



Safeguarding Adults Policy

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Exec Sign off Signature (electronic)	XXXX XXXX	
Disclosable under Freedom of Information Act 2000	Yes	

POLICY CONTEXT:

- This policy and procedure is consistent with and should be applied in conjunction with both Chapter 14 of the national statutory guidance document, "Care and Support Statutory Guidance" (The Care Act, DoH 2014) and with the Safeguarding Adult Procedures endorsed by the Local Adult Safeguarding Boards serving the area covered by BSMHFT.
- The procedure ratified by our local adult safeguarding boards is the West Midlands Adult Safeguarding Multi Agency Policy and Procedure, 2019.

POLICY REQUIREMENT: (See Section 2)

- This policy applies to all staff and volunteers across BSMHFT services working with children, young people and adult service users and carers. All staff and volunteers are required to be aware of regional and national policy and guidance on safeguarding.

- All members of staff have an individual duty to safeguard and promote the welfare of adults with care and support needs. This includes support staff such as subcontracted services.

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1: INTRODUCTION

1.0.1 Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs when deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (The Care Act, 2014). **All contact details for the Trust Safeguarding Team and Local Authorities can be accessed via the Safeguarding HUB web page on Connect.**

1.1 Rationale

1.1.1 BSMHFT are committed to promoting the safety and well-being of adults with care and support needs.

1.1.2 The purpose of this policy is to ensure that the Trust have robust arrangements to ensure that adult safeguarding is fully integrated into local systems and practice.

1.2 Scope

1.2.1 This policy applies to all staff including agency staff, students, sub-contractors and volunteers across all BSMHFT services that in the course of their duty have contact with adults and their families. All staff must be aware of local and national policy and guidance on safeguarding and promoting the welfare of adults with care and support needs.

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) (see appendix 2);
- is experiencing, or 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.

For safeguarding concerns regarding those under the age of 18 years please refer to the [Safeguarding Children and Young People Policy RS34](#).

1.3. Principles

1.3.1 Health services have a duty to safeguard adults and provide additional measures for service users who are less able to protect themselves from harm and abuse. Safeguarding adults is an integral part of quality patient care.

1.3.2 Think Family

Promoting the wellbeing and safeguarding service users and their families is integral to BSMHFT care provision and clinical practice: our duty of care. 'Think Family' is an approach used in safeguarding children practice. However, this can also a useful way of thinking about adults. Adult mental health concerns can exist within a context of wider vulnerabilities. This context can sometimes mean they or their family's wellbeing is compromised, or they are at risk of harm from other's outside of the family. It is essential to apply a whole-family approach and consider others. The 'Think Family' consideration of a person within a wider context means:

- we ask our service users about their family and partners
- we talk to family members, friends, and carers
- we consider the impact of mental illness on families
- we work in partnership with others to form a full picture of need
- we accept that an individual's issues exist within a context of wider vulnerabilities and are always curious about this

For further information on [Think Family](#) 7- minute briefing.

1.3.3 All members of staff have an individual duty to safeguard and protect adults with care and support needs. All Staff must respond to possible and actual incidents of abuse and neglect considering the six principles of adult safeguarding (Empowerment, Protection, Prevention, Proportionality, Partnership, and Accountability (DOH 2011), (detailed in appendix 3).

1.3.4 The Care Act 2014 outlines an approach called Making Safeguarding Personal (MSP). Using this approach means that safeguarding adults is person centred and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving their quality of life, wellbeing and safety.

1.3.5 The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisation's in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

2: POLICY

2.1 Legislation and guidance

2.1.1 This policy is informed by the Care and Support Statutory Guidance issued under The Care Act 2014 (with specific reference to Chapter 14) and also by the West Midlands Safeguarding Adult's Multi Agency Procedure. This procedure is endorsed by the Local Adult Safeguarding Board's in Birmingham and Solihull.

2.1.2 Local Safeguarding Adult Boards have statutory powers to ensure that partner agencies comply with the statutory guidance. The local authority is the lead agency for the statutory adult safeguarding function.

2.1.3 BSMHFT works in partnership with the local Adult Safeguarding Boards in which the patient resides.

2.1.4 The Care Act 2014 (section 42) requires the local authority, in which the adult with care and support needs resides; to make enquires, or to instruct others to make enquiries where they have reasonable cause to suspect that an adult is being abused or neglected. NHS trusts have a statutory duty to assist in or carry out such enquiries and are expected to prioritise attendance at statutory meetings held within these safeguarding processes.

2.1.5 Therefore, BSMHFT can be caused to undertake a Section 42 Enquiry or part of an enquiry on behalf of the local authority if best placed to do so.

2.2 Training

2.2.1 Mandatory safeguarding adults training is incorporated into the Trust Fundamental Training Programme. This safeguarding training meets the requirements set out in Adult Safeguarding Levels and Competencies for Healthcare Professionals Inter Collegiate Document 2018.

3: THE PROCEDURE

3.1. Safeguarding responsibilities

3.1.1 All employees have a responsibility to recognise, identify and respond to concerns about abuse, neglect or any safety concerns for service users and/or their families/carers.

