Safeguarding Adults from Abuse Policy and Procedures

MUST be read in Conjunction with the:
Hertfordshire Interagency Procedure for the Protection of Adults at risk
The Norfolk Joint Policy and Operational Procedures
and the Southend Essex Thurrock (SET) Safeguarding Adults Guidelines

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<th>6</th>
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<tbody>
<tr>
<td>Executive Lead:</td>
<td>Executive Director Quality &amp; Safety</td>
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<tr>
<td>Lead Author:</td>
<td>Safeguarding Adults Manager</td>
</tr>
<tr>
<td>Approved Date:</td>
<td>13th March 2014 (Chairs Action)</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Safeguarding Children &amp; Adults Strategy Group</td>
</tr>
<tr>
<td>Ratified Date:</td>
<td>25th March 2014</td>
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<tr>
<td>Ratified By:</td>
<td>Policy Panel Group</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>28th April 2014</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>28th April 2017</td>
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Target Audience:
- This Policy must be understood by:
- All HPFT Staff
P1 - Version Control History:
Below notes the current and previous Version details- the full history is in Part 3

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<th>Status</th>
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<td>V6</td>
<td>28th April 2014</td>
<td>Head of Safeguarding and Social Care</td>
<td>Superseded</td>
<td>Updated to reflect new legislation &amp; Hertfordshire Safeguarding Adult Board policy &amp; procedure</td>
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<tr>
<td>V6.1</td>
<td>1st May 2015</td>
<td>Head of Safeguarding and Social Care</td>
<td>Current</td>
<td>Updated for Care Act 2014</td>
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P2 - Relevant Standards:

a) Equality and RESPECT: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.

b) Care Act 2014 – see Appendix 6

P3 - The 2012 Policy Management System and the Policy Format:
The PMS requires all Policy documents to follow the relevant Template

- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.

- **Operational Policies Template** provides the format to describe our services, how they work and who can access them

- **Care Pathways Template** is at the moment in draft and only for the use of the Pathways Team as they are adapting the design on a working basis.

- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance’s which will need to go back to the Approval Group annually

Symbols used in Policies:

**RULE** = internally agreed, that this is a rule & must be done the way described

**STANDARD** = a national standard which we must comply with, so must be followed

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.

All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained & archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or http://trustspace/InformationCentre/TrustPolicies/default.aspx
## Preface
Preface concerning the Trust Policy Management System:

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### 1. Summary

### 2. Purpose

### 3. Safeguarding Adults Values & principles

### 4. Strategic Objectives

### 5. Definitions & Recognition of Adult Abuse

### 6. Strategic Overview of Roles & Responsibilities of Key Partner Organisations

### 7. Duties and Responsibilities

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## Appendices

- Appendix 1 Guidance for the Preservation of Evidence
- Appendix 2 Record of Physical Injuries
- Appendix 3a- Safeguarding Adults–Strategy Meeting Agenda
- Appendix 3b - Safeguarding Adults–Strategy Meeting/Discussion Minutes
- Appendix 3c - Safeguarding Adults- Case Conference Minutes
- Appendix 4 Making a Witness Statement
- Appendix 5a - Action for Professional to take when a forced marriage (FM) victim presents
- Appendix 5b - Checklist for responding to a Victim or Potential Victim of Forced Marriage
- Appendix 5c - Basic first steps for Forced Marriage (FM) Specialist responding to Adult Victims’ Immediate Needs
- Appendix 6 – Care Act 2014 Addendum
Flow Charts – Flow charts detailing the processes to be followed in Hertfordshire, Norfolk and North Essex respectively are provided in the sections below.

**HERTFORDSHIRE - WEST**

An Incident Form must be completed giving a clear factual description of the incident. The incident form must be completed by the person reporting the incident and a separate witness statement to be provided where appropriate.

**Trust Safeguarding Practice Team:** Tel 01727 804717 - Fax 01727 804967
Trust Office, 99 Waverley Road, St Albans, Herts AL3 5TL
HPFT staff pick-up information indicating possible abuse of a vulnerable adult
physical, emotional, sexual, neglect, financial, discriminatory, institutional

Consult with first line manager or on call manager

Risk Assess and put in Protection Plan to keep person safe

Is the person in immediate danger? Has a serious crime been committed? (e.g. rape, serious physical or sexual assault)

**NO**
Report to the relevant safeguarding investigating team appropriate to the service user:
Out of hours: 0300 1234042
Through See and Solve: 01438 844 344
Ensure the person is safe and risk management plans are put in place.

**YES**
If immediate risks/urgent or crime committed call 999 (police/ambulance). Inform on-call and duty doctor.
Routine: Police SAFA Unit
Tel: 01707 354446
Or after 5pm Tel: 0845 3300222
And make a referral to the relevant safeguarding investigating team appropriate to the service user.

An Incident Form must be completed giving a clear factual description of the incident. The incident form must be completed by the person reporting the incident and a separate witness statement to be provided where appropriate.

**Trust Safeguarding Practice Team:** Tel 01727 804717 - Fax 01727 804967
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HPFT staff pick-up information indicating possible abuse of a vulnerable adult
physical, emotional, sexual, neglect, financial, discriminatory, institutional

Consult with first line manager or on call manager

Risk Assess and put in Protection Plan to keep person safe

Is the person in immediate danger?
Has a serious crime been committed?
(e.g. rape, serious physical or sexual assault)

**NO**
Report to Norfolk Care Connect
Tel: 0344 8008014
Ensure the person is safe and risk management plans are put in place

**YES**
If immediate risks/urgent or crime committed call 999
(police/ambulance)
Inform on-call and duty doctor
Police Tel: 0845 456 4567
And make a referral to the safeguarding investigating team

An Incident Form must be completed giving a clear factual description of the incident. The incident form must be completed by the person reporting the incident and a separate witness statement to be provided where appropriate.

If you want to discuss any safeguarding issues or get any advice, please contact:
Service Manager – Tel: 07786027289 or 01603 711165
HPFT Safeguarding Adults Manager – Tel: 01727 804117
or Safeguarding Practitioner – Tel: 01727 804516
HPFT staff pick-up information indicating possible abuse of a vulnerable adult

Consult with first line manager or on call manager

Risk Assess and put in Protection Plan to keep person safe

Is the person in immediate danger?
Has a serious crime been committed? (e.g. rape, serious physical or sexual assault)

**NO**
Report using SETSASF1 to Essex Social Care Direct
Normal telephone enquiries/referrals: 0845 603 7630
Out of hours: 0845 606 1212 (Fax 01245 434700).
Ensure the person is safe and risk management plans are put in place

**YES**
If immediate risks/urgent or crime committed call 999 (police/ambulance)
Inform on-call and duty doctor
Police Tel: 0300 333 4444
Where there are concerns about the immediate welfare or safety of a vulnerable adult: 0845 603 7634,
Report using SETSASF1 to Essex Social Care Direct
And make a referral to the safeguarding investigating team

An Incident Form must be completed giving a clear factual description of the incident.
The incident form must be completed by the person reporting the incident and a separate witness statement to be provided where appropriate.

If you want to discuss any safeguarding issues or get any advice, please contact:
Service Manager – Tel: 07747486711
HPFT Safeguarding Adults Manager – Tel: 01727 804117
or Safeguarding Practitioner – Tel: 01727 804516
1. Summary

This document sets out the policy and procedure to be followed by the staff of the Hertfordshire Partnership University NHS Foundation Trust (the Trust) when implementing the procedures for the protection of adults at risk (Safeguarding Adults from Abuse).

This policy must be used in conjunction with the Local Authority safeguarding adult policies and procedures in place for the Trust staff located in Hertfordshire, Norfolk and in Essex.

- For Trust staff working in the geographical location of Hertfordshire, this policy and procedure must be used in conjunction with the Hertfordshire Safeguarding Adults Board (HSAB) “Safeguarding Adults at Risk – Multi-agency policy, procedure and practice for working with adults at risk of harm in Hertfordshire”. (The associated guidance is available on the Trust staff intranet).

- For Trust staff working in the geographical location of Norfolk, this policy and procedure must be used in conjunction with the Norfolk Adults at Risk of Abuse “Joint Policy and Operational Procedures” developed by Norfolk Social Services, Norfolk Constabulary and Norfolk primary Care Trust. (The associated guidance is available on the Trust staff intranet).

- For Trust Staff working in the geographical location of Essex, this policy and procedure must be used in conjunction with the Southend, Essex & Thurrock (SET) Safeguarding Adults Guidelines. (The associated guidance is available on the Trust staff intranet).

2. Purpose

The aim of this policy and procedure is to inform Trust staff of the appropriate action to take to safeguard adults from abuse.

Safeguarding adults is an integral part of service user and patient care. Duties to safeguard adults are required by professional regulators, service regulators and supported in law.

“Safeguarding adults” covers a spectrum of activity from prevention through to multi-agency responses where harm and abuse have occurred.

Safeguarding encompasses:

- Prevention of harm and abuse through provision of high quality care
- Effective responses to allegations of harm and abuse: Multi-agency procedures apply where there is concern of neglect, harm or abuse to an adult defined under “No Secrets” guidance as “vulnerable”
- Using learning from safeguarding alerts and incidents to improve services to patients.

This policy sets out:-

- the responsibilities of the employees in the recognition and prevention of abuse;
- the actions to take when abuse is expected or identified;
- referral to the investigating team
- the investigation
- the conclusion and subsequent actions
- closing the Safeguarding Adult process

3. Values & Principles

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

Safeguarding Adults is everybody’s business. Adult abuse can happen to anyone, anywhere, and the responsibility for dealing with it lies with everyone.

All agencies and service providers must work within the law and must not support or condone abuse of adults at risk.

Safeguarding Adults Principles

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**Principle 1 – Empowerment – Presumption of person-led decisions and consent.**
Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions must respect the person’s beliefs and lifestyle.

**Principle 2 – Protection – Support and representation for those in greatest need**
There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for service users and patients who may be less able to protect themselves.

**Principle 3 – Prevention**
Prevention of harm or abuse is a primary goal. Prevention includes helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing the risks of neglect and abuse occurring within health services.

**Principle 4 – Proportionality – Proportionality and least intrusive response appropriate to the risk presented**
Safeguarding responses should reflect the nature of the seriousness of the concern. Responses must be the least restrictive of the person’s rights and take account of the person’s wishes and beliefs. Proportionality also relates to managing the concerns in the most effective and efficient way.

**Principle 5 – Partnerships: Local solutions through services working with their communities**
Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse.

