

SAFEGUARDING ADULTS

POLICY AND PROCEDURES

Approved By:	Policy and Guideline Committee
Date of Original Approval:	18 March 2011
Trust Reference:	B26/2011
Version:	7
Supersedes:	V6 (B26/2011 revision approved by Policy and Guideline Committee March 2021)
Trust Lead:	Sarah Meadows – Matron Adult Safeguarding
Board Director Lead:	Julie Hogg – Chief Nurse
Date of Latest Approval:	24 August 2022 (PGC Chair's minor amendments process)
Next Review Date:	May 2024

CONTENTS

Section		Page
1	Introduction and Overview	5
2	Policy Scope	6
3	Definitions	6
4	Roles and Responsibilities	8
5	Policy Implementation and Associated Documents	10
	5.1 Categories and indicators of Abuse	10
	5.2 Raising and addressing concerns of abuse occurring externally to UHL	15
	5.3 Raising and addressing concerns of abuse occurring within UHL	16
	5.4 Making Safeguarding Personal	17
	5.5 Professional Disagreements	17
	5.6 Additional Procedures	17
6	Education and Training	18
7	Process for Monitoring Compliance	18
8	Equality Impact Assessment	18
9	Supporting References, Evidence Base and Related Policies	18
10	Process for Version Control, Document Archiving and Review	19

Appendices		Page
One	Procedures for Matrons, Deputy / Heads of Nursing when receiving a referral about abuse / neglect occurring within UHL	20
Two	Contact Details for Adult Social Care	21

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Minor change to title page to reflect the new Chief Nurse.

Section 5.1, 5.2 and 5.3 (formerly appendices one, two and three) now included in the main body of the policy as this information is considered to be essential for staff.

Changes to definitions section to update the definition of Domestic Abuse in line with the Domestic Abuse Act 2021.

Section 5.4 added to provide more information regarding Making Safeguarding Personal requirements.

Section 5.5 added to provide advice when there are disputes or disagreements about whether or not a concern should be addressed via adult safeguarding procedures.

Minor changes made to the Policy Monitoring Table due to the increased monitoring of adult safeguarding training.

Removal of appendix five (Safeguarding Adults Referral Flowchart) as this no longer relevant.

Addition of new appendix two which provides contact details for adult social care.

Updates made to internal extension numbers throughout the document.

KEY WORDS

Safeguarding Adults

Safeguarding Adults Policy

Adults at risk

Vulnerable Adults

Abuse and Neglect

SUMMARY

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. University Hospitals of Leicester NHS Trust (hereafter referred to as 'the Trust') recognises its primary duty to ensure the safety, well-being and protection of adults experiencing, or at risk of, abuse or neglect in its care, and the responsibility of all staff to act promptly on any suspicion, disclosure or evidence of abuse or neglect wherever it occurs.

In line with the Care Act (2014), the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014), the Care Quality Commission (Registration) Regulations (2009) and the local Multi-Agency Adult Safeguarding Policy and Procedures, the Trust is committed to working in partnership with the local safeguarding adults boards to protect adults experiencing, or at risk of, abuse or neglect' (previously known as 'vulnerable adults'). The Trust is also committed to having clear systems and processes in place to support the overarching Multi-Agency Adult Safeguarding Policy and Procedures. As a member of both the Leicester City Safeguarding Adults Board and the Leicestershire and Rutland Safeguarding Adults Board, the Trust is party to all decisions, strategies, policies and procedures agreed by the respective Boards and have agreed to support membership of the operational subgroups responsible for implementing the overall safeguarding adults business and work plans.

The Mental Capacity Act (MCA, 2005) also has an impact on Safeguarding Adults as anyone who lacks capacity could be deemed as an adult at risk of abuse and neglect and staff should be able to identify and address concerns regarding the capacity of the adult to make decisions. The MCA introduced criminal offences of ill-treatment or wilful neglect of a person who lacks capacity to make relevant decisions. Furthermore, the Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect the rights of some of the most vulnerable people in our society. This addendum to the MCA aims to prevent arbitrary decisions to deprive someone of their liberty and includes a robust and transparent framework to challenge deprivation of liberty authorisations. The Trust has policies and procedures for both the Mental Capacity Act and the Deprivation of Liberty Safeguards (available on INsite).

