

CLINICAL POLICY

Safeguarding Adults Policy and Procedure

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Policy Number	CLP101
Version:	V2.2
Purpose:	All staff have a duty to safeguard and promote the welfare of children, young people and adults at risk of abuse and/or neglect. This policy describes and the Trusts approach to safeguarding Adults.
Consultation:	Clinical Policy Consultation Group
Approved by:	Clinical Policy Group / Quality Assurance Group
Date approved:	Clinical Policy Group: 01/11/2022 / Quality Assurance Group: 18/11/2022
Author / Reviewer:	Reviewed by: Ann Thummler
Date issued:	08/12/2022
Review date:	01/12/2025
Audience:	All staff within the Trust in Gloucestershire
Dissemination:	This policy will be available on the Trust intranet under Clinical Policies
Impact Assessments:	This policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date	Reason for Change
V1	01/10/2019	Combined policy for GHC Trust authored by Alison Feher
V2	08/12/2022	Removal of Herefordshire references and updated Ann Thummler
V2.1	17/11/2023	Guidance from NHS England regarding Sexual Safety Charter September 2023
V2.2	22/11/2024	Changes made to reflect new IUC service which may encounter people living and experiencing abuse or neglect outside Gloucestershire. Changes confirm that staff working for the

		service are covered by this policy and reflect the possible need to make referrals to other local authorities – updated by Paul Gray
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SUMMARY

Everyone has the right to live free from abuse and neglect. All staff have a duty to safeguard and promote the welfare of children, young people and adults at risk of abuse and/or neglect. This policy describes and supports the Trust’s approach to safeguarding adults. It is informed by the Multi-agency Policy and Procedures for the Protection of Adults with Care and Support Needs in Gloucestershire (GSAB 2022).

Safeguarding is core business for all staff in the Trust. Everyone must play their part in providing high quality care and in raising concerns properly when they arise. Safeguarding is not just about reacting when things have gone wrong but is about preventing harm occurring. Large scale reviews like the Francis Report 2013 and Winterbourne Hospital Review published in 2012 are significant examples of how service users and families can suffer when safeguarding matters are not addressed in care settings.

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ABBREVIATIONS

<i>Abbreviation</i>	<i>Full Description</i>
GHC	Gloucestershire Health and Care NHS Foundation Trust
ASC	Adult Social Care
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
GCC	Gloucestershire County Council
GSAB	Gloucestershire Safeguarding Adults Board
GSCP	Gloucestershire Safeguarding Children Partnership
HR	Human Resources
LA	Local Authority
MSP	Making Safeguarding Personal

SAFEGUARDING ADULTS POLICY ACTION CARD

TITLE – Adult Safeguarding Concerns: Responding and Reporting

FOR USE BY: All GHC staff

LIAISES WITH: Safeguarding Team 0300 421 6969

Rationale: Safeguarding is everyone's business. If you have reasonable cause to suspect or know of the abuse/neglect or self-neglect for an adult with care and support needs:

STEP 1

- Identify and manage any immediate risks to the adult or other adults at risk or to children including any need to call emergency services. Be clear on what the abuse is.
- Identify if a crime has been committed and if you need to report to the police.

STEP 2

- Unless it is unsafe to do so, speak to the adult about your concerns and about any actions you are going to take.
- Establish if the person has capacity to consent to a safeguarding referral.
- If they lack capacity regarding the safeguarding referral, follow the Best Interest's process.
- If they have capacity but decline a referral, discuss this with your line manager or the safeguarding team (advice line **0300 421 6969**).
- **If the risk of harm is high or imminent, others are at risk or children are at risk, you can make a referral without consent.**
- Clearly document your rationale in the clinical notes.
- Regardless of mental capacity, always attempt to establish what the person's views and wishes are; what do they want to happen?

STEP 3

- Complete the referral form [Adult Social Care Safeguarding Adults Referral Form | New Adult Social Care Safeguarding Adults Referral Form – Gloucestershire Forms](#) or call **Adult Helpdesk for adults 01452 426868** (complete form later and save copy to patient record). Please add the **GCC Reference number of referral to the patient record**.
- For out of hours referrals by phone **EDT - 01452 614196** (complete the referral form later).
- Make any necessary safeguarding alerts for children at risk of harm [Multi-Agency Safeguarding Hub \(MASH\) and Community Social Work Team - Gloucestershire Safeguarding Children Partnership 01452 426565](#).
- If the alleged abuse or neglect has taken place outside of Gloucestershire, please make a referral to the relevant local authority where the abuse or neglect took place.

STEP 4

SystemOne:

- Complete the new Safeguarding Adult Template.

RiO or other systems:

- Document in the adult's notes using the Adult Safeguarding Concern Proforma: [Adult Safeguarding Concern Proforma - Interact \(ghc.nhs.uk\)](#).
- Activate any safeguarding alerts on the patient electronic recording system in use.
- Notify GHC safeguarding team of the referral [Safeguarding referrals update - Interact \(ghc.nhs.uk\)](#).
- Communicate with other parties involved as indicated (aim to do so with consent).
- If the abuse involves a person in a position of trust follow the necessary guidelines [Managing Allegations against Professionals who work with Children and Adults \(Clinical Policy CLP152\) - Interact \(ghc.nhs.uk\)](#).
- Consider need for advocacy for the adult.

STEP 5

- Follow up your referral in 5 working days and document the decision. Consider the escalation process if you disagree with the decision [gsab-escalation-protocol-jan-2022.pdf \(gloucestershire.gov.uk\)](#).

