

Safeguarding Adults at Risk Policy

Version:	V2.1	
Summary:	This Policy outlines the framework to be followed to ensure that adult safeguarding concerns are identified and appropriately acted upon for the effective safeguarding of adults at risk across all services provided by Locala.	
Ratified by	Policy Ratification Group	Date: 24 th February 2020
Has an Equality Impact Assessment been carried out?	Yes	Date: 08.01.2020
Name of originator/author:	The Safeguarding Team	
Executive Director	Director of Nursing, Allied Health Professionals and Quality	
Name of responsible committee:	Safeguarding Committee	
Target audience:	All colleagues, students and bank colleagues, contractors, temporary workers and other Third Parties (including volunteers/patients/clients).	
Date issued:	4 th October 2021	
Next Review date:	February 2023	

Version No	Type of Change	Date	Description of Change
2.0	Full scheduled review	January 2020	
2.1	Amendments Word changes Updates	July 2021	Pg7 additional info regarding organisational abuse. Heading for 7.1 Changed 7.1 Inclusion of new internal care home reporting mechanism and links. Addition of raising an adult safeguarding

			<p>concern for a resident in a care home.</p> <p>Addition of NICE guideline NG 189 to references and bibliography.</p> <p>Appendix B changes in wording from safeguarding referral to response or raising an adult safeguarding concern.</p> <p>Appendix C - Heading change to state raising an adult safeguarding concern.</p> <p>Appendix D New internal safeguarding investigation report.</p> <p>Appendix E Amendments to process.</p>
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1. Introduction

Locala has a zero tolerance to abuse and recognises safeguarding adults as an integral part of patient care. Abuse is a violation of a person's human and civil rights and duties to safeguard patients are enshrined in legislation and a requirement of professional and service regulators. Ensuring safeguarding principles and duties are consistently and conscientiously applied, to safeguard the wellbeing of vulnerable people, is at the heart of all that is undertaken in Locala.

This policy reflects national and local guidance concerning safeguarding adults and is underpinned by the Care Act 2014 and the Mental Capacity Act 2005 to provide a coherent framework to ensure that, regardless of possible causes, the abuse of adults at risk will be recognised and managed within the framework provided within this Policy.

It must be read in conjunction with the **Joint Multi-Agency Safeguarding Adults Policy and Procedures** (West Yorkshire, North Yorkshire and York) that can be accessed [here](#).

For the purposes of this policy, safeguarding and promoting the welfare of adults is defined as:

'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, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Care Act 2014

The Department of Health identified three strands to safeguarding adults for providers of health services

- Prevention of harm and abuse through provision of high quality care
- Effective responses to allegations of harm and abuse that are in line with local multi agency procedures
- Using learning to improve service to patients

DH (2011) Safeguarding Adults

2. Purpose

The purpose of this Policy is to provide a framework to ensure that adult safeguarding concerns are identified and appropriately acted upon for the effective safeguarding of adults at risk across all services provided by Locala.

To achieve this Locala will

- Ensure all colleagues and students/trainees/apprentices have access to, and are familiar with, this policy and procedure and their safeguarding adult at risk responsibilities detailed within it
- Ensure concerns or allegations of abuse are always taken seriously
- Ensure the Mental Capacity Act 2005 is used to inform any decision making on behalf of adults at risk who are unable to make particular decisions for themselves
- Ensure all colleagues have access to safeguarding adults learning opportunities at a level relevant to their role
- Ensure that people using Locala services, and where relevant their relatives and friends, have access to information about how to report concerns or allegations of abuse
- Ensure adult safeguarding awareness and practice is promoted across the organisation
- Ensure that learning from safeguarding incidents will inform service delivery

3. Target Population

This Policy applies to all colleagues, students and bank colleagues, contractors, temporary workers and other Third Parties (including volunteers/patients/clients).

4. Explanation of Terms

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Adult at Risk is any person aged 18 years or more who has needs for care and support (whether or not these are currently being met) **and** is experiencing, or are at risk of, abuse or neglect, **and** because of their care and support needs is unable to protect themselves against the abuse or neglect or the risk of it.

Alerted person is the person made aware that an adult at risk is being abused. If you witness an act of abuse or neglect (either by seeing or hearing) or you overhear or are directly told about the incident of abuse, you become the alerted person.

Best interest is a term used within the Mental Capacity Act to describe actions taken on behalf of an individual who lacks the mental capacity to either take those actions themselves or make a decision about them.

Coercive control is a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence.

Enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

Enquiry Officer is the member of staff who undertakes and co-ordinates the actions under Section 42 (Care Act 2014) enquiries.

Grooming Adult grooming applies to any behaviour where an adult is befriended by an individual or group so they unwittingly allow abusive behaviour or exploitation to occur later. The abuser typically befriends or builds a relationship with the victim in order to establish a relationship of trust either in person or via social media.

Hate Crime is a prejudice-motivated crime which occurs when a perpetrator targets a victim because of their membership (or perceived membership) in a certain social group or race and is a form of discriminatory abuse.

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for.

Human trafficking is the movement of people by means such as force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery. Trafficking involves the transportation of people in the UK in order to exploit them by the use of force, violence, deception, intimidation or coercion.

Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support the adult at risk to improve or resolve their circumstances.

Outcome Meeting is a multi-agency meeting to share the outcome of the enquiry with the adult and other relevant people and organisations; to agree any further actions required to support, update or devise safeguarding plan(if required) and agree any reviews.

Planning Meeting to establish with the adult what help they want from people dealing with their concern, to help them feel safer. This may be a face to face conversation with an enquiry officer or it may be a meeting involving people from a range of organisations to support the adult and to plan the enquiry and ensure that risk is appropriately managed.

Public interest is a broad term relating to anything affecting the rights, health, or finances of the public at large. In safeguarding it is determined by balancing the rights of the individual to privacy with the rights of others to protection.

Vital interest is a term used within this policy to describe actions critical to prevent serious harm or distress or in life-threatening situations.

5. Duties

5.1 Individual Colleagues

All colleagues have a duty to

- Report suspected, alleged or actual harm or abuse involving an adult at risk and must be aware of, and follow, Locala policy and multi-agency procedures
- Ensure that they undertake appropriate safeguarding adult learning at a level commensurate with their roles

Clinical colleagues must

- Maintain close and effective links with all relevant statutory and voluntary agencies to collectively ensure that adults at risk are safeguarded and protected via coordinated health and social care multi agency working, which is essential to effectively safeguard individuals from potential or actual harm or abuse
- Ensure that potential or actual safeguarding adult concerns are raised and discussed with the individual and documented within the safeguarding adult template in the individual's electronic health record, along with all agreed actions to be taken/not taken.

5.2 Managers

It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents. They are also responsible for ensuring that:

- All colleagues within their area of responsibility are working within this policy framework
- All colleagues within their area of responsibility have undertaken appropriate safeguarding adults learning required for their role, and for reviewing safeguarding learning needs via the appraisal process
- Safeguarding allegations against colleagues are handled in accordance with the Managing Safeguarding Allegations against Staff Policy (2019)

5.3 Responsible Committee

It is the responsibility of the Safeguarding Committee to monitor the implementation and effectiveness of this Policy.

5.4 Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of Locala including ensuring that the organisation's procedural documents comply with all legal, statutory

and good practice requirements.

5.5 Director of Nursing, Allied Health Professionals and Quality

The Director of Nursing, Allied Health Professionals and Quality has executive responsibility for safeguarding within Locala and is responsible for

- Providing overall assurance to Locala Board on the effectiveness and quality of the safeguarding arrangements to ensure that Locala complies with its statutory duties and that best practice is observed throughout the organisations
- Ensuring there is appropriate organisational representation at the Local Safeguarding Adult's Board (LSAB) meetings (in the Local Authority area where Locala provides adult services) and Local Safeguarding Children Partnership (LSCP) meetings (in the Local Authority areas where Locala provides children's services).
- Reporting, or nominating someone to report, any registered professional to their relevant professional body if a professional colleague is dismissed for abuse or neglect.

5.6 Director of Organisational Development and People

The Director of OD and People is responsible for ensuring that

- Recruitment procedures are compliant with legal requirements and guidance relating to safeguarding
- Standard safeguarding statements are included in all employment contracts
- Referrals are made following colleague dismissals in line with The Disclosure and Barring Scheme guidance
- Disciplinary processes concerning safeguarding issues are always fully completed irrespective of whether the colleague resigns before the end of the process

5.7 Head of Safeguarding

The Head of Safeguarding has responsibility for the overall strategic and operational management of Locala adult and child safeguarding arrangements and the safeguarding team to ensure that Locala meets its obligations under the Care Act 2014, Mental Capacity Act 2005 and Children Act 2004. This includes

- Providing an organisation wide strategic lead on behalf of the Director of Nursing, AHPs and Quality
- The development and progression of safeguarding adult work in Locala, in line with any new legislation, policy and safeguarding

adults review findings

- Ensuring that procedures, protocols, structures, systems and processes across all services are in place so that safeguarding activity is actively coordinated across Locala
- Ensuring appropriate use of available resources and that the required operational and quality safeguarding standards are achieved
- The provision of an annual safeguarding assurance report for the Quality Committee
- Development and review of the safeguarding plan underpinning the Locala Quality Strategy
- Determine when a safeguarding alert about the care provided by Locala services to an individual should be raised with adult social care
- Scrutiny and dissemination of national alerts as relevant to Locala services.