1 INTRODUCTION AND OVERVIEW

- 1.1 Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. It is the process of protecting adults (aged 18 and over) who have care and support needs from abuse or neglect, where they cannot protect themselves. It is an important part of what public services do, although the lead role lies with Local Authorities, in partnership with the Police and the NHS.
- 1.2 Adult Safeguarding is enshrined in English Law, following the implementation, on 1 April 2015, of the Care Act (DH, 2014). Chapter 14 of the *Care and Support Statutory Guidance*, issued under the Care Act, provides guidance on sections 42-47 and 68 of the Care Act 2014, which covers all matters relating to adult safeguarding. This includes developing / implementing policies and procedures for safeguarding adults, and making safeguarding enquiries.
- 1.3 Under the Care Act, each Local Authority (LA) must:
- Make enquires, **or cause others to do so** (locally this includes the Trust, if it believes an adult is experiencing (or at risk of) abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so by whom
 - Co-operate with partner agencies in order to protect the adult. **In turn, each relevant partner must also co-operate with the local authority**
 - Set up a Safeguarding Adults Board (SAB) with core membership from the Local Authority, Police and the CCG's.
 - Conduct any Safeguarding Adults Reviews (SARs), in accordance with the Act
 - Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding adults enquiry in certain circumstances
- 1.4 Additionally, the Care and Support Statutory Guidance enshrines six principles of safeguarding which should inform the ways in which professionals and others work with adults:
- **Empowerment** - Person-led decisions and informed consent: "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
 - **Prevention** - It is better to take action before harm occurs: "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
 - **Proportionality** - Least intrusive response appropriate to the risk presented: "I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."
 - **Protection** – Support and representation for those in greatest need: "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."
 - **Partnership** – Services working with their communities: "I know that staff only share any personal and sensitive information that is helpful and necessary. I am confident that professionals will work together to get the best result for me."
 - **Accountability** – Accountability and transparency: "I understand the role of everyone involved in my life."
- 1.5 These principles reinforce that adult safeguarding is more than simply following processes after concerns are raised. It is also about '**Making Safeguarding Personal**' (ADASS, 2014). Research highlights that adults want to feel empowered to manage concerns themselves wherever possible. They do not want to be denied the means and support to keep themselves safe, and to express their views and opinions. When making enquiries the focus must be on the needs, wishes and opinions of those individuals who are at risk. Therefore, when safeguarding concerns are raised staff should ask, wherever possible, what the

individual (or their representative) wants from the safeguarding process. This is an essential part of adult safeguarding.

- 1.6 The Trust's Safeguarding Adults Policy and Procedures provides a local framework which describes the processes University Hospitals of Leicester NHS Trust have in place to raise and address all concerns regarding the abuse or neglect of adults. It also sets out the procedures that must be followed by Trust staff that come into contact with 'adults experiencing, or at risk of, abuse or neglect' (previously known as 'vulnerable adults'). **This document must be read in conjunction with the 'Multi-Agency Adult Safeguarding Policy and Procedures'** (available at: www.llradultsafeguarding.co.uk). Staff working within the Trust's **EMERGENCY DEPARTMENT** should refer to the 'ED Safeguarding Adults Standard Operating Procedure' in the first instance (available on INsite).

2 POLICY SCOPE

- 2.1 This policy is applicable to all Trust staff members who are involved in the care of adult patients (aged 18 years and over) that meet **all** the following criteria:
- Where the adult has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
 - Where the adult is experiencing, or at risk of, abuse or neglect, **and**;
 - As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or experience of abuse and neglect.
- 2.2 The Care Act and the local Multi-Agency Adult Safeguarding Policy and Procedures specifically **excludes** self-harm. Individuals in these circumstances may have needs and may require an assessment; however, they will not be dealt with under safeguarding adult procedures. Please discuss with your line manager and / or the Trust's Adult Safeguarding team in these circumstances.

3 DEFINITIONS

- 3.1 **Abuse**
For the purpose of this Policy the term abuse is defined as 'a violation of an individual's human and civil rights by any other person or persons which may result in harm'.
- Abuse may be a single act, repeated acts or multiple acts. It may be an act of neglect or a failure to act. Abuse is about the misuse of the power and control that one person has over another. Abuse can occur in any relationship and may result in harm to, or exploitation of, the person subjected to it. Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Acts of abuse may constitute a criminal act.
- 3.2 **Adult Who May Need Safeguarding (Care Act 2014)**
Any person aged 18 or over who:
- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
 - Is experiencing, or is at risk of, abuse / neglect **and**;
 - As a result of their needs for care and support is unable to protect themselves from either the risk of, or experience of abuse and neglect.
- 3.3 **Alerting / Referring** (these terms are used interchangeably within this policy)

Passing on a concern that someone may be being abused or neglected, to an appropriate person / agency

- 3.4 **Care and Support Needs (Care Act 2014)** (also referred to as Needs for Care and Support)
An adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors. This includes if the adult has a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. Those needs may affect an individual's ability to achieve the outcomes that matter to them in their lives and which in turn promote their wellbeing.

