Safeguarding Adults and Children policy

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Policy Statement

North London Hospice is fully committed to safeguarding the welfare of all those we care for and those delivering our services. This Policy sets out the minimum acceptable standards for all aspects of Safeguarding Adults within the Hospice and fulfils legal and governance requirements. Our Safeguarding policies and procedures ensure that we have robust systems and frameworks within which all employees and volunteers of North London Hospice are required to work to keep people safe. They are therefore able to respond appropriately to any safeguarding concerns. Our Safeguarding Adults and Children procedures help ensure that the hospice and its services constitute a safe place for all, consistent with our core values. Working together, we help protect our patients and their families from the risk of abuse, harm and neglect.

Safeguarding training is mandatory for all staff and volunteers and our senior staff, including CNS's, Doctors, and Clinical Managers who are trained to an advanced level. The Safeguarding Lead, safeguarding champions supported by Head of Patient and Family Support (HOPAFs) are available to consult for advice on any concerns that you may have. If you are concerned about someone who is known to the North London Hospice, whether a patient or family member, you can discuss your concerns with the champion in your service area, CNS or alternatively by contacting the safeguarding Lead by telephoning 0800 3687848 or email to

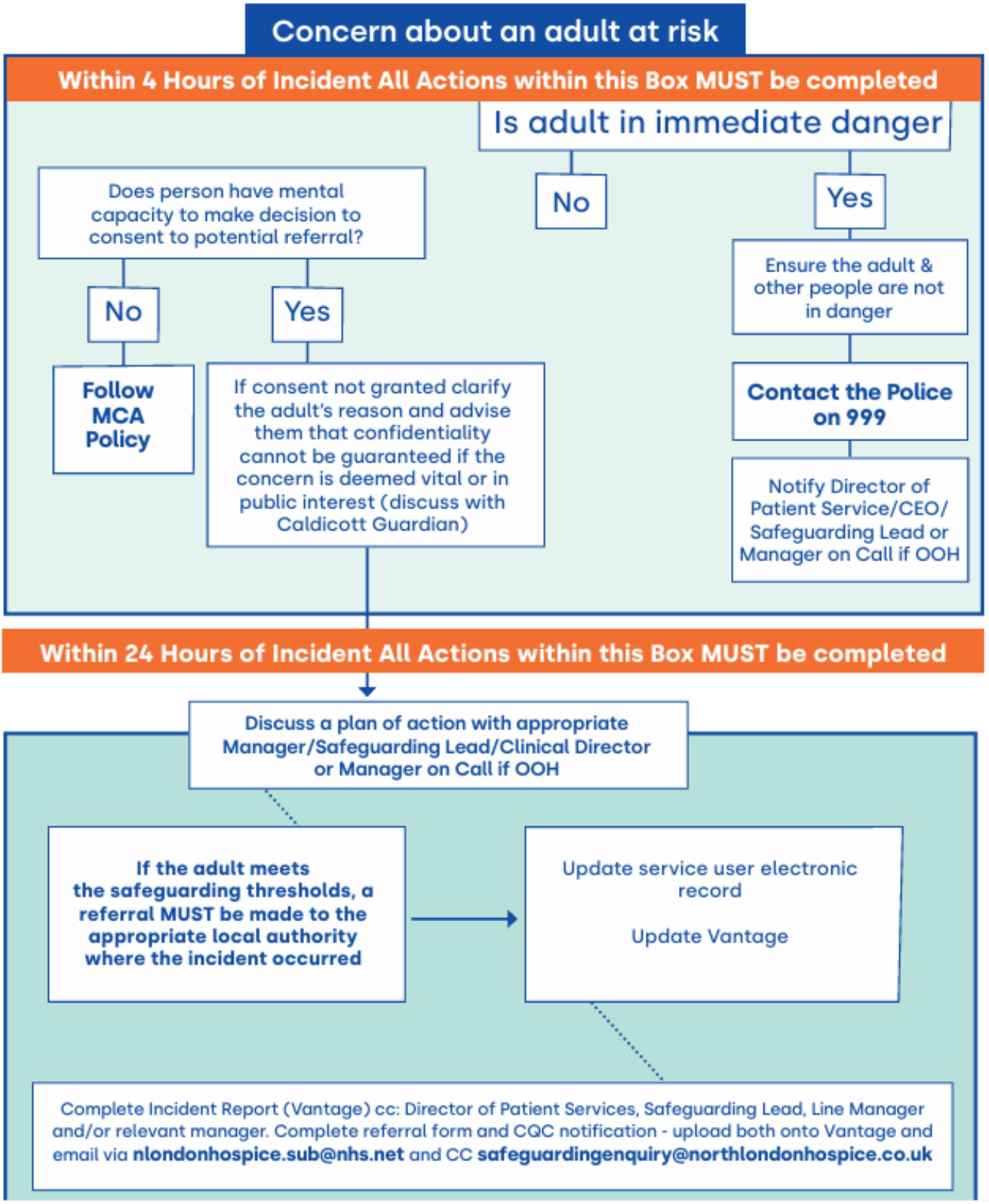
Contents

Version Control

Version	**Description of Changes**	**Reason for Change**	**Author**	**Date**
V5.1	Policy review	No change.	Trudi Leighton	CG&A 2019
V6.0	New policy, procedures & Risk Management	Regulatory compliance.	Comfort Adebayo	CLG, August 2024
V6.0	No changes at present, review date extended	Annual Review	Wolfie Smith	September 2025

Safeguarding Adults Flowchart

North London Hospice



Introduction and Aim

North London Hospice (NLH) is committed to high quality care that safeguards patients' rights to live a life free of abuse or neglect. We will ensure the protection of adults from harm and abuse through early recognition and reporting of safeguarding concerns in line with the London Multi-Agency Adult Safeguarding Policy & Procedure (2019).

Quality patient care is at the heart of everything we do, and we are committed to patient choice, autonomy and control in all aspects of their care, including support and protection when they are at risk of harm. The aim of this policy is to ensure that NLH staff understand their responsibilities in safeguarding patients under our care.

Scope

1.1. This policy applies to all NLH staff and volunteers in relation to their duty to ensure patient safety and reporting any untoward incidents or any concerns of abuse or neglect about patients, visitors, carers or relatives. This policy will apply to in-patient, out-patient and community healthcare service provision. The scope of this policy includes adults and children. For children it is intended to be read in conjunction with the Child Protection Policy.

2. Definitions

2.1. An adult at risk is anyone aged 18 years or over who may be in need of care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

2.2. Types of abuse and neglect

Physical Abuse: Non-accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state'.

Psychological/Emotional Abuse: 'Behaviour that has a harmful effect on a vulnerable adult's emotional health and development' .

