adult is unable to provide informed consent.

Key information to establish where possible:

- Basic facts such as what happened, when and by who
- What the immediate risks are
- Mental capacity of the adult to understand the risks and consent to safeguarding enquiry
- Do not be judgmental or jump to conclusions.

If all the facts cannot be established initially this **MUST NOT** prevent you from raising a safeguarding concern.

6.1 Immediate actions

Immediate action by person raising the concern:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Ensure others are not in immediate danger
- If a crime has been committed or life is in danger or at risk, dial 999
- In situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. Evidence may be present even if you cannot actually see anything. Try not to disturb the scene, wash clothing or the adult at risk if at all possible
- Arrange any medical treatment (note if the allegation is of a sexual nature this will require expert advice from the police)
- In most cases unless the situation is urgent and an immediate referral to the police and/or the investigating team is needed, staff should follow safeguarding procedures, reporting immediately to their line manager
- The details of the concerns must be recorded on Radar by the person who initially raised the concern as soon as possible. See Appendix 3 GHHC Procedure with Flowchart.

6.2 The line manager responsibility

The line manager informed of the concern must take the following actions:

- Evaluate the risk to the adult at risk
- Take reasonable and practical steps to safeguard the adult at risk as appropriate (if not already taken and if relevant)
- Refer to the police if the abuse suspected is a crime (unless already done)
- Arrange any necessary emergency medical treatment (note offences of a sexual nature will require expert advice from the police) (unless already done)
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs
- If the person alleged to have caused the harm is a member of staff, inform Senior Manager Safeguarding Lead/Champion immediately to establish whether any action is required under the organisation's disciplinary procedures.
- Make sure that other patients are not at risk
- Assess whether a concern should be raised to the Herts Safeguarding Adults Board, discussion with a member of the safeguarding team senior manager as required.
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, the person who has reported the concern
- If the person causing harm is another patient, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met
- An assessment of the risk posed by an adult at risk who has allegedly caused harm must be undertaken and must include an assessment of the nature of the risk
- In order to achieve the above, it may be necessary to speak with either the adult at risk or the alleged person who may cause harm or abuse or neglect.
- If the incident constitutes a notifiable event, complete and send notification to the CQC
- Inform the GHHC Safeguarding Lead or Champion or outside of 09.00-17.00 hours /weekends, the GHHC out-of-hours managers on call of actions taken to date
- Ensure Radar is completed by person raising the initial concern.

The manager who is advised of a concern may decide it does not fall under the GHHC Safeguarding Adults at Risk procedures but is more appropriately dealt with under a different procedure, such as a complaints or disciplinary procedure.

6.3 Speaking to the adult at risk

It may be appropriate for a manager, Safeguarding Lead or Champion to speak to the adult at risk. To do this, the manager should consider:

- Seeking their views on what has happened and what they want done about it
- Giving information about the safeguarding adults process and how that could help to make them safer
- Explaining how they will be kept informed
- Identifying communication needs, personal care arrangements and access requests.

6.4 Speaking to the person alleged to have caused harm

The safeguarding concern must not be discussed with the person alleged to have caused harm.

If they are a member of staff, an immediate decision must be made to suspend them in line with policy. The person should be informed that a concern has been made about them. No specific information should be shared (Refer to [HR05 Disciplinary Policy](#)).

7 Reporting /referring a concern

A concern should be raised when:

- The person is an adult at risk and there is a concern that they are being or are at risk of being abused or neglected, and are at risk of significant harm
- The adult at risk has capacity to make decisions about their own safety and wants this to happen
- The adult at risk has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person alleged to be causing the harm is also an adult at risk.

7.1 Immediate response

For incidents concerning an adult at risk where there is immediate danger to life, risk of injury or a crime being committed dial 999.

For incidents taking place against an adult at risk where there is NO immediate risk to life or property, but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, dial 101.

7.2 Gaining the consent of the adult at risk to raise a concern

The mental capacity of the adult at risk and their ability to give their informed consent to a concern being raised and action being taken under these procedures is a significant but not the only factor in deciding what action to take. See

<https://www.gov.uk/government/publications/deprivation-of-liberty-code-of-practice> and Hospice policy [RM18 Mental Capacity Act and Deprivation of Liberty Safeguards Policy.pdf](#)

In all cases, reasonable attempts at gaining consent from the adult to disclose a safeguarding concern must be made. See 7.4 and Appendix 3 GHHC flowchart if consent cannot be gained.

7.3 Making a decision not to raise a concern

If the adult at risk has capacity and does not consent to a concern being raised and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

GHHC must be clear that the decision to withhold consent is not made under undue influence, coercion or intimidation.

A record must be made of the concern, the adult at risk's decision and of the decision not to refer, with reasons. A record should also be made of what information they were given.

7.4 Making a decision to raise a concern without consent

Where an overriding public interest or vital interest or if gaining consent would put the adult at further risk, a concern must be raised but the lack of consent and the reason for it must be explicit.

This includes situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent.
- If, on the information available, the following three criteria are met, a referral **MUST** be made to the local authority:
 - A person has care and support needs
 - They may be experiencing or at risk of abuse and neglect
 - They are unable to protect themselves from neglect because of those care and support needs.