5.8 Named Nurse for Safeguarding Children and Adults at Risk

The Named Nurse has a key role in promoting good professional practice within the organisation that includes

- Supporting Locala in its quality assurance role, by ensuring that aspects of safeguarding adults audits are undertaken and that safeguarding issues are part of business unit meetings and other quality assurance systems and meetings as required
- Taking the professional lead within Locala for conducting internal case reviews with the support of other members of the safeguarding team as appropriate
- Ensuring a programme of safeguarding learning opportunities and supervision is available for Locala colleagues
- Take a lead in the development of robust internal safeguarding policies, guidelines and protocols
- Provide specialist advice across Locala relating to multi-agency safeguarding adults procedures and practice, including the provision of support to Mental Capacity Champions
- Analyse safeguarding performance information, that includes Datix incident reports
- Deputise in the absence of the Head of Safeguarding as required

5.9 Safeguarding Team Members

- Escalate concerns around safeguarding adults at risk to the Head of safeguarding.
- Support and empower colleagues to respond to suspected or actual incidents of abuse in a way that respects the rights, equality and diversity of the individual concerned and promotes the principles of Making Safeguarding Personal in line with the West and North Yorkshire and York procedures
- Provide safeguarding adult learning, updates and performance data to the safeguarding adult and sexual health operational meetings
- Take a lead in the delivery of learning opportunities that comply with the Intercollegiate Document; Adult Safeguarding: Roles and Competencies for health care staff (2018)
- Provide expert safeguarding advice, support and guidance through supervision and advice calls to colleagues in Locala
- Contribute to the development of robust internal adult safeguarding policies, guidelines and protocols
- Contribute to safeguarding meetings and participate in sub groups of Local Safeguarding Adult Boards (LSCBs) as directed
- Support the Named Nurse with conducting internal safeguarding adult reviews and enquiries as appropriate.
- Support the Head of Safeguarding and the Named Nurse in the delivery of the safeguarding agenda across Locala

5.10 Operational Strategic Lead with Responsibility for Safeguarding

The Operational Strategic Lead has a key role in progressing the safeguarding agenda across operational services by

- acting as a conduit of key safeguarding information between operational services and the corporate safeguarding team
- stewardship of the operational safeguarding meetings
- membership of the safeguarding committee

6. Safeguarding Adults Procedures

6.1 Safeguarding Adult Duties

Safeguarding adult duties only apply to individuals who are considered to be **adults at risk** i.e. those aged 18 years or more who

- Have needs for care and support (whether or not these are currently being met) **and**

- Are experiencing, or are at risk of, abuse or neglect, **and**
- Because of their care and support needs are unable to protect themselves against the abuse or neglect or the risk of it

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers.

In practice this may include:

- Frail older people
- Adults with physical or learning disabilities or significant mental health conditions e.g. dementia
- People with a long term illness/ condition
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day to day living.
- Unpaid carers e.g. family/friends who provide personal assistance to other adults

Many adults may be considered to be vulnerable due to their personal circumstances e.g. domestic abuse, social isolation, poverty, but do not meet all the criteria outlined above and are therefore not an adult at risk. Locala colleagues still have a duty of care and must offer these individuals information about relevant potential sources of help and support e.g. police, domestic abuse agencies, voluntary organisation or other Local Authority adult care services.

6.2 Safeguarding Principles

This Policy is founded on the 6 safeguarding principles detailed within the Care Act (2014) to achieve good outcomes for adults at risk. Professionals working with adults at risk have a responsibility to follow these principles.

Principle	What this looks like for professionals	What this looks like for the adult at risk
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	I am provided with easily understood information about what abuse is, how

	resilience and self – determination.	to recognise the signs and what I can do to seek help’
Proportionality	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.

6.3 Making Safeguarding Personal (MSP)

Adult safeguarding work should be person-led and outcome-focused. It should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety. The key principle of Making Safeguarding Personal is to support and empower individuals by capturing the wishes and feelings of those who experience abuse and neglect and seeing individuals as the experts in their own lives. Professionals should work with the adult to establish what being safe means to them, and how that can be best achieved.

It is not acceptable for professionals to impose their own views on the adult at risk, and efforts must be made to work with and alongside the adult, rather than using approaches that seek to override their wishes. Actions taken to safeguard adults should be mindful of the adult’s need

to maintain a private life and make unwise decisions. This includes the right to establish or continue a relationship, and their right to make informed choices.

All interventions should be proportionate to the harm caused (and/or the possibility of future harm), with the assessment of risk based on the understanding that some level of risk is inevitable in life. The objective should be to reduce and manage risks to an acceptable level, so that the person is able to safely maintain their independence and well-being, rather than attempting to eliminate risk entirely.

In Locala the aims of Making Safeguarding Personal will be met by

- Keeping the person at the heart of all safeguarding processes
- Striving to understand the outcomes they want to achieve from the safeguarding work and supporting them to achieve these outcomes

6.4 Adult Abuse

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. Abuse can take place in any context or setting and can be committed by anyone. It can be intentional or unintentional and may consist of a single or repeated act, an act of omission or omission or of multiple acts and affect an individual or more than one person.

There are ten types of abuse or neglect specific to adults recognised by the Care Act 2014:

Physical Abuse	Includes hitting, slapping, pushing, kicking, and misuse of medication, unlawful or inappropriate restraint or inappropriate physical sanctions on a person's freedom. NB. Please refer to the Mental Capacity Policy for further information on appropriate deprivation of an individual's liberty.
Domestic Abuse	Is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone age 16 or over who is or has been an intimate partner or family member regardless of gender or sexuality. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation NB Please refer to the Domestic Abuse Policy for further information on responses to domestic abuse.
Discriminatory Abuse	Abuse or exploitation based on a person's race, sex, gender, disability, faith, sexual orientation,

	political views or age; other forms of harassment, slurs or similar treatment or hate crime.
Financial/Material Abuse	Includes theft, fraud, exploitation, internet scamming, pressure and coercion in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Mate crime is often associated financial and material abuse.
Modern Slavery	Can take many forms including human trafficking, forced labour, servitude and slavery. Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent.
Neglect and Acts of Omission	Includes ignoring medical or physical care needs, failing to provide access to health or social care services, withholding the necessities of life, such as medication, adequate nutrition and heating, and failure to intervene in situations where there is potential danger to an adult at risk, especially when that individual lacks mental capacity.
Organisational Abuse	Includes neglect and poor practice within an institution or specific care setting e.g. 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. This can also include poor medicines management e.g. excessive use of 'as needed' medicines.
Psychological Abuse	Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks
Sexual Abuse	Includes rape, sexual assault, forcing someone to watch sexual acts, forcing or coercing someone to engage in sexual acts to which they have not or could not consent to
Self-Neglect	Covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their

	decision, has or is likely to have a substantial impact on their overall individual wellbeing
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All colleagues need to be aware of these [different types of abuse and the possible indicators of abuse](#). The seriousness of harm or the extent of the abuse may not always be clear at the point of the concern. All reports of suspicions or concerns should be approached with an open mind and may necessitate further actions as per the procedures within this Policy.

Please refer to the safeguarding page on ELSIE for further information relating to hate crime and mate crime on the exploitation of adults section of the safeguarding page [Elsie - Adult Exploitation](#)

6.5 Mental Capacity and Consent

The law presumes that adults have mental capacity to make their own decisions. In safeguarding these decisions relate to safety and protection, whether the adult at risk wants help, and if so, what kind. From the outset it is important to be alert to any doubts about mental capacity.

If the adult does not have mental capacity to decide whether a Safeguarding Concern should be raised, a decision must be made in line with their 'best interests'. The clinician/manager responding to the safeguarding issues should make this assessment as follows:-

There is a two stage test for assessing mental capacity:

- Is there an impairment of, or disturbance in, the functioning of the adult at risk's mind or brain?
- If so, is the impairment or disturbance sufficient that the person lacks the mental capacity to make this decision at this time?

A person is unable to make that decision if he/she is unable to do at least one of the following:

- Understand the information relevant to the decision
- Retain that information (for as long as required to make the decision)
- Use or weigh that information as part of the process of making the decision
- Communicate their decision (whether by talking, sign language or any other means).

As a person's mental capacity to make specific decisions may fluctuate it is important to keep this under review throughout the response to the Safeguarding Concern. The adult at risk should be enabled to make

their own decisions if they can, therefore it may be necessary to identify the best time of day to speak to them or delay discussions until there is an improvement in their cognitive ability.

Further information can be found in the [Mental Capacity Act Policy](#).

Templates for mental capacity assessments and best interest decisions are located in SystemOne electronic health records. Further advice can also be sought from the safeguarding team or [Mental Capacity Champions](#).

6.6 Information Sharing

Disclosures of information fall under the common law of confidentiality, the Data Protection Act (2018), Human Rights Act (1998), the Crime and Disorder Act (1998) and the Care Act (2014).

The General Data Protection Regulation (GDPR) should not be seen as a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately.

It is important to consider that '*The duty to share information can be as important as the duty to protect patient confidentiality.*' (Caldicott Principle 7, Caldicott Review 2013).

Colleagues should be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

Information shared should be necessary for the purpose for which it is being shared, be shared only with those people who need to have it, should be accurate and up to date, shared in a timely fashion, and shared securely (necessary, proportionate, relevant, accurate, timely and secure), as per Caldicott Guidance, 2013 (Appendix A). Locala colleagues are also directed to the Locala Confidentiality Policy (2018) for further information.

In cases where the adult at risk has the mental capacity to make the decision about sharing information, and does not want their information shared, their wishes should be respected unless:

- Another person is at risk due to the concern identified
- A serious crime has been or may be committed
- The alleged abuser has care and support needs
- Colleagues or other professionals are implicated
- Coercion or duress is suspected
- The public interest served by disclosure outweighs the public

interest served by protecting confidentiality

- The risk is high enough to warrant a multi-agency risk assessment conference referral
- Another legal authority (e.g. police, coroner, CQC) has requested the information.

Advice from senior colleagues, or a member of the safeguarding team should be sought if colleagues are in any doubt about what information can or should be shared, and with whom.

Colleagues must record decisions to share (or not share) information and the rationale for doing so. All information shared, with whom and for what purpose, must be documented.

Locala colleagues are required to share relevant information with the local authority in relation to safeguarding enquiries (Section 42 of the Care Act, 2014) – please see Section 6.12 for further information.