Financial (or material) Abuse: 'The use of the vulnerable adult's property, assets, or income without their informed consent, or making financial transactions that they do not understand to the advantage of another person.'

Sexual Abuse: 'The involvement of the vulnerable adult in sexual activities or relationships which are for the gratification of the other person and which they have not consented to, or they cannot understand and are not able to consent to or violates sexual taboos of family custom and practice.'

Neglect and Acts of Omission: A lack of action or activity 'that results in the adult's basic needs not being met'. It can be intentional or unintentional. This may include: ignoring medical, emotional or physical care needs, failure to provide access to appropriate health/social care or educational services, and the withholding of necessities of life such as medication, adequate nutrition/hydration

and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Discriminatory Abuse: 'Behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.'

Organisational/Institutional Abuse: This is defined as 'incidents of any of the types of abuse previously described, occurring in a setting or service the individual uses.'

Domestic Abuse/violence: 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.' This would include abusive practices such as Female Genital Mutilation, "honour"-based violence and forced marriage.

Self-Neglect: Is a behavioural condition in which an individual neglects to attend their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of physical health, mental health and social problems.

Modern Slavery: This 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. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery.

3.3 **Sexual exploitation:** involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Exploitation however includes all types of abusive "grooming" of any individual towards activities that may cause them harm, including radicalisation that may result in acts of terrorism.

3. Legal and Guidance

3.1. Safeguarding is about protecting people's health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect. This practice underpins high quality health and social care.

3.2. With the publication of the Care Act 2014 the Department of Health put adult safeguarding on a statutory footing for the first time whilst embracing the principle that the 'person knows best'. This means care and support is provided in a way that encourages self-determination, independence and choice. There is an emphasis on working with people at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur.

3.3. The Care Act 2014 provides professionals with clearer and updated guidance and supports pathways to working in an integrated way, breaking down barriers between organisations.

3.4. Making Safeguarding Personal stresses the importance of keeping the adult at the centre of their care, recognising they are best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where: -

• Adults feel more in control.

•Adults are empowered and have ownership of the risk.

• There is improved effectiveness and resilience in dealing with a situation.

• There are better relationships with professionals.

• There is good information sharing to manage risk, involving all the key stakeholders

• Key elements of the person's quality of life and well-being can be safeguarded.

3.5. Safeguarding is an essential component of care quality, including:

• Patient Care - achieving positive patient experience and protecting people from avoidable harm.