**Principle 6 – Accountability: Accountability and transparency in delivering safeguarding**
Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met within each agency.

4. Strategic Objectives

The Trust is one of the organisations working with adults at risk of harm in Hertfordshire, Norfolk and Essex and in Hertfordshire we have additional delegated social care responsibilities from the Local Authority in providing safeguarding investigating teams as described later in the policy.

We are required to have policies and processes in place to meet these responsibilities including the strategic objectives of the following:-

- Hertfordshire Safeguarding Board (HSAB);
- Norfolk Adults at risk at Risk of Abuse – Joint Policy and Operational Procedures and
- Southend, Essex & Thurrock (SET) Safeguarding Adults Guidelines

There is an established inter-agency safeguarding policy in each of the local authority areas where the Trust provides services and these policies must be followed by all organisations working with adults at risk and individuals involved in safeguarding adults. This includes all staff - managers, professionals, volunteers and staff - working in public, voluntary and private sector organisations.

The core standards for all organisations and individuals are set out below.

4.1 Core Standards

All organisations working with adults at risk must have:

- a clear, well-publicised policy of zero-tolerance of abuse within the organisation
- organisational internal policies and procedures that are consistent with the inter-agency safeguarding adults policy
- policies on:-
  - Safeguarding
  - Reporting Concerns in the workplace/whistleblowing
- Robust recruiting and safer staffing policies in place to make sure that their staff are fit to work with adults at risk and are compliant with national safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service (DBS)
- A learning and development strategy which specifically addresses adult safeguarding and demonstrates that:
  - Staff receive induction and training appropriate to their levels of responsibility
  - Staff and volunteers in contact with adults at risk can recognise abuse and understand the internal reporting procedures
  - Staff and volunteers know how to raise safeguarding alerts and to contribute to the safeguarding investigation and protection plan
- A named safeguarding lead that is responsible for embedding safeguarding practice and improving practice in line with national and local developments

Safeguarding adults is included in all appropriate HR strategies, systems, policies and procedures.
In line with these standards, the Trust Head of Social Work & Safeguarding is the named lead for safeguarding adults.

4.2 In line with Home Office guidance¹ and standard NHS contract, the Trust is developing a separate Prevent strategy & policy.

Prevent is one of 4 strands of a cross government counter terrorism strategy called CONTEST. This includes forms of terrorism including:

- Far Right Extremism
- Al-Qa’ida influenced groups
- Environmental extremists
- Animal Right Extremists

The aim of the Prevent Strategy is to stop people from becoming terrorists (often referred to as becoming radicalised) or supporting terrorism.

Healthcare professionals may meet and treat people who are vulnerable to radicalisation. The key challenge for the Trust is to ensure that where there are signs that someone has been or is being drawn into terrorism, staff are aware of the support available and are confident in referring the person accordingly.

The Trust Head of Social Work & Safeguarding is the named PREVENT lead.

Information about PREVENT can be found in the PREVENT policy (due out March 2014). If you have PREVENT concern then please make sure you discuss this with your manager and seek advice from the Trust Safeguarding Practice Team 01727 804717

4.3 Where the Trust commissions services for adults at risk of harm, it must have robust safeguarding adults’ standards in place and monitor the ability of any contracted provider to meet this standard through quality review and contact/compliance monitoring processes

The Trust has a responsibility to make sure that:

- organisations from which services are commissioned know about and adhere to relevant registration requirements and guidance
- all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the multi-agency safeguarding adults policy and procedures
- the Trust regularly audit reports of risk of harm and require providers to address any issues identified
- services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with
- service providers give information to service users about abuse, how to recognise it and how and to whom they can raise concerns
- contract monitoring includes compliance with safeguarding adults’ procedures, the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (where commissioned services are managing authorities

¹ Prevent Strategy: Home Office June 2011
4.4 All Trust staff and volunteers working with adults at risk of harm
All staff and volunteers from any service or setting who have contact with adults at risk have a responsibility to be aware of issues of abuse, neglect or exploitation.

This includes personal assistants paid for from direct payments or personal budgets.

All staff and volunteers have a **duty to act** in a timely manner on any concern or suspicion that an adult at risk of is being abused, neglected or exploited and to ensure that the situation is assessed and investigated.

The minimum standard for all organisations is that staff and volunteers know how to:
- recognise, record and report abuse
- take any immediate action to protect further harm
- access help and advice for the adult at risk

4.5 Personal budgets and self-directed care
Where the Trust supports individuals to recruit personal assistants, it should ensure that it provides sufficient information to enable the individual to make an informed decision to safeguard themselves from harm.

4.6. Information sharing
Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

Information will be shared on a need to know basis and in line with the confidentiality and information sharing policies of the individual organisations.

The duty to share personal confidential data can be as important as the duty to respect service user confidentiality. Further guidance on this is contained in Part 2, Section 14 below.

4.7 Advocacy
At any stage of the safeguarding process, consideration should be given to whether the person at risk would benefit from the support of an independent advocate to express their views. This might be delivered by:-

a) **Instructed advocates** who take instructions directly from the person and can support the individual at meetings and in his/her communication. If the person decides they do not require the support of an advocate then support will be withdrawn.

b) **Non-instructed advocates** who work with people who may lack capacity or have severe communication challenges. A non-instructed advocate will work with the person and those around them. An independent report will be produced that will ask relevant questions and can support the safeguarding decision making process.

It is important that people involved in the Safeguarding Adults process are aware of which type of advocate is representing the person and support them to express their views.

4.8 Complaints The Trust is committed to ensuring that all service users are provided with information about how to make a complaint about the service and how to raise safeguarding concerns through the Hertfordshire Safeguarding Adults policy. Further guidance on this is available in Part 2, Section 11 below.
5. Definitions & Recognition of Adult Abuse

STANDARD
Throughout this policy the term “adults at risk” is used to describe adult who are vulnerable to abuse.

5.1 Which adults are vulnerable?
No Secrets (2000) defines an Adult at Risk as “any person of 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is, or may be, unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.”

In Nov 2012 some changes were introduced to Section 5 of the Hertfordshire Safeguarding Adults from Abuse Procedures.) These included the term:

“Adult at Risk” for individuals previously known as a vulnerable adult/victim and a “Person who May Cause Harm” for individuals previously referred to as “the alleged perpetrator”

The Association of Directors of Adult Services’ safeguarding guidance further defines a vulnerable adult as someone who is unable to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.

In line with government policy, the objective of the Trust’s Safeguarding Strategy is to prevent and reduce the risk of significant harm to adults at risk from abuse or other types of exploitation, whilst supporting individuals to maintain control over their lives and to make informed choices without coercion.2

5.2 What is abuse?
Abuse is a violation of an individual’s human and civil rights by another person or persons. It may be systematic and repeated or may consist of a single incident.

Abuse is when a person or persons have caused harm, or may be likely to do so, to the physical, sexual, emotional, financial or material well-being of a vulnerable adult.

‘No Secrets’ identifies the main forms of abuse in seven categories and these are used in this policy and procedure. They are:

- **Physical** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual** - including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- **Psychological/Emotional** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial** - including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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• **Neglect and Acts of Omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

• **Discriminatory** - including abuse based on a person’s race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

• **Institutional** - neglect and poor professional practice. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems.

5.3 Domestic Violence, Honour based abuse, Forced Marriage and Female Genital Mutilation & Human Trafficking

5.3.1. **Domestic Violence** (DV) is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The Trust is developing DV awareness training as part of our planned DV Strategy.

5.3.2 Locally operational teams are expected to attend Multi-Agency Risk Assessment Conference (MARAC) for cases involving persons known to HPFT services and staff must make sure they are aware of referral processes to MARAC for high risk DV cases and local resources available to support victims of DV.

5.3.3 If you have a concern about domestic violence then please discuss managing the risks and supporting the person/children with your manager and advice can also be sought from the Safeguarding Practice Team. It is vital that staff also think about the risks to and impact on children who live within families where there is domestic violence and take appropriate steps to help safeguard them.

5.3.4 A separate DV policy will be launched in April 2014 and will be available in the intranet

5.3.5. The term **Honour based abuse** relates to abuse that has been perpetrated against individual/s arguably in the context of a cultural belief system in order to protect or defend the honour of the family and/or community. This is still abuse.

5.3.6. **Forced marriage** is one where one or both people do not, or in cases of people who lack capacity, cannot consent to the marriage and where pressure or abuse is used to obtain “consent”.

Further information about the action which should be taken by professionals when a forced marriage (FM) victim presents is available in Appendix 5a). Appendix 5b) provides a checklist for responding to a victim or potential victim of FM. Additional information about the steps to be taken by a Forced Marriage Specialist are available in Appendix 5c).

5.3.7. **Female Genital Mutilation (FGM)**, sometimes referred to as “female circumcision” refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. There are four main types of FGM:

- **Type 1** – clitoridectomy – removing part or all of the clitoris
- **Type 2** – excision – removing part or all of the clitoris and the inner labia (lips surrounding the vagina) with or without the removal of the labia Majorca (larger outer lips)
- **Type 3** – infibulation – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- **Type 4** – other harmful procedures to the female genitals which include pricking, piercing, cutting, scraping and burning the area.

The practice of FGM is illegal in the UK. It is also illegal to arrange for a child to be taken abroad for FGM to be carried out.

### 5.3.8. Human Trafficking

**Human Trafficking** is defined by the UK Human Trafficking Centre as:

“the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone’s vulnerability. It is possible to be a victim of trafficking even if your consent has been given to being moved. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of human trafficking within one’s own country.”

There are three main elements:

- **The movement** – recruitment, transportation, transfer, harbouring or receipt of people;
- **The control** – threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim
- **The purpose** – exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs.

Children cannot give consent to being moved, therefore the coercion or deception elements do not have to be present.

### 5.4 Significant Harm

In determining what justifies intervention and what sort of intervention is required, **No Secrets** uses the concept of ‘significant harm’. This refers to:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)’
- the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm or the extent of the abuse is not always clear at the point of an alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults policy.
“No Secrets” puts forward the following factors, which the Trust has adopted, to be taken into account when making an assessment of the seriousness of the risk to the person:

- vulnerability of the person
- nature and extent of the abuse or neglect
- length of time the abuse or neglect has been occurring
- impact of the alleged abuse on the adult at risk
- risk of repeated or increasingly serious acts of abuse or neglect
- risk that serious harm could result if no action was taken
- illegality of the act or acts

5.5 Who may be the abuser?
Adults at risk can experience abuse from/by a wide range of people both known and unknown to them. Throughout this policy, the term “person who caused (may have) caused harm” is used to describe the individual who is alleged or known to have abused an adult at risk.