6.7 Responding to an Adult Safeguarding Concern

If a Locala colleague or volunteer has concerns that someone who has, or may have care and support needs, is experiencing, or is at risk of abuse and neglect, they have a professional duty to take action in accordance with this policy. Doing nothing is not an option. See appendix B 'Is a Safeguarding Response Required?'

A concern maybe:

- A disclosure of abuse made by the adult at risk e.g. where the adult tells a Locala colleague directly that they are experiencing abuse and/or neglect;
- Where potential signs of abuse or neglect are identified e.g. unexplained injuries or bruises are noted
- A disclosure or allegation by a third party e.g. a family member, carer or neighbour informs a Locala colleague of abuse or neglect of an adult at risk.

Whenever possible the safeguarding concern must be discussed with the adult at risk, without putting them or colleagues at further risk of harm. This is a preliminary conversation, to gain their views at the outset about:

- What has been happening?
- The impact this is having on them (and others), including their immediate safety
- Their wishes, including their views on a Safeguarding Concern being raised

The aim is to support and reassure the adult at risk, involve and empower them and to identify the immediate level of risk and whether there are any potential mental capacity issues that need to be considered.

Professional interpreting services must be used when there are language communication issues; family members must not act as interpreters when there are potential safeguarding concerns. Information on how to access interpreting services is available on ELSIE [Here](#)

Open ended questions should be used when speaking to the adult at risk to avoid leading or interrogative questions e.g. Tell me/Explain/Describe what has happened (remember 'TED').

The adult at risk must be asked what they would like to change about their situation and what will help them to achieve this by establishing their wishes and desired outcomes in line with making safeguarding personal (MSP).

6.8 Raising an Adult Safeguarding Concern

The colleague who is made aware of the abuse is the alerted person and has a duty to determine whether an adult safeguarding concern should be raised. In reaching a decision it is helpful to refer back to the safeguarding principles, particularly empowerment, protection & proportionality. Dependent on the role of the alerted person, it may be necessary to discuss the concerns with a senior team member to agree whether an adult safeguarding concern should be raised. If further advice is required, or if the case is complex, a member of the safeguarding team should be contacted unless it is considered too urgent to delay. Do not confront the person alleged to have caused the harm and never promise to keep secrets.

MSP must be considered before raising a safeguarding concern.

- Has the adult at risk been spoken to about the concern and given their consent?
- What outcomes does the adult at risk want from a safeguarding referral?
- Does the adult at risk have the mental capacity to make an informed decision?

NB If the primary issue is that the adult at risk's care and support needs are not being met e.g. they do not have a care package or an existing care package is not working, then a referral to adult social care/continuing health care for an assessment of the person and/or their carer may be more appropriate than raising a Safeguarding Concern.

To raise a safeguarding concern colleagues need to telephone Adult Social Care in the Locala Authority area where the adult at risk resides (contact details for Kirklees, Calderdale and Bradford adult social care are available on the [Safeguarding Page on Elsie](#)). A written follow up referral is also required in [Bradford](#) and [Calderdale](#) (but not in Kirklees).

Adult Social care will require the following information

- The individual's demographic details – name, DOB, address
- The individual's circumstances –vulnerability, potential mental capacity issues
- The nature and extent of the concerns
- How long the abuse or neglect has been happening
- The impact of the abuse on the individual
- Risks of repeated incidents for them / others
- What they want to happen and whether they have agreed to a safeguarding concern being raised

See Appendix C – Key information to Support Raising a Safeguarding Concern.

If there are immediate concerns for the safety and protection of the adult at risk contact the police via 999.

6.9 Reporting a Safeguarding Crime to the Police

All Locala colleagues who directly witness a crime have a duty to report the crime to the police. Colleagues who receive third party information about a crime (i.e. the crime has not been directly witnessed by a Locala colleague), must encourage and support the person who disclosed the crime to report the information to the police. If the adult at risk to whom the crime relates does not, or cannot consent, to reporting the crime to the police then consideration is required as to whether a best interest decision needs to be made or consent can be overridden as detailed in Section 6.6.

All crimes reported to the police by Locala colleagues must be discussed with their line manager. The Safeguarding Team must be informed of any crimes reported where there are safeguarding concerns and a Datix incident form completed.

6.10 Raising a Safeguarding Concern without Consent

There are occasions when you may need to Report a Concern without the clients consent for example:

It is in the public interest i.e.

- There is a risk to other adults at risk **OR**
- The concern is about organisational or systemic abuse **OR**
- The concerns or allegation of abuse relates to the conduct of an employee or volunteer with an organisation providing services to adults at risk **OR**
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.

Other examples:

- The client lacks mental capacity to consent and raising a safeguarding concern is in the clients 'best interest' (Mental Capacity Act, 2005);
- A client is subject to coercion or undue influence, to the extent they are unable to give consent;
- It is in the client's vital interests to prevent serious harm or distress or life-threatening situations.

If a decision is made to raise a safeguarding concern **without** the Adult at Risk's consent, they must still be kept informed, and the reasons for the decision to raise the concern explained, unless to do so would increase the risk of further harm and abuse.

6.11 Record Keeping

Good record keeping practice is essential for skilled and safe practice. Poor or incomplete records could have a detrimental effect on patient safety.

Locala colleagues must ensure that good quality records are kept in line with the guidance outlined in the Locala Clinical Record Keeping Policy (2018) and the standards set by relevant professional bodies (e.g. The Nursing and Midwifery Council or The Health and Care Professions Council).

When recording safeguarding activities or concerns, you must include details of:

- The nature of the safeguarding activity or concern
- The wishes and desired outcomes of the adult
- The support and information provided to enable the adult to make an informed decision
- Assessments of mental capacity, where indicated; including the specific details around how the mental capacity assessment was undertaken
- The decision and rationale for whether a safeguarding concern is to be raised.

Templates are provided in SystmOne to support colleagues in documenting activities and concerns in relation to adults at risk. These provide guidance on what to record, along with links to relevant documents and tools including the Mental Capacity Act assessment. Guidance on use of the templates is available on the safeguarding page of the intranet [here](#).

Following contact with Adult Social Care the concerns raised and the outcome from the telephone contact must be clearly documented in the Safeguarding Adult Template in the adult at risk's SystmOne electronic health record or within R4 in dental services. Guidance to support documentation is available [Elsie - Documentation of a referral to Adult social care](#)

6.12 Abuse or Neglect by Locala Services

6.12.1 Individual Colleagues

If an allegation that another Locala colleague has abused or neglected a patient in their care, whether intentional or unintentional, is disclosed to a Locala colleague the matter must be treated seriously and prompt action taken. The safety of the adult at risk is of paramount importance and immediate action may be required to safeguard investigations of any adults at risk.

The allegation of abuse **MUST NOT** be discussed with the colleague who is the alleged perpetrator. The processes outlined in the '[Managing Safeguarding Allegations against Staff Policy](#)' (Locala, 2019) must be followed.

6.12.2 Safeguarding Concerns Raised Against Locala

There may be times when safeguarding concerns are raised with adult social care due to concerns about the quality of care provided by one or more of Locala services i.e. an adult at risk has experienced harm due to the direct care given or from omissions in care provision.

If a Locala colleague is contacted by a Social worker/enquiry officer and the concern involves an allegation against a specific Locala colleague or service the social care enquiry officer should be directed to liaise with the Locala safeguarding team via email to lcp.localasafeguardingteam@nhs.net

If an allegation is brought to the attention of a line manager/operational manager/team leader a member of the Locala Safeguarding Team must be informed.

6.12.3 Quality of Care Given

During the course of an internal incident enquiry or investigation, including complaints, it may become apparent that the quality of care provided to an individual by a Locala service resulted in harm and a self-referral to adult social care is required. The concerns must be discussed with the Head of Safeguarding before a decision is made to raise a safeguarding concern relating to Locala care.

A member of the safeguarding team will complete a Datix incident form for all safeguarding concerns raised implicating Locala services, whether raised externally or via self-referral, and the incident management process will be followed as per the Incident Management Policy.

6.13 Adult Safeguarding Concern Responses and Potential Colleague Involvement

Where a local authority believes an adult at risk is experiencing or at risk of experiencing abuse or neglect, it must make enquiries (this is not necessarily an investigation), or cause others to do so. This is a duty under s.42 of The Care Act 2014. A delegated enquiry officer is a member of another agency undertaking the enquiry on the local authority's behalf. This responsibility may be delegated to senior members of the safeguarding team in Locala.

An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

The objectives of an adult safeguarding enquiry are to:

- Establish facts
- Ascertain the adult's views and wishes
- Assess and address their need for protection and support, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken
- Enable the adult to achieve resolution and recovery

6.12.1 Four Stage Process

Adult safeguarding procedures involve a four stage process. However, the safeguarding response can be exited **by social care** at any of the four stages.

Stage 1 A safeguarding concern is recognised and adult social care are informed. Adult social care will determine whether the concern raised does relate to safeguarding an adult at risk.

If the concern relates to an individual known to a Locala service colleagues may be contacted for additional information. If the concern relates to care provided by a Locala service refer to section 6.11.2.

Stage 2 Initial Enquiry. The social worker determines if the concern meets section 42 safeguarding criteria. The social worker/enquiry officer assesses the risk and safety of the adult at risk and considers whether police involvement is required. Further information is gathered and a decision is made about a proportionate response to the concern within 5 working days.

- A Locala colleague may be contacted for verbal information e.g. level of involvement- It is acceptable to provide verbal feedback to the enquiry officer/social worker.
- If the allegation is more complex and involves an allegation against a specific Locala colleague or service the social care enquiry officer should email the Locala Safeguarding Team on lcp.localasafeguardingteam@nhs.net
- If a colleague is requested to provide a written chronology or report the Team Leader or Operational Lead and a member of the Safeguarding Team MUST be informed as a formal response to a safeguarding enquiry report may need to be completed (see Appendix D).
- It is the responsibility of the Team Leader to arrange for the completion of the report. The Safeguarding Team will support the colleague assigned to complete the report which WILL NEED approval before the report is submitted to the enquiry officer via secure email.