• Regulatory compliance – ensures we meet Care Quality Commission's Fundamental Standards for Quality and Safety.

• Cost effective care – preventing neglect and abuse that results in hospital admissions and prolonged care.

• Legislation –Human Rights Act 1998, Equality Act 2010, Mental Capacity Act 2005, Mental Health Act 1983, Safeguarding Vulnerable Groups Act 2006 and the Care Act 2014 must be considered in practice.

4. Practice

4.1. Safeguarding adults is based on the following principles that form a firm foundation to support good outcomes for patients.

The 6 principles when translated into patient experienced outcomes should provide the services with the following patient feedback:

Empowerment – I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.

Prevention- It is better to take action before harm occurs. I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.

Protection - I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.

Proportionality - I am confident that the responses to risk will take into account my preferred outcomes or best interests.

Partnership - I am confident that information will be appropriately shared in a way that takes into consideration its personal and sensitive nature. I am confident that the agencies will work together to find the most effective responses for my own situation.

Accountability – I am clear about the roles and responsibilities of all those involved in the solution of the problem.

4.2. Abuse can happen in any setting including home, hospitals and hospices. All staff have a statutory duty to protect adults with care and support needs from harm and respond effectively to concerns.

4.3. Raising awareness of abuse or potentially abusive situations when there are clear safeguarding principles and policies will ensure the safety of patients, their carers, staff and volunteers.

4.4. The aim is to achieve good person-led outcomes for all patients, with a positive patient experience through choice and control in regard to decisions about their care and treatment.

4.5. Good patient experience and outcomes' are service markers of high-quality care where safeguarding concerns are less likely to occur.

Integration of clinical governance mechanisms and safeguarding will support prevention of harm, neglect and abuse, and ensure compliance with the quality standards, legislation and best practice.

4.6. Healthcare staff have particular duties for those patients who are less able to protect themselves from harm or neglect by upholding their rights to be involved in and make decisions about their care, and by ensuring they remain safe through individualised care and advocacy.

4.7. Safeguarding adults is a priority that underpins all activity undertaken by North London Hospice staff and volunteers. Achieving good outcomes in preventing and effectively responding to harm, neglect and abuse is therefore imperative.

Making safeguarding personal is integral to delivering patient care where patients are in control of their care and their wishes and views are sought and respected. Safeguarding must be person-led and outcome-led.

• In some circumstances, the adult at risk may refuse intervention and this must be respected wherever possible. Any decision to proceed in these circumstances, must only be made in consultation with the Safeguarding Lead or Head of PAFS (HoPAFS)

• Strong leadership for safeguarding from management in the hospice, to ensure that the care the patients receive is of a high quality, it is personalised to individual needs and documented in care records.

• Appropriately using systems and processes and standards of care to prevent and respond effectively to neglect and abuse through compliance with the Fundamental Standards of Quality and Safety (CQC, 2014).

• A strong commitment to multi- agency approach to safeguarding.

• A suitably trained and supported workforce.

5. Responsibilities

6.1 Leadership for safeguarding within NLH will be provided by the Head of Patient and Family Support (HoPAFS) and the Safeguarding Lead. The safeguarding Lead is supported by clinical governance groups and committees to provide strategic direction for safeguarding adults across services and oversee the continued development of safeguarding adults as an integral part of patient services.

6.2 Table summarising responsibilities

Staff group	Summary of Responsibilities
Safeguarding Lead	Reporting on compliance with this policy. Producing a monthly report to be presented to the Clinical leadership group (CLG) for information on safeguarding concerns raised. Auditing clinical practice in relation to recognising and reporting of any allegations of abuse appropriately, referral trends together with patient details and other demographics. Ensuring that expert advice is available to clinical staff on safeguarding issues, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
Safeguarding Lead/Clinical Leads/HoPAFS	Staff understand the principles of safeguarding and ensure they are reflected in the care they deliver. Learning and recommendations from internal and external safeguarding case, audits are actioned appropriately and disseminated accordingly. All clinical incidents and complaints are addressed in line with the appropriate policies and that safeguarding adult multi-agency procedures are followed. All staff are aware of their responsibilities within the safeguarding agenda and have the appropriate training commensurate with their role.
The Learning and Development team and Human Resources	Ensuring sufficient and timely training is provided to meet the needs of all staff and volunteers and that Disclosure & Barring Service (DBS) checks have been completed and are current. Maintaining records of completion of the Safeguarding Adult E-learning training, including evaluations. Ensuring records are held within individual personnel files. Providing information to Heads of Service/Directors showing completion/non-completion.
All staff	Understanding their duties toward adults at risk who are less able to protect themselves from harm and abuse, e.g. when they have needs Empowering patients and their carers to be in control of their care. All staff must seek consent from patients for decisions and actions designed for their care and safety. This must be documented in patients' care record. For those patients who are unable to give consent for reasons of capacity, every effort must be made to involve them in the decision-making process and supported with advocacy where