The proposed legislation set out in the Care and Support Bill\(^3\) will require local authorities to make enquiries, or to ask others to make enquiries, including the Trust, where they reasonably suspect that an adult in their area who

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect,

And

- as a result of those needs, is unable to protect him or herself against the abuse or neglect or the risk of it

5.6 Threshold of Action - Safeguarding Investigation
Where there is reason to believe that a vulnerable adult has suffered, is suffering or likely to suffer significant harm or serious exploitation, enquiries should be made in order to decide:

- whether the person has suffered, is suffering, or likely to suffer such harm or exploitation and if so,
- whether community care services should be provided or arranged, or other action taken to protect the person from such harm or exploitation.\(^4\)

The Trust’s Safeguarding policy is that an investigation will be carried out under the Safeguarding Adults from Abuse procedures where the person is:

- an adult at risk (as set out in “No Secrets”)
- is experiencing, or is at risk of, abuse or neglect (as set out in “No Secrets”)

And

- is unable to protect himself or herself against the abuse or neglect or the risk of it

Such investigations should be undertaken jointly with the relevant partner agencies as detailed in Section 8. below.

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\(^3\) Department of Health 2012

\(^4\) Amended from the Public Law Protection for Vulnerable People at Risk, (The Law Commission.)
Further guidance on Adult Safeguarding and Domestic Abuse is available from the Association of Directors of Adult Social Services. [http://www.adass.org.uk/images/stories/Adult%20safeguarding%20and%20domestic%20abuse%20April%202013.pdf](http://www.adass.org.uk/images/stories/Adult%20safeguarding%20and%20domestic%20abuse%20April%202013.pdf)

In all cases, if staff are unclear about whether action should be taken, then staff should consult with a relevant senior manager or with the:-
- HPFT Safeguarding Adults Manager;
- Head of Safeguarding HCS (Hertfordshire);
- Safeguarding Adults Co-ordinator (Norfolk) or the
- Consultant Practitioner Adult Protection Unit (Essex).

6. Strategic Overview of Roles and Responsibilities of the Trust’s Key Partner Organisations.

**Health and Community Services**
The county councils of Essex, Hertfordshire and Norfolk have the lead responsibility for ensuring effective arrangements are in place for the safeguarding of adults at risk of harm across their respective areas.

**The Police Constabulary**
The Essex, Hertfordshire and Norfolk Constabularies have lead responsibility for investigating any criminal offences committed against adults at risk.

Dedicated teams of officers and staff specialise in Safeguarding Adults from Abuse (SAFA). The SAFA team investigate all offences against adults at risk committed by persons in a position of trust – this includes family members.

**NHS Organisations**

**NHS England**
NHS England is expected to be fully engaged with Local Safeguarding Adults Boards working in partnership with local authorities to fulfil their safeguarding responsibilities.

**Clinical Commissioning Groups (CCGs)**
The Clinical Commissioning Groups are statutory NHS bodies with a responsibility for ensuring that the organisations from which they commission services provide safe care which protects all patients, including those recognised to be particularly vulnerable, from avoidable harm or abuse.

In Hertfordshire, these comprise the Herts Valley CCG and the East & North CCGs. In Norfolk, there are 4 Clinical Commissioning Groups – viz Norfolk & Waveney CCG; South Norfolk CCG; North Norfolk CCG and West Norfolk CCG. In Essex the CCGs comprise South East Essex, Mid Essex, West Essex and North East Essex.

The CCGs also ensure that all aspects of safeguarding adults are fully integrated into the commissioning and contract management processes.

The CCGs have a statutory duty to be members of the Safeguarding Adult Boards and are accountable to NHS England.

**Acute Hospitals**
HPFT works with the acute hospital trusts in Essex, Hertfordshire and Norfolk as they have a key role in recognising and responding to actual or potential abuse in line with the respective multi agency Safeguarding Adults procedures.
In Essex, this involves working with the acute hospital trusts, including Mid Essex Hospital, the Southend University Hospital and the Basildon & Thurrock University Hospitals. In Hertfordshire these comprise the West Hertfordshire Hospital NHS Trust and East & North Hertfordshire NHS acute Trusts. In Norfolk, the Trust works with the James Paget University Hospital; the Norfolk & Norwich University and the Queen Elizabeth hospitals.

**Probation Trusts**

HPFT works with the Essex Probation service as well as the Hertfordshire Probation Trust and the Norfolk & Suffolk Probation Trusts.

Probation Services/Trusts supervise offenders either on community sentences or following release from prison on licence. The Probation Service may be involved in adult safeguarding by supervising offenders who are identified as vulnerable or supervising offenders who may pose a risk to adults at risk.

Where adults at risk are offenders, the Probation Trusts will focus on the development and delivery of a risk management and sentence plan that protects the public and reduces re-offending.

All the trusts are also involved in working in areas such as “hate crimes”, domestic abuse, substance misuse and those who may be vulnerable to extremism.

**Advocacy Services**

**Hertfordshire - POHWER**

POHWER are commissioned to provide both statutory and non-statutory advocacy services in Hertfordshire. POHWER is committed to preventing harm and abuse of adults at risk by working closely with its partner agencies.

**Essex – Mid Essex MIND** are commissioned to provide independent mental health advocacy services.

**Norfolk – Norfolk Mental Health Advocacy Services** provide independent mental health advocacy for their area.

Advocates have a duty to raise safeguarding concerns on behalf of their clients and respond appropriately to all safeguarding referrals received.

**Children’s Services**

The Children’s Services in Essex, Hertfordshire and Norfolk recognise that children are part of a wider family network that may include adults with a variety of needs. They work with colleagues in adult social care and health services on safeguarding issues.

**Safeguarding Children’s Board**

The Essex, Hertfordshire and Norfolk Safeguarding Children’s Boards provide the key statutory mechanisms for agreeing how the relevant organisations in their respective areas will cooperate to safeguard and promote the welfare of children, and for ensuring that this is effective.

The SCB structures and processes are based on the statutory guidance in Working Together to Safeguard Children 2013 (Department of Education)
Crown Prosecution Service (CPS)
The Crown Prosecution Service in England and Wales, has policies on prosecuting crimes against older people and disability hate crime.

The CPS has a key role to play in making sure that special measures are put in place to support vulnerable or intimidated witnesses to give their best evidence. http://www.cps.gov.uk/

HMP – Prisons
Her Majesty’s Inspectorate of Prisons (HMIP) is working to address the issue of safeguarding within prisons.

Safeguarding responses to adults at risk within prison can be different to those in the community. HMIP inspectors are being briefed that if they come across suspected abuse of adults at risk they contact the local safeguarding team. http://www.justice.gov.uk/downloads/about/hmipris/immigration-expectations.pdf

Other relevant national and regional organisations with safeguarding adult responsibilities

Court of Protection
The Court of Protection deals with decisions and orders affecting people who lack capacity.

In a situation where a person does not have mental capacity and does not have anyone to act for them, the court can appoint a deputy to take decisions on welfare, healthcare and financial matters. https://www.gov.uk/court-protection

Office of the Public Guardian (OPG)
The OPG supports the Public Guardian in the registration of Enduring Powers of Attorney (EPA) and Lasting Powers of Attorney (LPA), and the supervision of deputies appointed by the Court of Protection.

It works closely with other organisations to ensure that any allegations of abuse are fully investigated and acted on.

Multi Agency Risk Assessment Conference (MARAC)
Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local organisations.

Details of the Essex, Hertfordshire and Norfolk referral processes are available in the Multi-agency Safeguarding Adults at Risk policies detailed above.

Multi-Agency Public Protection Arrangements (MAPPA) is the name given to arrangements in England and Wales for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.

The "responsible authorities" of the MAPPA include the Probation, HM Prison Service and the Police. MAPPA is coordinated and supported nationally by the Public Protection Unit within the National Offender Management Service.
Forced Marriage and Honour Based Violence
The government Forced Marriage Unit website gives extensive information, support and advice. They also have a helpline which provides advice to for victims and professionals.

https://www.gov.uk/forced-marriage

Details of the support available in Hertfordshire, Norfolk and Essex and of the referral processes are available in their respective Multi-agency Safeguarding Adults at Risk – policies as detailed in Section “x” above.

Disclosure and Barring Service
The Safeguarding Vulnerable Groups Act 2006 details the steps to be taken if the person causing the harm is a paid worker or a volunteer.

From December 2012 employers and personnel suppliers (those working or supplying people to work in 'regulated activity') have a legal duty to refer to the Disclosure and Barring Service (DBS) when a person working in regulated activity has harmed a child or adult, or there was a risk of harm (usually following their own disciplinary processes). This applies to both paid staff and volunteers.

Local authorities will have a power to refer to the DBS rather than a duty.

The investigating team must establish with the employer what their intentions are with regards to suspension and or possible referral to the DBS.

Further guidance on the Disclosure and Barring Service is available on their website. https://www.gov.uk/government/organisations/disclosure-and-barring-service/about

Health and Safety Executive (HSE) RIDDOR
HSE is the national independent watchdog for work-related health, safety and illness.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) places duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive.

In some cases RIDDOR reportable incidents to patients and service users may in some circumstances fall within the definition of abuse and may be a safeguarding issue, for example:

- if a care provider failed to implement adequate controls, identified through assessment, which contributed to severe scalding during bathing
- if a care provider failed to assess an individual’s care needs and this contributed to harm

Guidance to help decide whether an incident is a matter for HSE to investigate is available from the HSE. Where a reported incident overlaps with a safeguarding issue and HSE decide to make further enquiries about the incident or to investigate it fully, they will refer to the investigating team. http://www.hse.gov.uk/foi/internalops/sims/pub_serv/071101.htm

7. Hertfordshire Partnership University NHS Foundation Trust Duties and Responsibilities

STANDARD
The Trust has a duty to protect adults at risk from abuse.
The Board and Chief Executive will take action to ensure:

- the effective implementation of:
  - the Hertfordshire Safeguarding Adults Board – “Safeguarding adults at risk – multi-agency policy, procedure and practice for working with adults at risk of harm in Hertfordshire”;
  - the Norfolk Adults at risk at Risk of Abuse, Joint Policy and Operational Procedures and
  - the Southend Essex Thurrock (SET) Safeguarding Adults Guidelines
- the provision of appropriate training to all Trust staff with regard to safeguarding adults at risk
- the provision of a suitable infrastructure to establish and continue support for these activities including recording and monitoring procedures.