Stage 3 Safeguarding Response. Social Care will decide what actions are required and who will carry them out. Actions can range from a conversation between the Enquiry Officer and the adult and/or their representative through to a multi-agency meeting to determine roles and plan interventions required to manage risk in the best way possible and to review appropriately.

- If a multiagency meeting is arranged a formal response to a safeguarding enquiry report will be needed.
- It is the responsibility of the team leader to arrange for the completion of the report. The safeguarding team will support the colleague assigned to complete the report which WILL NEED approval before the report is submitted to the enquiry officer via secure email.

Stage 4 Outcomes and closure. For simple single agency enquiries a formal meeting may not be required. Dependent upon the complexity of

an enquiry the Enquiry Officer/Safeguarding Coordinator may wish to convene a multi-agency planning meeting.

- There is an expectation that the Locala colleague who has written the response report and/or their team leader will attend an outcomes meeting if convened.
- A member of the safeguarding team will attend the outcomes meeting as required or appropriate.

Further information can be found in Appendix E 'Locala Response to Adult Social Care Enquiries'.

6.14 Dispute Resolution and Escalation

Professional disagreements should be resolved at the earliest opportunity and the safety and wellbeing of the adult must remain paramount. Challenges to decisions made should be respectful and resolved through co-operation.

Disagreements can arise in a number of areas and colleagues should always be prepared to review decisions and plans with an open mind. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation. Appendix F details the process to be followed for professional challenge and escalation.

6.15 Safeguarding Adult Reviews

A Safeguarding Adult Review (SAR) takes place 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 together more effectively to protect the adult. This is a statutory responsibility (Care Act, 2014).

A Safeguarding Adult review is a formal process of bringing together the records of all agencies that have had involvement with the adult. An overview report is produced which provides a complete picture of events. This report contains analysis of contact with the adult and any decision making, it draws conclusions and makes recommendations.

The Named Nurse, supported by other members of the Safeguarding Team, may be required to complete a review of Locala's involvement with the adult. Colleagues working directly with the adult may need to be interviewed as part of this process and contribute to the overall learning.

The review is not an investigation into the adult's death or to apportion blame, the overall purpose of a Safeguarding Adult Review is to promote learning and improve practice. Support will be given throughout the process by the safeguarding team. An action plan to

address any learning points will be developed and the learning will be cascaded within relevant Locala services.

7. Additional Considerations

7.1 Raising concerns about Care Homes (Residential and Nursing)

Colleagues must discuss their concerns with the relevant manager/senior practitioner/safeguarding lead of the care home prior to raising concerns (unless there is immediate risk to an individual).

Sharing information about Care Homes helps to; -

- Identify patterns and themes of concerns
- Support the Care Home to make changes
- Where appropriate, allow the allocation of resources to undertake further work with the care home e.g. training support from the Local Authority or intervention from Locala Care Home Support Team
- Identify where partner organisations need to work together to support/monitor care homes i.e. via the Kirklees, Care Home Support and Prevention (CHESP) process
- Prevent potential safeguarding issues.

The 3 processes below are designed to support information sharing and raising concerns about care homes in Kirklees.

- **Internal Locala communication** – [Interact Forms v2 \(locala.org.uk\)](https://locala.org.uk)
- **Early indicator of concern form** – Link for [Kirklees Care Homes - Early Indicators of Concern \(office.com\)](https://office.com)
- **Raising an Adult Safeguarding Concern for a resident in a Care Home**

Telephone call to Gateway to Care (see Appendix C) **AND** notify the Locala Safeguarding team either via phone or email safeguarding@locala.org.uk

Internal reporting

The internal reporting mechanism was introduced to allow internal oversight by the Safeguarding team, care home support team and operational managers to identify emerging concerns

Examples of when to use this process:

- Colleague is unsure whether an Early indicator form needs to be completed.

- To identify whether other colleagues in Locala are having similar issues/conversations within a Care Home
- Changes have been agreed but never implemented
- Difficulties are experienced in contacting the Care Home

Early Indicators of Concern in Care Homes (Kirklees)

The Early Indicator Form (EIF) was introduced to flag low level general concerns regarding the care provided by an individual care home where a safeguarding response is not required but may develop into a safeguarding concern if not addressed or where there are other low level concerns relating to the same care provider.

Examples of when this process should be used:

- Single medication errors resulting in no harm
- Poor communication and documentation
- Colleagues able to enter a care home unchallenged
- Staffing issues such as low levels or attitudes
- Training issues with staff within the care home/care agency
- Lack of leadership
- A lack of respect towards service users including privacy and dignity.
- Lack of timely responses to call bells and requests for assistance
- Regular observation of an unclean/untidy environment within the care home or offensive odours

The EIF should be used for general concerns only and must not contain details of individual service users.

The information provided on the EIF will be presented by a member of the Safeguarding Team at the Care Home Early Support Panel (CHESP) and feedback provided to the colleague who completed the EIF.

Additional guidance and a flow chart are provided on the EIF which can be found on [Elsie - Care Home Early Indicator of Concerns \(locala.org.uk\)](https://locala.org.uk)

Raising an Adult Safeguarding Concern for a resident in a Care Home

Examples of when to raise a Safeguarding concern:

- Delay in obtaining treatment/unexplained deterioration in a resident's health
- Delay in obtaining equipment which has led to harm
- Unexplained marks or injuries
- Resident not kept safe from everyday hazards or dangerous situations
- Resident repeatedly has poor personal hygiene

If there is immediate danger, call 999 and stay with the resident until help arrives.

7.2 Self – Neglect

Self-neglect can affect people from all backgrounds and can result in a significant impact on wellbeing. **It is not only adults at risk who may self-neglect; adults who self-neglect do so for many reasons, for example, mental health issues, cognitive impairment, substance misuse issues, or through personal choice.**

Adult's self-neglect cases are often complex cases to deal with and requires working these individuals to maintain a balance between respecting their autonomy and protecting their wellbeing. When considering whether a safeguarding response is required in cases of self-neglect, it is essential that Locala colleagues assess the mental capacity of the individual as well as exploring whether there are any potential associated risks to family members and/ or the wider community.

A multi-professional approach is required to respond to cases of self-neglect. If the adult is not engaging with services, and professional assessment is that the self-neglect poses a significant risk to the individual, a self-neglect referral should be made into adult social care.

Further information about self-neglect referral processes can be found on the safeguarding pages on the intranet [Here](#).

7.3 Hoarding

Hoarding is not considered to be a distinct category of abuse but is often related to self-neglect. As such hoarding can be considered as a safeguarding issue under the umbrella of prevention from harm.

Hoarding is now a recognised standalone mental health disorder and severe hoarding may require the input of specialist mental health professionals. It is the persistent difficulty in discarding, or parting, with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the thought of getting rid of the items. As a result excessive accumulation of items, regardless of

actual value, occurs. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are greatly in excess of their real value.

Hoarding is considered a significant problem if:

- The amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms.
- The clutter is causing significant distress or negatively affecting the quality of life of the person or their family – for example, they become upset if someone tries to clear the clutter and their relationship suffers.

The degree of hoarding can be assessed using the Clutter rating index score available via the SystmOne health record and the safeguarding page on the intranet (ELSIE). Colleagues should refer to the relevant hoarding panel using the guidance on ELSIE. Referral forms are available via the SystmOne health record and the [hoarding section on the safeguarding page on Elsie](#).

Multiagency hoarding panel meetings are held to discuss high risk cases. The hoarding panel will agree a strategy to try to address the hoarding problem and to give advice to the referrer to reduce the reoccurrence of the problem.

Consent should be sought to refer into the multi-agency panel, however referrals can be made without consent if it is in the public interest e.g. presence of vermin or risk of fire or if the hoarding is impacting on other household members such as children or adults at risk, referral to children or adult social services may be required.

If there is doubt to mental capacity of the individual who is hoarding a mental capacity assessment is required to establish if a referral to the hoarding panel and/or adult social care is required.

Locala colleagues should also consider a referral for a Fire Service Safe and Well Check.

7.4 Radicalisation

Radicalisation is comparable to other forms of exploitation, such as grooming, criminal and sexual exploitation. Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. Vulnerable individuals are groomed directly or through social media to be persuaded of the legitimacy of a radical's cause to inspire new recruits and have extreme views embedded. Refer to the [PREVENT Policy](#) for procedures to follow when radicalisation is suspected.

7.5 Pressure Ulcers

Pressure ulcer management is outlined in **Pressure Ulcer Prevention and Management Standard Operation Procedure (2019)** which directs how the development of a pressure ulcer is reviewed. When an individual under the care of a Locala service develops a category 3 or 4 pressure ulcer, consideration must be given as per Locala pressure ulcer management process of whether any neglect has occurred. Such cases will only become a safeguarding concern if there is a clear element of neglect and act of omission which resulted in the pressure ulcer developing or deteriorating.

All cases of category 3 & 4 pressure ulcers where the individual is on a Locala service active caseload must be the subject of a 48hr review to determine whether the pressure ulcer meets the criteria for an investigation. This process should involve all Locala services involved in the patient's care.

If any safeguarding concerns are identified during the undertaking, or end, of this process then a safeguarding concern must be raised. If at any point it is established that an adult at risk obtained a pressure ulcer due to an omission of care or poor practice by a Locala service(s) a safeguarding alert must be made to adult social care following discussion with the Head of Safeguarding.

7.6 Assisted Suicide

Assisting someone to commit suicide i.e. assisted suicide is against the Law in the UK and remains an offence. When a Locala colleague becomes aware that an individual has made, or is contemplating making, plans to undertake assisted suicide in organisations in countries where this is not illegal e.g. Dignitas in Switzerland, every effort should be made to ensure that the individual has considered all possible treatment options and received appropriate emotional and mental health support. This is likely to necessitate a multidisciplinary team (MDT) meeting with all professionals involved in their care. Colleagues must also ensure that the individual contemplating assisted suicide is aware that any other parties who assist them (irrespective of the nature of their relationship with the individual) to travel abroad may face arrest and prosecution upon their return. All discussions and actions taken must be clearly documented in the individual's health record.

