



Safeguarding Adults Policy and Procedures

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POL003 - Safeguarding Vulnerable Adults Policy V9.0

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Part of Trust's publication Scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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The East of England Ambulance Service NHS Trust is committed to protecting, safeguarding and promoting the welfare of all people using Trust services

1.0 Policy Statement

This policy document supersedes any previously identified policy for safeguarding within the Trust.

All healthcare organisations have a duty outlined in legislation to make arrangements to safeguard and cooperate with other agencies to protect adults at risk from harm, abuse or neglect (Intercollegiate Document 2018)

This East of England Ambulance Service NHS Trust's (EEAST) Safeguarding Vulnerable Adults Policy and Procedure document contains the processes for managing allegations against staff and information sharing guidance, as well as a range of supporting material related to safeguarding and abuse.

This policy outlines the responsibility of the East of England Ambulance Service NHS Trust, as well as all staff, volunteers and commissioned services in safeguarding adults who may be at risk.

The policy aims to promote a high standard of awareness and participation in undertaking adult safeguarding responsibilities in relation to making provision to protect adults who may be at risk.

Further guidance for safeguarding children and young people is contained in the Trust policy Safeguarding Children and Young People.

Further guidance regarding Mental Capacity, Deprivation of Liberty and Lasting Power of Attorneys can be found in the Trust Capacity to Consent Policy.

2.0 Introduction

The Care Act 2014 was introduced to create a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis.

The Act is also clear about the steps that must be followed to work out this entitlement, to help people understand the process. It follows the persons "journey" in the care and support system. It begins with an assessment of their needs and a decision about whether their needs are eligible, including a financial assessment where necessary. This will determine whether people need to pay for their own care, and in the future will include a new capped cost payment system. After this process of assessment is finished, the decision can then be made about whether the adult is entitled to care and support arranged by the local authority.

The Government has established six principles that should underpin all adult safeguarding work and described the individual outcomes that should result.

Guiding Principles	Individual outcome
Empowerment	<p>People being supported and encourages to make their own decisions and informed consent.</p> <p>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"</p>
Prevention	It is better to take action before it occurs

	“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
Proportionality	The least intrusive response appropriate to the risk presented “I am sure that the professionals will work for my interests as I see them and they will only get involved as much as needed”
Protection	Support and representation to those in greatest need “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want”
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best results for me”
Accountability	Accountability and transparency in delivering safeguarding “I understand the role of everyone involved in my life and so do they”

3.0 Purpose

Trust staff including volunteers and those working to provide patient care on behalf of the Trust, will ensure that all patients and those members of the community who are considered to be at risk of abuse, are protected and brought to the attention of the relevant authorities/services.

4.0 Trust Responsibilities

The Trust is required to have a Safeguarding Lead responsible for guiding and supporting all Trust staff when dealing with safeguarding adults. The Trust also is required to have a Named Professional for Safeguarding.

The Safeguarding Lead/Named Professional for Safeguarding are required to work in coordination with PALs, HR and Operational Managers regarding issues of allegations made against staff along with the need to work closely with the children’s services Local Authority Designated Officer (LADO) and other designated officers for both adults and Children in the region or nationally to ensure sharing of information and development of best practice.

The Trust Board will receive reports either directly or through the Trust Committee structure.

EEAST have a Trust Board Champion and Safeguarding Non-Executive Director who have responsibility for Safeguarding.

Where Serious Adult Case Reviews (SAR) are instigated the Safeguarding team will commit to responding when the Ambulance Service has been directly involved. This will be led by the Safeguarding Lead. This will be documented on Datix under the SAR headings with lessons learned disseminated. Where the Serious Adult Review has been commissioned the Safeguarding Lead will determine whether a full Individual Management Report (IMR) is required and will look for agreement with the SAR overview writer as to the panel membership based on the contact with the victims and any associated persons. If the Ambulance Service had no involvement (adopted SARs) these will still be read, documented on Datix and any lessons we can take forward to improve the care we give to our patients will be used. These will be reviewed on the Safeguarding teams monthly work plan. This will be tabled at the bi-monthly safeguarding meetings.

This would also apply for Domestic Homicide Reviews (DHRs)

5.0 Duties

Accountability for adult safeguarding is ultimately with the Trust's **Chief Executive Officer (CEO)**.

All staff, volunteers and commissioned services have a responsibility to read, understand and take full responsibility and to adhere to the requirements of this policy and its appendices. As part of this requirement all staff must maintain an up to date knowledge of current practice in adult safeguarding.

In supporting the responsibilities as set out in this document, the Trust should, through its safeguarding team, keep itself and all staff up to date by means of both its statutory safeguarding training requirements, and the regular dissemination of information as a result of changes in legislation, new practice and recommendations from Safeguarding Adult Reviews (SARs), Serious Case Reviews (SCR's) and Domestic Homicide Reviews (DHRs).

All staff, volunteers and commissioned services must share the Trust's commitment to **protect, safeguard and promote the welfare of adults considered to be at risk**.

All staff, volunteers and commissioned services that have access by phone or in person to family homes and other locations, or may be involved with individuals at a time of crisis, are in a position to identify initial concerns regarding an adult at risk.

As well as understanding abuse and the indicators of abuse, it is essential that staff both understand and recognise risk factors and concerns regarding all adults and how this may impact on those being cared for by that adult.

All staff, volunteers and commissioned services have a specific responsibility to share concerns that they become aware of.

Staff, volunteers and commissioned services may, on occasions, be required to co-operate further with other agencies with their investigations or enquiries. This may involve making statements and/or being involved attending strategy meetings. These meetings are normally run by the Local Authority and in some cases the Police.

Despite no legal mandatory requirement under the Care Act, the Trust works in partnership with, and is an active member of the Local Safeguarding Adult Boards (LSAB) within the Trust geographical area and participates in relevant work streams when requested.

When reviewing Trust policy, to ensure best practice, the Trust will utilise relevant LSAB policies from the Eastern region to ensure best practice.