The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others. (See Appendix 4 Information about Advocacy).

- If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, with the senior clinical team, medical team and multidisciplinary team. This may be in conjunction with the Medical Director, Safeguarding Lead and Safeguarding Champion in line with the Mental Capacity Act 2005.
- If the person who received the concern is unsure whether to raise a concern with the Herts Safeguarding Adults Board, they can contact them for advice. Any advice given must be clearly documented on the patient's clinical record and promptly carried out.

Frontline workers and volunteers should always share safeguarding concerns in line with their organisation's policy, usually with their line manager or safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the member of staff should explain their responsibility to share the concern with their manager.

Managers will need to make decisions about sharing information with external agencies, including the police and local authority. Individuals may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

8 Herts Safeguarding Adults Board referral process

If you have reason to believe an adult may be at risk of suffering abuse or neglect you should contact the Herts Adult Care Services by calling

Herts Adult Social Care Services on 0300 123 4042 (24 hours)

or completing the online safeguarding referral form. Prior to completing a referral form you will need to register on the portal. Registering to use the portal is quick and simple. The following link is to the registration page

<https://hcsportal.hertfordshire.gov.uk/web/portal/pages/SAFA#hInstructions>

Note: if the alert relates to pressure ulcers or other physical bodily concerns, please also provide skin integrity information from SystemOne.

Once a concern is escalated to Herts Safeguarding Adults Board, the strategic management becomes their responsibility. GHHC will comply fully with any investigations, including attending strategy meetings, case conferences and the management of the issue.

If you have reason to believe an adult receiving mental health services in Hertfordshire may be at risk of suffering abuse or neglect, then a safeguarding referral can be made to HPFT on

0300 777 0707 (08.00-17.00)

01438 843322 (17.00-09.00) Single Point of Access (SPA) Out of Hours

If there is an immediate risk to life or a serious injury or a serious crime has been committed the police must be contacted directly on 999.

8.1 Raising a concern in the community

The responsibility for reporting any safeguarding issues raised by GHHC services lies with the staff member who identifies the safeguarding concern.

If patient is in immediate danger, then dial 999.

The Hospice at Home/CHC nurse should raise a concern with Adult Care Services if necessary, with support from the nurse in charge or senior nurse on call if out of hours. Advice, if required, may be obtained from the Safeguarding Lead or Champions at GHHC and/or the Adult Care Services.

All safeguarding concerns must be recorded on Radar and raised with the Safeguarding Adult Board as required. Copies of all alerts raised must be saved within the relevant Radar report. safeguarding concerns in community may be shared if appropriate with HCT Named Nurse for Safeguarding Adults and Prevent Lead on 01442 285881 or via NHS email hct.safa@nhs.net

9 Channel programme

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned.

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity.

When concerns are raised about an adult at risk who is believed to be vulnerable to radicalisation, a safeguarding referral should be raised. The referral should be forwarded to the Hertfordshire police Safeguarding Adults from Abuse team (SAFA). The referral will then be forwarded to the Channel coordinator, and the Channel protocol will then be followed.

The SAFA team can be contacted on 01707 354556 for advice. A referral should be made on the agreed referral form and sent to safa@herts.pnn.police.uk

Out of office hours, advice should be sought from the Hertfordshire Police Prevent Team or Hertfordshire Police via the 101 system.

Sections 36 to 41 of the [Counter-Terrorism and Security Act 2015](#) set out the duty on local authorities and partners of local panels to provide support for people vulnerable to being drawn into any form of terrorism.

10 Statutory reporting of safeguarding incidents

10.1 CQC notification

As part of the information sharing processes CQC must be notified of any incident that has been investigated by the police or any abuse or allegation of any abuse in relation to a service user has occurred. Please use the notification form available at: <http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers>

The CQC must be notified about abuse or allegations of abuse concerning a person using GHHC services at the time of the abuse/allegation of abuse, if any of the following applies:

- The person is affected by abuse
- They are affected by alleged abuse
- The person is an abuser
- They are an alleged abuser
- The person is admitted with or acquires during admission a Pressure Ulcer Category 3 or above.

10.2 Charity Commission

Safeguarding allegations, whether actual or alleged, that result in or risk significant harm to the Hospice's beneficiaries, staff, volunteers or others who come into contact with the Hospice through its work must be reported to the Charity Commission by the CEO.

11 Information sharing

Information sharing between organisations is essential to safeguard adults at risk. The Care Act sets out the duty of individuals and agencies to provide information under these procedures to enable adults at risk to be safeguarded. Information will be shared on a need-to-know basis and in line with the confidentiality and information sharing policies of the individual organisations.

The sharing of information in health and social care is guided by the Caldicott principles. These principles are reflected in the General Data Protection Regulation (GDPR) and are useful to other sectors:

- Justify the purpose(s)
- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal confidential data should be on a strict need-to-know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality.

11.1 Domestic abuse concerns

Under the Domestic Abuse Act 2021, domestic abuse is defined as any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse between those aged 16 and over and personally connected to each other. The act also recognises children as victims of domestic abuse. (See [RM08 Safeguarding Children Policy](#) to report a safeguarding concern regarding a child).

