THE HOSPICE OF ST FRANCIS, BERKHAMSTED

Safeguarding Adults Policy and Procedure		
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Date this version approved:	01/05/2025	Version: 8

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Policy Statement

The Hospice of St Francis unequivocally condemns the abuse of individuals. The Hospice's foremost priority is the protection of those in our care and is committed to upholding each person's right to self-determination and choice, including the acceptance of a degree of risk in matters of personal safety, contingent upon their capacity to make such decisions. The Hospice collaborates with other agencies in accordance with the inter-agency procedures of the Buckinghamshire and Hertfordshire Safeguarding Boards:

- Hertfordshire Safeguarding Adults Board Procedures
- Buckinghamshire Safeguarding Adults Board Procedures

This policy, along with the accompanying procedures, ensures that patients, their carers, and families receive treatment and care within appropriate professional boundaries from all staff, volunteers, trustees, and co-opted members of board committees. This organisation fosters a positive attitude towards the prevention, detection, and management of abuse.

All staff and volunteers are obligated to act promptly on any concern or suspicion that an adult is at risk of abuse.

Safeguarding concerns should be reported using the Safeguarding Concerns Form available on Vantage: https://www.vantage-modules.co.uk/STFRANCISHOSPICE

The Safeguarding Procedure Flowchart is displayed in the In-Patient Unit, Clinical Offices, and the Spring Centre. It is also accessible electronically on Vantage: https://www.vantage-modules.co.uk/STFRANCISHOSPICE

Principles of Adult Protection

The welfare of adults in our care is paramount and safeguarding them from harm is a fundamental aspect of their care and support. Effective adult protection necessitates close collaboration among professionals who are obligated to work in partnership and assist lead agencies by providing appropriate information, knowledge, and support.

The primary agencies with statutory responsibility for adult protection are Social Services and the Police, supported by local safeguarding adults boards and the Care Quality Commission (CQC). Abuse of adults can occur in any environment and may be inclusive or exclusive, involving either actions committed against a person or acts of omission.

Adults from all backgrounds, ages, and abilities may be subject to abuse, and perpetrators can be known to the victim or strangers. Social Services has a duty to investigate all safeguarding referrals in accordance with

Section 42 of The Care Act 2014. The local Social Services department holds the primary responsibility for these investigations, with full cooperation from other statutory and voluntary agencies.

Aims

Our objective is to fully comply with the safeguarding requirements outlined in the Care Act 2014, as detailed in the Care and Support Statutory Guidance, including any subsequent revisions. This document delineates our approach to achieving this goal. We aim to ensure that every staff member and volunteer understands that safeguarding is fundamental to our community service.

The Hospice of St Francis is committed to:

- Actively collaborating within an inter-agency framework.
- Promoting the empowerment and well-being of adults at risk through our services.
- Supporting the rights of individuals to lead independent lives based on self-determination and personal choice.
- Recognising individuals who are unable to make their own decisions and/or protect themselves, their assets, and bodily integrity.
- Acknowledging that the right to self-determination can involve risk and ensuring that such risks are recognised and understood by all concerned.
- Ensuring the safety of adults at risk by integrating current strategies, policies, and services relevant to abuse.
- Providing appropriate help, including advice, protection, and support from relevant agencies, when the right to an independent lifestyle and choice is at risk.
- Ensuring that the law and statutory requirements are known and applied appropriately so that adults at risk receive legal protection and access to the judicial process.

Related Policies

- **C061a** - Safeguarding Adults and Children's Procedure Flowchart
- **C061** - Safeguarding Adults Policy and Procedure
- **C062** - Safeguarding Children Policy and Procedure
- **C095** - Mental Capacity Policy and Procedure
- **C103** - Deprivation of Liberty Procedure
- **C128** - Vulnerability to Radicalisation Information Sheet
- **C099** - Incident Reporting Policy
- **C117** - Guidance for Reporting Incidents to External Agencies
- **HS220** - Risk Assessment Policy and Procedure
- **HR001** - Employees' Handbook
- **HRV010** - Volunteers Handbook
- **GOV003** - Freedom to Speak Up Policy and Procedure
- **C060** - Complaints Policy and Procedure
- **C092** - Consent for Care and Treatment Policy
- **HS221** - Health and Safety Policy
- **HS213** - Lone Working Policy