1. INTRODUCTION

Safeguarding responsibilities are enshrined in international law as well as national law. All health organisations are required to adhere to the legislation. The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs who are at risk of, or are experiencing, abuse or neglect. NHS organisations have a duty to cooperate with the local authority under the Care Act (2014). Safeguarding is a multi-agency function and staff must work in a collaborative way with service users, families, carers and agencies to best support and protect adults at risk.

This policy is founded on the principles that underpin the Care Act (2014); those of promoting wellbeing, always keeping adults who need safeguarding at the centre and making safeguarding personal to each individual.

Making Safeguarding Personal (MSP) is a culture of practice and seeks to promote choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process. 'No decision about me without me'.

These six key principles are to be reflected in all adult safeguarding work:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

All health organisations are required to adhere to the legislation and arrangements from the following:

The Care Act 2014

Care Act and Statutory Guidance Section 14 Safeguarding

Mental Capacity Act 2005

Mental Capacity (Amendment Act) 2019

Human Rights Act 1998

European Convention on Human Rights

The Crime and Disorder Act 1998

Female Genital Mutilation Act 2003

Sexual Offences Act 2003

Convention on the Rights of Persons with Disabilities 2006

Mental Health Act 2007

Children and Families Act 2014

Modern Slavery Act 2015

Serious Crime Act 2015

Domestic Abuse Act 2021

Prevent Duty 2015.

2. PURPOSE

The purpose of this policy is to describe and facilitate high quality adult safeguarding practice.

This policy is to be read in conjunction with the multi-agency Safeguarding Adults Policy and Procedures for Gloucestershire. These multi-agency policies outline the specific steps staff should follow to identify, report and respond to an Adult Safeguarding concern.

This policy also includes a recognition and need that staff must work to the principles and key lines of enquiry of the CQC Quality Standards Framework.

- Safe
- Effective
- Caring
- Responsive
- Well led.

3. SCOPE

This policy applies to all staff within the Trust in Gloucestershire including those from subcontracted services (who for the purposes of this policy will be included in any reference to staff), all of whom have a duty to abide by and promote the use of this policy. An adult is someone who is aged 18 and over.

4. DUTIES

4.1 General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy.
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent comply with the Mental Capacity Act (2005).

4.2 Roles and Responsibilities Specific to this Policy

All staff are expected to adhere to this policy and must be familiar with referral procedures for the

protection of adults at risk and children. All staff must be aware of how to identify, raise and escalate safeguarding concerns directly or to report accordingly to their line manager.

The Head of Safeguarding and Named Leads, will be responsible for ensuring that the organisation operates this policy and for reporting allegations against a person on a position of trust to the respective local authorities for children and adults.

Line managers have responsibility for ensuring their staff are up to date with mandatory safeguarding training at the required level for their role and meet requirements for supervision as per Trust policy.

Managers of mental health services working with adults of working age in the community should attend level 4 safeguarding adults training in order to support their teams to undertake enquires as directed by the local authority under the Care Act 2014.

Oversight from the Local Authority (Gloucestershire County Council – GCC) extends across safeguarding activity within all agencies and organisations in Gloucestershire. The Local Authority, under the Care Act, can cause a safeguarding enquiry to be made by another organisation and challenge that organisation if they believe the outcome is unsatisfactory.

Gloucestershire Safeguarding Adult Board (GSAB) has responsibility to ensure that local safeguarding arrangements and partners act to protect adults at risk (section 43 Care Act 2014 requires each local authority to have a Safeguarding Adults Board - SAB). The GSAB requires the Integrated Care Board (ICB) and Police force to be represented on the board.

5. POLICY DETAIL

The Care Act 2014 (s.42) (1) defines an adult at risk of abuse or neglect if the following applies:

- 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 himself or herself against the abuse or neglect or the risk of it.

“Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. Care and support include assessment of needs, provision of services, and the allocation of funds to enable the person to purchase their own care and support”¹

5.1 Safeguarding ‘S’ and safeguarding ‘s’

The word ‘safeguarding’ can be interpreted in different ways, and this can create some confusion. ‘Safeguarding’ can mean two things; a formal safeguarding response under section 42 of the Care Act, or a general response to keep someone safe and to ensure their needs are met.

These two types of safeguarding are sometimes referred to as Safeguarding with a capital ‘S’ to identify the formal safeguarding response and safeguarding with a small ‘s’ to identify the more general response to keep someone safe.

¹ Multi-agency policy and procedure for the protection of adults with care and support needs p114

A safeguarding enquiry under s42 of the Care Act would be triggered if the Local Authority is made aware that someone:

- has care and support needs
- has experienced or is at risk of abuse or neglect and
- as a result of their care and support needs, they are unable to protect themselves.

In the past, this has been described as 'adult protection' and may be referred to as 'formal safeguarding'. If these criteria are met, the local authority will involve partners from other agencies and make (or cause to be made) whatever enquires are necessary, deciding whether action is necessary and if so what and by whom.

Many people with physical or mental health problems who have care and support needs live in complex circumstances and can be very vulnerable. These people may need support to keep safe, to manage the risks of day-to-day life and may need coordinated responses from a variety of health, social care, housing or other professionals. However, they are not necessarily experiencing abuse or neglect so will need a coordinated response to keep them safe, but not a formal section 42 enquiry i.e. safeguarding, not **S**afeguarding.

5.2 Abuse

'Abuse is a violation of an individual's human and civil rights by any other person or persons...the circumstances in which harm and exploitation occur is known to be extremely diverse as is the membership of the at-risk group.' (No Secrets, 2000).

'It may be a single act or repeated acts; an act of negligence or a failure to act and may be multiple acts' (e.g. an adult at risk may be financially and physically abused). (No Secrets, 2000).