Adults at risk will be fully informed about information that is recorded about them and, as a general rule, will be asked for their permission before information about them is shared with colleagues or another organisation. However, there may be justifications to override this requirement.

For further information on when to share information see Appendix 3 and refer to document Safeguarding Adults: Sharing Information Social Care for Excellence, updated Jan 2019, pp 12-13) <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

11.2 Support for staff and service user

Additional support and information for all those affected by domestic abuse can be accessed via Herts Sunflower <https://www.hertssunflower.org/herts-sunflower.aspx>
Herts Sunflower: 08 088 088 088

National Domestic Abuse Helpline: 0808 2000 247

11.3 Sharing information on those who may pose a risk to others

The police can keep records on any person known to be a target or perpetrator of abuse and share such information with safeguarding partners for the purposes of protection 'under Section 115 of the Crime and Disorder Act 1998, provided that criteria outlined in the legislation are met'. All police forces now have IT systems to help identify repeat and vulnerable victims of antisocial behaviour.

The Domestic Violence Disclosure Scheme ('Clare's Law') enables the police to disclose information to a victim/potential victim of domestic abuse about their partner/ex-partner's previous abusive or violent offending (Home Office, 2024).

12 Supporting the adult at risk through the safeguarding process

The Herts Health & Social Care Safeguarding team will lead on this once a concern has been raised with the Safeguarding Board.

It is important that GHHC fully cooperates with any investigations and meetings required including Serious Concerns meetings and Serious Case Reviews (if relevant). GHHC will ensure that the most appropriate manager attends with the right level of seniority.

13 Responsibilities to those who are alleged to have caused the harm

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until the allegations against them are proved on the evidence. Whether they are a member of staff, a volunteer, a relative or a carer they also have the right to be treated fairly and their confidentiality respected.

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

What information is shared with them, and when, should be decided at the strategy discussion or meeting. They must not be informed of any details other than a concern has been raised which required investigation. They should be provided with appropriate support.

13.1 If a member of staff has been found to be the abuser

An immediate decision must be made to suspend them. The person should be informed that a concern has been made about them. No specific information should be shared. (Refer to [HR05 Disciplinary Policy](#)). They should be provided with appropriate support.

13.2 Adults at risk or those deemed to cause harm who are under the care of other service providers

GHHC must ensure that full relevant information must be given to the care provider(s) who are next going to look after a patient who has been abused or was an abuser. This is to ensure that the care provider can minimise any risks to other patients or staff in the next care setting.

14 Recording

14.1 Record-keeping and confidentiality

GHHC will ensure robust record keeping systems, keeping comprehensive records whenever a concern is made/arises/occurs, and of any work undertaken under the safeguarding adults procedures, including all concerns received and all referrals made.

GHHC will record all safeguarding concerns and actions taken on the electronic incident reporting system. The Hospice will ensure compliance with [OM31 Data Security and Protection Policy.pdf](#) and [OM12 Confidentiality Policy.pdf](#)

It is vital that a record of any incident or allegation is made as soon as possible after the information is obtained:

- A summary of the incident/concern should be placed on the patient/carers record on SystmOne, along with the referral confirmation reference number.

GARDEN HOUSE HOSPICE CARE

- The record must include the date and time of the incident, exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- The record must be factual. If the record does contain opinion or assessment, it should clearly say so and be backed up by factual evidence. Information from another person should be clearly attributed to them
- All decisions taken relating to the process must be recorded
- The incident must be recorded on Radar by the person who initially raised the concern. The Safeguarding Champion, or line manager, will have been made aware as soon as concerns are raised on Radar. If the concern is regarding someone who is not registered as a patient or carer on SystmOne then the referral number should be uploaded to Radar.
- The Safeguarding review group will review all concerns raised during the regular meetings.

If the concern is regarding the care of a patient transferred from inpatient care at the East and North Hertfordshire NHS Trust, then contact should also be made with Safeguarding Lead in the Trust on adultsafeguarding.enh-tr@nhs.net.

15 Resolving

The Hospice must be fully prepared to immediately implement a safeguarding plan if it is agreed one is needed. The Hospice must be clear during review meetings what resources are or can be available to ensure the protection plan is robustly implemented.

GHHC must also be aware it may be made responsible for aspects of the investigation process.

GHHC should ensure a system is in place to seek the follow up information if this has not automatically been done. The Hospice should be aware that information shared will be on a need-to-know basis and the principles of confidentiality respected. The depth of feedback may be limited if there is a need to protect confidentiality for any reason.

16 Staff training requirements

Adult Safeguarding: Roles and Competencies for Health care Staff: second edition (RCN, 2024) sets out minimum training requirements for people working in health and social care.

GHHC expects all staff and volunteers to know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the adult at risk.

The training matrix at GHHC and agreed competencies will be in line with the recommendations within the Intercollegiate document:

<https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256>

16.1 Trustee training requirements

The Trustee Safeguarding Lead must be trained to Level 2 national standards for Safeguarding Adults at Risk.

All Trustees will be trained to Level 1 national standards for Safeguarding Adults at Risk, including Prevent duty training. And receive Trustee focussed training.