- **HRV023** - Disclosure and Barring Service (DBS) Policy and Procedures
- **C110** - Restraint Policy
- **T919** - Information Security Policy

Responsibilities/ Accountabilities

Ultimate Responsibility:

- Board of Trustees (delegated to the CEO)

Senior Responsibility:

- Director of Integrated Governance, Wellbeing & Family Support
- Director of Care & Contracts

Named Individuals:

- Director of Integrated Governance, Wellbeing & Family Support
- Social Work Team & Children's Teams
- Director of Care & Contracts
- Heads of Family Support

Governance

The Hospice of St Francis is committed to ensuring comprehensive oversight of all aspects related to the Safeguarding Policy and Procedure. This includes audit, training, adherence to correct procedures, and documentation, all of which will be monitored and reported to the relevant groups and committees.

- The Policy will be ratified by the People & Governance Committee (PGC).
- An annual audit and review of safeguarding activities will be conducted, with findings reported to the Board and PGC.
- Accurate records of all safeguarding concerns will be maintained.
- Detailed records of all safeguarding concerns escalated to Social Services, police, and other appropriate agencies will be kept.
- Safeguarding activities will be a standing agenda item at Clinical Reference Group meetings, Clinical Governance Committee meetings, and all Board meetings.
- An annual report on safeguarding will demonstrate how the Hospice has implemented its Safeguarding Strategy throughout the organisation.
- The Policy and Procedure will be reviewed annually in accordance with Charity Commission guidance and updated as required by legislative changes.
- The Hospice has appointed a Safeguarding Trustee.
- The Hospice has a registered manager for all regulated activities as defined by The Care Act 2014.
- The Hospice has a Caldicott Guardian.
- Information regarding the Hospice Safeguarding Leads and Safeguarding Trustee is clearly displayed throughout the Hospice and available on our website: https://www.stfrancis.org.uk/

Scope

This policy is applicable to all operations of The Hospice of St Francis and encompasses all individuals involved in these operations, including staff, volunteers, patients, relatives, and carers.

Staff and Volunteer Selection

Abuse of adults at risk can occur in any environment. Therefore, all staff and volunteers who interact with adults at risk during their work or volunteering at the Hospice must undergo a Disclosure and Barring Service (DBS) check at the time of recruitment. Additionally, two references from previous employers must be obtained to gather further information regarding their character and past work experience.

All staff members will participate in a formal interview process to assess their suitability for working within a hospice service. Potential volunteers will be interviewed by the Voluntary Service Lead and the Team Lead for the area in which they will be volunteering.

Supervision of staff and volunteers is conducted and reviewed regularly through an annual performance review process, which includes appraisals for staff members and annual reviews for volunteers. In accordance with the DBS policy HRV023, additional DBS checks are performed during employment or volunteering at the Hospice. Furthermore, every staff member and volunteer are required to disclose any new information at the annual review.

Training

All staff and volunteers working with adults must be aware of the existence of abuse in all its forms and be prepared to engage in the protection of adults at risk by acting on any concerns they may have. To ensure that staff and volunteers possess adequate awareness of all aspects of safeguarding, the Hospice will provide support, information, and training. Through this learning, staff and volunteers will acquire the knowledge necessary to identify potential vulnerabilities and risks of harm and will understand how to implement safeguarding procedures. Training will commence during the induction of new staff and volunteers and will be updated on designated training days. All staff and volunteers are trained in the detection of abuse as part of the mandatory training programme, which aligns with: Adult Safeguarding: Roles and Competencies for Health Care Staff (First Edition: The Intercollegiate Document, August 2018).