The Safeguarding Team will make every effort to ensure that staff, volunteers and commissioned services when making referrals receive feedback from Social Care and/or the GP when outcomes have been identified to the Trust.

6.0 Staff Conduct

All Trust staff (regardless of position within the Trust), any volunteer, commissioned service or person associated with delivering services on behalf of the Trust, must **not** have acted in a way that breaches any of the following:

- Behaved in a way that has harmed, or may harm, a child, young person or adult
- Possibly committed a criminal offence against, or related to, a child, young person or adult
- Behaved towards a child, young person or adult, that may indicate s/he is unsuitable to work position of Trust

Any member of staff identified to behave in such a way as to indicate one or more of the above statements, either within their work or as a consequence of actions within their personal life may be subject to Trust disciplinary procedures. A Local Authority and criminal investigation may be instigated and a referral to their registering body (examples such as the General Medical Council (GMC), Nursing & Midwifery Council (NMC) or Health Care Professional Council (HCPC)).

Identification of such incidents can come from various different sources. The Trust will take due regard of all allegations. The Trust will work within the required multi-agency agreements considering recommendations and actions necessary to protect the public. This can/may include a member of staff being suspended, and possibly dismissed from the Trust. A Disclosure Barring Service (DBS) referral will be made by the Trust as part of the investigation.

7.0 General Principles

The East of England Ambulance Service NHS Trust is committed to protecting, safeguarding and promoting the welfare of adults at risk and there is a considerable amount of guidance to inform and direct that commitment.

The safeguarding agenda is rapidly growing and there is an increasing number of facets which link very closely to the overarching definition and our understanding of abuse.

An adult at risk is a person aged 18 years or over who may be unable to take care of themselves; protect themselves from harm; or prevent themselves from being exploited.

With regards to adults Chapter 14 of the Care and Support Statutory Guidance (Issued under the Care Act 2014) replaces the 'No Secrets' guidance. 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 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.

An adult may be at risk because they:

- Have a physical disability
- Have learning difficulties
- Have mental health problems
- Are elderly, frail or ill
- Are sometimes unable to take care of themselves or protect themselves without help

- A person may also be at risk because of a temporary illness or difficulty.

Where someone over 18 is still receiving children's services, for example in an education setting until the age of 25, and a safeguarding issue is raised the matter should be dealt with through adult safeguarding arrangements. Children's safeguarding and other relevant partners should be involved as appropriate. The level of needs is not relevant and the young adult does not need to have eligible needs for care and support under the Care Act.

An adult who may be at risk may have difficulty in making their wishes and feelings known and this may place them at risk to abuse. It may also mean that they are not able to make their own decisions or choices.

Everyone has the right to live without fear of being abused and with their rights and choices respected.

8.0 Disclosure and Barring Service

The East of England Ambulance Service NHS Trust has in place relevant 'safer recruitment' policies, procedures and guidance. These can be found on East24. All staff who are exempt from the Rehabilitation of Offenders Act 1974, for example those who provide direct services to any person considered at risk, are subject to enhanced Disclosure and Barring (DBS) checks. The Trust Human Resources policies and procedures provide support and guidance to the whole Trust on processes relating to recruitment, disciplinary procedures and the dismissal/ending of an employee's contract.

The Disclosures and Barring service exists to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults and children. The service is responsible for:

- Processing requests for criminal records checks
- Deciding whether a person should be barred from working with vulnerable groups, including children
- Maintaining a list of people who have been barred from working with vulnerable groups.

Employers are under a duty to make a referral to the Disclosure and Barring Service if they have dismissed or removed an employee from working in regulated activity, following harm to a child or vulnerable adult or where there is a risk of harm.

9.0 Specific Issues relating to Safeguarding

The Trust recognises that people with learning disabilities and Mental Health needs can be particularly vulnerable. The Safeguarding team will work to support the Trust in understanding the particular challenges for people with complex needs to ensure that the needs of these people are met, particularly in relation to safeguarding and the protection of the person's welfare and independence.

With regards to Making Safeguarding Personal the Trust will work to ensure that safeguarding is person centered and not a process driven approach.

10.0 Mental Capacity Act

The Mental Capacity Act 2005 (MCA) covering England and Wales provides a statutory framework for people aged over 16 who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can make decisions, in which situations and how they should go

about this. The Act applies to everyone who works in health or social care and puts the individual who lacks capacity at the heart of decision making. The Act is underpinned by five key principals which **MUST** inform actions taken by staff when providing care or treatment for a person who lacks capacity or is considered to lack capacity.

- A presumption of capacity-every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- The right for individuals to be supported to make their own decisions- people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions
- Best interests- anything done for or on behalf of people without capacity must be in their best interests
- Least restrictive intervention- anything done for on behalf of people without capacity should be an option that is less restrictive of their basic rights- as long as it is still in their best interests.

Staff should seek a person's consent if they are proposing to act in connection with the care or treatment of that person. This means staff must explain any proposed procedure in an accessible and easily understandable way to enable a person to make their own decisions. They should support the person to ask questions and to weigh up information relevant to the decision to be made.

If the person is unable to make the decision within the meaning of section 3 of the MCA, staff should carry out a formal assessment of the person's capacity in relation to the proposed specific intervention. If the person is found to lack capacity then a decision about their care and treatment may need to be made on their behalf, in their best interests.

For further information on this please make reference to the Trust's current Capacity to Consent Policy

11.0 Dignity in Care

As an ambulance service we are committed to providing high quality care for all our patients. This not only includes providing clinical skills and life-saving interventions but goes beyond this and we realise that dignity is at the centre of everything we do.

We uphold the patient's right not only to agree to treatment but we also recognise they have the right to refuse treatment, even if they are aware that by doing so can be detrimental to their future health.

As an ambulance service we are in the unique position of working within the community and make very important decisions and interventions, sometimes in life or death situations. As part of this work we find ourselves invited in to people's homes and lives, often in times of great stress and anxiety. This gives us insights into how vastly differing groups of people are able to lead their lives however they choose. We as individuals should not judge or impart views onto any person or persons we feel do not meet our own idea of 'normal'. Instead we should seek to ensure these people are given the same treatment, dignity and respect we would to any patient we would come across.