- 3.5 **Categories of Abuse** – the Care Act (2014) refer to the following categories of abuse:

- Physical
- Sexual
- Psychological / emotional
- Financial and material
- Neglect or acts of omission
- Discriminatory
- Organisation (previously known as Institutional abuse)
- Domestic abuse and violence (including honour based violence)
- Modern Slavery (including human trafficking, forced labour and domestic servitude)
- Self-neglect (including behaviour such as hoarding, neglecting one's health and surroundings)

Further details of the categories of abuse, including some of the indicators of abuse can be found at section 5.1 and via the Multi-Agency Adult Safeguarding Policy and Procedures which is available at: www.lfraduldsafeguarding.co.uk.

- 3.6 **Consent**
The voluntary agreement of an adult to participate in an action based on adequate knowledge and understanding of the relevant information, free from coercion or undue influence.
- 3.7 **Deprivation of Liberty Safeguards (DoLS) 2007**
An addendum to the Mental Capacity Act 2005 (MCA), the safeguards cover patients in hospital (and care homes) and provide a legal framework to protect those (over 18 years) who lack the capacity to consent to the arrangements for their care and treatment by reason of an impairment in their brain or mind, and where levels of restriction or restraint used in delivering that care are so extensive as to potentially be depriving the person of their liberty.
- 3.8 **Disclosure**
Someone communicating to someone else that they have been abused or neglected.
- 3.9 **Duty of Care**
Under common law, reasonable care must be taken to safeguard someone you have responsibility for from acts or omissions which could cause harm.
- 3.10 **Emergency Duty Team (EDT)**
Social Care services out of hours team who operate at weekends and evenings. There is one EDT to cover Leicester, Leicestershire and Rutland and they are only able to respond to concerns where there is an immediate or urgent risk to a person / others.
- 3.11 **Human Rights Act**

The Human Rights Act 1998 introduces into UK law the rights and freedoms set out in the European Convention on Human Rights. The Act applies to all public authorities, such as the police, hospitals and government.

3.12 Mental Capacity Act 2005 (MCA)

Legislation that covers assessments of capacity and best interests decision making.

3.13 Perpetrator / Alleged Perpetrator

Person (s) who carried out or is alleged to have carried out abuse.

3.14 Protection Plan

Plan put together to ensure the on-going protection of the adult in need of safeguarding and to reduce risks, where there are concerns of abuse or neglect. Completed by the relevant agency and stored in the person's records.

3.15 Safeguarding Adults Enquiry (previously 'investigation')

This is also referred to as a 'Section 42' (S42) enquiry. A safeguarding adult's enquiry is any action that is taken, or instigated, by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. It usually involves working with the adult, gathering information and fact finding to determine what has happened and what needs to happen.

3.16 Strategy Discussion/Meeting

A meeting or discussion between relevant individuals to share information / known facts, instigate protective actions and agree how to proceed with a safeguarding adult's enquiry. It must take place within 24 hours of the safeguarding referral being made.

4 ROLES AND RESPONSIBILITIES

Responsibilities within the Organisation

4.1 The **Chief Executive and Board of Directors** have overall responsibility for Trust compliance with policies and procedures to effectively safeguard adults in need of safeguarding. The **Chief Nurse** is the Executive Lead for this policy.

4.2 The **Chief Nurse:**

- Is the Director with lead responsibility for Safeguarding Adults and Children.
- Represents the Trust on the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards and provides feedback at appropriate Trust forums.
- Takes responsibility, where necessary, for communicating relevant information to Government Departments and / or professional bodies of those considered unsuitable to work with vulnerable adults.
- Chairs the Trust's Safeguarding Assurance Committee and provides support to the Trust's Named Safeguarding Professionals.

4.3 The **Head of Safeguarding:**

- Is the strategic lead for Safeguarding Adults and Children.
- Represents the Trust on appropriate subgroups of both the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards.
- Represents the Trust on the regional safeguarding adults' forum.
- Provides supervision to the Trust's Named professionals within the safeguarding service and provides operational cover for the Matron - Adult Safeguarding when required.

4.4 The **Matron – Adult Safeguarding:**

- Is the operational lead for Safeguarding Adults.
- Represents the Trust on appropriate subgroups of the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards.
- Provides support / supervision to Trust staff that are dealing with complex safeguarding adults' cases and provides opportunities for safeguarding adults' education and training.
- Maintains a database of Safeguarding Adult cases for monitoring and recording purposes.
- Supports the Trust's Chief Nurse and Head of Safeguarding in providing advice and support on safeguarding adult concerns.
- Provides line management responsibility and supervision for the adult safeguarding specialist nurses.
- Is responsible for notifying the relevant local authority of all safeguarding incidents which occur within the Trust (as per local arrangements).

