The Hospice of St Francis Safeguarding Adults Policy and Procedure		
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The Hospice of St Francis Policy Statement

The abuse of individuals is completely unacceptable. The Hospice's first priority is the protection of people in their care. The Hospice will act in a way that supports a person's right to self-determination and choice, including the choice to accept a degree of risk in personal safety matters, taking into account his/her capacity to make this decision. It will work with other agencies in accordance with the Buckinghamshire and Hertfordshire Safeguarding Boards inter-agency procedures:

https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx#procedure

https://www.buckssafeguarding.org.uk/adultsboard/resources/reviews-annual-reports-policies-procedures/

This policy and the accompanying procedure ensures that patients and their carers and families receive treatment and care within appropriate professional boundaries from all staff, volunteers, trustees and co-opted members of board committees who work within an organisation with a positive attitude towards prevention, detection and management of abuse.
All staff and volunteers have a responsibility to act in a timely manner on any concern or suspicion that an adult or child is at risk of being abused.

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

The Safeguarding Procedure Flowchart is displayed in the

In Patient Unit, the Clinical Offices and in the Spring Centre. It can also be found electronically:

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Principles of Adult Protection

The welfare of adults in our care is paramount, and safeguarding them from harm is an integral aspect of their care and support. The protection of adults requires close cooperation between professionals who have a duty to work in partnership and to assist the lead agencies by the provision of appropriate information, knowledge and support.

The lead agencies with statutory responsibility for the protection of adults are Social Services and the Police. The local safeguarding adults boards alongside the Care Quality Commission (CQC) support them. The abuse of adults may take place in any environment and may be inclusive or exclusive, that is, it may involve something that is done to a person, or an act that is committed or omitted.

Adults from all backgrounds, of all ages and of all abilities are abused, and the abuser may be known to them or be a stranger.

Social Services has a duty to investigate all referrals of a safeguarding nature. In relation to adults, this is in accordance with The Care Act 2014 [section 42]. The local Social Services department has the main responsibility to do this, but with the full cooperation of other agencies, both statutory and voluntary.

Aims

It is our aim to comply fully with the safeguarding requirements of the Care Act 2014 as expressed in the Care and Support Statutory Guidance, and any revisions that may be made to the guidance. This document sets out our approach to doing so. Our aim is to ensure that every staff member and volunteer are aware that safeguarding underpins our service to the community. The Hospice of St Francis is committed to: • actively work together within an inter-agency framework. • actively promote the empowerment and well-being of adults at risk through the services they provide. • act in a way which supports the rights of the individual to lead an independent life based on self-determination and personal choice. • recognise people who are unable to take their own decisions and/or to protect themselves, their assets and bodily integrity. • recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned. • ensure the safety of adults at risk by integrating current strategies, policies and

services relevant to abuse. • ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help including advice, protection and support from relevant agencies. • ensure that the law and statutory requirements are known and used appropriately so that adults at risk receive the protection of the law and access to the judicial process.

The Hospice of St Francis's Related Policies for both Herts and Bucks Patients:

- Safeguarding Adults and Children's Procedure Flowchart - C061a
- Safeguarding Adults Policy and Procedure –C061
- Safeguarding Children Policy and Procedure – C062
- Mental Capacity policy and procedure – C095
- Deprivation of Liberty Procedure C103
- VTR [Vulnerability To Radicalisation] HoSF information sheet – C128
- Incident Reporting policy - C099
- HOSF Guidance for Reporting Incidents to External Agencies - C117
- Risk Assessment policy and procedure - HS220
- Employees' Handbook - HR001
- Volunteers Handbook – HRV010
- Freedom to Speak Up Policy and Procedure – GOV003
- Complaints Policy and Procedure – C060
- Consent for Care and Treatment Policy – C092
- Health and Safety Policy – HS221
- Lone Working Policy – HS213
- Disclosure and Barring Service [DBS] Policy and procedures – HRV023
- Restraint Policy – C110
- Information Security Policy – T919

Responsibility/Accountability

Ultimate responsibility:
Board of Trustees delegated to the CEO
Senior responsibility:
Director of Integrated Governance, Wellbeing & Family Support
Director of Care & Contracts
Named People:
Director of Integrated Governance ,Wellbeing & Family Support
Social Work team
Director of Care & Contracts

Governance

The Hospice of St Francis will ensure that all aspects relating to the Safeguarding Policy and Procedure, including audit, training, adherence to the correct procedure and documentation is monitored and reported to the appropriate groups and committees.