17 Policy monitoring and review

This policy will be reviewed following introduction of any new legislation, following a significant incident/event or, as a minimum, every year.

A yearly audit of compliance against this policy will be scheduled into the Clinical Audit programme and published in the Safeguarding Annual Report. The report on the outcomes of the findings and the improvement plan for any improvements to be made will be reported to the Board of Trustees committee via the Clinical Governance Committee.

Audits will be against national, local and organisational policy and will include, where necessary audits resulting from incidents or complaints. Learning will be shared via the Audit Committee. with front line staff and teams to promote improved future practice.

18 References

- Safeguarding Vulnerable Groups Act 2006
- Guide to Consent for Examination or Treatment, Department of Health 2009
- Mental Capacity Act 2005
- Action on Elder Abuse 2006
- Mental Health Act 1983, amended 2007
- Care Act 2014
- Data Protection Act 2018
- Human Rights Act 1998
- Common Law Duty of Confidentiality
- The 2013 Caldicott Report 'Information: to share or not to share', also known as Caldicott 2
- Care and Support Statutory Guidance Crime and Disorder Act 1998 - Section 115
- Children and Families Act 2014
- www.gov.uk/government/publications/prevent-duty-guidance
- Section 26 of the Counterterrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'
- <https://www.hertsandwestessex.ics.nhs.uk/documents/safeguarding-policy/>
- Hertfordshire Safeguarding Adults at Risk Policy June 2021, Issue 15. [Hertfordshire Safeguarding Adults Board | Hertfordshire County Council](http://hertfordshireadultsg.trixonline.co.uk/)
- <https://hertfordshireadultsg.trixonline.co.uk/>
- <https://www.england.nhs.uk/long-read/safeguarding/#who-is-at-risk>
- Care and Support Statutory Guidance-
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- Data Protection Act 1998, Schedule 2, interpreted by the Information Commissioner
- Report on the Review of Patient-identifiable Information from the Caldicott Committee
- Care Act 2014 Factsheet 7: Protecting Adults from Abuse and Neglect
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>
- <http://www.scie.org.uk/adults/safeguarding/>

- <https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities>
- <https://www.gov.uk/government/publications/deprivation-of-liberty-code-of-practice>
- Royal College of Nursing (2024) Adult Safeguarding: Roles and Competencies for Healthcare Staff: second edition. Available from <https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256>
Safeguarding Adults: sharing information. Social Care for Excellence, Updated Jan 2019, P12-13
- Home Office (2024) <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-violence-disclosure-scheme-factsheet>

Appendix 1. Related Hospice policies, procedures and guidelines

[CM02 Admissions Policy](#)

[CM04 Discharge Policy](#)

[CM06 Consent Policy](#)

[HR02 Recruitment and Onboarding Policy.pdf](#)

[HR05 Disciplinary Policy.pdf](#)

[HR07 Learning & Development Policy.pdf](#)

[HR11 Disclosure & Barring \(DBS\) Policy.pdf](#)

[HR13 Grievance Policy.pdf](#)

[OM06 Complaints Policy](#)

[OM07 Freedom to Speak Up Policy](#)

[OM12 Confidentiality Policy](#)

[OM21 Privacy and Dignity Policy](#)

[OM31 Data Security and Protection Policy](#)

[OM51 Chaperone Policy](#)

[RM18 Mental Capacity Act & Deprivation of Liberty Safeguards Policy](#)

[RM25 Incident \(Event\) Reporting and Management Policy](#)

Appendix 2. Definitions, glossary and acronyms

(page 1 of 6)

Abuse - includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

Abuser - adults at risk can experience abuse by a wide range of people both known and unknown to them. The person who caused (may have) caused harm is used to describe the individual who is alleged or known to have abused an adult at risk.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services

Adult at risk - means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.

Advocacy - is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Concern - is a worry that an adult at risk is or may be a victim of abuse or neglect. A concern may be a result of a disclosure, an incident, or other signs or indicators.

Capacity - is the ability to make a decision about a particular matter at the time the decision needs to be made.

Care setting/services - includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home.

Carer - refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Case conference - is a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

Channel - The Channel project provides a mechanism for assessing and supporting people who may be targeted by violent extremists or drawn into violent extremism. It provides a multi-agency approach for identifying, assessing the nature and extent of risk and developing an appropriate support strategy for the individual concerned.

Clinical governance - is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

CMHTs - (community mental health teams) are made up of professionals and support staff that provide specialist mental health services to people within their community.

Consent - is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Appendix 2. Definitions, glossary and acronyms
(page 2 of 6)

CPA (Care Programme Approach) - was introduced in England in the joint Health and Social Services Circular HC (90)23/LASSL (90)11, 'The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services', published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

CPS (Crown Prosecution Service) - is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) - is responsible for the registration and regulation of health and social care in England.

CQUIN - Commissioning for Quality Innovation and Improvement. A payments framework introduced by the Department of Health so that a proportion of health and care provider's income is based on demonstrating improvements in patient care. Areas of action are set nationally by the Department of Health and by CCGs.