4.5 The **Adult Safeguarding Specialist Nurses:**

- Support the effective delivery of the Trust's adult safeguarding service.
- Act as a first point of contact, providing expert advice, professional support, guidance and education to the multi-professional teams, partner agencies, patients and carers.
- Deputise for the Matron for Safeguarding Adults when necessary.
- Apply the local multiagency adult safeguarding thresholds when receiving internal adult safeguarding referrals.
- Are responsible for working in partnership with other agencies when making adult safeguarding enquiries.
- Provide support / supervision to Trust staff that are managing internal adult safeguarding incidents.

4.6 The **CMG Heads of Nursing / Heads of Service / CMG Managers** are responsible for ensuring compliance with the policy and procedures across their CMG staff groups.

4.7 **CMG Matrons:**

- Are responsible for receiving alerts/referrals about allegations of abuse or neglect which occur **within** the Trust, in their relevant area of responsibility.
- Are responsible for immediately informing the Trust's Adult Safeguarding Team of any referrals and for working in partnership with other agencies to investigate the concerns and ensure the on-going safety of patients who may be experiencing abuse.
- Provide advice and support to staff on safeguarding adult concerns raised within their areas and ensure that staff receive appropriate training and education.
- Ensure that their areas co-operate with investigations being led by Local Authorities.
- Support the development of Protection and Risk Management Plans, where required, to ensure the on-going safety of patients within the Trust.
- Promote Caring at its Best Standards.

4.8 **Clinical Management Group Safeguarding Adults leads** / representatives are responsible for two way communication between frontline staff and the Trust's Safeguarding Assurance Committee. They should ensure that key messages are communicated to their staff groups through appropriate CMG forums.

4.9 **Patient Safety Leads** are responsible for notifying the Trust's adult safeguarding team of any reportable Serious Incidents (SI) involving adults with needs for care and support to ensure appropriate adult safeguarding representation is established on the SI investigation team.

4.10 All staff:

- Are responsible for raising any concerns about abuse or neglect of an adult who may need safeguarding either within or external to the Trust, to an appropriate person, agency or manager in a timely manner.
- Are responsible for identifying which policies are applicable to their area of work and for following Trust policy documents.
- Should know where to locate safeguarding adult policies and information. All staff must adhere to safeguarding adult processes and carry out their duty to report actual or suspected abuse.
- Must attend or complete safeguarding adults training, as appropriate for individual role.

4.11 Local Authorities (Adult Social Care):

- Are responsible for receiving and acting upon any concerns about adults who may be being abused or neglected in any setting, in conjunction with NHS staff where applicable.
- Are responsible for carrying out enquiries and for developing a protection plan, where necessary, and for communicating the details of this to NHS staff where relevant.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

This policy is supported by the following procedures and associated documents as detailed below, which must be used in conjunction with this policy.

5.1 CATEGORIES AND INDICATORS OF ABUSE

Staff should be aware that abuse and neglect can take many forms and it is important not to be constrained in your view of what constitutes abuse or neglect. Staff should always consider the circumstances of the individual case when considering the following categories of abuse. Staff should note that the indicators of abuse described in the following section are not an exhaustive list and staff should remain alert to any concerns which may indicate that an adult is at risk of abuse or neglect.

5.1.1 PHYSICAL ABUSE

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, inappropriate methods of restraint, force feeding or inappropriate physical sanctions and unlawfully depriving a person of their liberty.

Possible indicators of physical abuse:

- unexplained or inappropriately explained injuries
- unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia
- unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing
- collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body
- unexplained burns on unlikely areas of the body (for example, soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance
- unexplained or inappropriately explained fractures at various stages of healing
- medical problems that go unattended
- evidence of over / under-medicating

- person flinches at physical contact
- person appears frightened or subdued in the presence of particular people
- person asks not to be hurt
- person may repeat what the alleged abuser has said (for example 'shut up or I'll hit you')
- reluctance to undress or uncover parts of the body

5.1.2 SEXUAL ABUSE

Sexual abuse includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person's body (for example breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (for example day centre worker / social worker / residential worker / health worker) may also constitute sexual abuse.

Possible indicators of sexual abuse:

- person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained
- person appears unusually subdued, withdrawn or has poor concentration
- person exhibits significant changes in sexual behaviour or outlook
- person experiences pain, itching or bleeding in the genital / anal area
- person's underclothing is torn, stained or bloody
- a woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
- sexual exploitation

5.1.3 PSYCHOLOGICAL ABUSE

Psychological abuse includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Possible indicators of psychological abuse:

- untypical ambivalence, deference, passivity, resignation
- person appears anxious or withdrawn, especially in the presence of the alleged abuser
- person exhibits low self-esteem
- untypical changes in behaviour (for example continence problems, sleep disturbance)
- person is not allowed visitors / phone calls
- person is locked in a room / in their home
- person is denied access to aids or equipment (e.g. glasses, hearing aids, mobility aids)
- person's access to personal hygiene and toilet is restricted
- person's movement is restricted by use of furniture or other equipment
- bullying via social networking internet sites and persistent texting.