7.1 Duties within the Organisation

RULE

7.1.1 It is the responsibility of the Safeguarding Strategy Group through the Trust’s Policy Group and operational management team to ensure policy distribution, implementation and compliance throughout the Trust.

7.1.2 The Deputy CEO/Director of Quality & Safety is the Board lead responsible for safeguarding and is directly accountable to the Trust Board.

7.1.3 Both the Deputy CEO/Director of Quality & Safety are member of the HSAB

7.1.4 The Service Line Leaders in North Essex and Norfolk are responsible as Trust representatives at their respective Board sub-groups in their Local Authority areas.

7.1.2 The Trust Head of Social Work & Safeguarding has the responsibility:
- to evaluate compliance with the policies and ensure reports are provided to the Safeguarding Strategy Group & the Trust Executive Team/Board as required.
- to be the Trust link with the County Councils’ Health and Community Services (HCS)
- keep updated with national policy and guidance

7.1.3 Trust operational managers are responsible for responding to the concerns raised and notifying the suspected case of abuse to the appropriate team.

This may include, in appropriate circumstances, initiating the appropriate multi-agency Safeguarding Adults procedure and practice for working with adults at risk of harm.

For managers and staff working in Essex, Hertfordshire and Norfolk, they should refer respectively to:

- the Hertfordshire Safeguarding Adults Board’s Multi-agency procedure
- the Norfolk Adults at risk at Risk of Abuse, Joint Policy and Operational Procedures and key contact details contained in that document and
- the Southend Essex Thurrock (SET) Safeguarding Adults Guidelines and key contact details in that document

7.1.4 Line Managers are responsible for advising and initiating the agreed safeguarding procedures as well as for providing appropriate levels of supervision and appraisal to staff including on safeguarding adults matters.
This includes ensuring all staff are updated with current safeguarding adults legislation, practice and training. It also ensures a management oversight of safeguarding adults work within the teams across the service.

7.1.5 The staff of Hertfordshire Partnership University NHS Foundation Trust across Essex, Hertfordshire and Norfolk have the following responsibilities:

- All staff have a duty to protect all adults at risk from significant harm and abuse.
- All staff have a duty to report abuse and to act on allegations of abuse. It is the responsibility of staff to be aware of, and work within the guidance laid down within this document and the inter-agency polices (above). All staff have a duty to work in partnership with service users, families and carers in order to meet their identified needs and ensure service users are protected from harm.
- All staff have a duty to accept the principle that agencies work together in order to ensure that health and social care is appropriately co-ordinated and that people are protected from potential or actual abuse.
- It is the Trust’s expectation that all staff will maintain close links with all relevant statutory and voluntary bodies in the pursuit of achieving protection for this vulnerable client group.
- All staff within Hertfordshire Partnership University NHS Foundation Trust must be familiar with the relevant safeguarding and related procedures and their role within them. These include:-
  - The Trust’s Learning from Adverse Events Procedure must be followed and an adverse incident/accident form must be completed. This has incorporated the Department of Health (DoH) Guidance: Clinical Governance and Safeguarding Adults: An Integrated Approach (Feb 2010) and has been designed to complement and to be used in conjunction with the policies and procedures above.
  - For a person under the age of 18, the Trust policy and procedure for managing the Risks associated with Safeguarding Children and Child Protection should be followed. These must be read in conjunction with the relevant Safeguarding Children Board Child Protection Procedures for Essex, Hertfordshire and Norfolk.
  - Staff should also refer when appropriate to the Trust and relevant partner agency policies and procedures on:-
    - “Safeguarding and promoting the welfare of children and young people”
    - “Child Visiting”.

7.1.6 The Patient Safety Manager for the Trust must be kept informed and will advise if a seven (7) day report is applicable when the Safeguarding Adult procedure has been invoked.
Part two sets out the procedures which must be followed by Trust staff to report and investigate suspected or actual abuse of an adult at risk of harm.

The Safeguarding Adults from Abuse procedure must be used to investigate allegations of abuse, regardless of how minor or serious the abuse may be.

Concerns regarding adults at risk with so-called 'low level needs' are not excluded from action under the procedures where there are risks that the harm to the person puts their independence and well-being at risk and leads to a deterioration in their ability to protect themselves.

Such adults include:
- adults with low-level mental health problems/borderline personality disorder
- older people living independently in the community –
- adults with low-level learning disabilities –
- adults with substance misuse problems
- adults self-directing their care

8. Investigating Abuse

There are several key stages in the Trust’s safeguarding adults’ procedure. These will vary for HPFT staff depending upon:-
- the geographic area in which the incident took place – Essex, Hertfordshire or Norfolk;
- the client group involved in the incident – for example older adults with dementia; adults with a learning disability.

These vary because the Trust has different procedures to accommodate the different commissioning and structural arrangements in place with its partner agencies which have been adopted in Essex, Hertfordshire and Norfolk.

Thus in the procedures outlined below, investigations may be undertaken by either the Safeguarding investigating teams/managers located within HPFT or within its partner agencies within Essex, Hertfordshire or Norfolk.

Sections 8.1 & 8.2 apply to all safeguarding incidents across all areas of the Trust including Essex, Hertfordshire and Norfolk.

For procedures relating to the Investigation of any Safeguarding incident, staff should access the relevant inter-agency policy for their area.

Nevertheless, in all areas and circumstances, HPFT staff must give priority in all appropriate ways to:-
- supporting and enabling the adult at risk to achieve outcomes that s/he sees as the best for her/him, wherever possible
- assessing and addressing risk
- taking action to protect and support the adult at risk
- taking appropriate action in relation to the person causing harm
- taking appropriate action in relation to a service and/or its management if it may have been culpable, ineffective or negligent
• considering whether the concerns need investigation under the serious concerns procedures and should be escalated
• consideration of learning lessons for the future, including recommendations for any changes to the organisation and service delivery

Both in Hertfordshire and across the Trust’s partner agencies in Essex, Hertfordshire and Norfolk, if at any stage, the investigating team manager, from within HPFT or its partner agency, feels that the issue is no longer appropriate for the Safeguarding Adults process, s/he should close down the investigation.

8.1 Raising an ‘Alert’ to the investigating team and what a ‘Referral’ is.

**RULE**

8.1.1 It is the duty of all staff (professionals and volunteers) involved with adults at risk to raise an alert and inform the relevant manager and/or partner agency of a concern that a vulnerable adult:

- has been harmed, abused or neglected or is being harmed, abused or neglected or
- is at risk of being harmed, abused or neglected

This may arise from:

- a direct disclosure by the vulnerable adult
- a concern raised by a member of staff or volunteer, others using the service, a carer or a member of the public
- an observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk or of one service user towards another
- an acute incident or a growing concern about a vulnerable adult’s welfare.

**RULE**

8.1.2. The Trust expects staff to take steps to prevent abuse, once there is awareness that abuse is occurring. This applies equally to abuse from staff and/or from other service providers.

When deciding whether this is an incident of possible or actual abuse, the Trust expects staff to consider:-

- the mental capacity of an adult at risk to make decisions about his/her own safety
- the vulnerability of the adult
- the nature and extent of the incident/possible abuse
- the impact on the individual
- the risk of repeated or increasingly serious acts involving the person causing the harm

**RULE**

8.1.3. If the person raising the alert and/or their line manager is unsure whether this is an incident of possible or actual abuse, they should contact the Trust’s Safeguarding Practice Team, your local Senior Social Worker or the relevant Safeguarding investigating team in Hertfordshire County Council, Essex Social Care or Norfolk Care Connect for advice.

**RULE**

8.1.4. The Trust expects the person raising the alert to take immediate action to discuss his/her concern with a line manager, regardless of the level of concern. If a staff member does not report his/her concerns of abuse or allegations of abuse through the required channels s/he could be viewed as colluding with the abuse.
RULE
8.1.5. The person raising the alert, where possible together with his/her line manager, must then:-
- decide what is the nature of the alleged abuse
- make an immediate evaluation of the risk and, where appropriate,
  - decide whether any medical attention/examination is needed; where appropriate, a record of any physical injuries should be made using the template available in Appendix 2.
  - take steps to ensure that the adult at risk is in no immediate danger; the person raising the alert should discuss this with the relevant Safeguarding investigating team; this may involve an investigating team within HPFT or a referral to Hertfordshire County Council or to Essex Social Care or Norfolk Care Connect. This discussion should be recorded and retained by both the investigating team and the Trust.
  - take steps to ensure that the incident does not place any other adult or child at risk.

RULE
8.1.6. The staff member and/or his/her Line Manager should also consider whether the Police should be contacted where:-
- the concern involves a serious injury
- a crime may have been/is being committed

In such circumstances, it may be important to preserve evidence and the person raising the concern/line manager should refer to the guidance contained in Appendix 1.

If the Service user lacks capacity in this specific decision with regard to calling the police, a "best interests" decision should be made on their behalf (Mental Capacity Act). If the Service User does have capacity in this matter and declines to call the police, consideration must be given to contacting the police with regards to "a crime having been committed" and/or "risk to others" (Public Interest test).

If the matter is reported to the Police, the allocated Crime Number must be recorded in the notes.

RULE
8.1.7 If the person raising the alert is concerned that the alleged abuser is a member of staff or a manager, s/he should:-
- discuss this with a line manager or if the alleged perpetrator is the line manager, with a more senior manager in the service or
- contact the Safeguarding Practice Team for discussion and guidance
- contact the relevant Investigating Team or partner agency (Essex Social Care or Norfolk Care Connect) direct.

In such circumstances, the person raising the alert may also wish to refer to the Trust’s policy on “Whistleblowing Raising & Escalating Concerns” procedure.

The alleged abuser should not be informed of the allegation until the police have agreed a course of action.

Where an alert indicates that a member of staff may have caused harm, the line manager must also decide whether in line with the Trust’s disciplinary procedures, staff suspected of abusing an adult/s at risk should be suspended, removed from duty or allocated to other duties within the Trust. The Line Manager must discuss this with the HR Manager attached
to the relevant Strategic Business Unit and the decision should be informed by a risk assessment of the circumstances on a case by case basis. This also applies to volunteers who work with adults at risk within the Trust.

A risk assessment (appendix Z) should also be completed by the line manager in conjunction with HR advice.

It may also be appropriate at this stage to follow other relevant organisational reporting procedures.

**8.2 Making a record**

It is vital that a written record of any concern, incident or allegation is made as soon as possible after the information is obtained.