12.0 Dignity Commitment

We will:

- Treat patients courteously and as we would like to be treated ourselves
- Promote and encourage positive and respectful attitudes
- Listen to a patient's concerns and requests and respect them as far as we can

- Always conduct ourselves in a manner in which we can be proud of
- Try to act in a fair, honest and even handed manner.

What our patients should expect from us:

- To be addressed politely, using the individual's preferred name
- To be treated courteously, as we would like to be treated ourselves
- To receive all care and treatment needs in private, and in a timely manner
- To have the right to privacy in their own home, personal space or area of treatment respected
- To be protected from discrimination and all forms of abuse whilst in our care, and beyond
- To ensure patients leave our care in a secure position and one which promotes their own self- respect and self-worth
- The person treating them to have a zero tolerance of abuse
- A right to privacy at all times
- To be respected for their own uniqueness and made to feel that they matter
- To be respected in the same manner as if they were a member of our own family
- To be treated as an individual with their own set of circumstances, needs and desires with their own individual expectations.

It is essential that concerns are shared.

Call the Trust Single Point of Contact (SPOC)

0345 602 6856

Section 1 Safeguarding Adults at Risk

1.0 Introduction

Since the government issued 'No Secrets' in 2000, there has been an increasing focus on care provided to adults who may be frail, ill or at risk. Practices on caring for adults are informed by many different legislations such as the Mental Health Act, Mental Capacity Act, ADASS documents and various government reviews on service delivery.

Many key events have also informed the government that processes need to change and statute needs to be developed around the care of adults. These events include the Winterbourne review and Mid Staffordshire Hospital (Francis Report).

The Care Act May 2014 has developed statutory backing for Local Authorities to hold to account agencies working with adults considered to be at risk. This brought adult services in line with legislation already in place within children's services.

The Care Act 2014 was introduced to create a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis.

The Act is also clear about the steps that must be followed to work out this entitlement, to help people understand the process. It follows the persons "journey" in the care and support system. It begins with an assessment of their needs and a decision about whether their needs are eligible, including a financial assessment where necessary. This will determine whether people need to pay for their own care, and in the future will include a new capped cost payment system. After this process of assessment is finished, the decision can then be made about whether the adult is entitled to care and support arranged by the local authority.

With regards to adults Chapter 14 of the Care and Support Statutory Guidance (Issued under the Care Act 2014) replaces the 'No Secrets' guidance. 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 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.

Again, the safeguarding duties have a legal effect in relation to the NHS and the Police

2.0 General Principles

Abuse can take many forms (these are explained more extensively within the latter part of this document). It does not have to fit comfortably into any of the above. Abuse can be perpetuated by one adult at risk towards another. This is still abuse and should be dealt with accordingly. The adult at risk may also be neglecting him/herself which could also justify a safeguarding referral.

All NHS Trusts are required to have in place policies and procedures to effectively respond to known or suspected abuse in adults who may be at risk.

The aims of adult safeguarding are to:

- Stop abuse or neglect whenever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs:

- Safeguard adults in a way that supports them in making choices and having control about how they want to live:
- Promote an approach that concentrates on improving life for the adults concerned:
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect:
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult: and
- Address what has caused the abuse or neglect.

Abuse or neglect may be deliberate, or the result of negligence or ignorance. Unintentional abuse or neglect arises, for example, because pressures have built up and/or because of difficult or challenging behaviour which is not being properly addressed.

Anyone can carry out abuse or neglect, including, for example, partners, other family members, neighbours, friends, acquaintances, and local residents, organised gangs, paid staff or professionals, volunteers and strangers. For example a stranger may carry out targeted fraud or an internet scam but more often, the person responsible for the abuse is in a position of trust and power.

3.0 Definition of Abuse

'Abuse' is a violation of an individual's human and civil rights by any other person or persons and can take many different forms. It can relate to a single act or repeated acts and affect one or more persons

Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what is now described as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Abuse also falls into different patterns:

- **Long-term** – for instance, an on-going family situation such as domestic violence between spouses or generations or misuse of benefits
- **Opportunistic** - such as theft occurring because money has been left lying around; sexual abuse can also be opportunistic
- **Serial** - in which the perpetrator seeks out and grooms vulnerable individuals, one after another, for personal gain or exploitation. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- **Situational** - comes from external circumstances; it could arise, for instance, because unrelated pressures have built up or because of challenging behaviour

Abusive acts can take place anywhere - there is no such thing as "an assumed safe place" – and any individual may be an abuser.

4.0 Types of Abuse

It should be noted that in many situations different types of abuse can be inextricably linked, an example of this being *Internet* and *Sexual* abuse. Likewise some forms of abuse, for example *Financial* or *Discriminatory* tend to be confined to one specific group, in this case to adults at risk. There are the more familiar (statutory defined) types of abuse as listed below, as well as abuse patterns and types which have developed in specific areas, or in recent years. All types of abuse are described in greater detail in the Trust Safeguarding Support Document, and with specific reference in the following appendices of this Policy and Procedure Document. The many forms of abuse and neglect are generally classified under the following headings;

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organizational abuse
- Neglect and acts of omission
- Self-neglect

Whilst the above give a general view of the commonly recognised ‘types’ of abuse the Trust recognises the following additions to the types of abuse perpetrated on adult who may be at risk;

- Discriminatory Abuse/Hate Crime/Mate Crime
- Migrant Abuse and Human Trafficking
- Cyber Abuse
- Forced Marriage
- Concealed Pregnancy
- Female Genital Mutilation
- Prevent Strategy and Violent Extremism
- Sexual Exploitation
- Fabricated Induced Illness
- Toxic Trio

For further information on these topics please read the Trust intranet under the safeguarding tab for supporting documentation.