Training Requirements

- **Level 1:** All staff working in healthcare settings.
- **Level 2:** All practitioners who have regular contact with patients, their families or carers, or the public.
- **Level 3:** Registered healthcare staff working with adults who engage in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).
- **Level 4:** Specialist roles – named professionals.
- **Board Level:** Chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent, and charitable healthcare and voluntary sector as well as statutory providers.

Core Competencies

Level 1:

- Recognise possible signs of adult abuse, harm, and neglect as it relates to their role.
- Identify an adult at risk of harm, abuse, or neglect.
- Seek appropriate advice and report concerns, feeling confident that they have been understood.

Level 2:

- Recognise that abuse, harm, and neglect can impact personal identity throughout the life course.
- Understand the significance of health deficits on health and wellbeing through the life course, such as homelessness, loneliness, and poverty.
- Understand the legal, professional, and ethical responsibilities around information sharing, including the use of assessment frameworks.
- Demonstrate best practices in documentation, record keeping, and data protection issues in relation to information sharing for safeguarding purposes.
- Be familiar with the guidance related to participation in safeguarding enquiries and reviews.
- Understand the professional duty to report crime in line with organisational and professional guidance.
- Understand the importance of establishing, acting, or making a decision in a person's best interests as reflected in legislation and key statutory and non-statutory guidance.

Level 3:

- Act proactively to reduce the likelihood of abuse, harm, or neglect to adults at risk.
- Contribute to and make considered judgments about how to act to promote wellbeing and safeguard an adult when needed.
- Present safeguarding concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role).
- Work with adults and carers where there are safeguarding concerns as part of the multi-disciplinary team and with other disciplines.
- Communicate effectively with adults to recognise and ensure those lacking capacity to make a particular decision or with communication needs have the opportunity to participate in decisions affecting them.
- Provide effective feedback to colleagues.
- Identify (as appropriate to role) associated medical conditions, mental health needs, and other co-morbidities which may increase the risk of abuse, harm, or neglect and take appropriate action.
- Assess (as appropriate to the role) the impact of carer and family issues on adults at risk of abuse, harm, or neglect, including mental health needs, learning/intellectual disabilities, substance misuse, domestic abuse, and long-term conditions.

Level 4:

- Effectively communicate advice about safeguarding policy and legal/assurance frameworks.
- Support colleagues in challenging views offered by professionals and others, as appropriate.
- Analyse and evaluate information and evidence to inform inter-agency decision-making across the organisation.
- Participate in case reviews, leading internal management reviews as part of this function.
- Support others across the organisation in writing a chronology and review about individual adults, summarising and interpreting information from a range of sources.
- Lead service reviews.
- Establish adult safeguarding quality assurance measures and processes.

- Undertake training needs analysis and teach and educate health professionals.
- Review, evaluate, and update local guidance and policy considering research findings.
- Advise and inform others about national issues and policies and the implications for practice.
- Deal with the media and organisational public relations concerning safeguarding with organisational support and guidance.
- Work effectively with colleagues in regional safeguarding clinical networks.

Trustees:

All Trustees receive mandatory online safeguarding training and every three years have a specialist bespoke training day on Trustees' responsibilities for safeguarding within the charity.

Definitions

Safeguarding Responsibilities

Safeguarding responsibilities apply to an adult who:

- Has needs for care and support (regardless of whether the local authority is meeting any of those needs); and
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Abuse

Abuse constitutes a violation of an individual's human and civil rights by any other person or persons (refer to Article 3 of the European Convention on Human Rights). Abuse may consist of a single act or repeated acts. It may be physical, sexual, verbal, or psychological; it may be an act of neglect or an omission to act; or it may occur when a person is persuaded to enter a financial or sexual transaction to which they have not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Abuse causes harm, resulting in psychological, physical, or emotional damage, from which the individual will require care and support to recover.