5.3 Who May Abuse

'Adults (at risk of abuse or neglect) may be abused by a wide range of people e.g. relatives, family members, professional staff, paid care workers, volunteers, other service users, people who deliberately exploit vulnerable people and strangers.' Children may also be abusers. It is important for all members of the Trust to be aware that anyone may commit abuse or neglect.

5.4 Forms of Abuse

Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- Physical abuse;
- Domestic violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

Further detail on types of abuse can be found here [safeguarding-adults-policy-procedures-final-feb-2020.pdf \(gloucestershire.gov.uk\)](https://www.gloucestershire.gov.uk/safeguarding-adults-policy-procedures-final-feb-2020.pdf)

5.5 When to Raise a Safeguarding Concern

An adult safeguarding concern describes the process whereby someone seeks to protect an adult or adults when the adult:

- has care and support needs,
- is experiencing or at risk of abuse or neglect (including self-neglect) and,
- as a result of their care and support needs, are unable to protect themselves against the abuse or neglect.

Staff should respond to and report concerns when:

- An abusive act is witnessed
- An adult makes a disclosure
- There is a third-party disclosure
- Suspicion or concern (reasonable cause to suspect that) there is abuse or neglect
- There is evidence or signs of possible abuse or neglect
- A complaint or concern is raised by the adult, or by a third party, whereby they have not recognised abuse or neglect (e.g. description of domestic abuse).

5.6 Steps to Take

- Do not agree to keep any disclosures secret
- Give reassurance that you will act accordingly
- Take any immediate measures to prevent harm
- Is anyone else at risk – including any children?
- If the person is in immediate danger call the police or ambulance. Report the matter to your line manager or supervisor as soon as possible
- If a crime has been committed – do you need to involve the police?
- Be honest about how you will use the information unless doing so will increase the risk
- Consider mental capacity of the adult at risk to understand the safeguarding concern and process
- Ask what they would like to happen, what are their views and wishes?
- Does the person want anyone else involved (family, carer, friend – providing this is safe)
- Be professionally curious to be clear about the abuse or neglect but not leading
- Do not confront any alleged abusers
- Contact the Trust's Safeguarding Team for further discussion if needed 0300 421 6969
- If an allegation is against a member of staff the Managing Allegations Policy should be followed – this includes any historical allegations [Managing Allegations against Professionals who work with Children and Adults \(Clinical Policy CLP152\) - Interact \(ghc.nhs.uk\)](#)
- Raise a concern to the Local Authority Safeguarding Team. See [5.13](#) for detail
- Write an account of what you have been told or seen. Document in the Service users' health and social care record in accordance to correct recording procedures. Use the proforma in [Appendix 3](#) to document a safeguarding concern in the contemporaneous notes
- Ensure the service user's risk summary or risk assessment is up to date and reflects the abuse/risks they are subject to
- Consideration should be given to those who may have communication difficulties e.g. learning disabilities, speech and language or hearing difficulties. Reasonable adjustments should be made to support the safeguarding process
- Does the person need an advocate?

- Email the Trust safeguarding team safeguarding.notifications@ghc.nhs.uk with the following details (this is for data collection and will not prompt a response):
 - Client/Patient Name
 - Date of Birth
 - NHS number
 - Date of Referral.

5.7 Preservation of Evidence

In cases where there is thought to be physical evidence of a crime, or the act has been witnessed (e.g. physical or sexual assault), where possible, leave the environment and items within untouched, this includes not making any efforts to clean or rearrange the scene. Avoid washing anything or throwing any items away. Ideally the victim should be advised not to wash themselves or their clothes or change clothes at this point. Try to keep the environment free from other people or note who is in the environment. The Trust Security Management Team should be contacted for immediate advice regarding the preservation of evidence and they will liaise with the Police who can offer further advice.

Where sexual assault or rape is known or suspected, a referral should be offered or made to SARC: [Hope House SARC Gloucestershire Health and Care Services NHS Foundation Trust](#).

Photographs should be taken only when absolutely necessary, for example, when vital evidence of a crime may be lost. They should be taken and saved on a work device, and it should be noted that photographs have been taken on the Datix report.

The Trust Security Management Team should be informed that the photographs have been taken and they should be disclosed to the police if and when requested.

5.8 Mental Capacity Act Compliance Statement

All adults have the right to choice and control in their own lives. Anyone who acts for, or on behalf of, a person who lacks capacity to make relevant decisions has a duty to understand and adhere to the Mental Capacity Act and Code of Practice.

Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3 [Mental Capacity Act 2005 \(legislation.gov.uk\)](#).

1. If there is doubt about a person's capacity to consent to a safeguarding referral or to understand and make decisions about managing the risks and safety planning, complete and record a formal mental capacity assessment.
2. Where it has been evidenced that a person lacks the mental capacity to make a specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](#).
3. Establish if there is an attorney under a relevant and registered Lasting Power of Attorney or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is

required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

The person's wishes and feelings should as far as possible still be sought and recorded in relation to the safeguarding concern. What do they want to happen?

5.9 Reporting Without Consent

If there is an overriding public interest or gaining consent would put the adult at further risk of harm, the concern can be reported without the person's consent where:

- There is a risk to other 'adults at risk' or children
- The concern is about organisational or systemic abuse
- The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the person's 'best interests' (Mental Capacity Act 2005)
- An adult is subject to coercion or undue influence, to the extent that they are unable to give consent
- It is in the adult's vital interests (to prevent serious harm or distress or life-threatening situations)
- Prevention of a crime or commitment of a crime.

5.10 Families and Carers

Carers, families and sometimes friends can have an important role to play in safeguarding. There may be a key person who is able to act as an advocate for the adult at risk. They may have a central role in supporting the person in the safeguarding process and in gaining the adult's views and wishes. They may also be an important source of information about the adult and may be the person who knows them best.