5.0 Staff Responsibilities

All staff in the Trust including volunteers and sub-contractors have a legal responsibility to share any concerns they may have, or they may become aware of when acting on behalf of the Trust.

When something ‘just does not seem right’, all staff must share their concerns using the SPOC Trust referral pathway.

The key principles underlining the approach and actions to protect those involved are;

- Any adult considered to be at risk must be protected from abuse
- A multi-agency approach is the most effective response in dealing with any issue of safeguarding and protection
- The legal duty of investigation sits with the Local Authority and Police, these agencies must be supplied with any information that may support any investigation needed

Everyone has a responsibility:

- to listen to the person telling you about the abuse
- to ensure the person at risk is safe and your own safety and any children or other adults at risk are considered in the risk assessment
- To refer concerns or suspicions via the Trust referral pathway SPOC, who will then send the information to the Local Authority and person’s GP

- Inform the adult at risk, where safe to do so, that you will share their information with the Local Authority and GP.

Section 2 - Adult at Risk and Whistleblowing

1.0 Introduction

All adults at risk deserve the opportunity to achieve their full potential. They should be enabled to:

- be as physically and mentally healthy as possible
- receive maximum benefit from educational opportunities
- live in a safe environment
- experience emotional well-being
- feel loved and valued
- become competent in looking after themselves
- have a positive image of themselves
- have opportunities to develop good interpersonal skills and confidence
- receive dignity in care
- receive care appropriate to their needs.

2.0 Who is vulnerable to abuse?

Although any adult at risk can be perpetrated on by an abuser there are some groups of adults who may be particularly vulnerable. These include individuals who have learning disabilities, severe physical illness or sensory impairments.

Sources of stress may create environments that lead to not being able to cope. Some of these stresses include poverty, social exclusion, domestic abuse, the unstable mental illness of parent or carer, or drug and alcohol misuse.

3.0 Allegation of abuse by the adult

Any allegation of abuse by an adult is an important indicator and should always be taken seriously. If abuse is alleged, the adult being told about the abuse must be careful not to ask leading questions or begin to try to investigate the concern.

4.0 If someone tells you they have been abused

Move them to a private place if possible. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent Police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this.

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses if there were any. By inadvertently telling the alleged abuser for example, you may be later accused of "corrupting evidence" or "alerting."

5.0 Sharing and Referring (Reporting) Concerns

Any allegation or suspicion of abuse must be taken seriously and acted on immediately. Any staff member must contact SPOC 0345 6026856 to inform the appropriate services of the concerns had about the patient.

Failure to act might place the victim at greater risk and they may be discouraged from disclosing the same or further details again as they may feel they were not believed. Failure to report suspected or alleged abuse may also put other people at risk.

6.0 Whistleblowing

The Trust and its staff come into contact with a large number of agencies caring for people and a potentially large number of vulnerable people on a daily basis. It is likely that during a working shift a member of staff could witness a colleague/care provider abusing an adult considered to be at risk.

Because abuse is a sensitive and difficult area we can be tempted not to take action when we think it has happened or is occurring within our own environment. This may be particularly true when the abuser is a member of staff. However, ignoring our concerns or keeping them “in house” can risk:

- reinforcing abusive behaviour and perhaps putting others at risk
- no action, including support and protection, for all those in the situation
- further misery because distress is not being fully acknowledged
- vulnerable victims seen as not needing or entitled to care, treatment, support or justice
- perpetuation of a criminal act by the perpetrator.

The Trust has a Whistleblowing Policy which sets out the policy, roles and responsibilities of staff and processes involved. The policy is available on the Trust Intranet site.

Section 3 Trust Procedure for Referring

1.0 Trust Procedures

In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to meet the needs of the adult at risk.

There are a number of ways in which staff may receive information or make observations which suggest that an adult is at risk of harm. Staff will often be the first professional on scene with the family and their actions and recording of information may be crucial to subsequent enquiries.

It is particularly important that other people who may be present should not be informed of a staff member's concerns in circumstances when this may result in a refusal for the adult to attend hospital or in any situation where the adult may be placed at further risk of harm.

Clinical staff should follow the Trust clinical process for history-taking, taking particular note of any inconsistency in history and any delay in calling for assistance.

Factual information must include details about the **environment, emergency contact** as well as the clinical record of the patient. The record should not contain any comment about suspicions, opinion or conjecture the staff may have had.

Staff should be aware that an adult who is frightened may be reluctant to say what may be the cause of their injury, especially if the person responsible for the abuse is present. It may be helpful to make a note of body language. It is important to stop questioning when suspicions are clarified, avoiding any unnecessary questioning, as this may affect the credibility of subsequent evidence.

Remember: It is neither your role, nor that of the Trust's to investigate suspicions. The task for Trust staff is to ensure that any suspicion or concern is passed to the appropriate agency, i.e. the Police or the Local Authority. This should be achieved by following the guidelines below. It is also important to ensure that those to whom care is handed over are also aware, for example A&E staff.

While the wishes of the adult, relatives, carers or guardian should be taken into account, if the level of suspicion is high, wherever possible the adult should be taken to hospital.

If the adult needs to be conveyed to hospital and another person tries to prevent this, staff may need to consider whether to involve the Police. A&E Clinicians should inform the Ambulance Operations Centre (AOC) while Non-Emergency Service (NES) staff should inform their own control about the situation seeking their guidance.

If the adult is not conveyed to hospital, a Patient Care Record (PCR or E-PCR) will be completed recording the facts only. Staff can raise their concerns on the SPOC referral.

2.0 Concerns over people other than patients

It is quite possible that while caring for a patient ambulance staff may become aware of possible abuse against a child/other adult in the household.

While the patient is the most important focus of the staff's attention, once the duty of care to the patient has been discharged the clinician must act upon their suspicions and report their concerns about the Adult to Social Care, using the Trust SPOC referral process.

Where the adult is considered to be at imminent danger the Police should be requested to attend, then call SPOC and make a referral.