Types of Abuse

- **Physical Abuse:** Any deliberate act to cause physical harm, including hitting, slapping, pushing, kicking, Female Genital Mutilation (FGM), misuse of medication, restraint, or the use of inappropriate sanctions.
- **Sexual Abuse:** Includes rape and sexual assault, or sexual acts to which the person has not consented, or to which they could not consent or were pressured into consenting. This also includes exposure to and observation of sexual acts without informed consent.
- **Psychological Abuse:** Includes 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 or Material Abuse:** Includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance, or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

- **Neglect and Acts of Omission:** Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services, and withholding necessities of life such as medication, nutrition, and heating.
- **Discriminatory Abuse:** Includes racist, religious, and sexist abuse; abuse based on a person's disability; and other forms of harassment, slurs, or similar treatment.
- **Organisational Abuse:** Includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment and can result from neglect or poor professional practice due to the structure, policies, processes, and practices within an organisation.
- **Domestic Abuse:** Includes psychological, physical, sexual, financial, and emotional abuse, as well as so-called 'honour'-based violence.
- **Modern Slavery:** Encompasses slavery, human trafficking, forced labour, and domestic servitude. Traffickers and slave masters use various means to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
- **Self-Neglect:** Covers a wide range of behaviours, including neglecting to care for one's personal hygiene, health, or surroundings, and behaviours such as hoarding.

Mental Capacity and Safeguarding

The Mental Capacity Act 2005 (MCA) provides the statutory framework to empower and protect individuals who may lack the capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. The Act states that a person lacks capacity in relation to a matter if, at the material time, they are unable to make a decision for themselves due to an impairment of, or disturbance in, the functioning of the mind or brain. The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. All interventions must consider the ability of adults to make informed choices about the way they want to live and the risks they wish to take.

Definition of Lack of Capacity

The MCA outlines a two-stage test for determining capacity:

Stage 1: There must be an impairment of, or disturbance in, the functioning of the mind or brain.

Stage 2: There must be an inability to make the decision in question as a result of the impairment or disturbance in the functioning of the mind or brain.

Furthermore, a person is considered unable to make a decision if they are unable to:

- Understand the information relevant to the decision, or
- Retain that information long enough to make the decision, or
- Use or weigh that information as part of the decision-making process, or
- Communicate their decision (whether by talking, using sign language, or by any other means such as muscle movements, blinking an eye, or squeezing a hand).

For additional information, please refer to the Mental Capacity Act Code of Practice.

Mental Capacity and Safeguarding (Refer to the C095 Mental Capacity Act Policy)

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in the safeguarding of adult's process. All decisions taken in the safeguarding of adult's process must comply with the five core principles of the MCA:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. Any act done or decision made under this Act for or on behalf of a person who lacks capacity must be done or made in their best interests.
5. Before the act is done or the decision is made, consideration must be given to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

This means that:

- An adult at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless proven otherwise.
- There should always be the assumption that an adult at risk has the capacity to make the decision in question.

If there is evidence to suggest that a person may lack capacity, a formal assessment of capacity should be conducted. This includes their ability to:

- Understand the implications of their situation,
- Take action themselves to prevent abuse or protect themselves from abuse,
- Participate to the fullest extent possible in decision-making about interventions.

If the Adult at Risk Does Not Have Capacity

If it is established through assessment that the adult at risk lacks capacity and they have no family or friend who can be consulted regarding their best interests, an advocate or an Independent Mental Capacity Advocate (IMCA) should be instructed in line with the local IMCA referral policy.

An IMCA should be instructed if it is deemed beneficial to the adult at risk, even if they have family, friends, and carers available to consult. If the person has a lasting power of attorney, their attorney or court-appointed deputy should be consulted unless they are implicated in the allegation.

If the Adult at Risk Has Capacity

If the adult at risk has mental capacity, they have the right to make decisions about their safety and the safeguarding investigation. It is important to:

- Ensure the adult at risk understands the risk and what help they may need to support them in reducing the risk if that is what they want.
- Be satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority, undue influence, pressure, or exploitation if they decline assistance.

All decisions on care and treatment must comply with the Mental Capacity Act and Mental Capacity Act Code of Practice

Consent

Consent (Refer to the C092 Consent to Treatment and Care Policy)

In safeguarding, it is imperative to assess whether the adult at risk is capable of providing informed consent regarding the investigation and safeguarding plan. If the individual is capable, their consent must be obtained, including an understanding of the risks associated with disclosing the investigation.