3.1.2 To support this procedure a Safeguarding Behaviours profile and Safeguarding Standards are available to aid staff and managers. The safeguarding behaviours profile (<https://bsmhft.pagetiger.com/safeguardinghub/integrated-safeguarding-system>) provides an overarching definition of the actions and activities required to demonstrate effective safeguarding practice. There are currently three levels of behaviours. One outlines the core expectations of all staff. Two further levels

reflect the different safeguarding responsibilities of operational and strategic managers. In addition, the safeguarding *standards* are designed to support clinical effectiveness. They are focussed on core safeguarding activities. Clear instruction is provided alongside a rationale for the activity, an expectation of the outcome for the child, family or adult.

3.1.3 Utilising a Think Family approach as previously referenced in 1.3.2 principles.

3.1.4 Adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Staff must always promote the adult's wellbeing within a safeguarding context. People have complex lives and being safe is only one of the things they may want.

3.1.5 At the point of assessment and on an ongoing basis the names and dates of birth of children and parental responsibility must be obtained and recorded on RiO for all of the children of service users and/or children they live with. This information should be recorded on the 'children and siblings details' form on RiO (found in the demographic section in RiO case records). If a service user refuses, or continuously evades providing this information, this must be recorded in progress notes and advice sought in supervision or from a line manager. Safeguarding concerns and risks should be added to risk screens and there is also a function on RiO to add a safeguarding indicator. Please see 'Record Family Details' Safeguarding standard.

(<https://bsmhft.pagetiger.com/safeguarding-hub/intergrated-safeguarding-system>)

3.1.6 Staff must work with the adult to establish what being safe means to them and how that can be best achieved; however, when they have identified abuse, neglect, or concerns it is not acceptable to take a 'do nothing' approach.

3.1.7 It is often difficult for patients or their families to disclose abuse or neglect due to complex dynamics or the pressure of close relationships and it may be that they do not recognise the situation as abusive. It is important to consider whether a person is experiencing undue influence and/or coercion from a third party. It is important to always consider the wider family taking a "Think Family" approach. It is imperative that all assessments and on-going interventions include the context of family relationships, involve friends, carers and significant others.

3.1.8 With any identified adult safeguarding concern staff must also consider children's safeguarding as a concept of paramourty.

3.1.9 There are various types and patterns of abuse and neglect and different circumstances in which they take place. There is no exhaustive list so staff should not limit their view of what constitutes abuse or neglect or who can cause abuse and neglect. However, broad categories along with the definitions can be found in the glossary.

3.1.10 The Care Act 2014 advocates 'making safeguarding personal' for all, so actions taken must be person-led and outcome focused, engaging individuals in conversation about how best to respond to concerns raised or suspected, enhancing their involvement, choice and control as well as considering their

quality of life, wellbeing and their safety. This will also need consideration of the level of risks involved and there may be some disagreement between staff and the service user about what needs to happen next.

- 3.1.11 In these instances staff must seek further advice and support from their managers in the first instance and/or the Trust Safeguarding Team.
- 3.1.12 If a crime is suspected then the Police should be informed. Confidential information may need to be and should be shared with the Police within a safeguarding context and should be done on a case by case basis. Information can be shared if consent has been received under the Data Protection Act or if public interest disclosure outweighs maintaining confidentiality.
- 3.1.13 If there is concern about immediate risk and harm to the service user then immediate safety actions must be taken. This could be calling the police via 999, adult social care or formulating a clinical management plan that will, as an interim measure, remove the immediate risks of harm. Further advice can then be sought.
- 3.1.14 Safeguarding disclosures and concerns can also come in the form of complaints. (Please refer to [CG06 Complaints Policy](#)). It is vital that these are also recognised as requiring a safeguarding response so that appropriate intervention can be put in place.
- 3.1.15 All disclosures of abuse and neglect or identified concerns about the safety of a service user and/or their family/carer **must be detailed on an Eclipse incident report** including the action taken. If an adult safeguarding referral is submitted to the local authority and an electronic copy of the referral is available then this should also be attached to the Eclipse. The risk screen must be updated on RiO and a **safeguarding indicator added**. See [R&S02 The Reporting, Management and Learning from Incidents Policy](#).
- 3.1.16 Alternative actions to an adult safeguarding referral may be taken if indicated in an individual case i.e., referral to the Local Authority for a Section 9 needs assessment of a persons care and support needs. Practitioners can seek additional advice from the Trust Safeguarding Team or Safeguarding HUB on Connect.
- 3.1.17 Self Funders (*see glossary) require particular consideration as they can be a particularly risky group as can cross border placements.
- 3.1.18 **Mental Capacity** - If there is any concern about the service users' capacity to make specific decisions regarding their safety, then a mental capacity test must be carried out under the Mental Capacity Act (MCA) (2004) and documented clearly on MCA forms on RiO.
- 3.1.19 If the MCA assessment deems the person to lack capacity in the specific area of concern, then a best interest meeting should be held so that a plan of action can be formulated and decisions made on that persons behalf. If necessary involve an independent mental capacity advocate (IMCA). It is important that when considering capacity, staff take account of the dynamics of the service users' relationship with the source of risk, because the potential presence of control and coercion within relationships will have an impact on a persons

decision making. This is particularly relevant in domestic abuse situations. If this is identified then it will need detailing in any concern raised. Please refer to the [Mental Capacity Act 2005 Policy MH14](#).