- The Policy will be agreed by Clinical Leadership Team, Executive Team, Clinical Governance Committee and Board of Trustees.
- There will be annual audit and review of safeguarding activity, which will be reported to the Board.
- There will be an accurate record of all safeguarding concerns
- There will be an accurate record of all safeguarding concerns escalated to Social Services, police and any other appropriate agencies.
- Safeguarding activity is a standing agenda item at the; Clinical Reference meeting, Clinical Governance Committee meeting and all Board meetings.
- An annual report on safeguarding demonstrates how the Hospice has ensured its Safeguarding Strategy is implemented throughout the Organisation.
- The Policy and Procedure will be reviewed annually in line with Charity Commission guidance and as required when legislation changes.
- The Hospice has a Safeguarding Trustee
- The Hospice has a registered manager for all regulated activities as defined by The Care Act 2014
- The Hospice has a Caldicott Guardian
- Information regarding the Hospice Safeguarding Leads & Safeguarding Trustee can be found clearly displayed throughout the Hospice and on our website. https://www.stfrancis.org.uk/

Scope

This policy applies to all The Hospice of St Francis operations, and any individuals that are involved in these operations, be they staff, volunteers, patients, relatives or carers.

Staff & Volunteer Selection

Abuse of adults at risk may take place in any environment. All staff and volunteers having contact with adults at risk and children in the course of their work/volunteering at the Hospice must have Disclosures, Barring Service (DBS) check at the point of recruitment, and two references from former employers need to be sought for further information on their character and previous work. All staff will have a formal interview, which will further assess their suitability for working within a hospice service. All potential volunteers will have an interview with the Voluntary Service Lead and the Team lead for the area they will be volunteering in. Staff and Volunteer supervision is provided and reviewed on a regular basis in the form of an annual performance review process including appraisals for staff members and

annual reviews for volunteers. In line with the DBS policy HRV023 additional DBS checks are completed during employment/volunteering at the Hospice and every staff member and volunteer is asked whether they have any new disclosures at the annual review.

Training

All staff and volunteers working with Adults must be aware that abuse in all its forms exists, and must be ready to become involved in the protection of adults at risk and children by acting on any concerns they may have. In order to ensure that staff and volunteers have sufficient awareness in all aspects of safeguarding, the Hospice will provide staff and volunteer support, information and training. Through this learning, staff and volunteers will have the knowledge necessary to identify potential vulnerabilities and risks of harm; and will gain an understanding of how to implement safeguarding procedures. Training will commence during the induction of new members of staff and volunteers and will be updated on specific staff and volunteers training days. All members of staff and volunteers are trained in the detection of abuse as part of the mandatory training programme which is in line with:

Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: [The Intercollegiate Document August 2018]

Level 1: All staff working in health care settings.

Level 2: All practitioners who have regular contact with patients, their families or carers, or the public.

Level 3: Registered health care staff working with adults who engaging in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).

Level 4: Specialist roles – named professionals.

Board level: Chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent, and charitable health care and voluntary sector as well as statutory providers.

Core Competencies

Level 1

Able to recognise possible signs of adult abuse, harm and neglect as this relates to their role.

Able to identify an adult at risk of harm, abuse or neglect.

Able to seek appropriate advice and report concerns, and feel confident that they have been understood.

Level 2

Able to recognise abuse, harm and neglect can impact on personal identity throughout the life course.

Understands the significance of health deficits on health and wellbeing through the life course, for example homelessness, loneliness and poverty.

Understands the legal, professional, and ethical responsibilities around information sharing, including the use of assessment frameworks.