Where possible and where safe to do so, families, carers or friends should be involved in the safeguarding process unless the adult has expressly declined for this to be the case. Carers should be offered access to a Carers Assessment.

[Adult Social Care for carers - Gloucestershire County Council](#)

5.11 Advocacy

Local authorities must arrange an independent advocate for any person, who would experience substantial difficulty in being involved in their care and support assessment, care planning or review or safeguarding enquiry and review, and there is no appropriate person (no carer, family member or friend) to support their involvement and represent them. Advocacy under the Care Act has a focus on supporting the person to be involved in the care and support 'process'. It means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests, and obtain the care and support they need, *regardless of the setting*.

[Guidelines on the use of Advocacy \(CLG150\) - Interact \(ghc.nhs.uk\)](#)

5.12 Long-Term Segregation

In mental health inpatient settings, if extended use of an Extra Care Area is required beyond 72 hours a review should take place with regard to the criteria for the Mental Health Act Code of Practice for “long-term segregation”.

The Local Authority Head of Safeguarding should be notified SafeguardingAdultsServices@gloucestershire.gov.uk and the Trust Head of Safeguarding and Named Lead for Safeguarding Adults should be informed.

Notification should include the details of the person subject to the arrangements, a brief outline of why segregation is being used and what arrangements are in place to safeguarding the adult - including access to independent advocacy.

Updates should be provided every 7 days and when segregation ends.

[De-escalation Suite or Extra Care Area \(ECA\) - CLP225 - \(Mental Health Specific\) - Interact \(ghc.nhs.uk\)](https://ghc.nhs.uk)

5.13 How to Report A Concern with the Local Authority Safeguarding Team

Fill in the online referral form which can be found here [Report suspected abuse: safeguarding adults at risk - Gloucestershire County Council](#). If the abuse or neglect took place in a different county, please make a referral to the relevant local authority. Please undertake an internet search for ‘(county) adult safeguarding’ for details of how to make a referral.

You will need to:

- state whether the person has care and support needs
- identify the type of abuse/s and outline the concern
- give a rationale as to why they cannot protect themselves
- comment on whether the person has given consent for the referral and whether they have capacity to do so
- if you are reporting without consent, explain why
- what you might have already done to mitigate the risk
- who else might be involved (personal or professional)
- Making Safeguarding Personal – what are the person’s views and wishes, what do they want to happen?

The Adult Social Care (ASC) helpdesk can be contacted to report a concern on 01452 426868 during the hours of 9am – 5pm. This is a generic line to ASC who will take details of the concern and may pass it to the Local Authority Safeguarding Team. The online form will still need to be completed. Referrals will be triaged and a decision made on how to proceed.

For out of hours reporting of safeguarding concerns contact the Emergency Duty Team – EDT on 01452 614194 – again the online referral form will still need to be completed as soon as possible afterwards.

Timescales in adult safeguarding are indicative only. You should hear back about your referral within 5 working days, if you do not hear back, contact the adult social care helpdesk to request a decision. If the referrer disagrees with the decision made by the Local Authority, the escalation policy can be followed. [gsab-escalation-protocol-jan-2022.pdf \(gloucestershire.gov.uk\)](#). The Trust safeguarding team can support with advice and guidance on escalations 0300 421 6969.

Call 999 if there is an emergency or 101 for non-urgent police matters or to report a crime in progress or that a crime has taken place.

5.14 Recording

Record keeping is an essential part of accountability. If records are inaccurate or incomplete, future decisions may be fatally flawed.

When identifying or logging a safeguarding concern with the Local Authority, evidence of this must be documented immediately and appropriately in the service user's Health and Social Care Record using the proforma in [appendix 3](#):

- Type of abuse or neglect and describe the concern.
- Capacity to consent to a safeguarding referral?
- Advocacy considered?
- Making Safeguarding Personal
- Has a crime been committed?
- Risks to self and from others.
- Is anyone else at risk?
- Do you need to seek supervision or ask for advice from GHC safeguarding advice line (0300 421 6969)?
- Action taken to reduce risks.
- Support plan and follow up.
- Reference number of the referral.

RiO - the adult safeguarding form should be completed and risk assessment updated.

SystemOne - the chronology ticked if using SystemOne to reflect that there is a current adult safeguarding concern.

IAPTus - should have the adult safeguarding concern label applied.

Lilie – the safeguarding concern should be activated on the caution register and any relevant codes added.

Soel - Adult safeguarding referral should be uploaded onto 'contacts' and detail of any concerns and subsequent conversations recorded in the patient's clinical record. The social tab should have record of personal and professional people involved with the person.

MODUS - Adult safeguarding referral should be uploaded in 'embedded files' and detail of any concerns and subsequent conversations recorded in the patients clinical record. The person's front page should be updated with relevant alerts and risk information.

All systems should have a copy of the referral form uploaded to the service user record and a corresponding entry in the contemporaneous notes as above.

Members of the household should be recorded in the relevant sections of the patient record (Household form RiO, clinical contacts IAPTus and groups and relationships

SystemOne)

Separate guidance on how to record this is available in the relevant 'Recording Safeguarding Adults Information' guides for RiO or IAPTus:

[Safeguarding - Recording Safeguarding Adults Information 2018.09.27 - Interact \(ghc.nhs.uk\)](#)

[Safeguarding - Recording Safeguarding Adults Info on IAPTus v1.0 - Interact \(ghc.nhs.uk\)](#)

[Lilie - Introduction to Lilie v1.0 - Interact \(interactgo.com\)](#)

[SOEL Health - Interact \(interactgo.com\)](#)

Please see [Appendix 1](#) for safeguarding process map.