3.1.20 Deprivation of Liberty Safeguards (DoLS) - Sometimes adults who are unable to make decisions about their care and treatment need to be cared for in a particularly restrictive way to keep them safe. The Mental Capacity Act 2005 has set out Deprivation of Liberty Safeguards (DoLS) to protect people in this situation. Please refer to the Trust [Mental Capacity Act 2005 Policy MH14](#) for further details on DoLS. Liberty Protection Safeguards (LPS) introduced in the Mental Capacity (Amendment) Act 2019 will replace DoLS; the LPS Code of Practice is awaited. Further details on how this change will affect Trust service users and practitioners can be found on the Trust Safeguarding HUB.

3.1.21 Leave Arrangements, transitions between services and discharges - Staff must be aware of safeguarding risks when a service user is granted section 17 leave from hospital and safeguarding should be considered in all discharge planning and transfer of care between services and agencies. Particular consideration should be given to young people transitioning from Children's & Young Peoples Services to Adult Services.

3.2 Raising a safeguarding alert with the local authority

3.2.1 The Local Authority are the identified lead agency with regards to safeguarding adults and when concerns about abuse or neglect are identified, then a multiagency safeguarding referral form should be completed and sent to the local authority. The link to the adult safeguarding referral process can be found via the safeguarding HUB pages on Connect. Birmingham Adult Social Care operates a secure portal for referrals and the completed referral form can be saved just prior to submitting for Trust records and attachment to Eclipse forms. Referrals to Solihull can be made via the online secure portal or over the telephone, however the preferred option of both the local authority and the Trust is via the portal.

Please see 'Making referral safeguarding standard

(<https://bsmhft.pagetiger.com/safeguarding-hub/integrated-safeguarding-system>)

3.2.2 Concerns need to be raised in consultation with the individual, if the person has capacity and does not want action taken to address the abuse, neglect or concerns then further advice should be sought. However, if staff are seriously concerned about the level of risk and if in any doubt, they should complete an adult safeguarding referral and forward to the relevant local authority. The issues of disagreement and the decision to raise the concern despite the service users' reluctance should be detailed on the form. Management oversight and a discussion with the Trust Safeguarding Team can be sought if required.

3.2.3 All areas of the referral form must be completed and as much information as possible should be included. Any gaps in information (as there may be very limited information known) can be detailed in the free text box.

- 3.2.4 Any completed safeguarding form must be attached to the completed Eclipse form and uploaded onto RIO under the clinical documentation section. Eclipse Incident numbers should be referenced within the RIO progress notes. It is not currently possible to save referrals before submitting to Solihull Local authority however this may be subject to change in the future. Please refer to [R&S 02 The Reporting, Management and Learning from Incidents Policy](#).
- 3.2.5 The safeguarding referral should be forwarded to the local authority as soon as possible after the concern has been identified.
- 3.2.6 In Birmingham the referral form will be received by the Adult Social Care Contact Centre where it will be triaged by call centre staff. They will forward the concern on to the local authority Safeguarding Team and the referrer should be notified as to who the allocated social worker will be and the outcome within 1 day. If this does not happen, the referrer is responsible for following up on the progress regarding the submitted referral. The referrer should be notified by the local authority if they believe that a safeguarding response is not needed. If BSMHFT staff do not agree with the outcome, they can call the Trust Safeguarding Team for support and advice on escalation processes if appropriate. In Solihull, adult safeguarding referrals can be made over the telephone or via the secure online portal however Trust preference is the online option.
- 3.2.7 When a concern is received by the local authority, the allocated social worker will do an initial lateral checking exercise to enable decision making. This will involve contacting the service user/carer. Therefore staff must ensure that when raising a concern, the service user/carer is fully aware of the process and know that they will be contacted by a social worker. If this is not possible due to it potentially putting the individual at increased risk, for capacity issues or any other reason, this must be documented on the referral.
- 3.2.8 If the concern is considered to meet the criteria for a safeguarding enquiry to be instigated, the local authority will take the lead on subsequent actions. However, safeguarding enquires take a partnership approach so all agencies involved should be given the opportunity to voice their views/concerns about any decisions made and have them taken seriously. Staff are required to participate in the process and attend any safeguarding discussions or planning meetings that are arranged. They are also expected to support their service user through the process taking account of the 6 principles of adult safeguarding previously referenced.