	appropriate in accordance with the Mental Capacity Act. Please refer to Mental Capacity Act (2005) Policy. Ensuring that patients are provided with high quality care where abuse and neglect is less likely to occur. Staff must uphold the rights of patients irrespective of their age, lifestyles, wishes, culture and beliefs by adhering to the human rights principles of fairness, respect, equality, dignity and autonomy. Raising concerns about unsafe practices and responding to patient concerns about their safety and wellbeing. Timely referrals to appropriate services for concerns to be addressed and the patient's safety maintained. All reportable safeguarding concerns must be reported to the local authority within 24 hours of disclosure or initial concern. Being aware of policies and procedures that inform and govern their practice to ensure patient safety and compliance with the law and regulation. Complying with the Safeguarding Adults Policy and Procedures at all times. If they are unclear of their responsibilities this must be discussed with their line manager. Being aware that breaches of the Safeguarding Adults Policy and Procedures will be investigated and may result in disciplinary action being taken in line with Disciplinary Policy and Procedures; or the volunteer policy as appropriate. for care and support (whether or not the local authority is meeting any of those needs) and; are experiencing, or they are at risk of, abuse or neglect.
Learning and Development Team	Ensure that all staff and volunteers undertake the Introduction to Safeguarding mandatory training Level 1, with patient facing staff and volunteers also completing Level 2, whilst senior management and executive Team completes Level 3.

6. The professional Duty of Candour

Every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that health and care professionals must:

- tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong.
- apologise to the person (or, where appropriate, their advocate, carer or family)
- offer an appropriate remedy or support to put matters right (if possible)

explain fully to the person (or, where appropriate, their advocate, carer or family) the short and long term effects of what has happened.

Health and care professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also

be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

Risk Management: Safeguarding is fundamentally about promoting the safety and well-being of an adult in line with the six principles. The risk management is used:

• To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers.

• To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes.

• To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions' effective risk management strategies identify risks and provide an action or means of mitigation against each identified risk and have a mechanism in place for early escalation if the mitigation is no longer viable. Contingency arrangements should always be part of risk management. Risk assessments and risk management should take a holistic approach and partners should ensure that they have the systems in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention. **(Risk Management template- Appendix B).**

7. The Children safeguarding practice in North London Hospice

Safeguarding children is vital for charities as charity trustees have a duty of care towards the children with whom they have contact. Having safeguards in place within an organisation not only protects and promotes the welfare of children but also it enhances the confidence of trustees, staff, volunteers, parents/carers and the general public.

Safeguarding children is beneficial to a charity in many ways - protecting its reputation, helping to effectively meet its objectives and protecting its finances. The necessity to safeguard children applies both to charities working in the UK and other countries where children may face different or additional risks of abuse or exploitation. These safeguards should include a child protection policy and procedures for dealing with issues of concern or abuse. For the purposes of child protection legislation, the term 'child' refers to anyone up to the age of 18 years.

Definitions from "Working Together to Safeguard Children 2018" Although this is from childcare legislation the definitions also support our work with young adults. Children Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection. Safeguarding and promoting the welfare of children defined for the purposes of this guidance as:

• Protecting children from maltreatment.

• Preventing impairment of children's health or development.

• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and

• Taking action to enable all children to have the best life chances

Child and Vulnerable Adult Protection Procedures North London Hospice adheres to national frameworks, specifically Working together to safeguard children 2015 (updated 2018), Safeguarding Vulnerable Groups Act 2006 and Keeping Children Safe in Education 2020. In compliance with (Working Together 2018**),** We recognise the above and that the welfare of the child is paramount, as enshrined in the Children Act 1989 and The Children and Young Persons Act 2001 (Isle of Man).

All children, young people and young adults regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse. Some children, young people and young adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues. Working in partnership with children, young people, young adults and their parents, carers and other agencies is essential in promoting young people's welfare.

8. The Legal Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, young people and young adults, namely:

- Children Act 1989 and The Children and Young Persons Act 2001 (Isle of Man)
- Police Powers and Procedures Act 1998 (IOM Secure Care Home)
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998/Data Protection Act 2002 (Isle of Man) and General Data Protection Regulations (GDPR) (Regulation (EU) 2016/679).
- Sexual Offences Act 2003
- Children Act 2004
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years - Statutory guidance for organisations which work with and support children and young people who have special education.
- Working together to safeguarding children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2018 • Keeping Children Safe in education; HM Government 2020

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Types of Abuse: Physical, Emotional, Sexual and Neglect.