DASH (domestic abuse, stalking and harassment and honour-based violence) - Risk Identification Checklist (RIC) is a tool used to help front-line practitioners identify high-risk cases of domestic abuse, stalking and harassment and honour-based violence.

DAISU (Domestic Abuse, Investigation and Safeguarding Unit) - Herts Police Team investigation allegations of domestic abuse where there is an intimate relationship.

DoLS (Deprivation of Liberty Safeguards) - are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

DBS (Disclosure and Barring Service) - The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with at risk groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Enquiry - establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.

Enquiry Lead - is the agency who leads the enquiry described above.

Enquiry Officer - is the member of staff who undertakes and co-ordinates the actions under s42 enquiries.

HSE (Health and Safety Executive) - is a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

Appendix 2. Definitions, glossary and acronyms
(page 3 of 6)

Independent Domestic Violence Advisor - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

IMCA (Independent Mental Capacity Advocate) - established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Independent Mental Health Advocate - under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

Independent Sexual Violence Advocate (ISVA) - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

Intermediary - is someone appointed by the courts to help an at-risk witness give their evidence either in a police interview or in court.

LGBT (lesbian, gay, bisexual and transgender) - is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

MAPPA (Multi-agency Public Protection Arrangements) - are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) - is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour' - based violence.

Making Safeguarding Personal - is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.

Mental Capacity - refers to whether someone has the mental capacity to make a decision or not.

Modern Slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Appendix 2. Definitions, glossary and acronyms
(page 4 of 6)

NHS (National Health Service) - is the publicly funded healthcare system in the UK.

OPG (Office of the Public Guardian) - established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) - is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

Person alleged to cause the harm - is the person or adult who is alleged to have caused the abuse or harm.

Prevent - The purpose of the Prevent Strategy is to stop people becoming radicalised or supporting violent extremism. Prevent is included in the performance framework for local authorities, the police and other partners. It forms part of a wider Government strategy to prevent terrorism.

Public interest - a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Safeguarding adults - is used to describe all work to help adults at risk stay safe from significant harm. It replaces the term 'adult protection'.

Safeguarding adults lead - is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults. The role may be combined with that of manager, depending on the size of the organisation.

Safeguarding adults process - refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements.

Safeguarding adults review - is undertaken by Hertfordshire Safeguarding Adult Board when a serious case of adult abuse takes place. This is a requirement of the Care Act 2014 and the aim is that agencies and individuals to learn lessons to improve the way in which they work.

SafeLives - is a national charity supporting a strong multi agency response to domestic violence. They were originally known as CADDAs.

SI (Serious Incident) - is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Appendix 2. Definitions, glossary and acronyms
(page 5 of 6)

Significant harm - is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

SOCA (Serious Organised Crime Agency) - is a non-departmental public body of the government and law enforcement agency with a remit to tackle serious organised crime.

Enquiry Planning/ Strategy/ Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email.

Vital interest - is a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Wilful neglect - is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

Forms of abuse (Care Act 2014)

The list below of forms of abuse is not exhaustive but typical examples are:

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

Domestic violence - including psychological, physical, sexual, financial, emotional abuse, so-called 'honour' based violence.

Sexual - including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

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

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

Appendix 2. Definitions, glossary and acronyms

(page 6 of 6)

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

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

Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission - Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect - a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Recognising abuse

Abuse does not always present as one incident, but more usually a growing concern about the welfare of an adult.

Adults at risk can be subject to abuse by a wide range of people including family members, staff, volunteers, other service users, friends and strangers. This may include people who deliberately exploit them.

Abuse may occur within the home, day services, residential and nursing homes, colleges, health services or in a public place. It can take place when an adult lives alone or with others.

Significant harm

To determine what action to take, consideration must be given not only to the immediate impact on, and risk to, the person, but also to the risk of future, longer-term harm.

Seriousness of harm or the extent of the abuse is not always clear. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under [Safeguarding Adults at Risk policy and procedures](#).

When determining whether to escalate concerns, the following factors must be taken into account when making an assessment of the seriousness of the risk to the person:

- Vulnerability of the person
- Nature and extent of the abuse or neglect, including how many others are affected
- Length of time the abuse or neglect has been occurring
- Impact of the alleged abuse on the adult at risk
- Risk of repeated or increasingly serious acts of abuse or neglect
- Risk that serious harm could result if no action were taken
- Illegality of the act or acts.

Appendix 3. GHHC procedure with flowchart (page 1 of 2)

Gaining consent of the adult at risk to raise the alert

The mental capacity of the adult at risk and their ability to give their informed consent to an alert being raised and action being taken under these procedures is significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions about:

- Raising an alert
- Actions which may be taken under safeguarding adults at risk
- Their own safety, including an understanding of longer-term harm as well as immediate effects, **and**
- Their ability to take action to protect themselves from future harm

A decision not to seek further guidance may be based on:

- The adult at risk is not an adult who is covered by these procedures
- The situation does not involve abuse, neglect or exploitation
- Significant harm has not been caused, **or**
- The adult at risk has the mental capacity to make an informed choice about their own safety, they choose to live in a situation in which there is risk or potential risk and there are no public interest or vital interest considerations

If a person does not have capacity, a capacity assessment and best interest decision should be undertaken and documented prior to referral being made. Consideration should also be given about how to support the individual while the process is underway.