5.15 Section 42 (Care Act 2014) Enquiries

Section 42 of the Care Act gives Local Authorities the primary duty to make, or cause to be made whatever enquiries are necessary to enable the Local Authority to decide whether any action should be taken in the adult's case, and if so, what and by whom.

Under section 7 of the Care Act, relevant partners have a duty to cooperate with such requests and only under certain circumstances can decline in writing to fulfil their duty.

If a safeguarding concern is raised with the local authority that does not meet the criteria under the Care Act for a statutory enquiry under section 42, the Local Authority can make a non-statutory enquiry at their discretion.

When GHC have been caused to make the enquiry, the relevant person will be sent a provider form to complete from the Local Authority Safeguarding Team. This must be completed and returned within 28 days – unless it has been agreed otherwise. (see [appendix 4](#) for copy of the provider form). The Trust safeguarding team can support on how to action the recommendations 0300 421 6969.

5.16 Service Provider Investigations

Whole service provider investigations (e.g. care homes, health establishments and domiciliary care agencies) can be complex and require much co-ordination and planning. The Local Authority Safeguarding Adult Team will lead on these investigations and liaise closely with the Care Quality Commission (CQC) if the service is registered with CQC under the Health and Social Care Act 2012.

5.17 Safeguarding Meetings

These are explained in the 'Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care and support needs in the Gloucestershire Safeguarding Adults Policy and Procedures. The adult at risk should as far as possible be involved in the meeting. Advocates, family, carers or friends should be invited accordingly (provided it is safe to do so and the adult does not object). Any information submitted for the meeting should be in a form and using language that the person can understand.

A safeguarding meeting can take the form of:

- Safeguarding Adults Strategy Meeting
- Safeguarding Adults Planning Meeting
- Safeguarding Adults Review Meeting.

The Local Authority Safeguarding Adult Team may coordinate and chair a safeguarding meeting if any of the following conditions apply

- It involves a registered service that is of a safeguarding concern to the Care Quality Commission (CQC will only attend the meeting if certain criteria are met)
- It relates to two or more service users in a registered service
- It concerns organisational abuse
- There is reason to believe that a serious crime has been committed
- There have been episodes of multiple abuses
- Incidents are increasing in intensity and/or severity
- The behaviour is persistent and deliberate
- The safeguarding concern involves out of county placements in Gloucestershire
- There is interest from the media
- A locality manager feels that an independent chair would be helpful.

5.18 GHC Chairing Meetings

If the service user is open to mental health services for adults of working age (18 – 65) safeguarding meetings will normally be chaired by a locality Trust operational manager with the support from the locality Social Care Specialist. Training is available for chairing strategy meetings (Level 4) and for minute taking.

The service user and all relevant parties should be invited. The service user's advocate or person of their choice (as long as the person is not part of any concern) should be present. If the service user does not want to attend, their views should be sought and represented. The service user must be kept central and informed. It is the responsibility of the locality team to ensure that a minute taker has been organised for all safeguarding meetings. The minutes should always be sent to the Chair before distribution.

A word document pro-forma is available for each type of meeting and must be used to record the minutes. This is available from the relevant Local Authority County Council on the Safeguarding website. [Microsoft Word - Appendix 11 Minute Taking Guidance.doc \(gloucestershire.gov.uk\)](#).

All documents should be uploaded onto the Trust electronic health care record system.

If using RiO, outcomes of these meetings should also be recorded in the appropriate Safeguarding Adult form. Further guidance can be found via this [Safeguarding - Recording Safeguarding Adults Information 2018.09.27 - Interact \(ghc.nhs.uk\)](#).

Advice can be obtained from the Local Authority Safeguarding Team about how to plan for the meeting.

A Safeguarding Specialist Practitioner from the Local Authority in Gloucestershire may also attend safeguarding meetings to offer specialist safeguarding advice and information in the following circumstances:

Where there is serious exposure to risk of:

- Death
- Serious physical injury or illness
- Serious deterioration in physical or mental health

- Serious emotional distress
- A life-changing decision
- More than one person who may be at risk
- Two or more concerns have been logged about the same person/setting.

5.19 Notification to Other Partners

There are certain agencies and individuals that should always be notified of concerns, and be involved where appropriate, in the following circumstances (from GSAB Multi-agency policy and procedure 2022).

Where it is suspected that a crime has been or might be committed	<ul style="list-style-type: none"> • Police
Where quality and safety concerns arise about a service registered under the Health and Social Care Act 2008	<ul style="list-style-type: none"> • Care Quality Commission • Local Authority Contract and Commissioning service. • Local Clinical Commissioning Group if there is a health funded contract
Where quality and safety concerns arise about an NHS service or an Independent hospital	<ul style="list-style-type: none"> • Care Quality Commission • Local Authority Contract and Commissioning service. • Local Clinical Commissioning Group if there is a health funded contract
Where disciplinary issues are involved	<ul style="list-style-type: none"> • Manager of relevant agency
Where there has been a sudden or suspicious death	<ul style="list-style-type: none"> • The local Coroner's office
Concern occurred in a health / social care setting, and involved unsafe equipment or systems of work	<ul style="list-style-type: none"> • Health and Safety Executive (HSE)

6. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES. Trust, local arrangements through the GSAB and National legislation
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Monitoring Requirements and Methodology	Frequency	Further Actions
The Trust safeguarding team will conduct an annual audit to assess compliance with this policy and safeguarding practices.	Annually	Reported to Safeguarding Group and Quality Assurance Group. Action plan formulated from the audit results to target areas for improvement.
Annual Safeguarding Report	Annually	Reported to Quality Assurance Group and Trust Board with assurances, concerns and recommendations.
The Trust Safeguarding Group provides assurance to the Quality Committee and Board that the Trust is taking all necessary action to identify and respond to areas of activity that require support in relation to safeguarding or areas which impact upon delivery of care.	Bi-monthly	Services are held to account to ensure that their activities are commensurate with the safeguarding principles

7. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident Reporting Policy](#). For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the [Duty of Candour Policy](#) and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

8. TRAINING

Safeguarding training is mandatory for all Trust staff. The level of training will depend on role and is specified in individual training profiles. Line managers have responsibility for ensuring staff are trained to the necessary level and are up to date with mandatory training.