3.0 It is important to understand that failing to act is not an option

If you have a concern or you suspect an adult is at risk of harm you should initially assess whether or not it is safe or appropriate to remain in the situation, or whether to move to a place that is safe. Also think about the role of the Police if there is any immediate danger.

In these situations it is still essential to raise your concerns (if necessary without consent), and the decision to share information would be considered to be 'in the public interest' (Public Interest Disclosure Act 1998).

If it is obvious that the adult concerned wishes to discuss their situation with you, or starts to divulge information that raises your suspicions, staff must listen carefully to what they have to say. It is imperative that the situation remains safe for staff and other professional colleagues, as well as the person divulging the information.

Listen carefully to what they are telling you. If it is appropriate make contemporaneous notes, but remember that you must only document fact (e.g. What, Where, When, Why, How)

- Document what you see and hear
- Do not document opinion or conjecture
- Do not make accusations, either verbally or on paper
- Do not ask any leading questions
- Do not make promises not to take things any further – staff must make it clear that you might need to share your concerns with other people.

Even if you have conveyed the adult at risk to hospital, it is still imperative that you telephone SPOC to make a referral.

0345 602 6856

Once you have recorded your referral on the Trust SPOC system the database will automatically transmit a fax copy/e-mail to the Social Care team & persons GP.

Enter situation and realise something is 'just not quite right here'

Call SPOC on the Trust referral number

0345 6026856

Or through your radio phone (must be in telephone mode)

follow their support and advice

Section 4 - Allegations of Abuse against a Member of Staff

Procedure for Responding to an allegation of abuse against a vulnerable person made against a member of staff working for or on behalf of the Trust

The Care Act 2014 recommends that each Local Safeguarding Adults Board (LSAB) should establish and agree a framework and process for any organisation under the umbrella of the LSAB to respond to allegations and issues of concern that are raised about a person who may have harmed or who may pose a risk to adults.

The framework should have clear recording and information-sharing guidance and explicit timescales for action and be mindful of the need to preserve evidence. This will be whether the allegation or concern is current or historical.

Each member of the LSAB should have a Designated Manager responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

The Designated Officer should keep in regular contact with their counterparts in partner organisations. They should also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

The Designated Officer should provide advice and guidance within their organisation, liaising with other agencies as necessary. The Designated Officer should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

The Designated Officer will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.

The Designated Officer will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation. Particular care must be taken to not breach the right to a fair trial in Article Six of the European Convention on Human Rights as incorporated by the Human Rights Act 1998. They should also ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.

The Trust Named Professional for Safeguarding will work closely with the local authority Designated Officer and children's services Local Authority Designated Officer (LADO).

There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults at risk. This may be referred to the Designated Officer from a LADO, if it is not, then information should be shared with the LADO. Each situation will be risk assessed individually. There may also be times when a person's conduct towards an adult may impact on their suitability to work with or continue to work with children. All these situations must be referred to the LADO.

Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual to share information.

The person with the allegation against them should be offered a right to reply, wherever possible seek their consent to share, and be informed what information will be shared, how and who with. Each case must be assessed individually as there may be rare cases where informing the person about details of the allegations may increase the risks to the adult or child.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- Where relevant and necessary, not simply all the information held;
- With the relevant people who need all or some of the information; and
- When there is a specific need for the information to be shared at that time.

Therefore the Trust will report any allegations to the Local Authority Designated Officer (LADO) and the process below is as stated in the Children's policy. Where it mentions child, this will apply to adults to ensure correct reporting and best practice welcomed by the LSABs.

1.0 Staff Conduct

All Trust staff (regardless of position within the Trust), any volunteer, commissioned service or person associated with delivering services on behalf of the Trust, must not act in a way that constitutes any of the following:

- Behave in a way that has harmed, or may harm, a child, young person or adult
- Possibly committed a criminal offence against, or related to, a child, young person or adult
- Behave towards a child, young person or adult in a way that indicates s/he is unsuitable to work in a position of trust.

Any member of staff identified either within their work or as a consequence of actions within their personal life as falling into the above will be subject to Trust disciplinary procedures, LADO investigation (child and young person cases), criminal investigation and as appropriate investigation by their registering body (examples such as the GMC, NMC or HCPC).

Identification of such incidents can come from various sources. The Trust will take due regard of all allegations and work within the required multi-agency agreements, considering recommendations and actions necessary from all safeguarding professionals to protect at risk people. This can/may include a member of staff being suspended and dismissed from the Trust.

2.0 Responding to an allegation made against a member of staff working for or on behalf of the Trust

The procedure contained within this section sets out the role of the Trust and its responsibilities when there is an allegation against a member of staff and also the role of Local Area Designated Officer (LADO)

Working Together to Safeguard Children (2013) states:

'Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with consistent procedures. LSCBs (Local Safeguarding Children Boards) have responsibility for ensuring that there are effective inter-agency procedures in place for dealing with allegations against people

who work with children, and for the monitoring and evaluating the effectiveness of those procedures'

The guidance continues by stating that, *'The scope of inter-agency procedures in this area is not limited to allegations involving significant harm, to a child'*.

In clarifying the above point it is also given to apply in situations where an individual is deemed to have:

- Behaved in a way that has harmed, or may harm, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

Working Together also makes clear that the framework above applies to a wider range of allegations than direct abuse of a child. It also means that the process has to be followed where there is an allegation that might indicate that the alleged perpetrator is unsuitable to work with children in his or her present position, or in any capacity.

3.0 Local Area Designated Officer (LADO)

Each county or unitary authority has at least one Local Area Designated Officer (LADO). Their overarching role is to see that cases and their progress are monitored effectively and to ensure that they are dealt with in a timely fashion, and that the process is fair, consistent and thorough.

4.0 What does this mean for the Trust?

The Trust takes any allegations against staff that are brought to its attention very seriously. The Trust has a statutory responsibility to safeguard and promote the welfare of children, young people and adults at risk.

It also means that the process has to be followed where there is an allegation that might indicate that the alleged perpetrator is unsuitable to work with adults in his or her present position, or in any capacity.