Principle 3 of the Mental Capacity Act 2005 allows for an adult with capacity to make unwise decisions if they are making a fully informed decision. If a Locala colleague becomes aware that an assisted suicide is imminent (i.e. likely to happen very soon) and a potential crime may be being committed they must contact their manager or a member of the safeguarding team. Further advice will then be sought from the

Police and the Local Authority Safeguarding Team. See flowchart in Appendix G 'Guidance for Responding to a Potential Assisted Suicide Disclosure' for further guidance.

8. Training

To protect adults at risk from harm all LCP colleagues must have the required level of knowledge, skills and competences to protect adults at risk from harm and abuse and to take effective action appropriate to their role.

Safeguarding Adult learning and training is mandatory for all colleagues at the level required by their role as set out in *Adult Safeguarding: Roles and Competencies for Health Care Staff*. Intercollegiate Document (RCN, 2018). The level assigned to individual roles will be shown in ESR.

Level	Staff Groups	Requirement
1	All colleagues working in health settings: This includes managers of non-clinical services, Board level executives and non-executives, receptionists, administrative workers, non-clinical colleagues working within GP practices, peer support workers and volunteers across all Locala service provision.	Minimum of 40 minutes of adult safeguarding training or learning per annum. <i>Equating to a minimum of 2 hours every 3 years.</i>
2	All colleagues that have regular contact with patients, their families or carers, or the public: Colleagues working as administrators for the safeguarding team, health students, pharmacists in a clinical role, dentists, dental care professionals, nursing associates, allied health professionals, registered nurses, school nurses, (excluding team leaders or colleagues Band 7 or above in a clinical role) managers of clinical services and GP practice managers.	Minimum of 60 minutes of adult safeguarding training or learning activity per annum. <i>Equating to a minimum of 3 hours every 3 years.</i>
3	All colleagues who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role): This includes safeguarding professionals, general practitioners, ANPs (advanced nurse practitioners) all team leaders of clinical services and those Band 7 or above in clinical roles, adult learning/intellectual disability practitioners, all medical and nursing registered colleagues in sexual health staff, health visitors, family nurses and all nursing registered colleagues in unscheduled care settings.	Minimum of 2 hours 40 mins of safeguarding training and learning activity per annum. <i>Equating to a minimum of 8 hours every three years</i>

4	<p>Specialist Roles</p> <p>Head of Safeguarding and Named Nurse Safeguarding Children and Adults at Risks.</p>	<p>Minimum of 8 hours of safeguarding training or learning per annum.</p> <p><i>Equating to a minimum of 24 hours every 3 years.</i></p>
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The Safeguarding Adult at Risk Training matrix (Appendix H) clarifies the safeguarding adults training and learning requirements (including any role specific mandatory training) that must be undertaken according to individual roles and the level of competence required.

Evidence of the safeguarding adult training and learning activities completed by all colleagues must be recorded and stored electronically on individual secure drive (OneDrive) to provide evidence of achievement of safeguarding competences during your annual appraisal. An annual self-declaration of achievement of competences must then also be completed on ESR. This data will be used to monitor compliance with policy requirements and will be included within the Locala Annual Safeguarding Report.

Information and guidance on resources and learning opportunities available to support colleagues to achieve their annual safeguarding adult learning requirements is available and accessible via the safeguarding homepage on ELSIE [HERE](#)

9. Supervision

Although not mandatory, best practice recommends that all Locala colleagues access adult safeguarding supervision as required, which may be via clinical or other forms of supervision on a one to one or team basis. It is the supervisee's responsibility to record that supervision has been sought in the patient's record, in the agreed format, when they have accessed safeguarding supervision and to ensure that any agreed actions, to support adults at risk, are clearly evident within the record.

The supervisee must also ensure their attendance at supervision is recorded on their individual SharePoint record by following the process detailed in the Clinical supervision guidelines available on Sharepoint [Here](#)

Safeguarding supervision from a member of the safeguarding team can be sought for complex cases. The supervision/advice template located within the Adult Safeguarding Template on SystmOne in the individual's electronic health record will be used by the safeguarding team to document adult safeguarding supervision/advice calls.

10. Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

An Equality Impact Assessment Tool is used during ratification processes to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010]. Any outcomes have been considered in the development of this policy.

11. Consultation Process

A consultation process was carried out with key stakeholders in the development of this policy. These stakeholders included members of the Safeguarding Committee, Assistant Directors of Operations, Operational Managers, Team Leaders, Head of Quality and Quality Assurance Managers, Resolution Managers and Head of Medicines Optimisation.

12. Dissemination and Implementation

12.1 Dissemination

The policy will be communicated through via Team Talk, Business Unit meetings, the Quality Summit meeting and Operational Safeguarding meetings. It will be placed in the relevant section of the Policies site on SharePoint. Any further reviews of this policy or amendments will be communicated.

12.2 Competence/Training

Prior to ratification of this policy the required education and training needs for ensuring effective implementation and compliance have been reviewed.

The training requirements associated with this policy are clearly set out in Section 8.

13. Monitoring Compliance with the Document

13.1 Process for Monitoring Compliance

Locala procedural requirements	Quarterly clinical record audits	Safeguarding Committee	Safeguarding Team
	Allegations against Locala	Quality Dashboard via Integrated Performance Report	Head of Safeguarding
	Incident and investigation reports where there are safeguarding implications	Patient Safety and Quality Standards group	Safeguarding Team/Lead Investigator
	Annual assurance report	Quality Committee	Head of Safeguarding

	Adult safeguarding dashboard	Safeguarding Adult Operational Group	Safeguarding Team
Training	ESR self-declaration of adult safeguarding learning compliance	Monthly via business unit meetings and quarterly via safeguarding committee	Head of Safeguarding Head of OD

13.2 Key Performance Indicators

Number of safeguarding concerns raised where omissions in Locala services identified.

Mandatory safeguarding adults learning compliance rates

14. References/Bibliography

Department of Health, Information to share or not to share or not to share: The Information Governance Review, (Caldicott) March 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Department of Health, Safeguarding Adults: The Role of Health Service Managers and their Boards, 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215713/dh_125035.pdf

NICE, Safeguarding adults in care homes (NG189) February 2021 [Overview | Safeguarding adults in care homes | Guidance | NICE](#)

RCN, Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document First Edition, 2018
<https://www.rcn.org.uk/professional-development/publications/pub-007069>

15. Associated Policy Documentation

NB. There may be more recent versions of the policies or procedures named below so that these should be checked accordingly

Locala Consent Policy

Locala Caring for a Friend or Relative Policy

Locala Domestic Abuse Policy

Locala Incident Reporting, Management and Investigation Procedure (Including Serious Incidents)

Locala Mental Capacity Act Policy

Locala Pressure Ulcer Prevention and Management Standard Operation Procedure

Locala Prevent Policy

Locala Whistleblowing Policy

Appendix A – Caldicott Principles

The Caldicott Principles (revised 2013)

Principle 1 - Justify the purpose(s) for using confidential information

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

Principle 2 – Don't use personal confidential data unless it is absolutely necessary.

Personal confidential data items should not be included unless it is essential for the specified purpose (s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities.

Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Comply with the law every use of personal confidential data must be lawful.

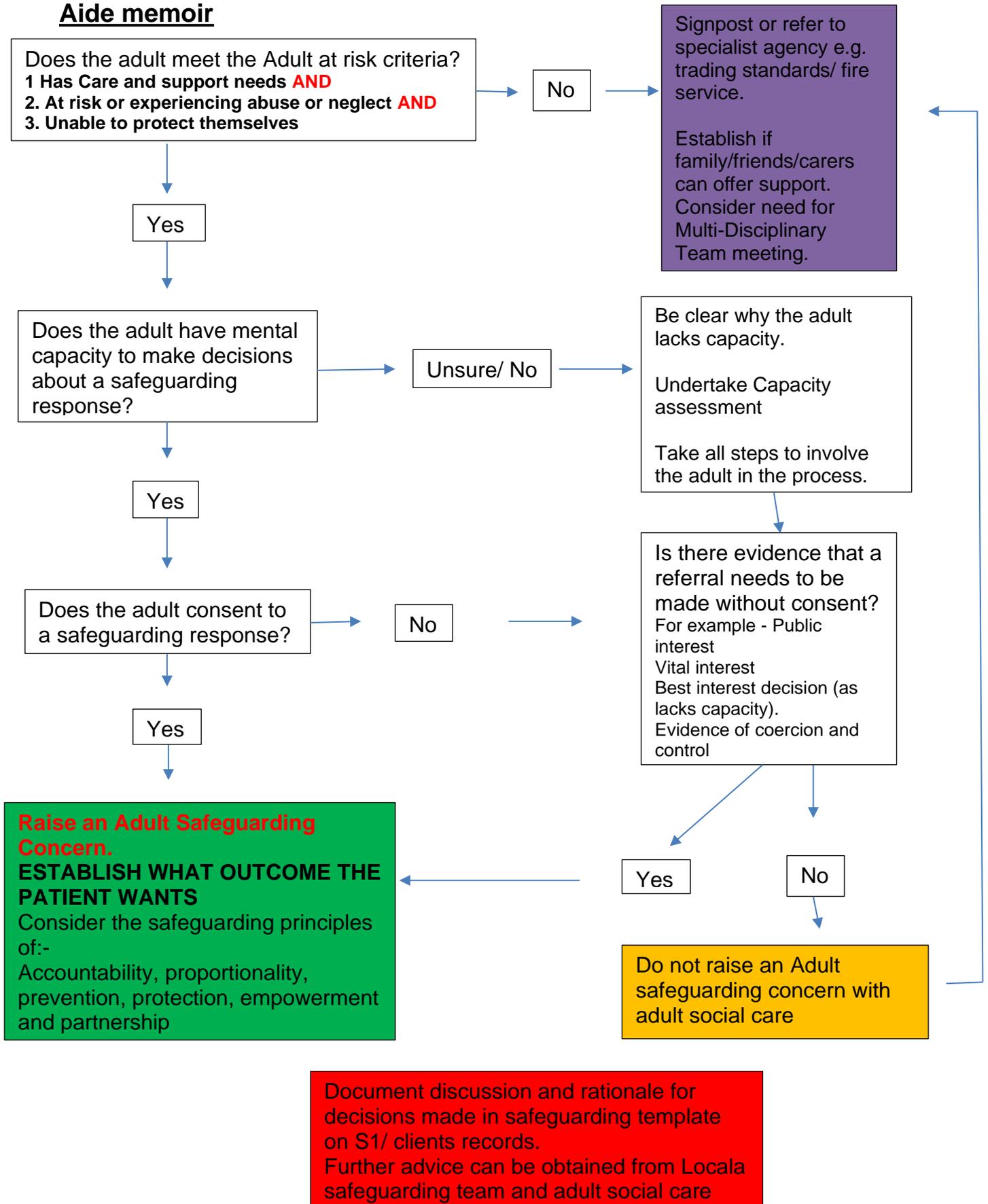
Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