- 3.2.9 Adult safeguarding plans must be uploaded on RiO and incorporated into risk assessments and care plans. Trust staff may have to request a copy of the plan from the local authority if not volunteered.
- 3.2.10 Once a safeguarding enquiry is commissioned by the local authority an alert should be placed on RIO under the indicator section on the RIO homepage for the service user.
- 3.2.11 Where an incident of abuse/neglect/concern has been deemed to need an internal investigation, this can be initiated in consultation with the allocated social worker to ensure that this is the most appropriate way forward. The local authority has a duty under the Care Act 2014 to 'carry out enquiries or cause others to do so'. This means that once the case is open to a safeguarding social worker, they are statutorily responsible for making enquiries into the concern raised. If appropriate they can direct others such as BSMHFT or another appropriate agency to conduct the enquiry or part of the enquiry on their behalf. If BSMHFT staff are requested to complete a section 42 enquiry it will be up to the operational area to decide who is the best placed individual to complete this. Trust staff can contact The Trust Safeguarding Team for advice and support if they are requested to complete a Section 42 enquiry.
- 3.2.12 The allocated social worker will also make a decision if they need to involve the police (if this hasn't already been done) and, in these circumstances any internal Trust investigation process must await further police guidance before proceeding/continuing.
- 3.2.13 If the referral does not meet the Local Authority criteria to open a safeguarding enquiry yet staff remain concerned, staff should hold a professionals meeting inviting all relevant agencies/partners so that risks can be considered and effective monitoring and intervention can be formulated. Further advice and support can be obtained from the Trust Safeguarding Team.
- 3.2.14 An open safeguarding enquiry can be closed due to the identified risks being eliminated by the safeguarding plan and therefore, the individual, as a result is safe. Sometimes cases are closed because, despite everyone's best efforts, the individual has not engaged with the safeguarding plan and has capacity to make what staff may class as an 'unwise decision'. In these circumstances there is a limit to what interventions can be implemented and so a full risk assessment should be carried out and a risk management plan formulated. This should include monitoring the situation and further concerns raised as deemed necessary. Again, further advice and support can be sought from the Trust Safeguarding Team.
- 3.2.15 Trust staff must record the outcome of a safeguarding referral /enquiry in a patients' records i.e. section 42 enquiry, referred to local social work team, section 9 needs assessment or signposted.

3.2.16 When Trust staff are aware that an external agency has made an adult safeguarding referral, they should liaise with adult social care to make themselves known and to clarify the concerns raised.

3.2.17 If the concern was raised due to domestic abuse, then this may also warrant a Multi-Agency Risk Assessment Conference (MARAC) referral. Please refer to Trust Policy [R&S 03 Domestic Violence & Abuse Policy](#). All domestic abuse disclosures/incidents/concerns must be reported through the Eclipse system.

3.2.18 Information Sharing - Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Information sharing and exchange is crucial to the process of safeguarding children and adults.

3.2.19 Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective safeguarding. A key factor identified in many Safeguarding Adult Reviews (SAR's) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action. The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.

3.2.20 If any staff member is unsure whether confidential information should be disclosed the matter should be discussed with the Safeguarding Team or the Caldicott Guardian. **BSMHFT's Confidentiality Policy IG01** and **Information Sharing Protocol's**.

3.3 Clinical management issues

3.3.1 There are sometimes concerns about the safety of adults with care and support needs that do not necessarily need a safeguarding response but a clinical review is needed.

3.3.2 'Patient on patient incidents in Trust inpatient areas.'

- These do not automatically constitute a safeguarding incident that needs to be raised with the local authority. Each incident needs to be considered on its own individual circumstances and the 6 principles of safeguarding can be the guide for this.
- These incidents generally need a robust clinical management plan, revised care plan and updated risk assessment to address the safety of the client's involved and clear documentation to show what has occurred, what has been done to address the situation and any risk management needed.

- The service user must be part of this process, ensuring that they are happy with the clinical management plan/intervention and they feel safe and their options are discussed with them, e.g. they can be supported to make a complaint to the police, have a safeguarding concern raised with the local authority (helping them to think through any added value this will bring to the situation), they can use the internal Trust complaints process and also the internal investigation process can be utilised. The client should be offered the opportunity to access an independent advocate to support them.
- If there is a concern that any violence, abuse or exploitation could continue when the clients are discharged, or there is an on-going situation that needs a multi-agency response, then it may be that this is raised with the local authority as a safeguarding issue. Staff need to ensure that this is discussed with the person(s) as per the above guidance and utilising the 6 principles.

3.3.3 Pressure Ulcers - If an adult with care and support needs has a pressure ulcer, even a serious one, it is not in itself a reason to suspect abuse or neglect. There are a number of factors to help you decide whether it potentially indicates neglect, or whether it indicates a need for care providers to improve their practice. These factors include:

- The person's physical health and existing medical conditions.
- Any skin condition the person may have.
- Any other signs of neglect, such as poor personal hygiene.
- The appropriateness of their care plan and whether it has been properly carried out.
- The person's own views, and the views of their family and friends, on their care.

For further information see guidance on the Care Act 2014. Advice and support is available from the Trust Tissue Viability Nurse. Please also refer to: **DoH and Social Care Safeguarding Adults Protocol Pressure Ulcers and the Interface with a Safeguarding Enquiry January 2018**. (Referenced in appendix 4).

3.4 Carers and safeguarding

3.4.1 There are some circumstances in which a carer, a family member or friend could be involved in a situation that may require a safeguarding response:

- a carer may speak up about abuse or neglect.
- a carer may experience harm from the adult they are trying to support.
- A carer may harm or neglect the adult they support.

3.4.2 If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding concern is raised so that all issues of abuse/harm and neglect can be considered.