There could be a number of strands to an investigation, including:

- A Police investigation of a possible criminal offence
- Trust internal disciplinary investigation
- Enquiries and assessment by Adult Social Care about whether the adult is in need of protection or in need of services
- Serious Incident (SI) investigation
- Parallel investigations by other agencies
- Serious Case review by the Local Safeguarding Adults Board (LSAB).

There are a range of situations outside of obvious and direct abuse whereby procedures need to be instigated. For example; through whistleblowing or where information comes to light that an individual is or has been investigated by the Police in relation to accessing inappropriate websites (involving children) and/or downloading inappropriate/indecent images or materials.

It is also given to mean situations where, as an individual's employer we become aware that the individual may be implicated, or that there may be an allegation against the individual, in a situation – as listed above - outside of their employment with the EEAST which may bring into question the individual's suitability to work with children, young people or vulnerable adults.

5.0 Carrying out enquiries

Local authorities **must** make enquiries, or ensure others do so, if it reasonably suspects an adult who has care and support needs and is, or is at risk of, being abused or neglected and unable to protect themselves against the abuse or neglect or risk of it because of those needs. An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse may be taking place.

An Enquiry could range from a conversation with the individual who is the subject of the concern to a much more formal multi-agency arrangement (Section 42)

The purpose of the enquiry is to decide whether or not the Local Authority or another organisation, or person, should do something to protect the individual from any actual or risk of abuse or neglect. If the LA decides another organisation should take action, for example a provider, then the LA should be clear on the timescales and the need to know the outcomes of the enquiry.

What happens as a result of an enquiry should reflect the individual's wishes whenever possible, and be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

If a crime is suspected then Police should be informed and the Police will be under a duty to investigate. This may be in circumstances when the individual does not want this.

The objectives of an enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the individual's views and wishes and seek consent
- Assess the needs of the adult for protection, support and redress
- Make decisions as to what follow-up action should be taken with regard to the person responsible, or the organization, for the abuse and neglect.

6.0 Manager Responsibilities

Upon receipt of information regarding an allegation against an individual, action will be initiated as per the Trust's Disciplinary Policy (Managing Conduct and Performance).

If you are not sure if the allegation is relevant to safeguarding then please contact the Trust's Named Professional for Safeguarding/Safeguarding Lead for advice. See the Trust Directory for contact details.

The Trust has responsibility for the welfare of any staff member against whom an allegation is made. In all such instances, the individual member of staff will be offered the support of a Welfare Officer.

7.0 Named Professional for Safeguarding

The Named Professional for Safeguarding is the Manager with responsibility for ensuring that allegations against staff are investigated, specifically in relation to the protection of children as per Working Together 2013 and provides the link between the Trust, particularly the appointed LADO/Local Authority and others involved in the Investigation.

They will be able to provide advice on the specific processes involved in investigating an allegation against a member of staff, particularly in relation to the interaction with the relevant LADO/LA.

The Trust, normally through the Named Professional for Safeguarding should inform the relevant LADO – as per Working Together 2013 – within 24 hours of initial notification. (The duty LADO can be accessed via the relevant children's out of hours or in hours services).

The Named Professional for Safeguarding will attend the initial strategy meeting and any subsequent strategy meetings convened by the LADO and will liaise between the following agencies and key people;

- Trust Human Resources
- The Safeguarding Lead
- Trust Investigating Officer
- The Police
- Local Area Designated Officer
- Other relevant agencies – as appropriate

8.0 Action to be taken

This procedure should be applied when an allegation or concern has been made against any member of Trust staff including volunteers and sub-contractors who works with, or might come into contact with children or young people, or vulnerable adults and in doing so may have:

- Behaved in a way that has harmed, or may harm, a child, young person or adult at risk
- Possibly committed a criminal offence against, or related to, a child, young person or adult who may be at risk
- Behaved towards a child, young person or adult who may be at risk, their behaviour would be such that it would indicate s/he is unsuitable to work in a position of Trust

However, the scope of this procedure is not just limited to allegations involving significant harm, or risk of significant harm to a child, young person or vulnerable adult. It should also be followed in other situations, as laid out below, all of which should be seen to be followed up in an objective manner.

Some examples of times when this multi-agency investigation system will be instigated are:

- An allegation made directly by a child young person or adult
- An allegation made by a colleague
- Information from Police
- Information from a third party
- Concerns generated through an employment relationship
- Contravened safe practice
- Exploited position of power
- Acted in an irresponsible manner
- Has demonstrated a failure to understand or appreciate how his/her own actions impact on the safety of a child, young person or adult
- Has demonstrated an inability to make sound professional judgement
- Failure to follow policy
- Failure to understand or recognise the need for clear personal and professional boundaries
- Behaved in a way in his/her personal life which could put children, young person or adult at risk
- Become the subject to a Police prosecution
- Become subject to enquiries under local safeguarding procedures
- Behave in a way that seriously undermines the trust and confidence placed in him/her by employer
- What is constituted as appropriate or inappropriate behaviour will vary dependent upon the context and nature of the work undertaken.

9.0 Notification and Initial Response

Allegations may arise from a number of sources, both internally and externally. In the case of an allegation received from the Police or LADO, the first point of contact will normally be the Trust's Named Doctor or Named Professional for Safeguarding. It is the responsibility of the person receiving the information to evoke the above guidance with immediate effect.

At the same time if the Trust is made aware of an allegation internally the Named Professional for Safeguarding **must be notified immediately**, along with a representative from Human Resources. Depending on the seriousness of the allegation either the Police (if not already done so) or relevant LADO should be notified as soon as possible.

In the initial stages it is important that staff or managers **do not** undertake any enquiries or seek to determine whether the allegation may be true or not. The Police and/or Local Authority may have primacy in terms of any initial investigation.

There may be situations where the allegation or concern is such that immediate action needs to be taken to ensure the safety of a child, young person or vulnerable adult. Such action should be taken in line with the Trust's Safeguarding and Disciplinary Policies. Action might include a decision to suspend the member of staff as per the Trust's disciplinary policy and actions to preserve potential sources of evidence (for example mobile phones or computers).