Able to demonstrate best practice in documentation, record keeping, and data protection issues in relation to information sharing for safeguarding purposes. •

Be familiar with the guidance related to participation in safeguarding enquiries and reviews. •

Understands the professional duty to report crime in line with organisational and professional guidance.

Understands the importance of establishing, acting or making a decision in person's best interests as reflected in legislation and key statutory and non-statutory guidance.

Level 3

Able to act proactively to reduce the likelihood of abuse, harm or neglect to adults at risk.

Able to contribute to, and make considered judgements about how to act to promote wellbeing and to safeguard an adult when needed.

Able to present safeguarding concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role).

Able to work with adults and carers where there are safeguarding concerns as part of the multi-disciplinary team and with other disciplines.

Able to communicate effectively with adults to recognise and to ensure those lacking capacity to make a particular decision or with communication needs have opportunity to participate in decisions affecting them.

Able to give effective feedback to colleagues.

Able to identify (as appropriate to role) associated medical conditions, mental health needs and other co-morbidities which may increase the risk of abuse, harm or neglect and be able to take appropriate action.

Able to assess (as appropriate to the role) the impact of, carer and family issues on adults at risk of abuse, harm or neglect including mental health needs, learning/intellectual disabilities, substance misuse and domestic abuse and long-term conditions.

Level 4

Able to effectively communicate advice about safeguarding policy and legal/assurance frameworks.

Able to support colleagues in challenging views offered by professionals and others, as appropriate.

Able to analyse and evaluate information and evidence to inform inter-agency decision making across the organisation.

Able to participate in a case review, leading internal management reviews as part of this function. •

Able to support others across the organisation in writing a chronology and review about individual adults, summarising and interpreting information from a range of sources.

Able to lead service reviews.

Able to establish adult safeguarding quality assurance measures and processes.

Able to undertake training needs analysis, and to teach and educate health professionals.

Able to review, evaluate and update local guidance and policy in light of research findings.

Able to advise and inform others about national issues and policies and the implications for practice.

Able to deal with the media and organisational public relations concerning safeguarding with organisational support and guidance.

Able to work effectively with colleagues in regional safeguarding clinical networks.

All Trustees receive mandatory on line safeguarding training and every 3 years have a specialist bespoke training day on Trustees responsibilities for safeguarding in the charity.

Safeguarding duties apply to an adult who:

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

- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Abuse
A violation of an individual is human and civil rights by any other person or persons. (See also Article 3 of the European Convention of Human Rights).
Abuse may consist of a single act or repeated acts. It may be physical, sexual, Verbal or psychological; it may be an act of neglect or an omission to act or it may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to or exploitation of the person subjected to it. Because of abuse harm is done which results in psychological, physical or emotional damage to a person from which they will need care and support to recover.

Physical abuse: Any deliberate act to cause physical harm including Hitting, slapping, pushing, kicking, Female Genital Mutilation (FGM), misuse of medication, restraint or the use of inappropriate sanctions.

Sexual abuse: Includes rape and sexual assault, or sexual acts to which the person has not consented, or to which he or she could not consent or was pressured into consenting. This also includes exposure to and observation of sexual acts without informed consent.

Psychological abuse*:* Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion. harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse*:* Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission: Includes ignoring medical or physical care needs, failure to provide access to appropriate health or social care or educational services, the withholding of the necessities of life such as medication, nutrition and heating.

Discriminatory abuse: Includes racist, religious and sexist abuse; abuse based on a person's disability and other forms of harassment, slurs or similar treatment.

Organisational abuse: 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.

Domestic Abuse*:* Includes psychological, physical, sexual, financial, emotional abuse and so-called 'honour' based violence.

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.

Self-neglect*:* This covers a wide range of behaviours; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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

Definition of lack of capacity
The MCA sets out a two-stage test of capacity:

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

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

Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision or
- retain that information long enough for them to make the decision or
- use or weigh that information as part of the process of making the decision

Or

- communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)

Further information can be found in the Mental Capacity Act Code of Practice

https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf

Mental Capacity and Safeguarding (See the HOSF Mental Capacity Policy C095)

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in the safeguarding of adults process.