When an adult at risk with capacity decides against taking action and there are no public interest or vital interest considerations, their wishes must be honoured. The individual must be provided with comprehensive information, allowing them to evaluate all risks and fully comprehend the potential short- and long-term consequences of their decision.

If, after discussing with the adult at risk who possesses mental capacity, they decline any intervention, their decision will be respected unless:

- There is a public interest concern, such as the risk to other adults or children.
- There is a duty of care to intervene, for instance, if a crime has been or may be committed.

Consent must also be evaluated in relation to the adult at risk's involvement in potentially abusive activities. If consent to abuse or neglect was given under duress, such as through exploitation, pressure, fear, or intimidation, this apparent consent should be disregarded, and a safeguarding investigation should proceed in response to the raised concern.

Ill-treatment and Wilful Neglect

Section 44 of the MCA specifies that it is a criminal offense to wilfully ill-treat or neglect a person who lacks capacity. Allegations of abuse or neglect involving an adult at risk who lacks capacity to consent to safety-related issues will always trigger action under the safeguarding adults process, with subsequent decisions made in their best interests in accordance with the MCA and MCA Code.

Deprivation of Liberty Safeguarding (DoLS)

A deprivation of liberty constitutes a breach of the Article 5 (1) right to liberty as outlined in the European Convention on Human Rights. Although the MCA does not define deprivation of liberty, Schedules 1A and A1 of the MCA, along with the DoLS code of practice and case law, provide guidance on situations that may amount to deprivation of liberty. The assessment must always consider the individual's circumstances.

Unlawful or inappropriate use of restraint, physical interventions, and/or deprivation of liberty are forms of physical abuse. However, it is crucial to distinguish between restraint, restriction, and deprivation of liberty. Determining whether a person is being deprived of their liberty depends on the specific circumstances of the case, considering the degree of intensity, type of restriction, duration, effect, and manner of implementation of the measure in question.

DoLS Code of Practice - https://www.cqc.org.uk/sites/default/files/Deprivation%20of%20liberty%20safeguards%20code%20of%20practice.pdf

The CQC has issued guidance for providers of registered care and treatment services on DoLS - https://www.cqc.org.uk/guidance-providers/mental-health-services/mental-capacity-act-deprivation-liberty-safeguards-nhs

Managing authorities are required to submit requests to the local authority supervisory body for authorisation to deprive an individual of their liberty.

Contact Information for Hertfordshire Supervisory Body:

- **Address:** Hertfordshire County Council, SFAR016, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ
- **Phone:** 01438 843800
- **Fax:** 01438 844312
- **Email:** dolsteam@hertfordshire.gov.uk

All Deprivation of Liberty Safeguards (DoLS) authorisation forms must be submitted via the Herts portal: https://hcsportal.hertfordshire.gov.uk/web/portal/pages/DOLS

Contact Information for Buckinghamshire Supervisory Body:

- For DoLS advice or inquiries, email the DoLS team directly at DOLS@buckscc.gov.uk
- For general information, call 01296 383288 or email bsvab@buckscc.gov.uk

In cases where a Deprivation of Liberty is occurring in the community, the Supreme Court Judgment on 19th March 2014 in the cases of P v Cheshire West and Chester Council and P&Q v Surrey County Council mandates that the Court of Protection must be approached for authorisation under Section 16 of the Mental Capacity Act. The judgment specifies that the "acid test" for deprivation of liberty is that the individual is under continuous supervision and control and is not free to leave, and this is attributable to the State. In such circumstances, legal advice should be sought regarding the application to the Court.

Restraint

Restraint encompasses a broad spectrum of actions, including both active and passive measures to ensure that an individual either performs or refrains from certain actions. For instance, the use of keypads to restrict movement within a closed environment.

Restraint may be justified to prevent harm to an individual who lacks capacity, provided it is a proportionate response to the likelihood and severity of the potential harm. In extreme cases, the unlawful or inappropriate use of restraint may constitute a criminal offence. Restraint involves the use of force, or the threat of force, to compel an individual to perform an action they are resisting, or to restrict their freedom of movement, regardless of whether they are resisting.