Where it is considered that there is an immediate risk to a child, young person, vulnerable adult or others the Police should be notified immediately, either via EOC or by the 999 system.

In the event that a member of Trust staff is made aware of an allegation against a person from another organisation, advice should be sought from the Named Professional for Safeguarding. Where necessary, this information will be reported to the relevant area LADO or Police depending on its severity.

10.0 Documentation and Record Keeping

It is imperative that any member of staff receiving details of an allegation or concern documents as much detail as possible. The information documented must be factual in relation to what has been said or heard, and should as a minimum record **when** the allegation was made, to **whom** the allegation was made and where possible be contemporaneous. It should be signed by the person receiving the allegation, timed and dated. Where the allegation is made face-to-face, the record should similarly be signed by the person making/relaying the allegation. Where this is not the case, written verification should be requested. Any records should be securely held for future reference.

All relevant documentation should be collated by the Named Professional for Safeguarding or manager receiving the allegation and stored securely. The Named Professional for Safeguarding will be able to provide advice on documenting information as appropriate. If it is not appropriate for the person receiving the allegation to obtain any notification of the allegation made, it will then fall to the Named Professional for Safeguarding to advise on appropriate advice prior to contacting the LADO/LA

All managers actively involved in the Trust response to an allegation against a member of staff should maintain an up to date chronology of events in relation to their own activity in the case.

11.0 Investigation

The relevant LADO/LA **MUST** be informed of any allegation within one working day of it being received. Each area operates an 'on call' system for its LADOs, the numbers of which are held

by the Safeguarding team.

Where the staff member concerned is not aware of the allegation against them, and subject to the seriousness and potential need for immediate action by the Trust, no contact should be made with them until there has been an initial consultation with the LADO/LA.

Where it is decided that a multi-agency strategy meeting is to be held the Trust will take advice from, and agree with the LADO/LA what action, if any, needs to be taken in respect to the staff member(s) concerned at that time.

In some circumstances it may be appropriate that no action is taken until such time that the multi-agency strategy meeting has been held. There will be other times when it is deemed necessary to take immediate action, for example to safeguard an at risk child or vulnerable adult.

Consideration of suspension must be in line with the Trust Disciplinary Policy (Managing Conduct and Performance)

The Named Professional for Safeguarding overseeing the process is responsible for ensuring that the following people have been informed:

The Director of Clinical Quality or Gold on call

The Named Doctor

The staff member's General Manager or Silver on call

Senior member of Human Resources (HR).

Timing of the notification above will vary depending on where the information has originated, and upon the severity of the allegation.

12.0 Referrals

There may be situations where in addition to the initial actions documented above it is appropriate to make a formal referral to Adult Social Care.

Consideration should be given at an early stage as to whether the HCPC/MNC/GMC and DBS referral or any other professional body needs to be informed.

13.0 Confidentiality

Allegations or concerns of the nature being outlined can give rise to anxieties for staff member concerned and the person(s) that are the alleged victims. Confidentiality is key and should only be shared with those who have a legitimate right to know about the allegation.

14.0 Strategy Meetings

In the majority of cases an initial multi-agency strategy meeting will be called. Essentially, this is an 'information sharing' meeting and is convened by the Local Authority (LA) and will be attended by representatives from the staff member's employer, the Police, Social Care and the Local Authority, including the LADO. It is normally chaired by a member of the LA or the LADO.

Other relevant agencies may also be invited to attend. All agencies will share the information they have at that stage about the allegation, chronology of events, the background and employment history of the person who is the subject of the allegation, as well as information about the alleged victim.

In instances where the allegations give rise to a Police interview, the Police are at liberty to request any relevant details from the employer about the individuals concerned. It is important that this is achieved at an early stage in order that the Police and Crown Prosecution Service

(CPS) can progress the case.

The multi-agency strategy meeting will provide a forum for the Trust to be informed of events/outcomes and consider what actions may or may not be required. It may be a recommendation from this forum to suspend or temporarily redeploy a member of staff to a role that is closely supervised or no direct work with the public. **It is however important to stress that the decision on what action needs to be taken lies wholly with the Trust.** The multi-agency strategy meeting can only provide advice on what action they would consider appropriate in the circumstances.

If there is to be a Police investigation it is likely that further strategy meetings will be planned.

The Trust will be mindful of advice from the multi-agency strategy meeting and/or Police in making a decision regarding the undertaking of an internal investigation. The Trust would not normally undertake its own disciplinary investigation when advised that this could hinder any potential Police investigation and/or potential prosecution.

The Police have a responsibility to inform the LADO/LA and employer as soon as they have completed their investigation. This informs the Trust that either the person(s) have been charged, that no prosecution is being pursued, or that they have decided to close the investigation. When no further criminal proceedings are being taken the LADO/LA will discuss with the Trust in liaison with its Human Resources Department whether any further action is appropriate, and if so how to proceed. Information provided by the Police and Adult Social Care should assist in this process.

At the conclusion of any external investigation a final multi-agency strategy meeting should take place to review the case. At this point the allegation will also be categorised 'substantiated' or 'unsubstantiated' and any further actions planned. The LSAB should be made aware of the case at an early stage and at this point the conclusion and any issues raised should be shared with the LSAB. It is also an opportunity for the Trust to consider any lessons learnt in respect to the management of the case, risk management or training needs the case may have identified.

Media interest can be generated when these situations become public knowledge. Following LADO/LA liaison with the Trust's Communication lead, agreement should be reached at the multi-agency strategy meeting as to whether or not a joint media strategy/briefing paper should be prepared in case there is media interest.

15.0 Trust Investigation and Outcomes

The Trust will be mindful of advice from the multi-agency strategy meeting and/or Police in making a decision regarding the timing of the undertaking of an internal investigation. The Trust would not normally undertake its own disciplinary investigation until a later point in time when advised that commencing the investigation earlier could hinder any potential Police investigation and/or potential prosecution. Any such internal investigation would be undertaken in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance).