**RULE**

8.2.1 The person raising the alert must complete an electronic Incident Form via Datix and confirm on the form that:-

- incident details – including date & time; location; description of the incident;
- incident type, category and subcategory;
- incident level

The form should include the details, including date and time as well as name, job title, contact details of those to whom it has been circulated

**RULE**

8.2.2 The person must indicate clearly on the form that:-

- this is a safeguarding incident of possible or actual abuse;
- Whether the person raising the alert has informed the relevant Investigating Team within HPFT or made a referral to its partner agencies in Essex, Hertfordshire of Norfolk.
- Any actions taken

**RULE**

The person raising the alert should then refer the incident to the relevant Investigating team within HPFT or as appropriate the relevant partner agency in Essex, Hertfordshire or Norfolk (for learning Disability and organic mental illness in older people an alert should be raised to the Local Authority).

A list of the current HPFT internal Investigating Teams and the contact numbers of the Partner agencies in Essex, Hertfordshire and Norfolk is attached in Appendix “Z”.

**RULE**

8.2.3 In addition, the person raising the alert must make a full record as soon after as possible after any incident or disclosure that should include:

- exactly what the vulnerable adult said, using his/her own words about the abuse and how it occurred
- a description of the appearance and behaviour of the vulnerable adult
- any injuries observed; a record using Appendix 2 should be completed where appropriate.

The record should be factual; any opinion or assessment should be clearly identified as such and should be backed up by factual evidence.
Information included in the record from any other person should be clearly attributed to that person.

- For incidents which occur within Hertfordshire but relate to older adults with dementia, HPFT staff should send an alert to “See & Solve” for a decision on whether this becomes a referral for investigation by HCC

- For incidents which occur within Hertfordshire but relate to adults with a learning disability, HPFT staff should send an alert to Hertfordshire County Council

- For incidents which occur within HPFT’s Essex services, HPFT staff should send an alert to Essex Social Care, using SETSAF1

- For incidents which occur within HPFT’s Norfolk services, HPFT staff should send an alert to Norfolk Care Connect.

Following such alerts, the responsibility for deciding whether this become a referral (for safeguarding investigation) rests with HPFT’s partner agencies within Essex, Hertfordshire and Norfolk. However HPFT expects all its staff to liaise closely with and cooperate with its partner agencies and to follow the principles embedded in the best practice.

The relevant multi-agency procedures agreed with respective partner agency can be accessed via the links detailed below.

**Essex** - [http://www.essex.gov.uk/Health-Social-Care/Care-for-Adults/Documents/safeguarding%20vulnerable%20adults%20policy%20and%20procedures.pdf](http://www.essex.gov.uk/Health-Social-Care/Care-for-Adults/Documents/safeguarding%20vulnerable%20adults%20policy%20and%20procedures.pdf)


**Norfolk** - [http://www.norfolk.gov.uk/Adult_care/Keeping_safe/Safeguarding_adults/NCC115071](http://www.norfolk.gov.uk/Adult_care/Keeping_safe/Safeguarding_adults/NCC115071)

9. Safeguarding investigations which involve people with a learning disability

**RULE**

The Trust has a responsibility to ensure that all people with a learning disability access appropriate services and that they receive the best treatment available in line with good practice and legal frameworks. Therefore where any Safeguarding Adult alert and/or investigation requires the participation of a person with a learning disability, Trust staff must ensure that:

- Reasonable adjustments are made to enable the opportunity for the fullest participation possible in line with the principles of the Equality Act 2010;
- Assume that each person has capacity. If assessment shows they don’t, a decision must be made in their best interest. (Mental Capacity Act 2005)
- Everyone has a right to expect and receive appropriate healthcare. (Human Rights Act 1998)

Reasonable adjustments might include:

- asking them where and how they would prefer their involvement to be facilitated
- providing additional support to assist with communication; this support may be available via easy read material/and/or audio equipment. Templates for appointment
letters and easy read information leaflets are available via the Performance page on the intranet.

- valuing and welcoming the contribution of the individual’s relative/carer/advocate

10. Training Strategy

**STANDARD**

10.1 Trust staff must participate in the mandatory safeguarding adults training and ensure they understand how to use the procedure and their role within it.

10.2 For staff located in Hertfordshire training sessions are available via the Trust’s e-learning package and advanced training for HPFT Safeguarding Investigations booked through HCS (dates are available through Compass)

10.3 For staff located in Norfolk, via the Trust’s e-learning package and local training sessions are also provided locally in Norfolk by Stephen Morphed Associate.

10.4 For staff located in Essex, training sessions are available through e-learning and provided and local session can also be booked through the ESAB and Essex County Council

<table>
<thead>
<tr>
<th>Level of Training</th>
<th>Service</th>
<th>Staff Group</th>
<th>Training Package and/ or Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Induction:</strong> Safeguarding Children &amp; Adult Awareness</td>
<td>All operational services</td>
<td>All new operational staff, permanent &amp; temporary</td>
<td>HPFT</td>
<td>Once in employment</td>
</tr>
<tr>
<td>New staff must study this policy together with the Hertfordshire/Norfolk &amp; Essex policy during their induction period.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safeguarding Adults Awareness Hertfordshire</strong></td>
<td>All operational services</td>
<td>All operational staff, permanent &amp; temporary</td>
<td>HPFT Safeguarding Adults Awareness E-Learning</td>
<td>Every 3 years</td>
</tr>
<tr>
<td><strong>Safeguarding Adults Awareness Norfolk</strong></td>
<td>All operational services</td>
<td>All operational staff, permanent &amp; temporary</td>
<td>E-learning Stephen Morphed Associate</td>
<td>Every 3 years</td>
</tr>
<tr>
<td><strong>Safeguarding Adults Awareness Essex</strong></td>
<td>All operational services</td>
<td>All operational staff, permanent &amp; temporary</td>
<td>E-Learning programme Essex County Council</td>
<td>Every 3 years</td>
</tr>
</tbody>
</table>

The training schedule applies to all staff groups indicated whether temporary or permanent.

**RULE**

Line Managers are responsible for ensuring that staff are trained and updated as required, and must keep records of this.
Employees are responsible for attending the required training at the required intervals. Further advanced training to support the work of the investigating teams is provided by the Local Authority which is available through compass and can be booked directly through HCS Learning & Development department.

10.5 Supervision and Appraisal

**RULE**
Safeguarding issues will be discussed by every member of staff during his/her regular supervision sessions with his/her supervisor/line manager. The supervisor/line manager will be responsible for monitoring all safeguarding cases allocated to his/her supervisees, both in supervision and using Paris, the electronic patient record.

Supervisors and line managers must review their supervisees’ training and competence in safeguarding matters as part of the staff member’s annual appraisal.

11. Comments, Complaints and Compliments

All comments, compliments and complaints should be dealt with in accordance with the Trust Compliments Concerns and Complaints Policy and Procedure (see Policy document).

The policy requires all verbal or written complaints to be acknowledged within two working days with copies forwarded to the appropriate line manager and the Complaints Manager at Trust Head Office, Waverley Road, St. Albans. Comments and Compliments, once responded to, should be sent for information to the Complaints Team at Trust Head Office. Leaflets outlining the procedure are available [in each unit/clinic area].

12. Communications

In all matters relating to Safeguarding, the information service users are given should meet the individual’s communication needs especially where there are specific language and sensory communication requirements.

The HPFT guidance on Communicating with Service Users from Diverse Communities provides further information, including the procedure for the use of interpreting service.

Where there are specific cultural/religious practices which may affect the individual’s participation in the process, adults at risk and service users should be given the opportunity to discuss and agree adjustments or alternatives to facilitate their participation.

13. Records Management, Confidentiality and Access to Records

Paris is the electronic patient record used by HPFT and is being rolled out across the Trust services.

Staff are required to record all contacts with the service user on Paris.

HPFT Safeguarding Investigating Teams within Hertfordshire are responsible for completing the SafeAd form on the EPR within PARIS in relation to Safeguarding Adult matters. If difficulty arises, such as there is no access to a computer, a written note can be made in the short term in the paper light record. The SafeAd form must be completed in all cases once access is restored.
For older adults with dementia and for adults with a learning disability, HPFT staff must complete a safeguarding alert to the appropriate partner agency/ies in line with the procedure outlined above.

If the safeguarding concern relates to children, HPFT staff should make an appropriate referral using the correct forms for either a Child in Need or a Child protection matter to the appropriate Children Safeguarding authority within Essex, Hertfordshire or Norfolk.

All matters relating to service users’ health and personal affairs and matters of commercial interest to the Trust are strictly confidential and such information must not be divulged to any unauthorised person. Further guidance on sharing information in matters of Safeguarding is outlined in Section 14. below.

Requests for access to records whether by the service user or a third party including where legal access is requested, should be referred to the Team/Ward Manager or referred centrally to Head of Information Management and Compliance.

In order to provide evidence that the best possible care and treatment is given to the service users and best practice is followed, staff must follow the record management and confidentiality polices listed below:-

> Care Records Management Policy
> Clinical Information Filing Policy
> Protection & Use of Service User Information Policy
> Formal Access to Service User Records Policy
> Freedom of Information Act Policy
> Written & Electronic Communications Policy
> Corporate Records Management Policy

14. Sharing Information & Consent and Confidentiality

14.1 An adult at risk may disclose that abuse is occurring and then request that it remains confidential. This cannot ever be guaranteed. Information must still be shared with the investigating team and other relevant partner agencies, and if a crime has been committed, with the Police.

14.2 The sharing of information held by the Trust with regard to the service user/s, and if applicable, their families and carers must meet the requirements of the Data Protection Act. It is the responsibility of the Trust’s staff to ensure that in taking action under this policy they are complying with the law.

Information held by the Trust is subject to the legal “duty of confidence” and should not normally be disclosed without the consent of the person/s who have provided the information or are the subject of the information. However, the public interest in maintaining confidentiality can be overridden by the public interest to protect vulnerable persons.

Disclosure without consent in all instances, must therefore be necessary and justifiable in each case and the information disclosed must be the minimum necessary and pertinent to the identified risk to achieve the aim. If in doubt, advice should be sought from the Head of Information Management and Compliance before disclosure is made.

Due regard must be made to the fact that this may cause unnecessary delay which could have additional implications regarding why immediate action was not taken and
a dangerous delay was caused. Where a service discloses information without consent, it is responsible for ensuring that such action complies with the Data Protection Act 1998, Human Rights Act 1998 and any other legislation or guidance which is applicable to the Trust.

The reason for disclosing information without consent must be recorded on the case file.

14.3 If there are concerns regarding the individual’s capacity to consent, an assessment of capacity to consent to the sharing of information in this situation is required which meets the requirements of the Mental Capacity Act (MCA)2005.

These provide the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves.