In April 2013, Dame Fiona Caldicott reported on her second review of information governance, her report "Information: To Share Or Not To Share? The Information Governance Review", informally known as the Caldicott2 Review, introduced a new 7th Caldicott Principle

Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality

Appendix B - Is a Safeguarding Response Required

Aide memoir



Appendix C – Key Information to Support Safeguarding Concerns

Q1. What are the adult’s care and support needs?



Q2. Is the person experiencing, or at risk of, one of the following types of abuse and/or neglect?

N.B. Abuse may sometimes occur without any intention to cause harm.

- | | | |
|-------------------------------|-----------------------------|-----------------------------|
| Domestic abuse | Modern slavery | Neglect or acts of omission |
| Physical abuse | Discriminatory abuse | Self-neglect |
| Sexual abuse | Organisational abuse | Another form of abuse |
| Psychological/emotional abuse | Financial or material abuse | |



Q3. What is the nature and seriousness of the risks? Consider:

- The person’s individual circumstances
- The nature and extent of the concerns
- The length of time it has been occurring
- The impact of any incident on the person
- The risk of repeated incidents for the person
- The risk of repeated incidents for others



Q4. What does the adult at risk want to happen now?

Wherever possible consider the wishes and desired outcomes of the adult at risk. What do they want to happen and what do they want to change about their situation? What outcome(s) do they want to achieve. Is it necessary to raise a concern without consent and contrary to the wishes of the adult at risk e.g.

- It is in the public interest i.e. there is a risk to others, a colleague or volunteer is involved in the abuse or neglect, or the abuse has occurred on a property owned or managed by an organisation with responsibility to provide care to others
- The person lacks mental capacity to consent and it is in their best interests
- The person is subject to coercion or undue influence, to such an extent that they are unable to give consent
- It is in the person’s vital interests (to prevent serious harm or distress or life threatening situations)



If you are still unsure, discuss concerns with your line manager/team leader or a member of the Safeguarding Team and agree the next steps (See Safeguarding Page on Elsie for contact details)

DOCUMENTATION PROCESS TO FOLLOW WHEN RAISING AN ADULT SAFEGUARDING CONCERN TO ADULT SOCIAL CARE

DEFINITION OF AN ADULT AT RISK

An adult must be deemed to be an adult at risk in order to raise a safeguarding concern.

In order to be an adult at risk they must meet **ALL** the following criteria

- 1 Aged over 18
- 2 Have care and support needs
3. Experience or at risk of abuse or neglect
4. Be unable to protect themselves against the abuse or neglect

<p>CONTACT THE RELEVANT LOCAL AUTHORITY ADULT SOCIAL CARE DEPARTMENT TO DISCUSS CONCERNS See contact details below</p>	
<p>Colleagues with access to the Adults records</p>	<p>Colleagues with NO access to the Adults records</p>
<p>COMPLETE SYSTMONE HEALTH RECORD. USE SAFEGUARDING TEMPLATES- located on the left-hand side of the clinical tree See Below</p>	<p>Discuss with the adult the need to document the referral within their health records. Register the adult to your unit- once documentation is complete deduct the adult from your unit. If the adult does not consent to their records being opened, please contact a member of the safeguarding team for further advice.</p>

COMPLETE SYSTMONE HEALTH RECORD.
USE SAFEGUARDING TEMPLATES- located on the left-hand side of the clinical tree

- Safeguarding
- Adult SG: Safeguarding Concern
- Adult SG: Domestic Abuse
- Adult SG: Hoarding
- Adult SG: Self-Neglect

Open the Adult SG: Safeguarding Concern tab

Document

- What the concern is
- What the adult's perception of the concern is
- What outcome the adult would like
- What actions you have taken
- Who you have spoken to and what has been agreed?

If you are raising a concern for an adult who lacks capacity complete the MCA assessing capacity questionnaire

▲ MCA - Assessing Capacity - Simple - Safeguarding

Ensure you tick in the Safeguarding concern raised with Adult social care box.

Safeguarding concern raised with Adult Social Care

CONSIDER CONTACTING OTHER AGENCIES THAT MAY ALSO BE INVOLVED WITH THE FAMILY TO INFORM THEM OF YOUR REFERRAL
e.g. GP, mental health services etc.

CONTACT LOCALA SAFEGUARDING TEAM FOR FURTHER GUIDANCE/ADVICE

Contact Details

Kirklees

To Raise a Safeguarding Concern or Seek Advice

Contact:

- Gateway to Care: 01484 414933 (24 hours) Email: gatewaytocare@kirklees.gov.uk
- Emergency Duty Team (Out of Hours) 01484 414933

For additional information please visit: www.kirklees.gov.uk/safeguardingadults

Calderdale

To Raise a Safeguarding Concern

Contact:

- Gateway to Care: 01422 393 000 or Gatewaytocare@calderdale.gov.uk
- Emergency Duty Team: 01422 288 000 or email: EDT@calderdale.gov.uk

For information/advice:

Contact: Safeguarding Adults Team: 01422 393 804 (Mon-Fri, Office Hours)

For additional information please visit:

www.calderdale.gov.uk/socialcare/safeguardingadults/index

Bradford

Adult Services Access Point

Phone : 01274 435400

Opening times: Monday to Thursday: 8.30am to 5pm and Friday: 8.30am to 4.30pm

Contact the Emergency Duty Team on 01274 431010 Monday to Thursday: 5pm to 7.30am the following morning

Fridays: 4.30pm to 7.30am Monday, with 24 hour cover at weekends and throughout Bank Holidays

Appendix D – Safeguarding Response/Outcomes Meeting Report Template

Internal Adult Safeguarding Investigation Report

This form is to be used for detailed and complex Safeguarding enquires

1. Details of Adult Name Date of Birth	
2. Name of Social worker	
3. Aims of the investigation	<p>Include any terms of reference used as a basis for the investigation. For a safeguarding investigation/report it is usually enough to mention the specific safeguarding concerns raised.</p> <p>An overall aim might be one of the below:</p> <ul style="list-style-type: none"> • The investigation aimed to explore specific safeguarding concerns regarding the allegation of acts of neglect or omissions in care that resulted in harm to (List allegations). • The investigation was undertaken to provide information to inform a section 42 enquiry where Locala is not alleged to have caused harm but was involved in care delivery for the above-named adult at risk • This investigation was designed to answer concerns about the way services worked together regarding the above-named adult at risk • Following a review by the [Head of Safeguarding/Quality Lead/Safeguarding Team/other], of Locala care delivery to XXXXX an internal investigation was requested. This report provides an overview of that investigation • On XXX this event was identified as a serious incident and escalated in accordance with Locala CIC Incident Reporting and Investigation Policy
4. Datix number: INC-	
5. Incident date:	
6. Reported date:	
7. Services/Directorate(s):	
8. Incident description and consequences:	<p>Clear, brief incident description / incident type.</p>

<p>9. Method of investigation conducted:</p>	<p>In this section the author of the report should describe what they (or the investigator) did to obtain the information, e.g. scrutinized records, interviewed the practitioner(s) involved etc. This needs to be specific so include dates and anonymized names. The size of this section will depend upon how much information was needed and how many people were spoken to. A simple sentence may be all that is required along the lines of:</p> <p style="padding-left: 40px;">“[the adult at risk name] SystmOne records were reviewed on [date] and a discussion took place with the clinician who treated the patient on [date]”.</p> <ul style="list-style-type: none"> • The Datix report was reviewed. • Statements were obtained from clinical staff involved in the patients care XXXX e.g. Colleague X/Nurse 1 and Nurse 2 • The patients’ electronic healthcare records were accessed and reviewed by XXX e.g. A member of the Safeguarding Team • A 72-hour review was completed • Locala Policies and Clinical Guidelines were accessed and reviewed. • The patient/family XXXX • A chronology of events was developed. • Any other tools used XXX e.g. Fishbone/West Yorkshire Contributory Factors Framework.
<p>10. Background of Locala involvement with the adult at risk</p>	<p>This section should include details such as: when was the adult at risk first referred to us;</p> <ul style="list-style-type: none"> • how long have they been on the caseload; • did the adult at risk have the requisite mental capacity for the decisions being made around these episodes of care and treatment? • did the adult at risk lack the requisite mental capacity? If so, what was the best interest decision and who was involved in this? • Remember to only include information that is pertinent to the investigation here so, for example, if the adult at risk has been on a caseload for various reasons in the past but the allegation has only stemmed from the most recent episode of care, the previous ones do not need to be included in any great depth <i>although it could be included that the person had previously been known to Locala services.</i>

11. Chronology of events	See below for Chronology		
12. Findings/Conclusion	<p>In this section give a clear broad overview of any issues found.</p> <p>Summarize the immediate and the root causes and anything else you think is specifically relevant, but don't give too much detail if there isn't any.</p>		
13. Good practice points:			
14. Learning and recommendations:	<p>In the Recommendations, you are simply answering the question, "What now and why?" e.g. recommend changing procedures, re-training individuals, installing new equipment. For the sake of clarity, link the recommendations with the findings that prompted them.</p> <p>If a safeguarding case conference is required, identified recommendations and actions already acted upon within Locala, will aid the chair of the case conference to set their recommendations.</p> <p>Recommendations should be focused, specific and capable of being implemented.</p>		
15. Actions already undertaken			
16. Incident Investigation Improvement Plan			
Problem/ Issue/ Identified gap in service.	<p>Specific proposed actions: Specific, Measurable, Achievable, and Realistic. Actions should be designed to reduce the risk of recurrence. This should include the evidence needed to demonstrate the impact of implementation.</p>	<p>Responsibility: Name and job title of identified staff who have agreed to complete the action.</p>	<p>Planned completion date: Set a realistic timescale. Extensions will need to be justified and agreed via relevant meetings and committees</p>
17. Arrangements for sharing learning:	Report to be taken to PS and Q's for sign off		
18. Report prepared by: Name: Job Title: Date:			

19. Report reviewed and agreed by: Name: Job Title: Date:	
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THIS PAGE WILL BE ANONYMISED IN THE EVENT OF DISCLOSURE

Staff member's name	Staff member's job title	Involvement in incident	Referred to in investigation as: For example – Doctor A, Nurse B etc.