The Trust should keep in contact with the Police so they can monitor progress of any external investigation and subsequent action including any convictions.

On conclusion of the disciplinary process, the LADO/LA should be informed of the outcome. In situations where the individual has harmed a vulnerable adult, or is considered to pose a risk of harm to vulnerable adults, a referral to the Disclosure and Barring Service and/or any regulatory body is required. If this is the case the referral should be made within one month (*Working Together 2013*), this is the duty of the Human Resources (HR) lead in the individual case.

Support to staff involved in this process should be in line with Trust procedures and a welfare officer assigned to work with the member of staff.

16.0 Disclosure and Barring Service referrals

The Trust has a duty to share intelligence regarding issues with staff. The legislation stipulates that a referral to the Disclosure and Barring Services must be made regardless of the outcome of the Trust investigation

Section 5 – Information Sharing

1.0 Introduction

It is essential that all agencies work together and share information. Using an agreed protocol strengthens the processes for safeguarding and promoting the welfare of at risk groups from abuse. It is only when all agencies share the information they hold that a full picture emerges upon which to reach decisions and determine a plan of action to minimise the risk of harm to at risk groups from abuse.

Safeguarding and promoting the welfare of adults at risk must always be the primary consideration. It should over-ride any perceived risk of damaging the relationship between professional and their client/patient.

Information sharing is vital to safeguarding and promoting the welfare of adults at risk from abuse. **A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse.**

Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information must not stand in the way of promoting and protecting the well-being of adults at risk or abuse and neglect.

In some situations staff are aware of the duty to share information but uncertainty about when they can do so lawfully can often occur. This guidance aims to provide clarity on that issue. It is important that staff:

- are supported by the Trust in working through these issues
- understand what information is and is not confidential, and the need in some circumstances to make a judgment about whether confidential information can be shared, in the public interest, without consent
- understand and apply good practice in sharing information at an early stage as part of preventative work
- are clear that information can normally be shared where you judge that a child or young person is at risk of significant harm or that an adult is at risk of serious harm.
- Consult with Trust Caldicott Guardian when appropriate.

2.0 Purpose and Principles

The purpose of this protocol is to clarify the principles behind, and the arrangements for sharing sensitive personal information between the Trust and other agencies in order to safeguard and promote the welfare of Adults at risk from abuse.

This guidance has been updated to reflect the General Data Protection Regulation (GDPR) and Data Protection Act 2018, and it supersedes the HM Government *Information sharing: guidance for practitioners and managers* published in March 2015.

A basic principle of the GDPR and the Data Protection Act 2018 is that there has to be a 'legitimate basis' for disclosing sensitive personal data. Research and experience have shown repeatedly that keeping children and young people safe from harm requires professionals and others to share information:

- About an adults health and development and exposure to possible harm
- About a carer who may not be able to care for a adult adequately or safely
- About those who may pose a risk of harm to the child

In cases of domestic abuse:

- Where there are children under the age of 18 years resident in the household or where there are adults considered at risk
- Where a person is pregnant

In broad terms therefore, sharing sensitive personal information can be legitimate because often it is only when information from a number of sources has been shared and put together that it becomes clear that an adult is at risk of or is suffering harm. It is worth bearing in mind those enquiries following deaths, domestic homicides and other situations where practice has been called into question have repeatedly identified the failure to share information as a contributory factor.

It is critical that where there is reasonable cause to believe that a child or young person may be suffering or may be at risk of suffering significant harm, concerns should be referred to Social Care or the Police in line with the Trust Safeguarding Policy, contacting SPOC on 0345 602 6856.

If there is uncertainty as to whether what has occurred gives rise to ‘a reasonable cause to believe’ in these situations, the concern must not be ignored. Staff should always talk to someone to help them decide what to do – The Safeguarding Team, duty manager/Leading Operations Manager (LOM) or Clinical Advice Line.

Where a staff member has concerns that the actions of some may place an adult at risk of significant harm, it may be possible to justify sharing information with or without consent for the purposes of identifying people for whom preventative interventions are appropriate.

Significant harm to children and young people is not restricted to cases of extreme physical violence. For example, the cumulative effect of repeated abuse or threatening behaviour may well constitute a risk of serious harm to a person.

3.0 Sharing information without consent

If an adult does not agree to disclosure, there are still circumstances in which you should disclose information:

- When there is an overriding public interest in the disclosure
- When you judge that the disclosure is in the best interests of the **adult** who does not have the maturity, mental capacity or understanding to make a decision about disclosure
- When disclosure is required by law

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information.

The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping adults safe.

To effectively share information:

- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered ‘special category personal data’ meaning it is sensitive and personal

- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information **without consent**
- information **can be shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

4.0 Seven golden rules for information sharing

The East of England Ambulance Service NHS Trust supports the 7 golden rules for information sharing outlined in the Information sharing.

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

- 1 Remember that the Data Protection Act is not a barrier to sharing information**
- 2 Be open and honest with the person (and/or their family where possible)**
from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
- 3 Seek advice if you are in any doubt**
- 4 Share with consent where appropriate**
- 5 Consider safety and well-being**
- 6 Necessary, proportionate, relevant, accurate, timely and secure: SPOC do this for staff**
- 7 Keep a record. SPOC do this for staff**

Section 6 —References

This Policy supports legislation and guidance from:

Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document 2018 <https://www.rcn.org.uk/professional-development/publications/pub-007069>

Care Act (2014) <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

Care Quality Commission (CQC) Essential Standards of Quality & Safety (2010) http://www.cqc.org.uk/publications.cfm?fde_id=13512

Department of Health: Improving Safety, Reducing Harm (2009) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697

Female Genital Mutilation Act (2003) http://www.opsi.gov.uk/acts/acts2003/ukpga_20030031_en_1

Health & Social Care Act (2008) <http://www.legislation.gov.uk/ukpga/2008/14/contents>

Human Rights Act (1998) <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

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