The DoLS and the associated Code of Practice offer a legal framework for authorising, monitoring, and challenging deprivations of liberty for individuals who lack capacity. These safeguards protect individuals in hospitals and care homes, including hospices, known as managing authorities, who do not have the mental capacity to decide whether they should be in the relevant care home or hospital to receive care or treatment. However, these safeguards do not authorise the provision of care or treatment itself.

It is the responsibility of the care home or hospital to identify individuals at risk of deprivation of liberty and to request authorisation from the supervisory body.

Alleged Abuser and Victims Who Are Both Service Users

When both the alleged abuser and the alleged victim are service users, it is crucial to adopt a coordinated approach and foster partnership working. Staff should engage in discussions and collaborate on cases where both parties are receiving services.

Key considerations include:

- **Balance of Power**: Assessing the power dynamics as part of the reporting process.
- **Support and Action**: Identifying the necessary support and actions required to assist the alleged abusers or victims.

It is important to note that joint meetings involving both the alleged abuser and the alleged victim are deemed inappropriate.

Radicalisation

Prevent Strategy (Hertfordshire)

The Prevent Strategy aims to prevent individuals from becoming terrorists or supporting violent extremism. It is integrated into the performance framework for local authorities, the police, and other partners, forming part of a broader Government strategy to combat terrorism.

Channel Project

The Channel project offers a mechanism for assessing and supporting individuals who may be targeted by violent extremists or drawn into violent extremism. It employs a multi-agency approach to identify, assess the nature and extent of risk, and develop an appropriate support strategy for the individual concerned.

When concerns arise about an adult at risk who is believed to be vulnerable to radicalisation, a safeguarding referral should be initiated. This referral should be forwarded to the Hertfordshire Police Safeguarding Adults from Abuse team (SAFA). Subsequently, the referral will be directed to the Channel Coordinator, and the Channel protocol will be followed.

For advice, the SAFA team can be contacted at 01707 354556. Referrals should be made using the agreed referral form and sent to safa@herts.pnn.police.uk.

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

For information on the process in Buckinghamshire:

- Extremism and Terrorism - Buckinghamshire County Council
- The Grid – Safeguarding

For factors that can leave a person more susceptible to exploitation by violent extremists, refer to *The Prevent Strategy: A Guide for Local Partners in England* available at:
https://www.gov.uk/government/publications/prevent-strategy-2011

References

- The Care Act 2014 – Care and Support Statutory Guidance, October 2014
- The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- HCS 666: Safeguarding Adults at Risk, Issue 9, March 2015
- Care Quality Commission – Adult Social Care Hospice Services Provider Handbook, 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13, *Safeguarding Service Users from Abuse and Improper Treatment*
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Code of Practice
- The Human Rights Act 1998
- Data Protection Act 2018 & GDPR
- Safeguarding Strategy 2019 to 2025: Office of the Public Guardian
- Sexual Offences Act 2003
- Making Safeguarding Personal 2018
- Safeguarding and Accountability and Assurance Framework (2019)
- Adult Safeguarding: Roles and Competencies for Health Care Staff, First Edition: The Intercollegiate Document, August 2018

Safeguarding Procedure for Adults

Aim and Scope of Procedure

This procedure outlines the responsibilities and actions required when a concern or allegation regarding actual or potential abuse of an adult is reported. Adherence to this procedure ensures that staff and volunteers address safeguarding issues in a manner that optimises the welfare and safety of service users, while fulfilling their professional responsibilities.

The Safeguarding Procedure Flowchart is prominently displayed in the main office of the In-patient Unit, the senior nurses' office, the Spring Centre, the outpatient department, and the Clinical Office upstairs.