CHRONOLOGY only use if required

Date	Time	Subject: Adult/Family Member/Carer	Significant Event, Action and Outcome (include reference to whether adult was seen, with whom or alone)	Comments/Analysis
	Put in a specific time but leave blank if not significant e.g. if the timing of care or liaison with others is crucial to understand the circumstance around the incident	Write the name of the person to whom the entry refers. If more than one person, include all names.	Summarise the key information relating to the adult. Summarise the services offered/provided, and decisions reached. Avoid jargon and abbreviations and if this is unavoidable explain the terms or write the abbreviations out in full first. Be truthful but use sensitive language and keep the report as objective as possible and try to avoid subjective comments.	Add any other information here e.g. On chosen Actions/outcomes, emerging issues, quality of practice etc. Ask questions

Appendix E – Locala Response to Adult Social Care Enquiries

Locala response an Adult Safeguarding Concern involving Locala either directly and/or indirectly

<p>Social care request information regarding an adult enquiry (either by phone or email). If the request is made by phone - Confirm the identity of the call. The request may come directly to single point of contact (SPOC). Team, or the safeguarding team. It has been agreed that Complex enquires should be sent directly from Adult social care to the Safeguarding team at LCP.Localasafeguardingteam@nhs.net</p>	
If the enquiry relates to an individual client-request via SPOC to contact social worker	Single point of contact to task the relevant team
If the enquiry is about multiple teams/Locala/or a member of staff	The person receiving the enquiry to contact the safeguarding team via teams or email safeguardingteam@locala.org.uk
Establish the nature of the enquiry	
Locala response	
Simple Safeguarding Enquiry i.e. have you visited Mr T and how often?	Using information sharing and Caldicott principles provide social care with a verbal an overview of involvement.
This may be the end of Locala's involvement.	
Complex Safeguarding enquiry i.e. likely to proceed to a Safeguarding response e.g. strategy or outcomes meeting or a written report/chronology is requested.	If not previously contacted, inform Locala's Safeguarding Team
	If not undertaken the Safeguarding Team will arrange a safeguarding enquiry call involving relevant team leaders, operational mangers, quality mangers and service experts e.g. Tissue viability, End of Life, Medicines management, if this has not been undertaken
	The Safeguarding team and relevant team leader/s will undertake an Internal Adult Safeguarding Investigation. See appendix D Internal Adult Safeguarding Investigation Report
	The Internal Adult Safeguarding Investigation Report MUST be signed off by the Head of Safeguarding prior to sending to adult social care. <i>Depending on the nature of the allegation the Safeguarding Adults at Risk Report may need to be signed off by the Director of Nursing and Quality</i>
	Safeguarding team to email the final Internal Adult Safeguarding Investigation Report to adult social care.
This may be the end of Locala's involvement.	
Request to attend an outcomes meeting	A member from the safeguarding team and Team leader or their representative must attend the outcomes meeting.

Appendix F – Professional Dispute and Escalation Process

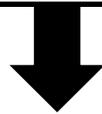
Professional Challenge and Escalation Pathway

Decision made to make an initial professional challenge:

- The team leader/Locala colleague who raised the initial concern should telephone the case holder/manager within the appropriate service to discuss and attempt to resolve the concerns. This should be a professionally respectful and open discussion around the issues concerning the risks to the adult.

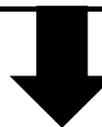
If the concern that risks for the adult at risk remain is not resolved:

- Seek support from Locala safeguarding team to discuss why a professional challenge is required



Factors to consider when making a professional challenge:

- Making safeguarding personal and the impact of the decisions / actions on the adult at risk
- Why you are worried about the actions and decisions for the adult at risk
- The risk and protective factors for the adult at risk
- The nature and history of the abuse – a review of the records
- Any perceived public interest.
- Any perceived vital interest or any evidence of undue control or coercion on the adult at risk.

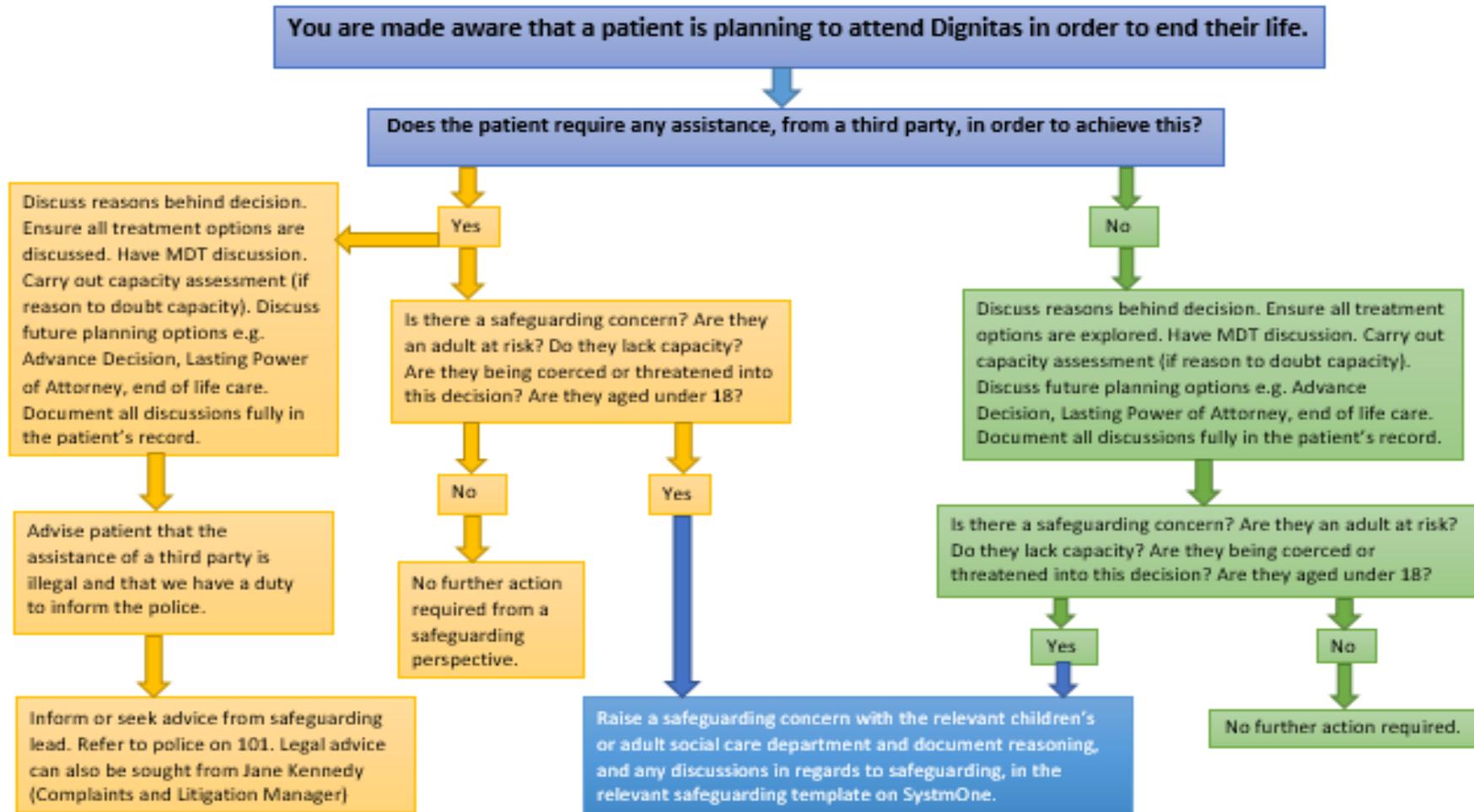


Escalation:

Contact Locala safeguarding team if:

- The risks for the adult at risk have not been resolved from initial discussions with appropriate agency lead/manager.
- Locala Safeguarding Team member to discuss the issue with equivalent manager in agency concerned in line with West and North Yorkshire and York Multi-agency policies and procedures.
- Locala Safeguarding Team member to consider requesting a professional challenge interagency meeting to discuss and explore the concerns. The meeting should be requested in writing and minutes should be taken.