3.4.3 The opportunity to complete a Carer's Engagement Tool should always be offered and this will give opportunity for any support and care needs of their own to be identified and also for them to have a voice about any concerns with regards any abuse and neglect.

3.4.4 In addition to the Trust Carers Engagement Tool carers are also entitled under The Care Act 2014 to receive a Carers Assessment from the Local Authority.

3.5 Responding to concerns about abuse and neglect by staff

3.5.1 It is everyone's responsibility to respond to reports received or concerns witnessed that amount to potential or actual harm or neglect involving BSMHFT staff. This should be through line management responsibility and with consultation with the Trust Safeguarding Team and HR dept. ([HR Policy 37 Managing Safeguarding Allegations Concerning People in a Position of Trust](#)).

3.5.2 The organisation, when made aware of concerns of abuse and/or neglect, has a duty to protect service users from harm as soon as possible and to inform the local authority, CQC and the CCG where appropriate.

3.5.3 These bodies can then consider the organisations response to the concerns raised and need to be assured that this is sufficient to deal with the particular safeguarding issue and whether or not they need to instigate an enquiry themselves.

3.5.4 This may involve for example implementing the Trust's Serious Incident procedures or the Trust disciplinary procedures.

3.5.5 If there is a potential crime, the organisation will be guided if these processes need to be placed on hold whilst the police consider their position.

3.5.6 Human Resources and the Head of Safeguarding should be notified of any allegation of abuse or neglect made against staff.

3.6 Safeguarding Adults Review (SAR)

3.6.1 Safeguarding Adult Reviews are commissioned by The Safeguarding Adults Board as a way of considering cases where adults with care and support needs, in their area, have died or suffered serious harm and there was, or suspected to be, abuse and/or neglect; and that there are concerns that agencies could have worked more effectively together to protect the adult.

3.6.2 The SAR is a reflective process with an outcome of learning lessons and improved practice to protecting adults with care and support needs.

3.6.3 BSMHFT, as do other partner agencies have a statutory duty to take part in this process and ensure that any learning is robustly embedded into practice, policies and procedures as appropriate. Trust staff can make SAR referrals to the relevant local authority for consideration. Further details can be found on the BSAB and SSAB websites or via the link on the Safeguarding HUB on Connect.

3.7 Contact details

3.7.1 All contact details for the Trust Safeguarding Team and Local Authorities can be accessed via the Safeguarding HUB web page on Connect. ([Safeguarding Hub - Homepage \(pagetiger.com\)](http://pagetiger.com))

3.8 Governance

3.8.1 Safeguarding governance is formally constituted within the organisations integrated governance structure. The Safeguarding Management Board (SMB) reports to the Trust Board via the Integrated Quality Committee (IQC). This reporting provides assurance of how the Trust is meeting its statutory obligations to safeguarding children and adults.

3.8.2 All reports and action plans from Safeguarding Adult Reviews (SAR's) are reported to the Trust Safeguarding Management Board (SMB) and serious incidents concerning safeguarding adult issues go to the Patient Safety Advisory Group (PSAG), Clinical Effectiveness Group (CEG) and Learning From Deaths (LFD) Meeting.

4: RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All Staff and Volunteers	<p>Responsible for ensuring that they understand and comply with the organisations and all relevant local adult safeguarding board policies and procedures in order to safeguard adults with care and support needs.</p> <p>Registered staff are responsible for their own actions, including taking responsibility for any concerns they report and for supporting un-registered staff in raising concerns.</p>	

Executive Director	The Director of Quality and Safety (Chief Nurse) is the Executive Lead responsible for safeguarding adults. It is their responsibility to inform the Trust Board of safeguarding activity and risks.	
Named Professionals	The Head of Safeguarding takes the strategic lead in supporting the organisation to meet its statutory functions. The Named Nurse is responsible for promoting good professional practice; acting as a reference point for other agencies for the purpose of liaison and linking with LSABs and to provide advice, expertise, complete audit's and reviews and to deliver training, supervision and support.	
Post(s)	Responsibilities	Ref
Associate Directors, Clinical Directors, Clinical Managers, Matrons and other Senior Clinicians	<p>Are responsible for ensuring that operational staff including team managers are cognisant with current safeguarding policy and practice and that this is embedded operationally.</p> <p>They are responsible for ensuring that local safeguarding supervision is provided. They should be aware of the Integrated Safeguarding System (ISS) behaviours.</p> <p>See link to the strategic manager safeguarding behaviour profile: https://bsmhft.pagetiger.com/safeguardinghub/intergrated-safeguarding-system)</p>	

<p>Team Managers</p>	<p>Must ensure that policy is followed and understood as appropriate to each staff member's role and function and that new staff are advised at induction.</p> <p>They are responsible for acting as a team reference point for safeguarding which includes the sign off of referrals prior to sending externally.</p> <p>They are responsible for ensuring that all staff are up to date with training, for cascading information, the provision of required data and the implementation of audit actions.</p> <p>They are responsible for ensuring safe recruitment and workforce issues are compliant with safeguarding requirements and will offer support and supervision/competency assessments.</p> <p>See safeguarding behaviour profile (https://bsmhft.pagetiger.com/safeguardinghub/intergrated-safeguarding-system)</p>	
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4.1 Specialist Services Responsibilities

- In joint working environments, for example psychiatric liaison teams/acute hospitals or liaison & diversion/police, special consideration should be made for who takes responsibility for safeguarding referrals/actions and how this is communicated/documentated and followed up.