Further information is available in the MCA Code of Practice and the Hertfordshire policy on mental capacity.

14.4 Further guidance on the release of information is given in the Trust’s Protection & Use of Service User Information Policy and Procedure & Guidelines for Sharing Information and Involvement in the Legal process of Child Protection”.

If staff have concerns they should refer to either:

- Head of Records & Access to Information for Learning Disability/CAMHS or
- Directorate Manager for Mental Health Act, Clinical Records and Administration for Mental Health services at Trust Head Office or
- the Caldicott Guardian.

RULE

14.5 When sharing and sending information the Trust expects all members of staff to ensure that the information is safeguarded during transit e.g. fax to a safe haven or password protected (via a separate email) on a secure e-mail system.

15. Health and Safety

Every employee and those persons working on behalf of the Trust have a duty to take reasonable care for the health and safety of themselves and other persons who may be affected by any acts or omissions by themselves. This is of particular relevance on occasions in matters of Safeguarding and Safeguarding Investigations.

RULE

Any risks to staff should be identified and assessed as an integral part of the Safeguarding Adults at Risk process and procedure and recorded accordingly.

This includes a duty to cooperate with the organisation so far as it is necessary to enable management to carry out its legal duties relating to health and safety matters i.e. :-

- to follow instructions and training;
- to use equipment provided for their protection;
• to report defects/damage/ health and safety concerns.

The Trust as an organisation has a duty to remedy and/or report any hazards or unsafe working practices in the immediate working area to the appropriate manager or supervisor.

16. Practice Governance

The policy and procedure for Safeguarding Adults from Abuse applies to all operational services delivered by the Trust. It therefore forms part of the duties and responsibilities of all Trust staff and its practice is monitored as part of the performance management process which oversees the Trust service delivery.

In addition, safeguarding is an agenda item on the weekly teleconference meetings chaired by the Strategic Business Unit Managing Directors & safeguarding forms part of the SBU Governance and Risk forums. Moreover, its implementation and application is supported by the Trust’s:-

• Data Quality Unit
• Contract & performance unit
• Safeguarding section.

The latter review and monitor all safeguarding alerts across the Trust directorates and ensure that regular reporting on data (both quantitative and qualitative) is provided to the Trust’s dedicated Safeguarding Committee and the Trust Executive on both a quarterly and annual basis.

These systems ensure that there is oversight of both:-

• The Service User and carer experience
• Clinical Effectiveness

17. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of ‘protected groups’ are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support.

Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

**RULE:**

Access to and provision of services must therefore take full account of the needs relating to all protected groups listed above. Care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.
Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

The Safeguarding Adults’ principles enshrine both a culture of respect as well as practices which uphold their implementation in accordance with the Equality Act 2010.

<table>
<thead>
<tr>
<th>Service user, carer and/or staff access needs (including disability)</th>
<th>In the Safeguarding procedures, Trust staff have a duty to address how the needs of people with disabilities and differing communication needs are to be met, including making appropriate adjustments to facilitate their participation including any communication needs, use of interpreters, location of interviews, active involvement of advocates or representatives. However, in Hertfordshire, where the adult at risk is either an older adult with a diagnosis of dementia or an adult with a learning disability, or for services in Essex and Norfolk, the Trust is contracted to refer the matter for investigation by the relevant partner agencies, as described in the procedure. HPFT staff would facilitate and support partner agencies to ensure equality of access to all services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>As above, the procedure requires staff to involve the adult/s at risk and/or their representatives/advocates where appropriate in the investigation process. This includes interviews and attendance at strategy meetings.</td>
</tr>
<tr>
<td>Relationships &amp; Sexual Orientation</td>
<td>As above, the procedure requires staff to take into consideration the particular needs and circumstances of the adult/s at risk and/or their representatives/advocates and to act in accordance with the Safeguarding Adults Principles. As with all Trust processes and services, staff have a duty to challenge any discrimination they might encounter in any agency on any grounds, including sexuality, culture &amp; ethnicity, gender or gender reassignment.</td>
</tr>
<tr>
<td>Culture &amp; Ethnicity</td>
<td>As above, the procedure requires staff to take into consideration the particular needs and circumstances of the adult/s at risk and/or their representatives/advocates and to act in accordance with the Safeguarding Adults Principles. As with all Trust processes and services, staff have a duty to challenge any discrimination they might encounter in any agency on any grounds, including sexuality, culture &amp; ethnicity, gender or gender reassignment.</td>
</tr>
<tr>
<td>Spirituality</td>
<td>As above, the procedure requires staff to take into consideration the particular needs and circumstances of the adult/s at risk and/or their representatives/advocates and to act in accordance with the Safeguarding Adults Principles. As with all Trust processes and services, staff have a duty to respect the spiritual beliefs of all its service users and to challenge any discrimination they might encounter on such grounds. In seeking to support adults at risk, consideration would be given where appropriate to involve a chaplain or spiritual care visitor as a representative or advocate.</td>
</tr>
<tr>
<td>Age</td>
<td>The Safeguarding Adults process takes into account the needs of the adult at risk. However, in Essex and Norfolk and in Hertfordshire where the adult at risk is an older adult with a diagnosis of dementia, or with a learning disability, the Trust is contracted to refer the matter for investigation by the relevant partner agency, as described in the procedure.</td>
</tr>
<tr>
<td>Gender &amp; Gender</td>
<td>As above, the procedure requires staff to take into consideration the</td>
</tr>
</tbody>
</table>
Reassignment
particular needs and circumstances of the adult/s at risk and/or their representatives/advocates and to act in accordance with the Safeguarding Adults Principles. The procedure takes into account the particular needs and wishes of the individual in how s/he wishes to be involved in the process. As with all Trust processes and services, staff have a duty to challenge any discrimination they might encounter in any agency on any grounds, including sexuality, culture & ethnicity, gender or gender reassignment.

Advancing equality of opportunity
As above the Safeguarding Adults process requires the Investigating Team Manager/Officer to ensure feedback from the adult/s at risk of his/her experience of the process. This is in addition to :-
- the usual feedback processes for service users/carers in “Having Your Say” and for staff in the staff survey;
- the more formal monitoring of the process, including the Safeguarding Adults Committee; Performance reviews;

18. Process for monitoring compliance with this document –
This policy will be reviewed and monitored as outlined in Section 16 above in order to meet the Standards which pertain to the policy. In addition, the policy will be reviewed in line with the Hertfordshire Safeguarding Adults Board standards.

<table>
<thead>
<tr>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action:</td>
</tr>
<tr>
<td>Agenda item on weekly operational teleconference</td>
</tr>
<tr>
<td>Monitor Safeguarding DATIX incidents</td>
</tr>
<tr>
<td>Match safeguarding DATIX reports against Safead Forms on PARIS</td>
</tr>
<tr>
<td>Gather information</td>
</tr>
</tbody>
</table>
## 19 Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>June 2004</td>
<td>Practice Standards Facilitator</td>
<td>Superseded</td>
<td>Archived</td>
</tr>
<tr>
<td>V2</td>
<td>January 2008</td>
<td>Practice Standards Facilitator</td>
<td>Superseded</td>
<td>Archived</td>
</tr>
<tr>
<td>V3</td>
<td>September 2008</td>
<td>Safeguarding Adults Manager</td>
<td>Superseded</td>
<td>Approved LNSG 17/7/08 and Trust Executive 19/8/08</td>
</tr>
<tr>
<td>V3.1</td>
<td>September 2008 (updated 4.09)</td>
<td>Safeguarding Adults Manager</td>
<td>Superseded</td>
<td>Updated with revised templates for Strategy Meetings</td>
</tr>
<tr>
<td>V4</td>
<td>April 2010</td>
<td>Safeguarding Adults Manager</td>
<td>Superseded</td>
<td></td>
</tr>
<tr>
<td>V4.1</td>
<td>November 2011</td>
<td>Safeguarding Adults Manager</td>
<td>Superseded</td>
<td>Extended review date – approved by Oliver Shanley</td>
</tr>
<tr>
<td>V5</td>
<td>25th April 2012</td>
<td>Head of Social Work and Safeguarding</td>
<td>Superseded</td>
<td>Updated to reflect DH Guidance and revised Herts/NE Interagency procedures and revised flowcharts</td>
</tr>
<tr>
<td>V6</td>
<td>28th April 2014</td>
<td>Head of Social Work and Safeguarding</td>
<td>Superseded</td>
<td>Full review</td>
</tr>
<tr>
<td>V6.1</td>
<td>1st May 2015</td>
<td>Head of Social Work and Safeguarding</td>
<td>Current</td>
<td>Updated for Care Act 2014</td>
</tr>
</tbody>
</table>

## 20. Archiving Arrangements

**STANDARD:** All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet.

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

## 21. Associated Documents

**STANDARD**

- All Policies linked with the related Safeguarding Adults from Abuse training
22. Supporting References

STANDARD

- Prevent Strategy: Home Office June 2011
- Equalities Act 2010
- Mental Capacity Act 2005 and Hertfordshire Policy on Mental Capacity 2007 and Deprivation of Liberty Safeguards
- Mental Health Act 1983 (Revised 2007)
- Mental Health Act Manual 2013
- Safeguarding Vulnerable Groups Act 2006
- NHS Act 2006
- NHS Outcomes Framework 2010/11: DH 2010
- Equity & Excellence: Liberating the NHS: DH 2010

23. Comments and Feedback – List people/groups involved in developing the Policy.

STANDARD

<table>
<thead>
<tr>
<th>Executive Director Quality &amp; Safety</th>
<th>Practice Governance Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heads of Profession</td>
<td>Lead Nurses</td>
</tr>
<tr>
<td>Managing Directors</td>
<td>Service Line Leader – North Essex</td>
</tr>
<tr>
<td>Safeguarding Strategy Group</td>
<td>Service Line Leader - Norfolk</td>
</tr>
<tr>
<td>Risk Management Department</td>
<td>Safeguarding Practice Leads Group</td>
</tr>
<tr>
<td>Hertfordshire Community Services – Head of Adult Safeguarding</td>
<td>CCG Head of Adult Safeguarding</td>
</tr>
<tr>
<td>HPFT Safeguarding Investigating Team Managers</td>
<td>Consultant &amp; Senior Social Workers</td>
</tr>
</tbody>
</table>
Appendix 1 - Guidance for the Preservation of Evidence
Appendix 2 – Record of Physical Injury
Appendix 3a - Safeguarding Adults–Strategy Meeting Agenda
Appendix 3b - Safeguarding Adults–Strategy Meeting/Discussion Minutes
Appendix 3c - Safeguarding Adults- Case Conference Minutes
Appendix 4 Making a Witness Statement
Appendix 5a - Action for Professional to take when a forced marriage (FM) victim presents
Appendix 5b - Checklist for responding to a Victim or Potential Victim of Forced Marriage
Appendix 5c - Basic first steps for Forced Marriage (FM) Specialist responding to Adult Victims' Immediate Needs
Guidance for the Preservation of Evidence

Physical Abuse-
- Do not tidy the room/ environment.
- Record location, colour, size and shape of injuries/ bruising and where on the body.
- Arrange for medical examination

Sexual Abuse-
- To preserve evidence the alleged victim should be encouraged not wash, bath or shower.
- Preserve the alleged victims’ clothes.
- In inpatient units discuss with the responsible/on-call duty Medical Officer re: separation/ transfer of service users if necessary.