Although the Commission does not administer child protection legislation, it aims to increase public trust and confidence in charities and does provide guidance for Trustees to clarify and support their role. The updated "Guidance on Safeguarding and protecting people for charities and trustees (Charity Commission 25th October 2018) summarises the 10 actions trustee boards need to take to ensure good safeguarding governance:

9.1 Safeguarding should be a key governance priority for all charities. Ensure your charity has an adequate safeguarding policy, code of conduct and any other safeguarding procedures. Regularly review and update the policy and procedures to ensure they are fit for purpose.

9.2 Identify possible risks, including risks to your beneficiaries or to anyone else connected to your charity and any emerging risks on the horizon.

9.3 Consider how to improve the safeguarding culture within your charity.

9.4 Ensure that everyone involved with the charity knows how to recognise, respond to, report and record a safeguarding concern.

9.5 Ensure people know how to raise a safeguarding concern.

9.6 Regularly evaluate any safeguarding training provided, ensuring it is current and relevant.

9.7 Review which posts within the charity can and must have a DBS check from the Disclosure and Barring Service

9.8 Have a risk assessment process in place for posts which do not qualify for a DBS check, but which still have contact with children or adults at risk

9.9 Periodically review your safeguarding policy and procedures, learning from any serious incident or 'near miss'.

9.10 If you work overseas, find out what different checks and due diligence you need to carry out in different geographical areas of operation

9. Training and Education

Training Levels

All non-clinical staff, trustees and volunteers – Level 1 adult and Level 1 children Safeguarding – 2 yearly

Patient facing staff – Level 1 and 2 adult and Level 1 and 2 children Safeguarding – 2 yearly.

Safeguarding Champions – Level 3 incorporating child and adult - 2 yearly face to face/ via Teams.

Directors, Safeguarding leads, Trustee safeguarding lead (to be identified): Level 4 – 2 yearly face to face/ via Teams, as top up to level 3.

10. Monitoring Compliance of this Policy

10.1. Use of and compliance with this policy will be monitored by the safeguarding Lead with the support of the Head of PAFS (HoPAFS) and CLG.

Measurable Policy Objective	Abuse is recognised and reported appropriately	All allegations of abuse/neglect will be managed and	Allegations of abuse against staff or volunteers (including	85% of all appropriate staff to have completed Safeguarding

		investigated in accordance with this policy.	external contractors, students or professional placements) will be investigated in compliance with the safeguarding policy and procedures and disciplinary policy.	Mandatory Training per quarter.
Monitoring/ Audit method	Audit Safeguarding documentation from the electronic patient records	Audit Safeguarding documentation from the electronic patient records	Audit of all allegations of this nature.	Audit of Vantage records.
Frequency	Once per year	Monthly	Once per year	Quarterly
Responsibility for monitoring	**HoPAFS**	**HoPAFS**	**Safeguarding Lead/HoPAFS**	**Heads of Services**
Committee oversight.	CG&A	CG&A	Patient Services Committee Clinical Risk Management,	Clinical Effectiveness.

This policy would be regularly revised by the CG&A in accordance with the policy review timetable or sooner in the case of changes to practice, new legislation, new guidelines etc. An Annual Report may be submitted to the Clinical Governance committee, utilising:

- Regular audits with trend analysis, including action plans to address areas of weak practice.
- Audits used to inform practice development.
- Incidents discussed at CG&A including response to evidence of poor practice.
- Training schedule and content, including participants' evaluations.
- Responses to competence assessments.
- Attendance levels at training.
- Notes/actions of Clinical Risk Management Group and ward meetings.
- Clinical records identifying care and action plans.
- Changes in legal and best practice guidance.
- Reporting overall compliance to CG& A at regular intervals.

Please refer to the flowchart -Appendix C.

11. Procedure

All staff and volunteers must:

• be aware of the procedure for reporting.

• keep accurate records of the incident, including any injuries noted, anything said by the adult at risk, and the reasons for concerns.

In all circumstances:

• Never delay emergency action to protect an adult at risk.

• Do not attempt any investigative work yourself. It is important that the abused or at-risk person understands what is happening. When a person discloses that they have been abused or are at risk of abuse you must:

• Listen and let the person tell you what they are comfortable telling you. Do not ask leading questions which could jeopardise further investigations. Accept what they say without interrogating or challenging them.