Appendix G - Guidance for Responding to a Potential Assisted Suicide Disclosure



Appendix H – Mandatory Safeguarding Adults Training Matrix

Induction			
All new employees or volunteers will receive a basic awareness safeguarding update as part of the 2 day induction course upon commencing employment.	<p>Colleagues in a non-clinical role to complete 000 Safeguarding Adults Level 1 via NLMS e-learning OR Level 1 Safeguarding Adult workbook</p> <p>Colleagues in a clinical role to complete 000 Safeguarding Adults Level 1 and 2 via NLMS e-learning OR Level 2 Safeguarding Adult workbook</p>	This is a basic introduction to safeguarding arrangements within Locala and colleagues will still need to complete additional learning to self-declare competence	<p>Know where to locate relevant safeguarding adult at risk policies and know what to do if concerns about child welfare arise.</p> <p>Working towards achieving learning outcomes of individual's assigned Level.</p>

LEVEL 1 - a minimum of 40 minutes of safeguarding adults training/learning activity must be undertaken per annum		
COLLEAGUE GROUP	MANDATORY REQUIREMENTS	LEARNING OUTCOMES
Volunteers	Completion of Level 1 Adult Safeguarding Workbook	<ul style="list-style-type: none"> • Able to recognise potential indicators of abuse, harm and neglect. • To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice. • To have a basic knowledge of the relevant legislation • Other suitable learning activities, as detailed in the Adult Safeguarding Guide to Self-declaration, must be undertaken according to individual learning needs to achieve the learning outcomes.
Receptionists, administrative colleagues, peer support workers, non-clinical colleagues working in all primary health care settings.	000 Safeguarding Adults Level 1 or Level 1 Adult Safeguarding Workbook must be completed at least once in every three year period.	
LCP board members and non-executive members	<p>000 Safeguarding Adults Level 1 or Level 1 Adult Safeguarding Workbook must be completed at least once in every three year period.</p> <p>Board members will need to undertake learning activities that encompass level 1 knowledge, skills and competences but will also need a tailored package to meet Board member specific learning outcomes.</p>	

		<ul style="list-style-type: none"> • Demonstrates an understanding of gross negligence as it relates to organisational safeguarding activity • Demonstrates an awareness and understanding of effective board level leadership for the organisations safeguarding arrangements • Demonstrates an awareness and understanding of arrangements to share relevant information • Demonstrates an awareness and understanding of effective arrangements in place for the recruitment and appointment of staff, as well as safe whistle blowing • Demonstrates an awareness and understanding of the need for appropriate safeguarding supervision and support for staff including undertaking safeguarding training • Demonstrates collaborative working with lead and nominated professionals across health and social care
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LEVEL 2 – a minimum of 60 minutes of safeguarding adult training/learning activity must be undertaken per annum		
COLLEAGUE GROUP	MANDATORY	LEARNING OUTCOMES
Administrators for safeguarding teams, health students, pharmacists in a clinical role, dentists, nursing associates, colleagues who work in virtual/online health settings who provide any health care online, registered nurses and allied health professionals (excluding team leaders of clinical services and those in a clinical role Band 7 or above who require Level 3), child development practitioners, school nurses, registered medical colleagues (excluding GPs and those working in sexual health services) and GP practice managers.	000 Safeguarding Adults Level 1 and 2 OR Level 2 Adult Safeguarding Workbook must be completed at least once in every three year period.	Additional learning activities must be undertaken to complete the 60 minute per annum requirements. Other suitable learning activities, as detailed in the Adult Safeguarding Guide to Self-declaration, must be undertaken according to individual learning needs to achieve the learning outcomes. <ul style="list-style-type: none"> • To be able to understand what constitutes harm, abuse and neglect and be able to identify any signs of harm, abuse or neglect. • To be able to ensure effective advocacy is provided, were required. For example were there are mental capacity or communication issues, in line with the legislation and professional guidance. • To be able to identify your professional

		<p>role, responsibilities, and professional boundaries and those of your colleagues in a multidisciplinary team and multi-agency setting.</p> <ul style="list-style-type: none"> • To know how and when to refer to social care if you have identified an adult safeguarding concern in accordance with organisational policies. • To be able to document safeguarding concerns in a format that informs the relevant staff and agencies appropriately. • To know how to maintain appropriate records including being able differentiate between fact and opinion. • To be able to identify the appropriate and relevant information and how to share it with other teams. • Practice will be informed by an understanding of key statutory and non-statutory guidance and legislation including Human Rights Act and mental capacity legislation in country of practice. • To be aware of the risk factors for radicalisation and will know who to contact regarding preventive action and supporting those persons who may be at risk of, or are being drawn into, terrorist related activity.
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LEVEL 3 – a minimum of 3 hours of safeguarding adult training/learning activity must be undertaken per annum that should incorporate multi-disciplinary and multi-agency learning.

At least ONE multidisciplinary/agency face to face learning activity must be undertaken in every three year period.

COLLEAGUE GROUP	MANDATORY & ROLE SPECIFIC	LEARNING OUTCOMES
<p>Safeguarding practitioners, all medical and nursing registered colleagues working in sexual health services, sexual health outreach workers, GPs, team leaders of clinical services and all nursing and allied health professional registered colleagues in a clinical role Band 7 or above, all medical and nursing registered colleagues working in urgent and unscheduled care, health visitors, family nurses, registered nursing 0-19 colleagues and Mental Capacity Act Champions.</p>	<p>At least one learning activity in every three year period must be face to face multi-disciplinary or multi agency.</p> <p>Multi agency safeguarding adult learning opportunities and network events are available to book via Kirklees, Bradford and Calderdale Safeguarding Adult Board websites.</p>	<p>Training and learning activities undertaken will be fully informed by individual, organisational and Local Safeguarding Adult Boards learning needs to meet the learning outcomes.</p> <p>Training, education and learning opportunities may include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit appropriate to speciality and role. Safeguarding learning may be encompassed within regular, multiagency or safeguarding adult partnership meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.</p> <ul style="list-style-type: none"> • To be able to identify possible signs of sexual, physical, or emotional abuse or neglect using a person centred approach. • To be able to identify adults experiencing abuse, harm or neglect who have caring responsibilities, for other adults or children and make appropriate referrals. • To be able to demonstrate a clear understanding, as appropriate to role, of forensic procedures in adult safeguarding and knowing how to relate these to practice in order to meet clinical and legal requirements as required. • Where undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic

		<p>procedures and demonstrate how to present the findings and evidence to legal requirements.</p> <ul style="list-style-type: none"> • Able to undertake, where appropriate, a risk and/or harm assessment. • To be able to know how to communicate effectively with adults at risk particular those with mental capacity issues, learning disability or communication need. • To be able to know how to contribute to, and make considered judgements about how to act to safeguard an adult at risk. • To be able to know how to contribute to/formulate and communicate effective care plans for adults who have been/or may be subjected to abuse, harm or neglect. • To be able to demonstrate an understanding of the issues surrounding suspicion of adult abuse, harm and neglect and to know how to effectively manage uncertainty and risk. • To be able to know how to appropriately contribute to inter-agency assessments by gathering and sharing information. • To be able to document concerns in a manner that is appropriate for adult safeguarding protection and legal processes. • To be able to know how to undertake documented reviews of your own (and/or team) adult safeguarding/as appropriate to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training. • To be able to know how to deliver and receive supervision within effective models of supervision and/or peer review, and be able to recognise the potential personal
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		<p>impact of adult safeguarding on professionals.</p> <ul style="list-style-type: none"> • To be able to know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice. • To be able to know how to advise others on appropriate information sharing. • To be able to know how to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and domestic homicide review processes. • To be able to know how to obtain support and help in situations where there are problems requiring further expertise and experience. • To be able to know how to participate in and chair multidisciplinary meetings as required. • Demonstrate the skills required to participate in a safeguarding enquiry.
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LEVEL 4 – a minimum of 8 hours of safeguarding children training/learning activity must be undertaken per annum

At least ONE multi-agency learning activity must be undertaken per annum.

STAFF GROUP	MANDATORY	COMMENTS
Head of Safeguarding, Named Nurse Safeguarding Children and Adults at Risk,	Named Nurse should complete a management programme with a focus on leadership and change management within three years of taking up their post KSAB Safeguarding Adults at Risk – Undertaking Enquiries in the Workplace within 12 months of taking up post	Training and learning activities undertaken will be fully informed by individual, organisational and Local Safeguarding Adult Board learning needs to meet the learning outcomes. Training, education and learning opportunities may include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit appropriate to specialty and role. Safeguarding learning may be

		<p>encompassed within regular, multiagency or safeguarding children partnership meetings, clinical updating, clinical audit, reviews of critical incidents and significant unexpected events and peer discussions.</p> <ul style="list-style-type: none"> • Able to contribute to the development of robust internal adult safeguarding policy, guidelines, and protocols as member of the safeguarding team. • To be able to discuss, share and apply the best practice and knowledge in adult safeguarding including: <ol style="list-style-type: none"> 1. The latest research evidence and the implications for practice 2. An advanced understanding of mental capacity legislation, information sharing, information governance, confidentiality and consent. 3. A sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in adult safeguarding 4. An advanced knowledge of relevant national and international issues, policies and their implications for safeguarding practice. 5. Understanding the professional and experts' role in the court process. • To be able to know how to implement and audit the effectiveness of adult safeguarding services on an organisational level. • To be able to effectively communicate local safeguarding knowledge, research and findings from audits. • To be able to know how to conduct a safeguarding training needs analysis, and to
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		<p>commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of an adult safeguarding team which may partners in other agencies.</p> <ul style="list-style-type: none"> • To be able to know how to undertake and contribute to case reviews at all levels, this will include the undertaking of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this. • To be able to work effectively with colleagues from other organisations, providing advice as appropriate e.g., concerning adult safeguarding policy and legal frameworks, the health interventions of adult safeguarding concerns • To be able to work effectively with colleagues in regional safeguarding networks. • To be able to provide advice and information about safeguarding to the employing organisation both proactively and reactively – this includes the board, directors, and senior managers. • To be able to know how to provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of adult safeguarding. • To be able to support colleagues in challenging views offered by other professionals, as appropriate. • To be able to be a trained provider of adult safeguarding supervision and/or support. • To be able to lead/oversee safeguarding quality assurance and improvement processes.
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		<ul style="list-style-type: none">• To be able to undertake risk assessments of organisational ability to safeguard adults.• To be able to lead service reviews.• To be able to deal with the media and organisational public relations concerning adult safeguarding.
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