All decisions taken in the safeguarding of adults process must comply with the five core principles of the MCA:

A person must be assumed to have capacity unless it is established that he lacks capacity

- A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision
- An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made, in his best interests before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action

This means that:

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

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

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

If the adult at risk does not have capacity

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

An IMCA should be instructed if it is felt that it will be beneficial to the adult at risk, even if they have family, friends and carers available to consult.

If the person has a lasting power of attorney, their attorney or court appointed deputy should be consulted unless they are implicated in the allegation.

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

- ensure the adult at risk understands the risk and what help they may need to support them to reduce the risk if that is what they want

- be satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance

Consent (See the HOSF Consent to Treatment and Care Policy C092)
It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relation to the investigation and safeguarding plan. If they are, their consent should be sought. This includes an awareness of the risks of disclosing that an investigation is being undertaken
Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.
The adult at risk must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is a public interest, for example, not acting will put other adults or children at risk
- there is a duty of care to intervene, for example, a crime has been or may be committed

However, consent may need to be considered in relation to the adult at risk's participation in activity that may be abusive. If consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded with a safeguarding adults investigation going ahead in response to the concern that has been raised.

Ill-treatment and wilful neglect
Section 44 of the MCA makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.
An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the safeguarding adults process and subsequent decisions made in their best interests in line with the MCA and MCA Code as outlined above.

Deprivation of Liberty Safeguarding (DoLS)

Deprivation of liberty
A deprivation of liberty is a breach of the Article 5(1) right to liberty as set out in the European Convention on Human Rights. Deprivation of Liberty is not defined in the MCA. However, Schedules 1A and A1 of the MCA and the DoLS code of practice and case law offer guidance on situations that may amount to a deprivation of someone's liberty. The starting point must always be the individual circumstances of the person.
Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are physical abuse. However, there is a distinction to be drawn between restraint, restriction and deprivation of liberty.
A judgement as to whether a person is being deprived of their liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.
Restraint may be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.
In extreme circumstances, unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.
The DOLS Safeguards and associated Code of Practice provides a legal framework for authorising, monitoring and challenging deprivations of liberty of people who lack capacity.
These safeguards provide protection to people in hospitals and care homes[including hospices] known as managing authorities who do not have mental capacity to decide whether or not they should be in the relevant care home or hospital to be given care or treatment. They do not provide the authority for care or treatment to be given
It is the care home or hospital's responsibility to identify those at risk of deprivation of liberty and request authorisation from the supervisory body.

The DoLS code of practice can be found at:

https://www.cqc.org.uk/files/deprivation-liberty-safeguards-code-practice

All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act code of practice.
http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act

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

Managing authorities must make requests to a local authority supervisory body for authorisation to deprive someone of their liberty.

Please note: Liberty Protection Safeguards will replace DoLS. The implementation date of in April 2022 has currently been delayed for the lifetime of current Parliament:

Contact details for the Hertfordshire Supervisory body:
Phone: 01438843800
Fax: 01438 844312
Email: Dolsteam@hertscc.gov.uk
Postal address: SFAR 016 Ground Floor, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ

Contact details for the Buckinghamshire Supervisory Body:
DoLS advice or to ask a question email the DoLS team directly: DOLS@buckscc.gov.uk
For more general information call 01296 383288 or email bsvab@buckscc.gov.uk

In the event that a Deprivation of Liberty is occurring in the community the Supreme Court Judgment on 19th March 2014 in the cases of *P v Cheshire West and Chester Council* and *P&Q v Surrey County Council is clear that the Court of Protection must be approached for these to be authorised under Section 16 of the Mental Capacity Act.* The judgment indicates that the “acid test” is that an individual is under constant control and supervision and is not free to leave and this is imputable to the State. In these circumstances, legal advice must be sought regarding making an application to the Court.

Alleged abuser and victims who are both service users

It is important that consideration be given to a co-ordinated approach and partnership working where it is identified that both the alleged abuser and alleged victim are service users. Where both parties are receiving a service, staff should discuss cases and working together. Consideration should be given to the balance of power as part of the reporting process. Consideration should also be given to what support and action is required to help alleged abusers. However, meetings with both the alleged abuser and alleged victim in attendance, are not considered appropriate.