The training requirements are based on guidance outlined in 'Adult Safeguarding: Roles and Competencies for Health Care Staff' (2018), Training needs should be reflected on individual profiles on Care to Learn and addressed in the annual appraisal process.

Level 1 (Universal) All staff including non-clinical managers and staff working in health care settings.

All staff will complete Safeguarding Children and Adults as part of the Corporate Induction programme.

Level 2 (Targeted) Safeguarding Adults and Children – (minimum level required for non-clinical staff who have some degree of contact with children and young people and/or their parents/carers).

It is mandatory for all clinical staff to attend level 2 training. If not undertaking level 3 adult or children safeguarding training - this needs to be updated every 3 years.

Level 3 (Specialist – multi-agency) Safeguarding Adults

This is mandatory for registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns. This extends across physical and mental health services and includes health visitors in CYPS. This needs to be updated every 3 years.

Level 4 Specialist Strategic Safeguarding Adults

Level 4 adults training is specialist training for staff having responsibility to investigate under Section 42 of the Care Act 2014. This is mandatory for Team Managers in mental health working age adult teams, Social Workers band 6 and above, Social Care Specialists, Social Care Lead, Community Service Managers, Modern Matrons, Named Doctor for Safeguarding Adults, Named Lead for Safeguarding Adults and Head of Safeguarding.

Level 5 Designated professionals.

This applies to designated doctors and nurses, consultant/lead nurses for Safeguarding (Strategic).

9. SAFE RECRUITMENT

Any required pre-employment checks are determined and carried out by the Trust HR department. The Trust Recruitment and Selection policy details the processes for pre-employment checks and timescales for subsequent checks. [Recruitment Policy - Interact \(ghc.nhs.uk\)](https://ghc.nhs.uk)

All employees have a contractual obligation to disclose any criminal convictions, cautions, reprimands and warnings that are subsequently acquired during their employment. An annual declaration process is also in place via the Trust's appraisal process.

When an allegation has been made of abuse or neglect against a member of staff and both of the conditions noted below have been met, a referral to DBS must be made by the Trust Head of Safeguarding. This should be done after investigations and disciplinary processes are completed. This applies even if the person is no longer employed by the Trust or there has been a time lapse between the allegation and completion of processes.

Condition 1

- Permission has been withdrawn for a person to engage in regulated activity with children and/or vulnerable adults (also known as adults at risk). Or the person has been moved to another area of work that isn't regulated activity.

This includes situations when the above action would have been taken, but the person was re-deployed, resigned, retired, or left.

Condition 2

When the Trust thinks the person has carried out 1 of the following:

- Engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
- satisfied the harm test in relation to children and / or vulnerable adults e.g. there has been no relevant conduct but a risk of harm to a child or vulnerable adult still exists. Or -
- been cautioned or convicted of a relevant (automatic barring either with or without the right to make representations) offence.

10. REFERENCES

Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://legislation.gov.uk)

Department of Health (2000) **No Secrets: Guidance on Developing and implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse.** Available at: [No Secrets: guidance on protecting vulnerable adults in care - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Department of Health (2013) **Transforming care: a national response to Winterbourne View hospital.** Available at: [Winterbourne View Hospital: Department of Health review and response - GOV.UK](https://www.gov.uk)

www.gov.uk)

Francis. R (2013) **The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry**. Available at: [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Gloucester Adults Safeguarding Board (2022) **Adult Safeguarding: Multi-agency Policy and Procedure for the Protection of Adults with Care and Support Needs in Gloucestershire** [safeguarding-adults-policy-procedures-final-feb-2020.pdf \(gloucestershire.gov.uk\)](http://gloucestershire.gov.uk).

NHS England. (2022). **Safeguarding children, young people and adults at risk in the NHS. safeguarding Accountability & Assurance Framework**. Available at [B0818 Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf \(england.nhs.uk\)](http://england.nhs.uk)