• Explain that we have a procedure for dealing with such concerns. Do not promise confidentiality – explain who you will tell, and why. Reassure them that only those who need to know will be told.

• Ask them what they would like to happen and what they would like you to do.

• Reassure the person that the situation is being taken seriously and they will be supported and kept informed.

• When interpreters are needed for discussions, these should be professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends must not act as interpreters for enquiries or discussions.

11.1. Consent to share information.

11.1.1. If an individual has capacity to decide (and they are not being coerced or intimidated in any way) they may ask us not to intervene. Whilst their wishes must be respected, all staff members and volunteers must report concerns to their line manager, or the Safeguarding Lead as soon as is practicably possible. If the adult does not consent to the sharing of information, you must:

• Explore the reasons for the adult's objections – what are they worried about?

• Explain the concern and why you think it is important to share the information

• Tell the adult with whom you may be sharing the information with and why

• Explain the benefits, to them or others, of sharing information – could they access better help and support?

• Discuss the consequences of not sharing the information – could someone come to harm?

• Reassure them that the information will not be shared with anyone who does not need to know.

• Reassure them that they are not alone, and that support is available to them.

11.1.2. The line manager and/or Safeguarding Lead will assess any refusal for further interventions. The adult's decision should be respected unless the following apply:

• The adult lacks capacity to make this decision (assess according to principles of the Mental Capacity Act (2015)).

• Emergency situations (such as risk of serious harm or threat to life) necessitate calling emergency services

• Others (besides the individual adult) may be at risk (including children),

• Sharing information without consent could prevent a serious crime.

• If a serious crime has been committed. The risk is unreasonably high.

• Staff or volunteers are implicated.

• There is a court order or similar legal authority for taking action without consent.

12.1.3 All reportable safeguarding concerns must be reported to the local authority within 24 hours of disclosure or initial concern as well as CQC reporting line.

12.1.4. Where there is any doubt about the appropriateness of reporting, the Local Authority may be contacted and advice sought anonymously **(Appendix E-contact details).**

11.2. Criminal offences and preserving evidence

11.2.1. Some instances of abuse (e.g. sexual assault, rape, theft, fraud, financial exploitation, some forms of discrimination, and modern slavery) are criminal offences and adults are entitled to the protection of the law. When complaints about alleged abuse suggest a criminal offence may have been committed it must be reported to the police immediately.

Criminal investigation by the police takes priority over any other investigation.

11.2.2. It is important that vital evidence is preserved, especially when a criminal offence may have occurred:

• Leave things where they are as far as possible and do not attempt to clean up.

• Ensure that documents are kept safe, e.g. banknotes, passport etc.

• Preserve any clothing and footwear.

• Secure the room if possible and do not allow anyone to enter the room until the police arrive.

11.3. Radicalisation: What is PREVENT?

Prevent is part of Government's Counter terrorism strategy (CONTEST), which prevents vulnerable people from being groomed or drawn into terrorism before any crimes are committed. If you have concern that an individual is being radicalised or being groomed into terrorism, discuss with the Director of Patient Services or the Medical Director who will advise on further steps to be taken, such as contacting the Local Authority Prevent Engagement Officer or Channel Panel (a mechanism for supporting individuals who may be vulnerable to terrorist-related activity).

12. Reporting abuse to external agencies

13.1 Local Authority (LA): Where there is a statutory duty to report a safeguarding concern (according to the Care Act 2014) an external referral to LA should be completed within 24 hours. This will be done in accordance with the adult's wishes and preferences, unless there is compelling reason to override these, in tandem with Confidentiality. If there is any doubt as to the appropriateness of the referral this should be discussed with the LA.

13.2 Reporting out of Hours

If a concern arises out of hours after 5pm on weekdays and any time on weekends, consideration should be made in the first instance regarding the person's immediate safety. If the person is in immediate danger and in the community, it is advisable to consult the Director on Call (Appendix E).

13.3 Reporting to CQC

If an allegation of abuse is reported to the Local Authority and involves a regulated service such as care home, hospital, domiciliary care home service, or a member of staff/volunteer of NLH then the CQC must be notified by the Safeguarding Lead, the Head of Outpatient & Wellbeing and/or The Director of Patient Services. The responsible champion, CNS, Team Lead or manager must have had a strategy discussion with Safeguarding Lead and/or HOPAFs before the CQC notification.

Consideration should also be given as to whether the safeguarding concern warrants a call to the emergency services for immediate removal of the individual or for immediate intervention. If the person is in immediate danger and is admitted to NLH's IPU, consideration should be given as to who the adult causing harm of the concern is and whether limitations can be placed to minimise or block contact.