Radicalisation

Prevent (Hertfordshire Strategy)
The purpose of the Prevent Strategy is to stop people becoming terrorists or supporting violent extremism.
Prevent is included in the performance framework for local authorities, the police and other partners. It forms part of a wider Government strategy to prevent terrorism.

Channel
The Channel project provides a mechanism for assessing and supporting people who may be targeted by violent extremists or drawn into violent extremism. It

provides a multi-agency approach for identifying, assessing the nature and extent of risk and developing an appropriate support strategy for the individual concerned. When concerns are raised about an adult at risk, who is believed to be vulnerable to radicalisation a safeguarding referral should be raised. The referral should be forwarded to the Hertfordshire police safeguarding adults from abuse team (SAFA). The referral will then be forwarded to the Channel co-ordinator and the Channel protocol will then be followed.
The SAFA team can be contacted on 01707-354556 for advice.
A referral should be made on the agreed referral form and sent to safa@herts.pnn.police.uk.

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

Information on the process in Bucks:
https://www.buckscc.gov.uk/services/community/preventing-extremism/
https://www.thegrid.org.uk/leadership/safeguarding/anti-radicalisation.shtml

Information on factors that can leave a person more susceptible to exploitation by violent extremists can be in The Prevent Strategy: A Guide for Local Partners in England that can be found at:

https://www.gov.uk/government/publications/prevent-strategy-2011

Adults: Compliance with Statutory Requirements and guidance.

- The Care Act 2014 – Care and Support Statutory Guidance Oct 2014.
- The Mental Capacity Act 2005 and Deprivation of Liberty safeguards
- HCS 666 Safeguarding adults at risk, Issue 9, March 2015
- Care Quality Commission – Adult Social Care Hospice Services provider handbook 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 *Safeguarding service users from abuse and improper treatment*.
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards code of practice
- The Human Rights Act 1998
- Data Protection Act 2018 & GDPR
- Safeguarding Strategy 2019 to 2025:office of the Public Guardian
- Sexual offences Act 2003
- Making Safeguarding Personal 2018
- Safeguarding and Accountability and Assurance Framework [2019]
- Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: [The Intercollegiate Document August 2018]

Safeguarding Procedure for Adults

Aim and Scope of Procedure

This procedure clearly sets out the responsibilities and actions that must be taken whenever a concern or allegation about actual or potential abuse of an adult or child is reported. By following this procedure, staff and volunteers will resolve safeguarding issues in a way that maximises the welfare and safety of service users, and will fulfil all duties within the limits of their own professional responsibilities.

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

It can be found electronically:

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Responsibility/Accountability

All staff/ volunteers

- To be aware of and have an understanding of the 'Safeguarding Procedure Flowchart'
- To complete mandatory safeguarding training as required
- To raise any concerns with a Named Person/ line manager within the time-scales specified on the Safeguarding Procedure Flowchart.
- To complete a Hospice of St Francis Concern Form (Appendix 1) and when appropriate complete the Herts/ Bucks safeguarding reporting form (Appendix 2)
- To give 'Concern Form' to one of named people within time- scales specified on the Safeguarding Procedure Flowchart.

Named People:

- To ensure that Concern Forms are completed in a timely manner, and are distributed as per the Safeguarding Procedure Flowchart.
- At least two of the named people to consult re concern/ info and agree actions within 24 hrs.
- If Urgent to follow pathway for immediate action as outlined in the flow chart
- Ensure Director of Care is aware of situation.
- To inform the relevant social services department /Police by telephone of a concern reported at the Hospice of St Francis and follow up with sending the required information/ report via confidential email.
- To gain updates on reported concerns from Social Services within one week of their taking action.
- To feedback the eventual outcomes of a concern to the practitioner/volunteer who first reported it if appropriate
- To attend safeguarding conferences as requested
- To provide police with all information requested

Director of Care and Associate Director of Integrated Governance and Family Support.