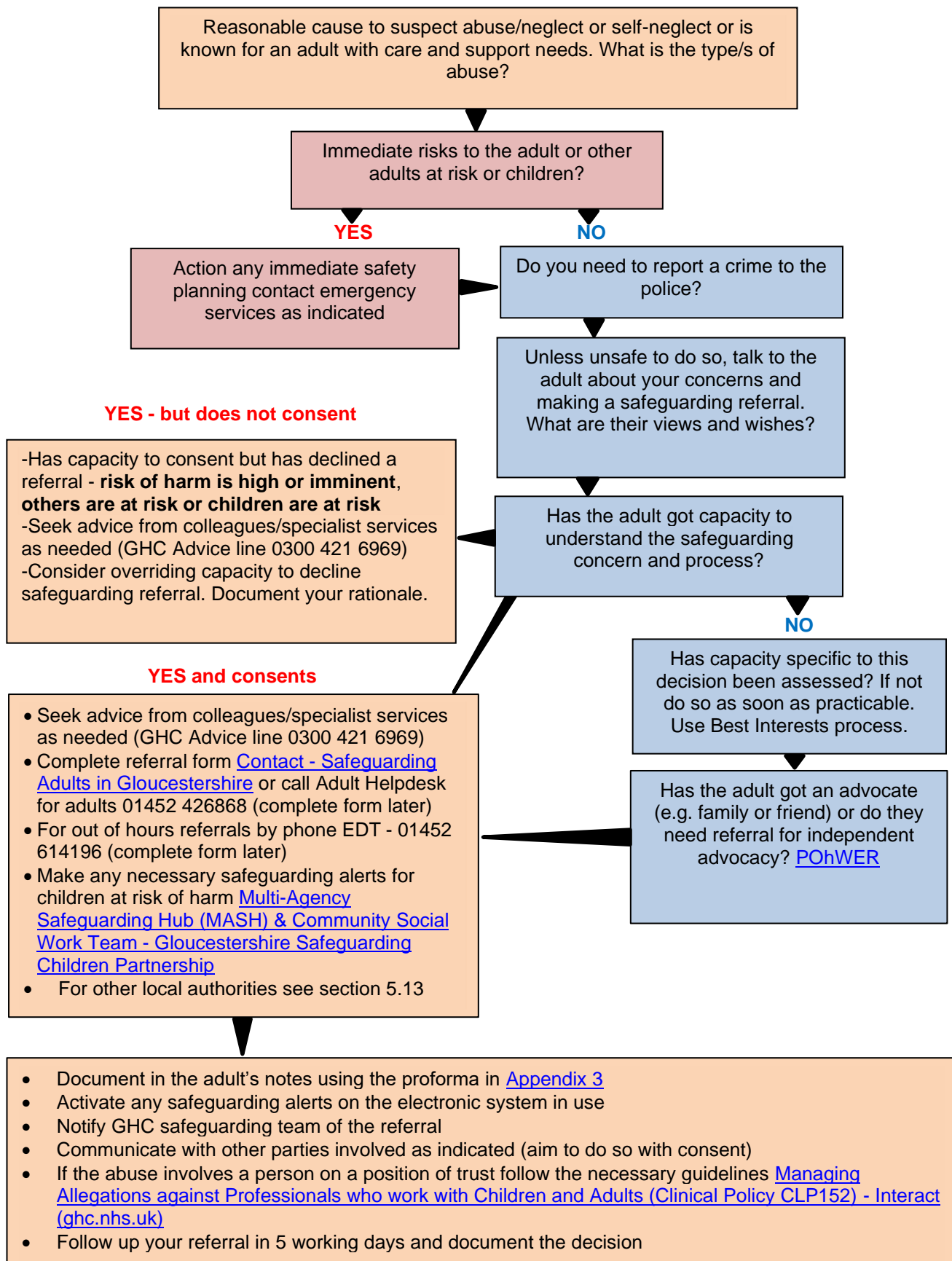
RCN. 2018 (updated 2022) **Adult safeguarding: Roles and Competencies for Health Care Staff: Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing** rcn.org.uk

11. ASSOCIATED DOCUMENTS

- GHC Safeguarding Children Policy (CLP071)
- GHC Domestic Abuse Policy (CLP102)
- GHC Disciplinary Policy and Procedure (G009)
- GHC Managing Diversity Policy
- GHC Duty of Candour Policy (CGP004)
- GHC Health Records and Clinical Record Keeping Policy (CLP005)
- GHC Overarching Supervision Policy: Clinical and Non-Clinical Supervision (CLP116)
- GHC Relationship and Professional Boundaries Policy
- GHC Managing Allegations against Professionals who work with Children and Adults Policy (CLP152)
- Multi-Agency Public Protection Arrangements (MAPPA) Policy (CLP162)
- Gloucestershire Multi-agency Mental Capacity Act Policy [Uploader.ashx \(interactgo.com\)](http://interactgo.com)
- GHC Prevent Policy (CLP211)
- GHC Assessing and Managing Clinical Risk and Safety Policy (CLP249)
- GHC Guidelines on the Use of Advocacy (CLG150)
- GHC Freedom to Speak Up Policy (which replaces the Speaking Up at Work Policy).
- GHC Sexual Safety Policy (CLP 154)
- NHS England Sexual Safety Charter 2023 for reference ([NHS England » Sexual safety in healthcare – organisational charter](http://nhs.uk)).
- GHC Lone Working Policy
- GHC SARC Operational Policy
- GHC Relationships and Professional Boundaries Policy (G007)

Appendix 1

ADULT SAFEGUARDING CONCERNS: RESPONDING AND REPORTING



Appendix 2

GLOUCESTERSHIRE CONTACT DETAILS

Gloucestershire County Council (Adult Help Desk) **01452 426868**
email socialserviceseng@gloucestershire.gov.uk

Gloucestershire County Council (Children's Help Desk) **01452 426565**
childrenshelpdesk@gloucestershire.gov.uk

GDASS Phone: **01452 726570** or Email: support@gdass.org.uk.
[Gloucestershire Domestic Abuse Support Services \(GDASS\)](https://www.gdass.org.uk/)
<https://www.gdass.org.uk/>

POhWER Advocacy **0300 003 1162**
glosadvocacy@pohwer.net <https://www.pohwer.net/Gloucestershire>

Gloucestershire Fire and Rescue Service Community Safety Team **01452 888777**
Email: fire@glosfire.gov.uk

Gloucestershire Police **101**
www.gloucestershire.police.uk

Gloucestershire Trading Standards **01452 887667**
tradingstandards@gloucestershire.gov.uk

Victim Support **01452 317444**
www.victimsupport.org.uk

NHS 111

Gloucestershire Community PALS (Patient Advice And Liaison Service) **0800 015 1548**
glccg.pals@nhs.net <https://www.gloucestershireccg.nhs.uk/about-you/complaints-compliments-concerns/>