5.1.4 FINANCIAL OR MATERIAL ABUSE

Financial or material abuse includes theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

Possible indicators of financial or material abuse:

- change in living conditions
- lack of money, heating, clothing or food
- unexplained loss/misplacement of financial documents
- sudden or unexpected changes in a will or other financial documents
- inadequately explained withdrawals from accounts
- disparity between assets / income and living conditions
- power of attorney obtained when the person lacks the capacity to make this decision
- recent changes of deeds / title of house
- recent acquaintances expressing sudden or disproportionate interest in the person and their money
- misleading sales by door-to-door traders / cold callers.

5.1.5 NEGLECT AND ACTS OF OMISSION

Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill-treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an organisation. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators of neglect and acts of omission:

- person has inadequate heating and / or lighting
- person's physical condition/appearance is poor (for example pressure ulcers, soiled or wet clothing, matted / unclean hair)
- person is malnourished, has sudden or continuous weight loss and / or is dehydrated
- person cannot access appropriate medication or medical care
- person is not afforded appropriate privacy or dignity
- person and / or a carer has inconsistent or reluctant contact with health and social services
- callers / visitors are refused access to the person
- person is exposed to unacceptable risk.

5.1.6 DISCRIMINATORY ABUSE

Discriminatory abuse includes discrimination on grounds of race, faith or religion, gender and gender identity, age, disability, sexual orientation and other forms of harassment, slurs or similar treatment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible indicators of discriminatory abuse:

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- a person may reject their own cultural background and / or racial origin or other personal beliefs, sexual practices or lifestyle choices
- a person making complaints about the service not meeting their needs.

5.1.7 ORGANISATIONAL ABUSE (formerly Institutional abuse)

Organisational abuse includes mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use, such as a hospital or care home. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an organisation result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults.

Possible indicators of organisational abuse:

- unnecessary or inappropriate rules and regulations
- lack of stimulation or the development of individual interests
- inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership
- restriction of external contacts or opportunities to socialise.

5.1.8 DOMESTIC ABUSE AND VIOLENCE (Domestic Abuse Act 2021)

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if -

- (i) A and B are each aged 16* or over and are personally connected to each other, and
- (ii) the behaviour is abusive.

For the purposes of the Domestic Abuse Act 2021, A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

Behaviour is "abusive" if it consists of any of the following -

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse;
- (e) psychological, emotional or other abuse

The definition includes so-called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Domestic abuse is rarely a one-off incident and is the cumulative and interlinked types of abuse that have a particularly damaging effect on the victim.

The 'domestic' nature of the offending behaviour is an aggravating factor because of the abuse of trust involved.

**N.B Whilst the statutory definition includes those aged 16 and above, this policy is specific to adults aged 18 and over. Please refer to the UHL child safeguarding team on ext. 15770 for advice re children aged 16 and 17 years.*

For more detailed information and advice regarding domestic abuse, please refer to the Trust's Domestic Abuse Policy (Trust reference B8/2015).

5.1.9 SELF-NEGLECT

Self-neglect includes a wide range of behaviour that threatens the person's own health and / or safety. It may include failure to on the part of the person to provide themselves with adequate food, water, clothing and shelter. It may mean neglecting to care for one's personal health, hygiene or surroundings, including hoarding, taking adequate safety precautions and the misuse of drugs and alcohol. Self-neglect differs from other types of abuse in that there is no third party involved.

Possible indicators of self-neglect will be similar to the indicators listed in the neglect and acts of omission category of abuse, for example, poor hygiene, ulcers, poor nutrition, and poor physical and living conditions. There may also be signs of hoarding reported by colleagues, such as ambulance personnel.

5.1.10 MODERN SLAVERY

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

Possible indicators of modern slavery:

- distrustful of authorities
- expression of fear or anxiety, signs of psychological trauma (including post-traumatic stress disorder)
- the person acts as if instructed by another
- injuries apparently a result of assault or controlling measures
- passport or documents held by someone else
- lack of access to medical care
- limited social contact/isolation, limited contact with family
- substance misuse
- person forced, intimidated or coerced into providing services
- person doesn't know home or work address
- threats against the individual or their family members
- no or limited access to bathroom or hygiene facilities
- no or limited access to earnings or labour contract
- dependence on employer, for example work, transport and accommodation
- found in poor living conditions
- evidence of excessive working days or hours
- deceived about the nature of the job, location, or employer;
- person forced, intimidated or coerced into providing services of a sexual nature
- person subjected to crimes such as abduction, assault or rape.