For electronic access, please visit:https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Responsibility/ Accountability

All Staff and Volunteers:

- Understand and adhere to the 'Safeguarding Procedure Flowchart.'
- Complete mandatory safeguarding training as required.
- Raise any concerns with a Named Person or line manager within the specified timeframes outlined in the Safeguarding Procedure Flowchart.
- Complete a Hospice of St Francis Concern Form (available on Vantage) and, when appropriate, the Herts/Bucks safeguarding reporting form (see Referrals section).

- Inform one of the Named People about the concern within the specified timeframes outlined in the Safeguarding Procedure Flowchart.

Named People:

- Ensure Concern Forms are completed promptly and distributed according to the Safeguarding Procedure Flowchart.
- Consult with at least one other Named Person regarding concerns and agree on actions within 24 hours.
- Follow the pathway for immediate action if the situation is urgent, as outlined in the flowchart.
- Ensure the Director of Care and Contracting is aware of the situation.
- Inform the relevant social services department or police by telephone of any concerns reported at the Hospice of St Francis and follow up by sending the required information/report via confidential email.
- Obtain updates on reported concerns from Social Services within one week of their action.
- Provide feedback on the outcomes of concerns to the practitioner or volunteer who initially reported them, if appropriate.
- Attend safeguarding conferences as requested.
- Provide the police with all requested information.

Director of Care and Director of Integrated Governance, Wellbeing, and Family Support:

- Ensure all staff and volunteers are aware of and understand the Safeguarding Policy and Procedure, including detailed knowledge of the Safeguarding Procedure Flowchart.
- Ensure staff and volunteers receive appropriate internal or external safeguarding training relevant to their roles.
- Be available to support staff and volunteers, allowing them to speak in confidence regarding safeguarding matters.
- Ensure team members are aware of the Freedom to Speak Up policy guidelines and understand how to follow the identified procedures, including contacting the Freedom to Speak Up Guardian and/or Freedom to Speak Up Ambassadors.
- Ensure safeguarding incidents are reported and monitored by The Board, Clinical Governance Committee, and Clinical Reference Group.
- Promote a culture of openness and transparency, where staff and volunteers feel able to express concerns without fear of reprisals.
- Implement any lessons learned from safeguarding incidents.

Handling Allegations

When a patient or family member discloses an allegation of abuse to any member of the Hospice team (including volunteers), the following 'Good Practice' guidelines from the Association of Directors of Social Services should be adhered to:

- Remain calm and do not show shock or disbelief.
- Listen carefully to what is being said without asking detailed or probing questions.
- Demonstrate a sympathetic approach, acknowledging regret and concern for what has been reported.
- Note the time, setting, and details of what was said, as well as any other witnesses to the incident or allegation. Continue to record subsequent events.
- Ensure that any necessary emergency action has been taken.

- Confirm that the information will be treated seriously.
- Inform the person about the steps that will be taken (refer to the Safeguarding Procedure Flowchart).
- Assure them that they will receive feedback on the outcome of the concerns they have raised.
- Provide the person with contact details for Social Services and the Police so they can report any further issues or ask questions.
- Make it clear that if the disclosure involves a risk to themselves or someone else, the information must be passed on. Once the disclosure has been made, seek advice and support.

Disclosure of confidential information for the purposes of a Safeguarding investigation is considered necessary when patient safety and public protection override the need for confidentiality, as stated in the code for nurses and midwives (NMC 2015, sec 5.4).

Reporting Suspected Incidents and Dealing with Concerns

Any marks or bruising observed on a patient, whether sustained or merely noted within the Hospice, should be meticulously described and documented on the Safeguarding Concern Form (available on Vantage), including a body chart. Additionally, an Incident Form should be completed if necessary (e.g., in the case of a pressure ulcer).

Injuries may be suspected of being non-accidental if they appear on parts of the body not typically associated with accidental injury, are unusually symmetrical, or otherwise suggest an assault. Examples include imprints on the body, bite marks, or small round bruises in a line, which may indicate grabbing, burns, etc.

Upon raising a Safeguarding Concern Form, an internal safeguarding meeting must be convened with at least two of the Named Safeguarding Leads. According to the Safeguarding Procedure Flowchart, there are two potential outcomes:

1. **No Further Action** - The Hospice's named safeguarding leads must ensure that the affected individual has access to appropriate support services within the community.