Where an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be raised but the lack of consent and the reason for it must be explicit and must be documented.

This includes situations where:

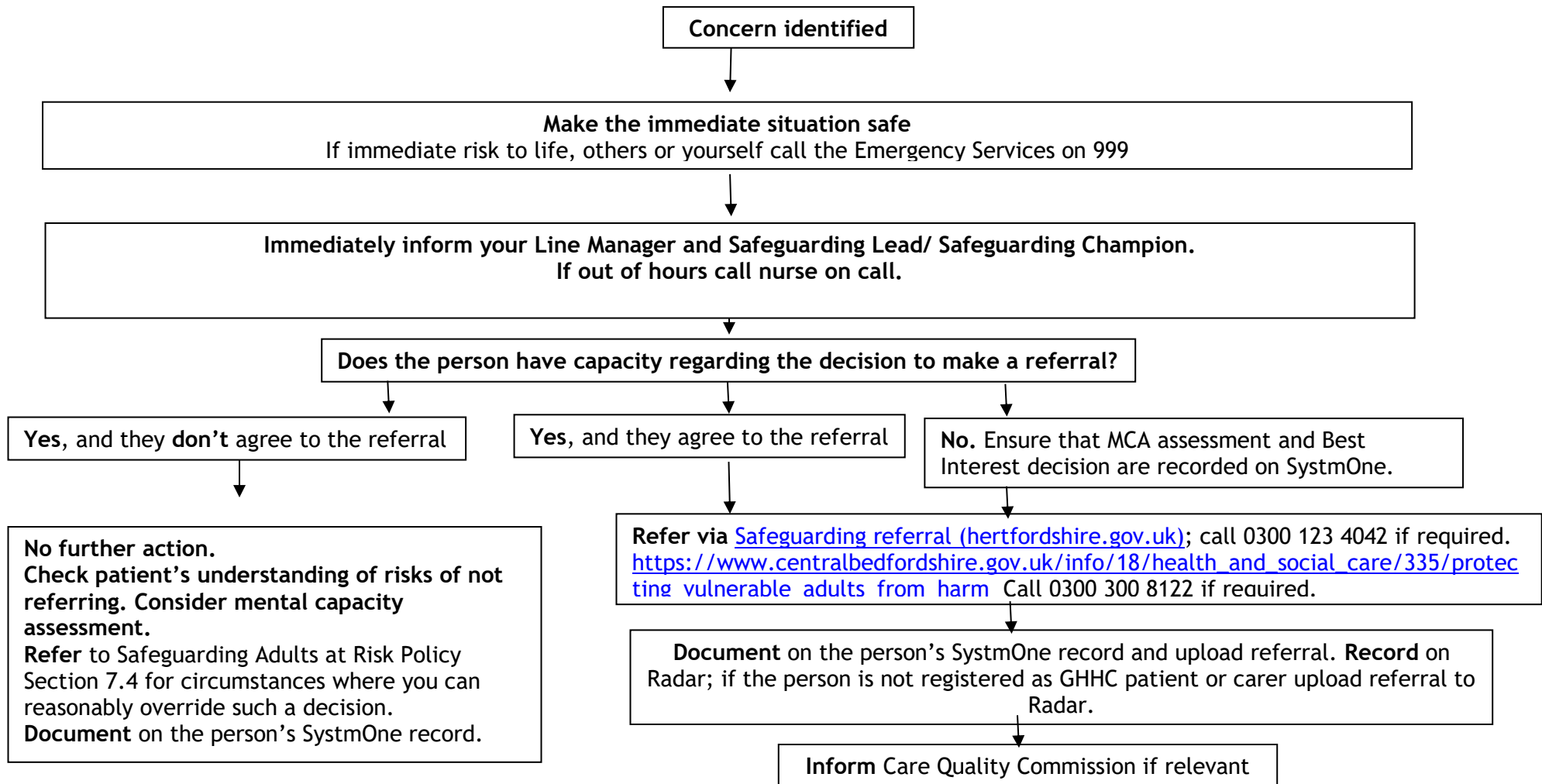
- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent.

The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

Appendix 3. GHHC procedure with flowchart (page 2 of 2)

Safeguarding Lead = Director of Nursing and Quality Safeguarding Champion = Deputy Director of Nursing and Quality



Appendix 4. Information about advocacy

Advocacy

There are two distinct types of advocacy - instructed and non-instructed.

Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person.

Non-instructed advocates work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person.

Advocates should be invited to the strategy meeting or case conference, either accompanying the adult at risk, or attending on their behalf to represent the person's views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

Independent mental capacity advocates (IMCAs)

IMCAs provide one type of non-instructed advocacy. Their role was established by the Mental Capacity Act 2005 to provide a statutory safeguard mainly for people who lack capacity to make important decisions and who do not have family or friends who can represent them to do so. IMCAs have a statutory role in the safeguarding adults process.