Financial/material-
- Do not make any changes to financial records.
- Record the nature of the alleged financial abuse within appropriate records.

Neglect and Acts of Omission
- Record in detail in the care records.
- Record witness statements and ensure they are signed.
- If the perpetrator is a staff member take advice from Human Resources and Managers then invoke the disciplinary policy.

Discriminatory
- Record the nature of discrimination within appropriate records.
- Record witness statements.
- Record who was involved.
Record of Physical Injuries

Name: ___________________________  DOB: ___________________________

Record any signs of injury on a body chart

NAME OF PERSON COMPLETING REPORT ___________________________________

SIGNATURE OF PERSON ________________________________________________________________________ DATE _______

SIGNATURE OF MEDICAL OFFICER __________________________________________ DATE _______

(A copy of this form is to be attached to the untoward incident form and original to be filed in service users care record)
**SAFEGUARDING ADULTS - STRATEGY MEETING**

**AGENDA**

1. **Introductions, roles of attendees, completed signing in sheet & apologies, name lead investigator and lead manager (including contact details)**

2. **Outline purpose of meeting**

3. **Information on any previous allegations/concerns (if any)**

4. **Overview of the details of the investigation including:**
   - Date and location of allegation
   - Methodology, findings and outcomes initial investigation
   - Capacity of alleged victim, is MCA capacity assessment needed? Is a referral to IMCA needed?
   - Details of the alleged abuser
   - Review of initial risk assessment and risk management plan and identify any outstanding actions
   - Description of allegations/concerns including balance of probability (substantiated, partially substantiated and unsubstantiated allegations) and date and location of allegation

5. **Review of any actions taken from last meeting (if applicable)**

6. **Information and/or known views of the alleged victim(s), family member(s), carer(s) and/or advocate**

7. **Information and/or known views of professionals, submission of reports and/or any other information relevant to this case**

8. **Any new allegations/issues since the last strategy meeting (if applicable)**

9. **Identify need for further strategy meeting(s):** -
   - Case is unresolved: further action / investigation required
   - Criminal investigation / Prosecution
   - Staff disciplinary issues
   - Contractual action: Provider of Services
   - Regulatory action: CSCI and/or Health Care Commission or others
   - Submission of any other new information relevant to this case

10. **Are any other adults at risk at risk? Should a Serious Concerns Meeting be held?**
### 11. Decision on Whether to Reconvene Strategy Meeting –

<table>
<thead>
<tr>
<th>Decision – To proceed with reconvened meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Agree what information can/cannot be shared outside of the meeting,</td>
</tr>
<tr>
<td>• Agree who should be invited to the next meeting</td>
</tr>
<tr>
<td>• Agree and set date for next meeting</td>
</tr>
<tr>
<td>• Action plan for managing ongoing investigation (this must include timescales, name, title and agency of person responsible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision - To NOT proceed with reconvened meeting should be based on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Risk analysis</td>
</tr>
<tr>
<td>• Strengths and weaknesses from background information</td>
</tr>
<tr>
<td>• Conclusions: balance of probability, including conclusions of any substantiated or partially substantiated allegations</td>
</tr>
<tr>
<td>• Is abuse likely to occur in the future</td>
</tr>
</tbody>
</table>

**Actions**

- Appoint Key Worker and identify those who will have responsibility for implementing Safeguarding Adults Risk Assessment & Protection Plan/Outcome or Care Plan and Review
- Agree further review date – 3 months from Safeguarding Strategy Meeting

### 12. Feedback to referrer, alleged victim(s), relative(s), carer(s), advocate, alleged perpetrator or others identified

### 13. Distribute minutes to those present at the meeting and others as appropriate and/or agreed
## SAFEGUARDING ADULTS
### STRATEGY MEETING/DISCUSSION

### MEETING MINUTES – CONFIDENTIAL

<table>
<thead>
<tr>
<th>Name and address of alleged victim:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Location of meeting:</td>
<td>Chair:</td>
</tr>
</tbody>
</table>

### Attended by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
</table>

### Invited but unable to attend:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lead Manager from Investigating Team:</th>
<th></th>
</tr>
</thead>
</table>

### Description of the allegation/concern (copies of the SAFA alert form and other reports to be distributed)

<table>
<thead>
<tr>
<th>Initial Allegation Details</th>
<th>Nature of the alleged abuse?</th>
<th>Date &amp; Time of the alleged abuse?</th>
<th>Location of the alleged abuse?</th>
<th>Details of Establishment or Location</th>
<th>Previously referred?</th>
</tr>
</thead>
</table>

### Details of initial protection plan:
<table>
<thead>
<tr>
<th>Details of action</th>
<th>To be completed by:</th>
<th>When by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on investigation if it has already started</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there other adults at risk at risk?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of alleged abuser:</th>
<th>Name</th>
<th>DOB</th>
<th>Approx Age</th>
<th>Details of Address</th>
<th>Relationship of the alleged abuser?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Alleged Perpetrator - Vetting & barring | | | |
|----------------------------------------| | | |
| If alleged perpetrator is a vulnerable adult:- Responses to meet needs: | | | |
| Details of previous allegations or investigations | | | |
| Information/views of those involved with the vulnerable adult | | | |
| Information/views of alleged victim and or family carers, and or advocate. | | | |

<table>
<thead>
<tr>
<th>Further Information on alleged victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk assessment and risk management plan: review initial</td>
</tr>
</tbody>
</table>

Page 43
risk assessment, reassess and update as required

<table>
<thead>
<tr>
<th>Mental Capacity: consider and identify relevant areas of capacity that may require assessment. Refer to IMCA if needed.</th>
<th>Is MCA capacity assessment needed:</th>
<th>Is a referral to IMCA needed:</th>
<th>Reason for decision:</th>
</tr>
</thead>
</table>

### Conclusion/findings to date

<table>
<thead>
<tr>
<th>At this stage are the allegations / concerns …</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Should an investigation take place/be continued?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>To be Completed by:</th>
<th>Date to be completed by:</th>
</tr>
</thead>
</table>

### Decision to Investigate/continue investigation (Delete Section as appropriate)

<table>
<thead>
<tr>
<th>Has it been agreed that information can be shared with the alleged victim and family / carers:</th>
<th>Give details of the information to be shared / not to be shared</th>
</tr>
</thead>
</table>

### Additional individuals required to attend Reconvened Safeguarding Adults Meetings:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Priority</th>
<th>Comments</th>
</tr>
</thead>
</table>

---
<table>
<thead>
<tr>
<th>Please give details of what information can / can not be shared outside of the meeting and who should receive the minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed date of next meeting</td>
</tr>
</tbody>
</table>

**Decision to not investigate/ proceed with reconvened meeting** *(Delete Section as appropriate)*

<table>
<thead>
<tr>
<th>Reasons for not investigating allegations / concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider ongoing risks to alleged victim (if any)</td>
</tr>
<tr>
<td>Consider assessment / re-assessment and care planning for alleged victim</td>
</tr>
<tr>
<td>Date of SAFA review for the alleged victim, within 3 months of the final strategy meeting:</td>
</tr>
</tbody>
</table>
## MEETING MINUTES – CONFIDENTIAL

### Name and address of alleged victim:

### Date and Location of meeting:

**Chair:**

### Attended by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Invited but unable to attend:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Lead Manager from Investigating Team:

### Description of the allegation/concern

*copies of the SAFA alert form and other reports to be distributed*

### Initial Allegation Details

<table>
<thead>
<tr>
<th>Nature of the alleged abuse?</th>
<th>Date &amp; Time</th>
<th>Location of the alleged abuse?</th>
<th>Details of Establishment or Location</th>
<th>Previously referred?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Details of initial protection plan:

<table>
<thead>
<tr>
<th>Details of action</th>
<th>To be completed by:</th>
<th>When by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Information on investigation if it has already

---

*Appendix 3c*
**Progress of investigation:**

**Review of Actions & Action Plan:**

**Are there other adults at risk at risk?**

<table>
<thead>
<tr>
<th>Details of alleged abuser:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Alleged Perpetrator - Vetting & barring**

If alleged perpetrator is a vulnerable adult:-
Responses to meet needs:
Details of previous allegations or investigations

Information/views of those involved with the vulnerable adult
Information/views of alleged victim and or family carers, and or advocate.

**Further Information on alleged victim**

Risk assessment and risk management plan: review initial
<table>
<thead>
<tr>
<th>Mental Capacity:</th>
<th>Is MCA capacity assessment needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a referral to IMCA needed:</td>
<td></td>
</tr>
<tr>
<td>Reason for decision:</td>
<td></td>
</tr>
</tbody>
</table>

## Conclusion/findings to date

### At this stage are the allegations / concerns ...

<table>
<thead>
<tr>
<th>Should an investigation take place/be continued?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

## Action Plan

**SAFA Action Plan** (to include the investigation and a protection plan for the alleged victim): to be completed at the strategy meeting detailing actions with timescales and the name of the individuals/organisation responsible. The plan should state who will be the lead investigator and identify who will be the coordinator from the investigating team.

<table>
<thead>
<tr>
<th>Action</th>
<th>To be Completed by:</th>
<th>Date to be completed by:</th>
</tr>
</thead>
</table>

## Decision to Investigate/continue investigation *(Delete Section as appropriate)*

**Has it been agreed that information can be shared with the alleged victim and family / carers:**

Give details of the information to be shared / not to be shared.