2. **Take Action** - Gather Further Information:

- The Named Safeguarding Leads may determine that additional information is required. An appropriate team member may need to speak with the patient and their next-of-kin or relative. This should only occur if it does not place the patient at greater risk. The purpose is to clarify the context of any apparent harm or abuse. Based on the information gathered, there will be either:
    - **Significant Concerns of Immediate Health, Safety, and Welfare Risks:** Immediate contact must be made with emergency services (999), followed by urgent communication with the Hospice's named safeguarding leads as outlined in the safeguarding procedure flowchart.
    - **Substantial Concern with No Apparent Immediate Risk:** The Hospice's named safeguarding leads should make a safeguarding referral to the local authority if required, using the appropriate Herts/Bucks forms.

Reporting Incidents Out of Hours

Any urgent safeguarding issues that arise outside of regular hours (i.e., any time outside 09:00-17:00 Monday to Friday, including bank holidays), whether they occur in the in-patient unit, Spring Centre, or in the community, must be promptly reported to one of the designated individuals. These individuals will determine the appropriate immediate actions to be taken (refer to the flow chart for out-of-hours contact numbers).

Accusations Against the Hospice

If a family member or carer alleges that a patient has sustained an injury non-accidentally while at the Hospice, contact the Director of Care & Contracts, the Director of Integrated Governance, Wellbeing and Family Support, or the CEO. Follow the Hospice Complaints Policy initially until further instructions are provided. The safety and well-being of the vulnerable adult is the primary consideration.

Addressing Concerns about Colleagues

Staff and volunteers at The Hospice of St Francis share a collective responsibility to monitor each other to ensure the safety and well-being of all patients utilising our services. If there are concerns that a patient is at risk of any form of abuse due to the behaviour, attitudes, or actions of a staff member or volunteer, these concerns must be promptly reported to the Freedom to Speak Up Guardian, in accordance with the Freedom to Speak Up Policy. This may result in the immediate suspension or removal of the alleged perpetrator.

The patient, along with their family or carers, should be informed of any actions taken as soon as possible. Following the initial management response and any subsequent inquiries, confidentiality must be maintained to prevent the details of the allegations from being widely discussed within the care team. Management should focus on the nature of the incident or injury and the risk of further abuse. The primary consideration is the safety and well-being of the adult.

If formal disciplinary action is deemed necessary, it should be addressed in a formal meeting as outlined in the disciplinary procedure. Internal disciplinary measures will be taken by the management team against the staff member(s) involved if they are found by the disciplinary panel to have committed abuse. Disciplinary measures may be implemented even if Social Services decide not to investigate or if the police choose not to prosecute following an investigation.

Concerns raised about colleagues must be documented on the Concerns Form and kept separately by the named person or the Director of Care and Contracting.

Concerns Arising during a Community Visit

If a practitioner or volunteer witnesses actual harm or the potential for immediate significant harm to a patient or family member during a community visit, immediate action must be taken in accordance with the Safeguarding Procedure Flowchart.

If a practitioner or volunteer feels they are in personal danger at any time during a community visit, they must leave the threatening environment at the earliest opportunity. Refer to the Lone Worker Policy HS213 for guidance on risk assessments and the use of lone worker fobs.

Contact information for all local adults' social services departments, including out-of-hours numbers, can be found in the Safeguarding Procedure Flowchart.

Referrals

Hertfordshire Adult Referrals:

- Call 0300 1234043 (24 hours).
- Report a concern about an adult online - https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/report-a-concern-about-an-adult.aspx

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Buckinghamshire Adult Referrals:

- **Urgent Concerns:** Call the police on 999 or the Emergency Duty Team (EDT) on 0800 999 7677.
- **Non-Urgent Concerns:** Call 0800 137 915 (during office hours) or use the online form - https://adultsportal.buckinghamshire.gov.uk/web/portal/pages/saconcernprof#hBeforestart. You can also email ascfirstresponse@buckinghamshire.gov.uk.