4.2 Exploitation

- The Trust have a duty to recognise indicators of exploitation and to act to safeguard individuals at risk of and those who may be vulnerable to exploitation. Staff to use normal safeguarding procedures.
- Staff may also need to consider sharing intelligence about exploitation with the Police using a FIB form – (<https://solihullscp.co.uk/practitionervolunteers/child-sexual-exploitation-23/cse-intel-form--85.php>)
- In the case of Modern Slavery there is a mandatory duty to report this to the Police (Modern Slavery is a crime) and to the Local Authority. Both the Police

and Local Authority are First Responders and can refer victims to the National Referral Mechanism (NRM) for support for up to 45 days.

- If the identified concern relates to extremism, then please refer to the Trust **PREVENT Policy R&S32**
- The Trust Named Nurse for Safeguarding Adults is the named person for exploitation reduction within the organisation.

5: DEVELOPMENT AND CONSULTANT PROCESS consisting of:

- ✦ An outline of who has been involved in developing the policy and procedure including Trust forums and service user and carer groups.

Consultation summary		
Date policy issued for consultation		September 2021
Number of versions produced for consultation		3
Committees / meetings where policy formally discussed		Date(s)
Safeguarding Team Meeting		22 September 2021
PDMG		18 October 2021
Where received	Summary of feedback	Actions / Response
Safeguarding Team Meeting	As per team minutes	Draft policy updated v.2
PDMG	As per meeting minutes	Draft policy updated v.3

6: REFERENCE DOCUMENTS:

- Trust Safeguarding Practice Guide – Section 42 Enquiries
- Trust Safeguarding Team Generic Practice Guide
- DoH and Social Care Safeguarding adults protocol Pressure Ulcers and the interface with a Safeguarding Enquiry January 2018
- HR35 Trust Fundamental Training Policy

7: BIBLIOGRAPHY:

- Care and support statutory guidance – issued under The Care Act 2014
- Safeguarding Adults – The role of the health service DoH 2011
- [Domestic Abuse Trust Policy \(R&S3\)](#)
- [Prevent Trust Policy \(R&S 32\)](#)

- [Safeguarding Children & Young People Trust Policy \(R&S34\)](#)
- BSAB Birmingham Self – Neglect Best Practice Guidance (2021)

8: GLOSSARY INCLUDING DEFINITIONS OF ABUSE

- **Adults at Risk** - The Care Act now describes adults at risk as adults with care and support needs. This is regardless of whether they are actually receiving services or not.
- **Making Safeguarding Personal (MSP)** is a person centred approach for working with adults with safeguarding concerns. “No decision about me without me”.
- **Adult Social Care Contact Centre (Birmingham) – formerly Adult & Community Access point (ACAP).**
- **MARAC** – Multi Agency Risk Assessment Conference. A multi-agency forum where high risk domestic abuse is discussed.
- **DASH** (Domestic Abuse, Stalking and Harassment) assessment tool. This is a risk check list that gives an indication of the level of risk that victims are living with. All agencies are starting to use this to enable a shared threshold of risk. [Safeguarding Hub - Domestic Abuse Risk Assessments \(pagetiger.com\)](#) .
- **SAR** – Safeguarding Adult Review. A learning lessons multi-agency review commissioned by the Safeguarding Adults Board when a person with care and support needs dies or suffers serious harm as a result of partner agencies not working together to protect them from abuse and neglect.
- **Physical abuse** – Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence/Domestic Abuse** – Including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence and coercion and control (please refer to the BSMHFT Domestic Abuse policy).
- **Sexual abuse** – Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- **Financial or material abuse** – Including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – Including forms of harassment, slurs or similar treatment: - because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Section 9 Needs Assessment** – The Care Act sets out the local authority’s duty to undertake a needs assessment for a person in need of care and support.
- **Self – funders** – where the local authority does not make any financial contribution towards the costs of the person’s care.
- **Prevent** - Prevent is part of the Government’s counter-terrorist strategy, Contest. The purpose of Prevent is to safeguard people from being drawn into extremism or supporting terrorism. It does this by early identification and interventions, working in partnerships with relevant agencies and engaging with those who may be vulnerable to this influence, including children and young people.