Gloucestershire Rape and Sexual Abuse Centre **01452 526770** [Gloucestershire Rape and Sexual Abuse Centre \(glosrasac.org\)](http://gloucestershirerapeandsexualabusecentre.org)

Healthwatch Gloucestershire **0800 652 5193** or **01452 504989**
info@healthwatchgloucestershire.co.uk www.healthwatchgloucestershire.co.uk

Age UK (formerly Age Concern and Help the Aged) **01452 422660**

Alzheimer's Society **01452 525222**

Silver Line **020 7224 2020**

Benefit Enquiry Line **0800 882200**

Citizens Advice Bureau **01453 762084**

Cross Roads Caring for Carers: Forest of Dean - **01594 823414** Cheltenham and
Tewkesbury - **01242 58484** Stroud and Gloucester - **01453 755999**

Dementia Care Trust **01452 550066**

Appendix 3

Adult Safeguarding Concern (Adults with Care and Support Needs). Proforma for Documenting in Contemporaneous Notes

- 1. Type of abuse or neglect and describe the concern.**
- 2. Capacity to consent to a safeguarding referral?**
(If no – has this been formally assessed? If you have you reason to believe the person lacks capacity but have not assessed, do so as soon as practicable and follow up with Best Interests form. If no consent - why not e.g. have you overridden this on basis of risk - explain?).
- 3. Advocacy considered?**
(LPA/IMCA/IMHA/family or friends– already in place or needs a referral)
- 4. Making Safeguarding Personal**
(Keeping the person central to safeguarding, their views and wishes sought and documented)
- 5. Has a crime been committed?**
(Do you need/have to report to police?)
- 6. Risks to self and from others.**
(Consider any immediate risks)
- 7. Is anyone else at risk?**
- 8. Do you need to seek supervision or ask for advice from GHC safeguarding advice line (0300 421 6969)?**
- 9. Action taken to reduce risks.**
- 10. Support plan and follow up.**
- 11. Reference number of referral** *(save copy to patient record)*

(RiO – have you opened an Adult Safeguarding Form? SystmOne – have you ticked the chronology for Adult Safeguarding Concern, Lillie have you actioned the caution register – safeguarding concern)

Appendix 4



Gloucestershire
Safeguarding Adults
Board

Safeguarding Adults - S42 Enquiry

This template can be used by any professional or service provider when they are asked by the local authority to undertake a S42 Enquiry. Its purpose is to provide an appropriate format, and support consistency, to share the findings from a Care Act 2014 S42 Enquiry into a reported concern of abuse or neglect.

The contents of this document are restricted and should only be reproduced or shared with the agreement of the report author. You are responsible for the safe storage, transfer and disposal of this document. Organisations are responsible for ensuring that employees undertaking S42 Enquiries have the necessary training and competency to fulfil the requirements of the role.

Adult's Details –	
Address/Location	(Local authority to fill in adult's details)
DoB	
NHS number	
Unique identification number	
Next of kin or representative	

Details of the concern
Who, what, when, where, how? Was it witnessed?
(Local authority will outline the concern and make recommendations here)

Worker Details

Name of worker	
Address	
Designation	
Contact details	

Mental Capacity

Is a Mental Capacity Act Assessment necessary in relation to the person's participation in the safeguarding process; has it been completed? What was the outcome? Eg. Best Interests Decision to progress the Enquiry? Is there an advocate to support/represent the adult?

--

Making Safeguarding Personal

Put the person not the organisation at the centre of the enquiry. What does the adult at risk and/or their representative (with consent AND/OR in their best interests AND/OR their legal status) want to happen (desired outcomes)?	Please delete as appropriate
1. Did you feel you were listened to during the safeguarding enquiry?	Yes No Partly n/a
2. Have you got the outcomes you wanted?	Yes No Partly n/a
3. Did we give you the chance to say what you wanted to happen?	Yes No Partly n/a
4. Did you feel in control of the situation? Yes No Partly n/a	Yes No Partly n/a
5. Are you happy with what we did for you? Yes No Partly n/a	Yes No Partly n/a
6. Do you feel safer? Yes No Partly n/a	Yes No Partly n/a
Consider the outcomes the person was hoping for and those that have been achieved or not	
No Discussion with the adult/representative	
7. Do you feel happier as a result of safeguarding? Yes No Partly n/a	Yes No Partly n/a
8. Adult was not asked?	Yes No Partly n/a
9. Adult refused to discuss initial outcomes?	Yes No Partly n/a
10. Adult did not wish to discuss final outcomes?	Yes No Partly n/a

11. Additional Comments	
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Risk Management

What actions were taken when the concern was raised to remove or reduce risk of abuse? Were other adults placed at risk? What was done about this? Were the Police or health services involved?

Date	Time	Action Taken	By who	Outcome

Enquiry information

Details of Enquiry Action Plan. Document what you have done in relation to the enquiry, in a chronological order. This should include any advice you have received from your Safeguarding Lead, legal team or similar..

Enquiry Action Plan Template:

Date	Time	Action	By who	Outcome

Outcome of Enquiry

Have the risks been reduced or removed or do the risks remain? Please give details below.

Next Steps - Action Plan & Monitoring Arrangements Template:

Date	Action	By who?	When?	Outcome confirmed

Adult at risk/representative's view of the Enquiry

Have the adult at risk's desired outcomes been achieved? Are they satisfied with the actions taken?
Are any further actions required?

Date & Time **Enquiry** sent to Gloucestershire County
Council Adult Safeguarding Specialist Practitioner

Once completed, this report should be sent to the relevant GCC Adult Safeguarding Specialist Practitioner within 28 days. Always use a secure network when sending the report via email. safeadults@gloucestershire.gov.uk