If a member of staff is at the centre of the safeguarding concern, advice should be sought from HR about how to manage the staff member. Depending on the nature of the concern, during an out of hours period, it may be necessary to keep the staff member away from work until HR can be consulted. If the person's immediate safety has not been compromised, concerns should be documented and then discussed with the line manager and/or Safeguarding Lead on the next working day.

The Safeguarding Lead will follow up with Social Services referrals we have made after one month if there has been no contact from them since referral. The intention will be to ascertain the status of the case, the current risk and to clarify NLH's responsibilities as part of the multi-agency team. Because it has often been difficult to obtain a response from social services through phone contact, the safeguarding Lead will send an email through the secure email address to the relevant Social Services office.

13. Record Keeping

Any person reporting an incident or concern must keep clear and accurate records, including the adult's general condition, any injuries noted, and anything said by the adult at risk and any other relevant parties. All discussions with line manager, a Head of Service and/or Head of PAFS must also be documented. Additional documentation regarding any actions taken or further discussions with other AHP's must also be completed. These records must be factual and not include opinions. All reporting and recording of safeguarding concerns must be made on a "needs to know" basis only.

Minimal documentation is required in the patient's electronic record-EMIS. Follow up discussions, full detail of strategy or planning meetings must be recorded on Vantage (with level access restriction) by the responsible manager, referenced to the EMIS number.

14. Staff and Volunteers

15.1 Recruitment- All staff and volunteers will be recruited according to our Recruitment Policy, ensuring those who may come into contact with adults at risk are appropriately vetted and checked in accordance with national employment legislation and the Disclosure and Barring Service.

15.2. Allegations about NLH's Personnel: Where allegations are made about NLH staff, volunteers, external contractors or visitors undertaking duties on our behalf, these should be discussed with the line manager and reported to one of the clinical Directors immediately after ensuring the safety of the adult(s) at risk. The Director of Patient Services and/or Medical Director will seek expert advice from the Safeguarding Lead or Local Authority without identifying the alleged adult causing harm. Where a Local Authority alert is warranted, this will be made in accordance with this policy, with strict adherence to issues of confidentiality. The DPS will be responsible for:

• Ensuring the allegation is reported to the CQC and LA.

• Ensuring the incident is thoroughly investigated in conjunction with LA Staff and volunteers should consider using the Freedom to Speak Up: Raising Concerns Policy and Procedure to raise their concerns if necessary.

15. Related Documents

- The Care Act (2014).
- Safeguarding Children
- Deprivation of Liberty Safeguards.
- Consent for Clinical Care
- IG-Confidentiality
- Care of the dying and deceased person – IPU
- Care of the dying and deceased person – community.

17 Equality Impact Assessment Tool

The Hospice aims to design and implement services, policies and measures that meet the diverse needs of their service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Assessment tool is designed to help staff consider the needs and assess the impact of the policy in this light. Appropriate adjustments will be made to accommodate individual communication needs.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Race	no	
	Ethnic origins (including gypsies and travellers)	no	
	Nationality	no	
	Gender (including gender reassignment)	no	
	Culture	no	
	Religion or belief	no	
	Sexual orientation	no	
	Age	no	
	Disability - learning disabilities, physical disability, sensory impairment, and mental health problems	no	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	n/a.	
4.	Is the impact of the document/guidance likely to be negative?	no	
5.	If so, can the impact be avoided?	n/a	
6.	What alternative is there to achieving the document/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

Appendix A: Risk Assessment Template.

Risk description	Risk Rating (see matrix below)	Precautions / mitigating action to minimise risk	Residual risk after mitigating action	Emergency actions	Risk description	Risk Rating (see matrix below)

Risk Matrix						
Impact of risk	Catastrophic harm (5)	5	10	15	20	25
	Significant harm (4)	4	8	12	16	20
	Moderate harm (3)	3	6	9	12	15
	Minor harm (2)	2	4	6	8	10
	No harm (1)	1	2	3	4	5
		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
	Probability of risk occurring					

Appendix B

Glossary and Acronyms.

In using this document, a few phrases, wording or acronyms have been used. The following provides more information and, where necessary, a definition:

Adult at risk is a person aged 18 or over who is in need of care and support (whether or not those needs are being met), who is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Adult safeguarding lead is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

Advocacy is supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need.

Appropriate Adult is a specific role prescribed under the Police & Criminal Evidence Act 1984. The role of an appropriate adult is confined to instances where a police officer has any suspicion, or is told in good faith, that a person of any age may be mentally disordered or otherwise mentally vulnerable, in the absence of clear evidence to dispel that suspicion, the person shall be treated as a vulnerable adult and supported by an 'Appropriate Adult'. Appropriate individual within this document an 'appropriate individual' is a person who supports an adult at risk typically but not exclusively in an advocacy role and is separate to an Appropriate Adult as described above.