- To ensure that all staff and volunteers are aware of and have an understanding of the Safeguarding Policy and Procedure, including detailed knowledge of the Safeguarding Procedure Flowchart.
- To ensure that staff and volunteers receive the appropriate internal or external safeguarding training relevant to their role.
- To be available for staff and volunteers support so that staff and volunteers can speak in confidence with regard to safeguarding matters.
- To ensure that team members are aware of the Freedom to Speak Up policy guidelines and are aware of how to follow the identifies procedures, including how to contact the Freedom to Speak up Guardian and/or Freedom to speak Up Ambassadors.
- To ensure safeguarding incidents are reported and monitored by The Board, Clinical Governance Committee and Clinical Reference Group.
- To promote a ‘no blame’ culture of openness and transparency where staff and volunteers feel able to express concerns without fear of reprisals.

Ensure that any lessons learnt from safeguarding incidents are implemented.

Dealing with Allegations

Allegations made by adults

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

• Remain calm and do not show shock or disbelief.

• Listen carefully to what is being said.

• Do not ask detailed or probing questions.

• Demonstrate a sympathetic approach to acknowledging regret and concern that what has been reported has happened.

Note the time, setting and details about what was said as well as any other people who witnessed the incident or allegation.

Continue to record subsequent events

• Ensure that any emergency action has been taken.

• Confirm that the information will be treated seriously.

• Give the person information about the steps that will be taken (see Safeguarding Procedure Flowchart).

• Inform them that they will receive feedback as to the result of the concerns they have raised.

• Give the person contact details of Social Services and the Police so that they can report any further issues or ask any questions that may arise.

• It must be clear to the person that if s/he discloses something that involves a risk to themselves or someone else, that this information has to be passed on. Once the disclosure has been made, then advice and support should be sought.

• Disclosure of confidential information for the purposes of a Safeguarding investigation is considered to be necessary, *"when patient safety and public protection override the need for confidentiality" The code for nurses and midwives [sec 5.4 NMC 2015]*

Reporting Suspected Incidents and Dealing with Concerns

Any marks or bruising noted on a patient/ child whether sustained or merely observed in the Hospice, should be described in detail and recorded on the Cause for Concern Form (Appendix 1), including a body chart. An Incident Form should also be completed (see HOSF Incident Reporting Policy)

Injuries would be suspected of being non-accidental if they were on a part of the person's body not usually associated with accidental injury, or were unusually symmetrical or otherwise suggested that an attack had occurred. Examples might include prints on someone's body; bite marks, small round bruises in a line, which may indicate grabbing, burns, etc.

As a result of the Concern Form being raised, an internal safeguarding meeting must be held with at least 2 of the Named People. According to the Safeguarding Procedure Flowchart there are two possible outcomes (see Appendix 1):

1) Take no further action

Although the Hospice named safeguarding leads will need to check that the affected individual has appropriate support services in place in the community.

2) Take action:

a) Gather further information

The Named Safeguarding Leads may decide that this is necessary and that an appropriate team member needs to speak to the child with their parent or carer/ the patient and the next-of-kin or relative in adult cases. This should only take place if it will not place the patient /child at any greater risk. The purpose of this will be to clarify the background context of any apparent harm or abuse. Based on the information gathered, there will either be:

I] Significant concerns of immediate health, safety and welfare risks to the patient/ child concerned. Therefore, immediate contact must be made to the emergency services [999] and then urgent contact with Hospice named safeguarding leads as outlined in the safeguarding procedure flowchart.

ii) Substantial concern with no apparent immediate risk. Therefore, Hospice named safeguarding leads to make a safeguarding referral to the local authority if required using Herts/ Bucks forms (Appendix 2)

Reporting Incidents Out-of-Hours

Any potential, urgent safeguarding issues arising out-of-hours (i.e. any time outside 09:00-17:00 Monday to Friday, including bank holidays), whether they be on the in-patient unit, Spring Centre or in the community, must be brought to the attention of one of the named people who will decide on appropriate action to be taken immediately (see flow chart Appendix 1 for OOH contact numbers)