## Additional individuals required to attend Reconvened Safeguarding Adults Meetings:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give details of what information can / can not be shared outside of the meeting and who should receive the minutes</td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreed date of next meeting</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision to not investigate/ proceed with reconvened meeting <em>(Delete Section as appropriate)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for not investigating allegations / concerns</td>
</tr>
<tr>
<td>Consider ongoing risks to alleged victim (if any)</td>
</tr>
<tr>
<td>Consider assessment / re-assessment and care planning for alleged victim</td>
</tr>
<tr>
<td>Date of SAFA review for the alleged victim, within 3 months of the final strategy meeting:</td>
</tr>
</tbody>
</table>
**MAKING A WITNESS STATEMENT**

**Guidelines for Staff**

There are many circumstances in which you may be called upon to provide a written statement, please use the following guidelines when preparing a witness statement:-

a) For the Coroner, after a death has been referred to him  
b) Following an accident/untoward incident or complaint  
c) In response to a claim of clinical negligence – report to solicitors.  
d) In relation to a disclosure or allegation of abuse/neglect

The report should be directed to the purpose for which it is required, it is therefore important that you recognise what type of statement you are being required to give.

You must assume that the reader knows nothing of the facts of the case, of the service user’s medical history or Trust procedures. The statement will thus form a story, which will tell a lay person the circumstances of the facts as you remember them. Avoid jargon and abbreviation.

In all cases the aim of a witness statement is to preserve the information that is NOT apparent from the case notes, in a form that can be given in evidence should the witness not be available for investigation, inquest or trial.

The following guidelines should guide the preparation of all witness statements:-

The statement should be objective, without criticism and non judgmental. Include facts, not opinions.

1. Write down your full name, place of work address and brief CV details, e.g. your current job, grade, and specialty.  
2. State the purpose for which the statement has been requested and by whom i.e. court proceedings, care proceedings, inquest, investigation  
3. Remind yourself of the case through a careful reading of the relevant medical, paramedical and/or nursing notes and state what documents have been reviewed in preparation of your statement. You may need to mention which medical records you had access to when you wrote your statement.  
4. Write a narrative, a sequential log of events, which reflects precisely what you recall. What you did and did not do, whom you spoke to, who you called, and at what stage you ceased to be involved in the case. Put events in order in which they happened giving precise dates and times.  
5. Depending on your position and the purpose for which the statement has been requested it may be appropriate to include history of presenting condition, relevant medical history, clinical condition found on examination, diagnosis and treatment given and over what period. It may also be helpful to include final outcome of care episode and date discharged, as well as future treatment and prognosis.
6. If you discover any inaccuracies in the service user's record then explain these as part of the statement and prepare an amendment note for the patient's notes, which must be signed and dated.

UNDER NO CIRCUMSTANCES ALTER WRITTEN RECORDS AFTER THE EVENT.

7. Write reasons for your actions and omissions.
8. Do not include hearsay or opinion comment, stick to the FACTS.
9. Your statement should be written in the first person i.e. “I was asked by Staff Nurse Jane Smith to record Mr Green's blood pressure”.
10. The final paragraph of your statement should read: “This statement is true to the best of my knowledge and belief”.
11. When you are happy with your statement then sign and date it. You should also print your full name and job title.
12. Use good quality A4 paper. Do not use scraps of paper, pages from notepads, medical records sheet, or the backs of documents designed for other purposes.
13. Though desirable, it is not necessary for your statement to be typed. If hand written, ensure that it is legible and is written in a pen that will permit photocopying. Use only one side of each page, wide margins and double line spacing are recommended.
14. Each page should be numbered consecutively and it is helpful if each page is headed with a reference to the service user/incident.
15. Do not UNDER ANY CIRCUMSTANCES store the statement in the service user's record.
16. Witness statements should be written as near (in time) to the event as possible, to reduce the risk of memory loss. Do not delay when asked to prepare a statement.

If you need help or advice in writing a statement ask your manager or contact the Risk Management Department.

When you have written your statement ask a senior colleague to read it through and approve it.

Keep a copy of your signed statement in a safe place.

Inquest\guidance\witness statement guidelines.doc
STATEMENT FOR: _____________________________ relating to:

<table>
<thead>
<tr>
<th>Name of Service User</th>
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<tr>
<th>Address</th>
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<tr>
<th>Date of Birth</th>
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<tr>
<th>Name of Witness</th>
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<tr>
<th>Place of Work</th>
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<thead>
<tr>
<th>Job Title</th>
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<tr>
<th>Grade (Band)</th>
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<tr>
<th>Date of Incident/disclosure/allegation</th>
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</table>

Witness Statement:

This statement refers to the following records

This statement is true to the best of my knowledge and belief

Signed by:

Title:

Date:
Appendix 5a

Action for professionals to take when a forced marriage (FM) victim presents

Deal in a confidential manner

Person reports FM due to happen to them. Refer to Checklist for Responding to a Victim or Potential Victim of Forced Marriage.

Is there risk of immediate harm?

YES

Call police on 999

No

Do child protection or adult at risk procedures apply? www.hertsdirect.org/services/healthsocsafe

YES

Continue with safeguarding referral

No

Call police on 101
Basic First Steps for Forced Marriage (FM) Specialist Responding to Adult Victims’ Immediate Needs - For Children, Apply Protection Procedures

Victim presented to FM specialist

Do they need safe accommodation?

YES

Explain process for obtaining and using safe accommodation

NO

Record safe contact details

Set up safety measures for that person

Consider recommending they change their mobile phone (see Forced Marriage A Survivors Handbook; page 11)

Contact: UK Border Agency
- [website]
- [website]
- [website]

NB: Without, not eligible for housing

Contact and advise:
- Southall Black Sisters: 0208 571 9595
- Forced Marriage Unit: 0207 086 1311, out of hours - 0207 058 3500
- Citizens Advice Bureau: 0844 4111 444
- National DV Helpline: 0808 2000 247

National DV helpline: 0808 2000 247
Hertfordshire DA helpline: 08 800 800 808
Consider recommending they change their mobile phone (see Forced Marriage A Survivors Handbook; page 12)

British National

Foreign National

See Multi-Agency Practice Guidelines; page 95

Contact: Shelter: 0808 800 4444 for money advice related to housing
Herts Help (Herts Welfare Assistance Scheme) 0900 123 4044
Homeless Persons Unit, Local Authority
Citizens Advice Bureau: 08444 111 444
National DV helpline: 0808 2000 247

REMEMBER:
- Multi-Agency Risk Assessment Conference
Herts.marcs@victimsupport.jasmine.net
- To consider adult atrisk procedures and for children, child protection procedures

County Community Safety Unit
First Steps in all Cases – Checklist for Responding to a Victim or a Potential Victim of Forced Marriage

In all cases a risk assessment must be completed. Organisations may have their own risk assessments, however, there are some tools for your use specific to domestic abuse and honour based abuse available via the CAADA website: http://www.caada.org.uk/

FIRST STEPS IN ALL CASES:
- See them immediately in a secure and private place where the conversation cannot be overheard (section 3.4)
- See them on their own – even if they attend with others
- Conduct a risk assessment
- Explain all the options to them (section 3.5)
- Recognise and respect their wishes
- Contact, as soon as possible, a trained specialist who has responsibility for forced marriage
- If the young person is under 18 years of age, refer them to the designated person with responsibility for safeguarding children and activate local safeguarding procedures
- If the person is an adult with support needs, refer them to the person with responsibility for safeguarding vulnerable adults
- Reassure them about confidentiality i.e. practitioners will not inform their family
- Establish a way of contacting them discreetly in the future (section 3.6)
- Obtain full details to pass on to the trained specialist
- Consider the need for immediate protection and placement away from the family.

DO NOT:
- Send them away
- Approach members of their family or the community unless they expressly ask you to do so
- Share information with anyone without their express consent (section 3.3 & 3.7)
- Breach confidentiality (except as set out in section 3.7)
- Attempt to be a mediator (section 3.10).

ADDITIONAL STEPS:
- Give them, where possible, the choice of the ethnicity and gender of the specialist who deals with their case
- Inform them of their right to seek legal advice and representation
- If necessary, record any injuries and arrange a medical examination (section 3.8)
- Give them personal safety advice (section 3.11)
- Develop a safety plan in case they are seen i.e. prepare another reason why you are meeting
- Establish if there is a family history of forced marriage, e.g. siblings forced to marry. Other indicators may include domestic violence, self-harm, suicide and attempt suicide, family disputes, unreasonable restrictions (e.g. withdrawal from education or "house arrest") or missing persons within the family.
- Advise them not to travel overseas. Discuss the difficulties they may face (section 2.10)
- Identify any potential criminal offences and refer to the police if appropriate
- Give them advice on what services or support they should expect and from whom
- Ensure that they have the contact details for the trained specialist
- Maintain a full record of the decisions made and the reason for those decisions
- Information from case files and database files should be kept strictly confidential and preferably be restricted to named members of staff only
- Refer them, with their consent, to appropriate local and national support groups, counseling services and women’s groups that have a history of working with survivors of domestic abuse and forced marriage (page 100)

The Home Office multi-agency guidelines for police, children and adult social care, health, housing and education professionals, from which the above is taken, is available online (Home multi-agency practice guidelines: Handling Cases of Forced Marriage). Checklist published by County Community Safety Unit, March 2014
Care Act 2014 - Addendum

This HPFT policy which has not yet been updated in line with the requirements of the Care Act should be utilised in line with the key principles of the Care Act 2014 as highlighted below.

Introduction
The Care Act 2014 builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Part one of the Act (and its Statutory Guidance) consolidates and modernises the framework of care and support law; it set out new duties for local authorities and partners, and new rights for service users and carers

What does the Act aim to achieve?

<p>| Assessment, including carers | Understand how the process works, be able to explain it to people seeking care and support, and guide them to their local authority. |
| Wellbeing | New statutory principle of individual wellbeing –(physical, mental and emotional of Client and Carer) underpins the Act, and is the driving force behind care and support. |
| Prevention | Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people |
| Information, advice and advocacy | The Act places a duty on local authorities to ensure that information and advice on care and support is available to all and when they need it. Independent advocacy must also be arranged if a person would otherwise be unable to participate in, or understand, the care and support system. |
| Integration | The Act includes a statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities e.g. health and housing. It also requires seamless transitions for young people moving to adult social care services. |
| National eligibility criteria | Understand the criteria, be able to explain it to people seeking care and support, and guide them to their local authority. |</p>
<table>
<thead>
<tr>
<th>Our Values</th>
<th>we are...</th>
<th>you feel...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming</td>
<td>Valued as an individual</td>
<td></td>
</tr>
<tr>
<td>Kind</td>
<td>Cared for</td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>Supported and included</td>
<td></td>
</tr>
<tr>
<td>Respectful</td>
<td>Listened to and heard</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>Safe and confident</td>
<td></td>
</tr>
</tbody>
</table>