5.2 Raising and addressing concerns of abuse / neglect occurring externally to UHL (i.e. own home, care home, day centre, on the streets)

Staff must refer to the 'Multi-Agency Adult Safeguarding Policy and Procedures' for detailed information at: www.llradultsafeguarding.co.uk

A patient (aged 18 and over) is admitted to UHL and staff are concerned that the patient may be experiencing abuse / neglect in an external setting (e.g. care home, own home, on the street, a hospital not within UHL)

AND / OR: a patient / someone else discloses that the patient is experiencing abuse / neglect



The staff member must promptly discuss their concerns with the person in charge (P.I.C). The Trust's adult safeguarding team may also be contacted for advice on ext. 17703 / adultsafeguarding@uhl-tr.nhs.uk.

The staff member / P.I.C must ensure that the patient is currently safe and take any actions that might be required to immediately safeguard the patient, e.g. obtain Medical review.

Where possible and appropriate the staff member / P.I.C seeks the patient's views, opinions and wishes regarding the concerns, and obtains their consent to share information with relevant others. If unsure staff should contact the UHL adult safeguarding team, or UHL Privacy Team on ext. 16053 for further advice.

If a crime has been committed / suspected the staff member / P.I.C contacts the Police via Tel No: 101, or 999 if an emergency.



The staff member / P.I.C contacts the appropriate Adult Social Care department (see appendix 3 for details) via their single point of contact telephone number and makes a verbal safeguarding referral.

The staff member / P.I.C also completes the UHL adult safeguarding referral via ICE (or paper form on INsite for staff who cannot access ICE) to inform the UHL adult safeguarding team that concerns have been raised.

The staff member records the above actions in the patient's medical notes and on Nerve Centre to ensure all members of the MDT are aware of the concerns raised.



Adult Social Care (ASC) will decide if the concerns raised meet the threshold for an adult safeguarding enquiry. If so they will begin the enquiry, and consider the patient's wishes.

If not, ASC will decide what other options are more suitable for managing the concern raised. They should advise the person raising the concern of their decision.

However, if staff / others still feel that the patient is at risk then discussions should be had with the UHL adult safeguarding team about other possible actions / support that can be implemented.



Staff involved in caring for the patient must co-operate with any necessary information gathering / sharing, and any strategy or enquiry discussions, as prescribed under the Care Act.

Staff must keep accurate documentation and ensure the Ward Sister / Dept. manager and Consultant in charge of the patient are kept informed of progress.

Staff must ensure that they liaise with Adult Social Care prior to discharge, and ensure that any discharge arrangements are safe and appropriate.

5.3 Raising and addressing concerns of abuse / neglect occurring WITHIN UHL (i.e. on a ward / outpatient department / imaging area / emergency department)

Staff must refer to the 'Multi-Agency Adult Safeguarding Policy and Procedures' for detailed information at: www.llradultsafeguarding.co.uk

A patient/person discloses that they are experiencing abuse / neglect within UHL.

AND / OR; a staff member has concerns that a patient is being abused / neglected within UHL by someone else (e.g. a staff member, another patient, a family member, a visitor).

AND / OR; an incident report or complaint indicates that abuse / neglect may have occurred within UHL.

The staff member must promptly discuss the concerns with the person in charge (P.I.C) and take any necessary action to ensure the patient's immediate and ongoing safety, as required.

If this is not possible (e.g. the P.I.C may be involved in the abuse) then the staff member must immediately contact a senior manager (e.g. Matron, Deputy / Head of Nursing, supervisor, team leader).

Out of hours – contact the Night Duty Manager / Senior Manager on call to carry out an immediate assessment of risks / patient safety.

Where possible and appropriate the staff member / P.I.C seeks the patient's views, opinions and wishes about the concerns, and explains that an adult safeguarding referral will be made to enable enquiries to take place.

The staff member / P.I.C records the above information and actions in the patient's medical notes and

The staff member / P.I.C must inform the relevant Matron or Deputy / Head of Nursing regarding the concerns raised as they lead any necessary UHL safeguarding enquiries, alongside the UHL adult safeguarding team.

The staff member / P.I.C must complete the UHL adult safeguarding referral via ICE (or paper form available on INsite for staff who cannot access ICE) and a Datix incident report.

The Matron / Deputy or Head of Nursing will take the referral and liaise with the UHL adult safeguarding team via ext. 17703 or email (adultsafeguarding@uhl-tr.nhs.uk), in hours or next working day. They will also complete an incident form immediately.

In hours, or next working day where out of hours, the UHL adult safeguarding team will notify the relevant Local Authority of the safeguarding concerns via the agreed oversight process.