There is a legal requirement to make a decision about instructing an IMCA for an adult at risk who is the focus of safeguarding adults processes where they lack capacity to make decisions about their safety. IMCA instruction may be unnecessary if the adult at risk has adequate alternative independent representation. This could be from another advocate, or from family or friend.

Appendix 5. Safeguarding Champion role profile

Overall purpose

The Safeguarding Champion will be aware of safeguarding issues relating to adults, children, young people, and their families to support the national requirements of commissioning agencies including the local authority and Integrated care Board.

To act as a resource and a point of contact for colleagues who require support and guidance within possible safeguarding concerns. However, it is not the role of the Safeguarding Champion to be responsible for the submission of referrals on behalf of the service area.

What is a Safeguarding Champion?

A person who works within Garden House Hospice Care who:

1. Through training and experience understands what adult safeguarding definition.
2. Has received specific safeguarding training to level 4
3. Understands the different types of abuse.
4. Knows how to report any safeguarding concerns and offers safeguarding advice to colleagues, service users/customers, families, and carers.
5. Is a lead member of the Safeguarding group contributing to the delivery of the safeguarding team workplan alongside the Safeguarding lead and deputy lead
6. Is responsible for the monitoring and review of safeguarding reported concerns and notifications.
7. Participates, arranges and contributes to professional meetings inclusive of contact and liaison with external agencies and healthcare professionals as needed.
8. Raises awareness with others on recognising and reporting adult abuse through provision of training including signposting to external safeguarding teams where appropriate.
9. Leads as appropriate as link with external agencies (with service links as designated)
10. Shares and learns from good practice and experiences.
11. Maintains accurate and professional documentation within patient records.
12. Ensures the organisation has up to date adult and children safeguarding policies, procedures, and guidance in place.
13. Listens and provides relevant feedback that can help inform future safeguarding priorities and practice.
14. Leads on the delivery of agreed training across the organisation in conjunction with the Learning & Development team.
15. Supports staff to complete safeguarding alerts as required.

Who is best placed to undertake the role

The Safeguarding Champion will be a member of staff employed by GHHC who has skills, experience and confidence in the specific area. The role will be agreed with their line manager and the safeguarding lead.

Anyone who works with or comes into contact with adults who may have care and support needs can be a Safeguarding Champion.

Where an individual requires additional knowledge, they must be willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role. This training will be agreed to be provided/supported by GHHC.

Appendix 6. Safeguarding Link role profile

Overall purpose

The Safeguarding Links will be aware of safeguarding issues relating to adults, children, young people, and their families to support the national requirements of commissioning agencies including the local authority and clinical commissioning group.

To act as a resource and a point of contact for their teams who require support and guidance within possible safeguarding concerns. However, it is not the role of the Safeguarding Link to be solely responsible for the submission of referrals on behalf of the service area.

What is a Safeguarding Link?

A person who works within Garden House Hospice Care who:

1. Has received specific safeguarding training to level 3 or above. Through this training understands safeguarding responsibilities and understands the different types of abuse
2. Is an active member of the Safeguarding group contributing to the delivery of the safeguarding team workplan.
3. Raises awareness and advice with those within their teams and wider colleagues as needed on recognising and reporting abuse.
4. Leads as appropriate as link with external agencies (with safeguarding champion support and guidance as needed)
5. Listens and provides relevant feedback that can help inform future procedures.
6. Ensures any concerns identified within their area are reported via the use of the electronic reporting system (Radar) discussing any immediate concerns with Safeguarding team, Safeguarding lead, deputy leads, champion, Medical Director
7. Ensuring staff in their teams are released and able to attend the mandatory safeguarding adults training.
8. Provides support for staff involved in any safeguarding incident.

Who is best placed to undertake the role?

The Safeguarding Link will be a member of staff employed by GHHC who most likely is a team manager who has received training and support to minimum level 3 and has access to supervision through attendance at the safeguarding group meetings.

Where an individual requires additional knowledge, they must be willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role. This training will be agreed to be provided/supported by GHHC.

Appendix 7. Safeguarding lead trustee role profile

LEAD TRUSTEE ROLE¹

1. Overall purpose

The Board of Trustees of Garden House Hospice Care may appoint lead trustees to:

- Take the lead on an area of its responsibilities
- Help monitor a specific improvement priority
- Utilise an individual's experience and skill set.

The role of lead Trustee does not remove the Board's collective responsibility and as such that the area assigned is covered on the agenda of full Board and committee meetings as appropriate so that all members of the Board remain informed of the key issues, strategy outcomes and areas for development.

2. Who is best placed to undertake the role?

The lead Trustee will, in most cases, be a volunteer from within the board who has skills, experience and confidence in the specific area. Where an individual is without knowledge they must be willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role. The role is taken on in addition to their wider responsibilities as a Trustee and does not remove the Board's collective responsibility.

- 3. Governance** It is good practice to ensure that the role and responsibilities are described in writing, agreed by the Board and reviewed regularly. This should include the scope of any formal decision-making authority delegated to them and how they should report to the Board the use of powers in an appropriate fashion.