Accusations against the Hospice

If a family member or carer makes an allegation that, an injury has been sustained by a patient / child non-accidentally in the Hospice, contact Director of Care , Associate Director of Integrated Governance and Family Support or CEO and follow the Hospice Complaints Policy initially until further direction has been given. The safety and well-being of the vulnerable child/adult are the main consideration

Dealing with Concerns about Colleagues

Staff and volunteers at The Hospice of St Francis have a joint responsibility to monitor each other to ensure that all of the patients/ children who use the service are safe and well cared for. If there is concern that a patient/ child is at risk of any form of abuse due to the behaviour, attitudes, or actions of a member of staff or volunteer, then these concerns must be raised immediately with the Freedom to speak Up Guardian, in Line with the Freedom to speak Up Policy. This may result in the immediate suspension or removal of the alleged perpetrator. The patient/child and their family/carers should be informed of any actions taken as soon as possible.

Following the initial management response, and any further subsequent enquiries being made, confidentiality should be maintained so that details of the allegations are not widely discussed within the care team. Managerial focus should be on the nature of the incident/injury and on the risk of further abuse. The safety and well-being of the child/adult is the main consideration.

If it becomes apparent that formal disciplinary action may be needed then this should be dealt with at a formal meeting as detailed in the disciplinary procedure.

Internal disciplinary measures will be taken by the management team against the staff member(s) involved if they are found by the disciplinary panel to have committed abuse. Disciplinary measures may be used even if Social Services decide not to investigate, or following on from an investigation, the police decide not to prosecute.

Concerns raised about colleagues must be recorded on the Concerns Form, but kept separately by the named person/Director of Care.

Concerns arising during a Community Visit

If, when visiting a patient/child in the community, a practitioner/volunteer witnesses actual harm or potential for immediate significant harm to the patient or a family member, immediate action must be taken in line with the Safeguarding Procedure Flowchart

Any practitioner/volunteer who believes they are in personal danger at any time during a community visit must leave the threatening environment at the earliest opportunity (See Lone Worker Policy HS213 re risk assessments and use of lone worker fobs)

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

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Appendix 1

Concerns Form

This form needs to be completed and actioned in accordance with the Hospice of St Francis' Safeguarding Procedure Flowchart. Copies of this form can be found in the documents folder on the pdrive.

Name of person concerned:

Date of Birth:

NHS Number (if available):

Home Address: Postcode:	Others living at this address (Inc. children):

G.P:

Next-of-kin/Persons with Parental Responsibility:

If the patient/ child is over the age of 16, is it considered possible that they may lack capacity to make decisions in their own best interests with regard to these specific concerns? Yes ☐ No ☐ *If yes, please give details:*

Does the patient/ child have any communication needs? Yes ☐ No ☐ *If yes, please give details:*

Appendix 2 Details of concerns (Inc. dates, times, etc.):
Details of any immediate actions already taken regarding these concerns: Please complete body chart below if applicable

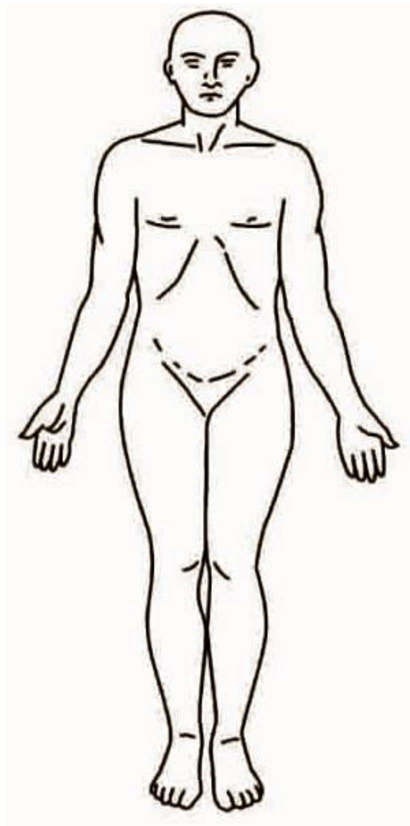
Have you raised these concerns with your line manager Yes ☐ No ☐
Or HoSF Safeguarding Leads? When was this? Date: Time:

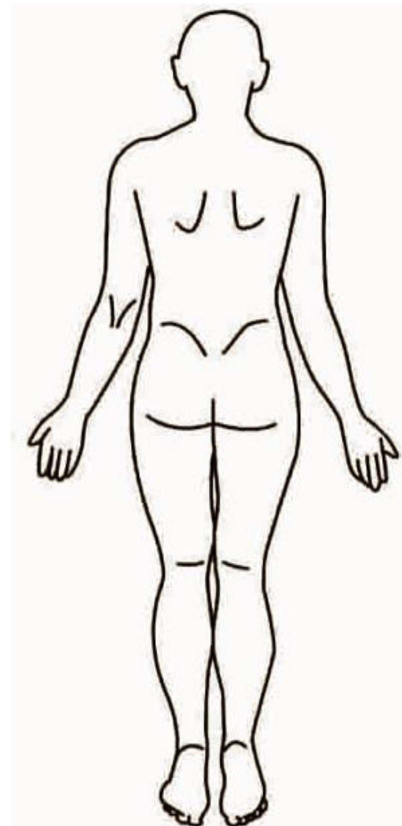
Have you consulted records as per the safeguarding procedures flowchart?
Yes ☐ No ☐

Date:	Time:
Signed:	Print Name:
Designation:	
Date:	Time:

Once completed please forward this form to the Named people/ Director of Clinical Care and Research

Body map to be included here [see example one below]





Appendix 2 - Herts/ Bucks escalated safeguarding referrals go to:

-Herts Child referrals:

Call 0300 1234043 [24 hr]. Read below link that advises what information will be required over the phone.

https://hertsscb.proceduresonline.com/chapters/p_referrals.html

-Herts Adult referrals:

Call 0300 1234043 [24 hr].

Information required can be emailed from Hospice NHS email to:

ACSSafeguardingWest@hertfordshire.gov.uk

-Bucks Child Referrals:

1. Contact First Response Team immediately on 01296 383 962 between 9am to 5pm Monday to Friday. If outside of these hours, contact the Emergency Duty Team (EDT) on 0800 999 7677 or email from Hospice NHS email to: secure-cypfirstresponse@buckinghamshire.gov.uk
2. complete a Multi-Agency Referral Form (MARF) [link below]

   https://account.buckscc.gov.uk/AchieveForms/?mode=fill&consentMessage=yes&form_uri=sandbox-publish://AF-Process-a9e1300e-87be-41fa-93f2-087e871cb150/AF-Stage-3890f7ae-3141-4b32-ba9b-7412bfcb261e/definition.json&process=1&process_uri=sandbox-processes://AF-Process-a9e1300e-87be-41fa-93f2-087e871cb150&process_id=AF-Process-a9e1300e-87be-41fa-93f2-087e871cb150

Bucks Adult Referrals:

1. Safeguarding Adults Team:

0800 137 915 (Mon-Fri, 9am-5pm) out of hours 0800 999 7677.

Link to referral form: http://www.buckinghamshirepartnership.gov.uk/media/4914488/Referral-Form-Safeguarding-Concern-Final-May-2016.pdf

Form can be emailed from Hospice NHS email to:

safeguardingadults@buckscc.gov.uk

Equality Impact Assessment

Name of Policy: Safeguarding Adults Policy

Does this policy / procedure affect one group less or more favourably than another on the basis of:

	Y/N	Comment
Race	N	
Ethnic origins (including gypsies and travellers)	N	
Nationality	N	
Culture	N	
Religion or belief	N	
Sexual orientation including lesbian, gay and bisexual people	N	
Age	N	
Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	
Marriage & Civil partnership	N	
Pregnancy & maternity	N	
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
Is the impact of the policy/guidance likely to be negative?		
If so can the impact be avoided?		
What alternatives are there to achieving the policy/guidance without the impact?		
Can we reduce the impact by taking different action?		