9: Audit and Assurance:

Element to be Monitored	Lead	Tool	Frequency	Reporting Committee
Quality of referrals to local authority	Named Nurse for Safeguarding Adults	Dip sample audit from Eclipse	Annually	Safeguarding Management Board (SMB)
Team understanding of the safeguarding adults procedure	Named Nurse for Safeguarding Adults	Quality assurance visits. The use of the Integrated Safeguarding System (ISS) standards and behaviours.	Ad hoc.	Safeguarding Management Board (SMB)

10. Appendices

Appendix 1 – Equality Impact Assessment

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/management/support/Pages/default.aspx>

Title of Proposal	Safeguarding Adults Policy		
Person Completing this proposal	XXXX XXXX	Role or title	Named Nurse for Safeguarding Adults
Division	Corporate Nursing	Service Area	Trust Safeguarding Team
Date Started	09.09.21	Date completed	30.11.21
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The Safeguarding adults Policy details the responsibilities of BSMHFT to promote and safeguard the well-being of all adults in line with legislation and statutory guidance.			
Who will benefit from the proposal?			
All service users, carers, staff and families.			
Impacts on different Personal Protected Characteristics – Helpful Questions:			
<i>Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?</i>		<i>Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?</i>	
Please click in the relevant impact box or leave blank if you feel there is no particular impact.			

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			x	<p>The policy will have a positive impact on service users and their families/carers whatever their age.</p> <p>References are made throughout the policy to Think Family – including a section on carers and references to the Safeguarding Children and Young People Policy.</p>
<p>Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
Disability			x	<p>Adults with care and support needs (which includes disabilities) are at a greater risk of abuse and neglect compared to adults without. This policy will have a positive impact on adults and their families by supporting staff to protect them from harm and helping to promote their well being. The policy promotes the use of the Think Family approach and early intervention as this can help to prevent issues from escalating into safeguarding concerns.</p>
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				
Gender			X	<p>Although there is an equal distribution of genders referred to the LA & subject to adult safeguarding plans it is recognised that more women are victims of domestic abuse than men and therefore the policy mentions DA as a category of abuse and is also cross referenced with the Trust DA Policy.</p>
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?</p>				

Marriage or Civil Partnerships			x	Increased identification of safeguarding concerns including domestic abuse would generally offer increased opportunities to support service users and their families. This is likely to reduce the likelihood of serious incidents in marriage and civil partnerships. The policy outlines the partnership approach to safeguarding. Adhering to the adult safeguarding
				policy and procedure will be demonstrated in an increased recognition of safeguarding concerns by staff.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			x	The policy will have a positive impact on maternity and pregnancy by supporting staff to protect service users and their families from harm and respond effectively to safeguarding risks.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post -natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity			x	The policy will have a positive impact on adults of all races and ethnicities, by supporting staff to protect them from harm and respond effectively to any safeguarding risks. Safeguarding concerns are not confined to any race or ethnic group.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				

Religion or Belief			x	The policy will have a positive impact on service users from all religions and beliefs by supporting staff to protect them from harm and respond effectively to any safeguarding risks.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation			x	The policy will have a positive impact on service users of all sexual orientations by supporting staff to protect them from harm and respond effectively to any safeguarding risks.
Including gay men, lesbians and bisexual people				
Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment			x	The policy will have a positive impact on service users by supporting staff to protect them from harm and abuse and to respond effectively to any safeguarding risks.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights			x	The Human Rights Act (1998) protects the rights of every human being. The policy will have a positive impact on service users rights by supporting staff to protect them from harm, promoting their well-being and responding effectively to any safeguarding risks.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				x
<p>If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.</p> <p>If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead.</p>				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
No negative impact identified				
How will any impact or planned actions be monitored and reviewed?				
Not applicable				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Safeguarding good practice is shared via patient stories at the Str and during safeguarding leads sessions plus various other events around the trust such as enhanced safeguarding sessions Outcomes from DHR's, SCR's and SAR's are also shared across the Trust via meetings and Connect.				

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Title of Proposal			
Person Completing this proposal		Role or title	
Division/Department		Service Area	
Date Started		Date completed	
Looking back at the screening tool, in what areas are there concerns that the proposal treats groups differently, unfairly or disproportionately as a result of their personal protected characteristics?			

Summarise the likely negative impacts	Summarise the likely positive impact
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Full Equality Analysis Form

What previous or planned consultation or research on this proposal has taken place with groups from different sections of the community?		
	Please provide list of groups consulted.	Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the negative impact?
Group(s) (Community, service user, stakeholders or carers)		
Staff Group(s)		
What up-to-date information or data is available about the different groups the proposal may have a negative impact on?		
Are there any gaps in your previous or planned consultations, research or information? If so are there any other experts, groups that could be contacted to get further views or evidence?		
Yes		No
If yes please list below		

As a result of this Full Equality Analysis and consultation, what changes need to be made to the proposal? (You may wish to put this information into an action plan and attach to the proposal)

Will any negative impact now be:

Low:		Legal:		Justifiable:	
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Will the changes made ensure that any negative impact is lawful or justifiable?

Have you established a monitoring system and review process to assess the successful implementation of the proposal? Please explain how this will be done below.

Action Planning: How could you minimise or remove any negative impact identified even if this is of low significance?

How will any impact or planned actions be monitored and reviewed?

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2 - Definition of care and support needs

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations. This assessment is a Section 9 of The Care Act – Assessment of an adult's needs for care and support.