The relevant Matron / Deputy or Head of Nursing, in conjunction with the UHL adult safeguarding team, will then follow the UHL procedures for receiving a referral about concerns of abuse occurring within UHL (see Appendix 2).

Ward / Dept. staff ensures that the patient's records are kept up to date with any safeguarding developments.
Ward / Dept. staff must ensure the on-going safety of the relevant patient(s), with advice from the relevant Matron / Deputy / Head of Nursing as required.

5.4 Making Safeguarding Personal

UHL staff raising and addressing adult safeguarding concerns need to have an awareness of Making Safeguarding Personal (MSP). MSP is about staff and professionals engaging the adult (or their representatives / advocates if they lack capacity) in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement and choice, and improves their quality of life, wellbeing and safety.

The key focus is on developing an understanding of what the adult wishes to achieve, and negotiating and agreeing their desired outcomes. However, adults cannot make decisions about their lives unless they know what the options are, what the implications of those options may be and have had the chance to really consider them. They can feel disempowered (and possibly damaged) by the safeguarding process unless they know what is happening and the choices they have. Therefore, professionals leading safeguarding enquiries should take time to consider what information needs to be made available to assist people at the right times, in what format, and allow time for information to be digested.

MSP within UHL will largely be conducted by the relevant safeguarding leads, e.g. adult social care colleagues (for external concerns) and Matrons / Deputy / Heads of Nursing and UHL adult safeguarding team (for concerns within UHL). However, when staff are receiving concerns or disclosures about abuse / neglect they should wherever possible seek the adult's views, opinions and wishes regarding the concerns, and record this information in the person's medical notes.

5.5 Professional Disagreements regarding abuse occurring within UHL

On rare occasions there is disagreement as to whether concerns raised about possible abuse / neglect occurring within UHL should be managed under adult safeguarding procedures, or an alternative process (such as a complaint process). In these cases it is essential to have an escalation process in order to resolve the disagreement, although at no time must professional disagreements detract from ensuring that the adult is safeguarded. The adult's welfare and safety must remain paramount throughout.

Initially the lead professionals involved (i.e. CMG Matron / Deputy Head of Nursing and the UHL adult safeguarding team) should aim to resolve their differences in opinion through discussion and / or meeting within a time scale which is acceptable to both of them. If agreement cannot be reached then the issues should be escalated to the relevant CMG Head of Nursing and the UHL Head of Safeguarding for further discussion. This may also involve liaison and discussion with the relevant local authority lead safeguarding practitioner, at the request of the UHL Head of Safeguarding. Records of discussions and agreed actions must be maintained by all those involved. If agreement still cannot be reached following discussions between the above managers, then the issue must be referred without delay to the Trust's Executive Lead for Safeguarding (the Chief Nurse).

In the unlikely event that the issue is not resolved by the steps described above, it should be referred to the Safeguarding Adults Board (SAB) office for discussion with the SAB Independent Chair who may act as a mediator to facilitate resolution to the disagreement in collaboration with other appropriate professionals.

5.6 Additional Procedures

In addition to the policy statements above, the policy is also supported by the following procedures and guidance:

Procedures	Appendix
-------------------	-----------------

Procedures for Matrons, Deputy / Heads of Nursing when receiving a referral about abuse / neglect occurring within UHL	One
Contact Details for Adult Social Care	Two

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 All new starters to the Trust must complete the Trust's corporate induction programme which includes an introductory awareness session on Safeguarding Adults and Children, supported by written information provided in the Trust staff handbook. New Starters should also complete the relevant level of new starter eLearning for all Safeguarding and Prevent topics.
- 6.2 All staff and volunteers are required to complete further training in Safeguarding Adults, details of which are available through line managers and personal training accounts on HELM.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 Policy Monitoring Table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Appropriateness of adult safeguarding referrals made by Trust staff	Matron Safeguarding Adults	Observation and review of the Trust's adult safeguarding referrals.	Annually	Safeguarding Assurance Committee
	Head of Safeguarding	Feedback from Safeguarding Adult Reviews	As relevant	Relevant subgroups of the local Safeguarding Adults Boards (LSAB)
Mandatory adult safeguarding training	Head of Safeguarding	HELM records / reports	Monthly	Safeguarding Assurance Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Evidence Base

The Human Rights Act (1998) [Online] Available at:
<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

The Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) [Online] Available at:
<https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents>

The Care Quality Commission (Registration) Regulations (2009) [Online] Available at:
<http://www.legislation.gov.uk/ukxi/2009/3112/contents/made>

The Care Act (2014) [Online] Available at:
http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Care and Support Statutory Guidance – Chapter 14 Adult Safeguarding [Online] Available at:
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

Making Safeguarding Personal - Guide 2014 (ADASS) [Online] Available at:
<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf>