Best Interest - the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA.

Care setting is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

Carer throughout these policy and procedures refers to a Family/Friend Carer as distinct from a paid carer, who is referred to throughout as Support Worker. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who 'spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'.

Concern is the term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously use term of 'alert'.

Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.

Equality Act (2010) legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.

General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU). The GDPR sets out the principles for data management and the rights of the individual, while also

imposing fines that can be revenue-based. The GDPR came into effect across the EU on May 25, 2018 and its requirements are part of English law under the Data Protection Act 2018.

Independent Domestic Violence Advisor (IDVA) - Adults who are the subject of domestic violence may be supported by an IDVA. IDVAs provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

Independent Mental Capacity Advocate (IMCA) - established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people who lack capacity where there is no one else, such as family or a friend, who is able to support and represent them independently. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Independent Mental Health Advocate (IMHA) - under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

Independent Sexual Violence Advocate (ISVA) - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

Making Safeguarding Personal (MSP) is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.

Public interest Test refers to the test used under data protection legislation when deciding whether the public interest in disclosing information in order to protect a vulnerable adult justifies interfering with another individual's right to privacy.

Vital interest a term used in the General Data Protection Regulation (GDPR) to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situation.

Regulated Provider is an individual, organisation or partnership that carries on activities that are specified in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appendix C - Contacts

Adult social care services	Contact Number
Advice & Verbal Referral	Barnet: 020 8359 5000 Press Option 1 for Adult Safeguarding Enfield: 020 8379 1000 Direct Line. Voicemail outside office hours Haringey: 020 8489 1400 First Response. Option 2 for Adult Safety
Out of hours service	Barnet: 020 8359 2000 Press Option 5 for Adult Social Care Enfield: 020 8379 1000 Direct Line Haringey: 020 8489 1400 First Response
Prevent Co-Ordinator (Barnet)	0208 359 5000 BarnetCST@barnet.gov.uk
Adult Referral Forms	Barnet: https://www.barnet.gov.uk/adult-social-care/keeping-safe/report-adult-abuse Download PDF Enfield: https://mylife.enfield.gov.uk/media/25028/report-adult-abuse-referral-form.pdf Page goes to PDF. Haringey: https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults#report-professional Download Safeguarding Alert Form Referral forms are also available on First Class: Staff Handbook /Policies/ Corporate Policies / Safeguarding / Local Authority Alerts Any referral form or CQC notification should use an NLH NHS notification email address: n.submissions@nhs.net*

If you know that the person about whom you are concerned is known to have a social worker or is in hospital, contact the social work teams directly	
Child safeguarding	Barnet: Duty - 020 8359 4066 OOH – 020 8359 2000 Enfield: Duty - 020 8379 5555 OOH – 020 8379 1000 (option 2) Haringey: Duty - 020 8489 4470 OOH - 020 8489 0000
Child Referral Forms	Barnet: https://www.barnet.gov.uk/children-and-families/keeping-children-safe Download 'Safeguarding Concern' Referral form. Enfield: https://new.enfield.gov.uk/childrensportal Click 'Make a Referral' link. Haringey: http://www.haringey.gov.uk/children-and-families/childrens-social-care/child-protection#concerned Download 'MASH Referral Form'. Any referral form or CQC notification should use an NLH NHS notification email address: n.submissions@nhs.net
Domestic Abuse	Emergencies. Call 999 press 55 (if unable to speak directly with police) Non emergencies. Call 101
Modern Slavery Hotline	08000 121 700
DoLS contact	Enfield Tel – 020 8132 0376 Email – dols@enfield.gov.uk Barnet Tel – 020 8359 7497 Email – dols@barnet.gov.uk

The safeguarding lead/Head of outpatient and wellbeing service will take responsibility to ensure that that the most up to date contact information is available. Review of the information will occur in May and November each year, or via cascading of information via local authorities.

Appendix D - References

Care C Support Statutory Guidance 2016 – Chapter 14 – Safeguarding: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance.

The introduction of the Care Act 2014. DOH (2014)
https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

Association for Directors of Social Services (2011) Safeguarding Standards.
http://www.adass.org.uk/images/stories/Safeguarding%20Adults/Safeguarding%20Standards%202010_11.pdf

Commissioning Board, (2013). Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework. NHS. https://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf

https://www.gmc-uk.org › professional-standards ›