Appendix 3 - Six Principles of Adult Safeguarding

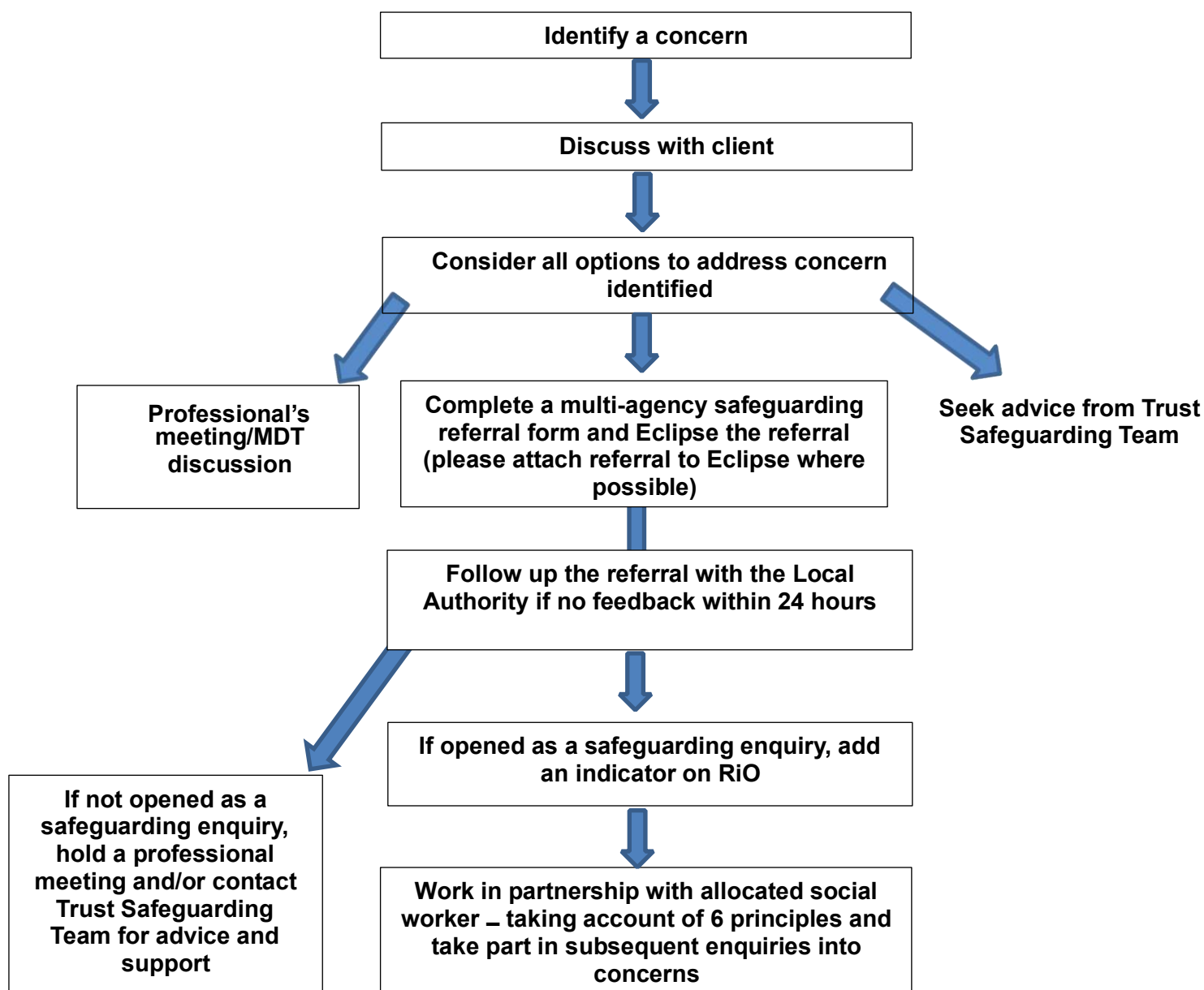
- **Empowerment:** Presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process
- **Protection:** Ensuring that people are safe and that they have support and representation as necessary during the process
- **Prevention:** Minimising the likelihood of repeated abuse and recognising the person's contribution to this in safeguarding plans
- **Proportionality:** The ways in which the safeguarding procedure is used are proportionate, as un-intrusive as possible and appropriate to the risk presented
- **Partnership:** People can be satisfied that agencies are working constructively to make them safe
- **Accountability:** Accountability and transparency in delivering safeguarding

Appendix 4 - Relevant Policies and Guidance

- Trust Safeguarding Practice Guide – Section 42 Enquiries
- Trust Safeguarding Team Generic Safeguarding Practice Guide
- HR Policy 37 Managing Safeguarding Allegations Concerning People in a Position of Trust
- HR Policy 20 Whistleblowing
- HR35 Fundamental Training Policy
- CG06 Complaints Policy
- R&S 03 Domestic Abuse Policy
- R&S 34 Safeguarding Children & Young People Policy
- Mental Capacity Act 2005 Trust Policy MHL14
- SSAB & BSAB website's
- DoH and Social Care Safeguarding adults protocol Pressure Ulcers and the interface with a Safeguarding Enquiry January 2018

APPENDIX 5

Safeguarding Adult Procedure



NB. Please note that an Eclipse record should also be made whenever a safeguarding concern is identified and not only when a multi-agency referral is made.