Related Policies

1. Leicester, Leicestershire & Rutland Safeguarding Adults: Multi-Agency Adult Safeguarding Policy and Procedures (available online only at: www.llradultsafeguarding.co.uk)
2. The Trust's Mental Capacity Act Policy (Trust Reference Number: **B23/2007**)
3. The Trust's Deprivation of Liberty Safeguards Policy & Procedures (Trust Reference Number: **B15/2009**)
4. The Trust's Missing Adult Patients Policy (Trust Reference Number: **B15/2005**)
5. The Trust's Consent to Examination or Treatment Policy (Trust Reference Number: **A16/2002**)
6. The Public Interest Disclosure Act 1998 Whistleblowing in the NHS Policy (Trust Reference Number: **A15/2001**)
7. The Trust's Policy for Protecting Patients when a Safeguarding Allegation is made Against an Employee (Trust Reference Number: **B13/2013**)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The updated version of the Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system. It will also be available through the dedicated Safeguarding Adults Webpages.

The policy will be referred to in all Trust Safeguarding training sessions/programmes.

This policy and procedures contained within it will be reviewed after 3 years by the Policy Author.

Procedures for Matrons, Deputy / Heads of Nursing when receiving a referral about abuse / neglect occurring WITHIN UHL

(Refer to the Multi-Agency Adult Safeguarding Procedures for detailed information at:
WWW.LLRADULTSAFEGUARDING.CO.UK)

A staff member contacts Matron or Deputy / Head of Nursing (D/HON) with a concern that a patient is being, or has been, abused / neglected within UHL (by a staff member(s) / relative / carer / another patient / visitor).
 Out of hours the Duty Manager / Senior Manager on-call should be contacted for advice regarding any immediate action that may be required to safeguard the adult until Matron / D/HON is available (see below).

Matron / D/HON prompts the staff member to complete the UHL adult safeguarding referral via ICE (or paper form on INsite for staff who cannot access ICE) and this action is recorded in the patient's notes.

Where it is agreed that the concerns are an adult safeguarding issue, the Matron / D/HON informs the UHL adult safeguarding team (ext. 7703 or email: adultsafeguarding@UHL-tr.nhs.uk) and completes an incident form.

The UHL adult safeguarding team notifies the named professional within the relevant Local Authority to advise them of the concern (as per local arrangements).

Matron / D/HON will take any necessary action to ensure the patient's immediate and ongoing safety. For example:

- Speak to the patient and discuss their views, wishes and opinions where possible and safe to do so
- Arrange a medical review where indicated
- Record any injuries, marks, bruises or other signs of harm / abuse
- Arrange for medical photography where required
- Consider if a potential crime has been committed, and consider Police involvement as indicated
- Consider if there are any staff members involved. If so, complete staff risk assessments (as per the 'Policy for Protecting Patients when a Safeguarding Allegation is made Against an Employee' available on INsite), and take appropriate action in conjunction with CMG HR leads.

Matron / D/HON and UHL adult safeguarding team hold a strategy discussion to plan the safeguarding enquiry (known as Section 42 enquiry) involving other agencies as required (i.e. Police / Adult Social Care). This includes consideration of the patient's Making Safeguarding Personal opinions, wishes and desires.

UHL adult safeguarding team will discuss and agree the enquiry approach with the relevant Local Authority who provides scrutiny and challenge as required.

Once the enquiry is complete the Matron / D/HON and UHL adult safeguarding team hold a case review meeting (where necessary) to discuss and agree the findings / outcome. Where necessary the on-going safety of the patient is reassessed (i.e. if patient remains in hospital).

Matron / D/HON ensure all actions identified through the enquiry are implemented.

Matron / D/HON / UHL adult safeguarding team complete enquiry report which is shared with the Local Authority.

UHL adult safeguarding team keep the records pertaining to the enquiry on the UHL safeguarding database.

Contact Details for Adult Social Care

Leicester City Adult Social Care (single point of contact)**Tel - 0116 4541004****Leicestershire County Council Adult Social Care (single point of contact)****Tel - 0116 3050004****Rutland Adult Social Care (single point of contact)****Tel - 01572 758341****Out of Hours Emergency Duty Team (all above areas)****Tel - 0116 2551616****Adults living outside of the local area**

If the adult does not live within Leicester, Leicestershire or Rutland, you will need to contact the relevant local authority, based on their home address. To do this you first need to establish which local authority to contact by entering the adult's post code into the local Government's search facility, available at: <https://www.gov.uk/find-local-council> and then clicking 'find'. This will take you straight to the relevant local council's website where you can then follow their advice and instructions on how to make an adult safeguarding referral. If you are unsure or require support and advice, please contact the UHL adult safeguarding team on ext. 7703 or adultsafeguarding@uhl-tr.nhs.uk