The Chair should make sure that the lead Trustee for a specific area has the required knowledge, skills, and experience or is supported to develop these. This can include:

- Setting up regular meetings together with the lead/link Trustee, CEO and organisational lead with responsibility for the area
- Making sure the lead Trustee is allocated enough time at meetings to provide full and detailed feedback/reports
- Encouraging the lead Trustee to take part in local and national partnerships relevant to the area.

¹ Approved by the Board of Trustees on 27 September 2023.

LEAD TRUSTEE FOR SAFEGUARDING AND FREEDOM TO SPEAK UP (FTSU)

‘Safeguarding is the responsibility of all trustees. If a charity appoints a lead trustee, it should be clear that they are not to be the only person among the trustees who understands safeguarding.’

The Charity Commission (2019)

Responsibilities relating to safeguarding

Strategic

- Consider strategic plans and make sure they reflect safeguarding legislation, regulations specific to the organisation’s activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- Work with the CEO and the designated safeguarding lead regularly to review whether the processes and procedures the organisation has put in place have established and are maintaining a safe culture for its people.
- Check the risk register reflects safeguarding risks properly and plans sensible measures to take, including relevant insurance for trustees liability.
- Be aware of how ready the organisation is for CQC inspections and respond to any reports which follow.
- Make sure there is space on the Board/committee agendas for safeguarding reports and help Trustees understand and challenge those reports.

Effective policy and practice

- Make sure there is an annual review of safeguarding policies and procedures and that this is reported to the Board of Trustees.
- Understand the monitoring the organisation does to see whether policies and procedures are effective.
- Call for audits of qualitative and quantitative data (either internal or external) when they are needed.
- Learn from case reviews locally and nationally, to improve the organisation’s policies, procedures and practices.
- Oversee safeguarding allegations against staff or volunteers, together with CEO and designated safeguarding lead.
- Be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns.

Creating the right culture

- Champion safeguarding throughout the organisation.
- Attend relevant safeguarding training events and conferences.
- Support the Trustees in developing their individual and collective understanding of safeguarding.
- Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.

GARDEN HOUSE HOSPICE CARE

- Work with the Chair of the Board of Trustees, CEO, designated safeguarding lead and communications team in order to manage all serious safeguarding cases.
- Support regular safeguarding updates for staff, volunteers and beneficiaries.
- Ensuring ways of gathering the views of staff and volunteers are in place in relation to safeguarding and sharing these with the Board.

Freedom to Speak Up (FTSU)

Freedom to Speak Up Guardians are employed across all NHS Trusts; the role was a result of recommendations from Sir Robert Francis following his review of Mid-Staffordshire. His recommendations encourage all staff and volunteers across the Trusts to speak up about any areas of concern which were identified such as:

- Patient safety or quality of care
- Inadequate training
- Unsafe working conditions
- A culture of bullying and harassment
- Suspicion of fraud, corruption or bribery.

Having a healthy speaking up culture is an indicator of a well-led organisation and GHHC is committed to creating a culture which enables all to speak out over any concerns they may have.

In accordance with national guidance², GHHC has appointed a named executive and a named non-executive (Trustee) who are able to articulate GHHC's vision and key learning from issues that employees/volunteers have spoken up about and regularly communicate the value of speaking up.

The FTSU Trustee will be knowledgeable and up to date about FTSU, aware of guidance from the National Guardian's Office and clear about their role and responsibility. They will support the named FTSU executive and FTSU Guardian(s) to ensure that speaking up arrangements within GHHC help to protect and improve the experiences of employees and volunteers.

Specific responsibilities of the FTSU Trustee:

- Ensuring they are aware of latest guidance from National Guardian's Office
- Holding the chief executive, executive FTSU lead and the Board of Trustees to account for implementing the speaking up strategy. Where necessary, they should robustly challenge the Board of Trustees to reflect on whether it could do more to create a culture responsive to feedback and focused on learning and continual improvement.
- Role-modelling high standards of conduct around FTSU.
- Acting as an alternative source of advice and support for the GHHC FTSU Guardians.
- Overseeing speaking up concerns regarding Board members.

² Guidance for boards on Freedom to Speak Up in NHS Trusts and NHS foundation Trusts (May 2018).

Depending on the circumstances, it may be appropriate for the Trustee for FTSU to oversee an investigation and take on the responsibility of updating the member of staff/volunteer. Wherever the Trustee for FTSU does take the lead, they should inform the FTSU Guardian, confidentially, of the case; keep them informed of progress; and seek their advice around process and record-keeping.

Support from the Chair of the Board of Trustees

The Chair should make sure that the lead Trustee for Safeguarding and FTSU either has the required knowledge, skills, and experience or is supported to develop these.

This can include:

- Setting up regular meetings together with the link Trustee, CEO and the Director of Nursing and Quality, Safeguarding Lead and named executive for FTSU
- Making sure the link Trustee is allocated enough time at meetings to provide full and detailed reports on safeguarding
- Encouraging the link Trustee to take part in local and national partnerships to keep up to date with safeguarding and FTSU messages, trends and priorities.

Approval and sign off

Safeguarding section approved by Board of Trustees on 27 September 2023.

Freedom to Speak Up Trustee section added by Jennie Williams, Lead Trustee for Safeguarding and FTSU, and approved by the Clinical Governance Committee on 22 November 2023.