East of England Ambulance Service NHS Trust

Safeguarding Adults Policy and Procedures

Document Reference	POL003
Document Status	Approved
Version:	V13.0

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
Safeguarding Group		Safeguarding Manager
Version	**Date**	**Comments (i.e. viewed, or reviewed, amended approved by person or committee)**
4.0	Nov 13	Reviewed and amended by Safeguarding Team.
5.0	Jan 15	Approved by Trust Board
6.0	Feb 16	Approved by Trust Board
7.0	Apr 17	Approved by ELB

Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
7.1	Dec 17	Reviewed by the Named Professional for Safeguarding
8.0	Mar 18	Approved by ELB
8.1	Feb 19	Reviewed by Safeguarding Specialist Practitioner for Adults
9.0	Mar 19	Approved by Management Assurance Group
9.1	Jan 20	Reviewed by safeguarding specialist practitioner for adults
9.1	Jul 20	Reviewed by Safeguarding Team
9.2-9.4	August 2020	External scrutiny from CCGs/NHSE/I & Head of Safeguarding from SWAST
9.5	September 2020	Approved by the Safeguarding Group
10.0	September 2020	Approved by Compliance and Risk Group
10.1	July 2021	Annual Review by Safeguarding Team, and approved at Safeguarding Group
11.0	August 2021	Approved by Compliance and Risk Group
11.1	June2022	Reviewed by the Safeguarding Team
11.1	July 2022	Approved at Safeguarding Group
12.0	August 2022	Approved by Compliance & Risk Group

Version	**Date**	**Comments (i.e. viewed, or reviewed, amended approved by person or committee)**
13.0	May 2023	Reviewed by the Safeguarding Team
13.1	June 2023	Approved at Safeguarding Group
13.2	June 2023	Approved by Compliance & Risk Group

Document Reference	Health & Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 9 Outcome 7
Recommended at Date	Safeguarding Group 7 June 2023
Approved at Date	Compliance and Risk Group 19 June 2023
Valid Until Date	September 2024
Equality Analysis	Completed
Linked procedural documents	EEAST Policies and Procedures: Safeguarding Children and Young People Policy Mental Capacity Act Policy DBS employing people with criminal convictions Procedure Disciplinary Policy (Managing Conduct and Performance) Recruitment and Selection Policy

	Whistleblowing Policy Use of digital media including social media and/or networking sites Policy Allegations against staff Procedure Volunteer responder Policy
Dissemination requirements	All staff via email, intranet and through Line Managers for staff who do not have access to IT.
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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1.0 Introduction

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

This East of England Ambulance Service NHS Trust's (EEAST) Safeguarding policy outlines the responsibility of the EEAST, as well as all staff, apprentices, 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 Mental Capacity Act Policy.

The Care Act 2014 was introduced to create a single, consistent route to establishing an entitlement to social care for all adults with needs for care and support. It also places a duty on Local Authorities (LA's) to identify carers and offer them an assessment in their own right.

Chapter 14 of the Care Act 2014 covers adult safeguarding and why it matters.

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

Guiding Principles	Individual outcome
Empowerment	People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"
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"
Guiding Principles	**Individual outcome**
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"

2. Purpose

All Trust staff including apprentices, 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/neglect, are protected and brought to the attention of the relevant authorities/services under Chapter 14 obligations of the Care Act 2014.

3. Duties

3.1 Chief Executive Officer (CEO)

The CEO has the ultimate accountability for the protection of patients from potential harm, harm or abuse. The CEO is responsible for ensuring that the health needs of patient are at the forefront of local planning and that high quality health services that meet identified quality standards provided. Other responsibilities include:

- The CEO will ensure that the role and responsibilities of the board in relation to safeguarding are met. Appoint an Executive Director who will take responsibility for Safeguarding.
- The CEO is responsible for ensuring safe and robust operational arrangements in place for safeguarding patients in all the services that are provided.
- Ensuring that the Trust Board receive updates and reports relating to safeguarding, compliance and key performance indicators either directly or through the Trust Committee structure.

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

3.2 Director of Nursing, Safety and Quality (Executive Sponsor)

An Executive Director, who sits on the Trust board, with a clinical background will be nominated to hold responsibility for Safeguarding at an executive level. The Executive Director will report to the board on the performance of their delegated responsibilities. The Executive Director will also be the Chair of the

Trust Safeguarding Group, the assurance committee for Safeguarding. This may be delegated to the Deputy Clinical Director. As the Executive Lead for Safeguarding, they will also have strategic oversight of all safeguarding allegations against persons in positions of trust.

They will work closely with the Deputy Clinical Director and Head of Safeguarding.

3.3 Non-Executive Director

A Non-Executive Director (NED) is appointed to ensure the organisation discharges its safeguarding responsibilities appropriately & acts as a champion for adults at risk. The NED will ensure appropriate scrutiny of the organisation's safeguarding performance through the Quality Governance Committee.

To provide assurance to the board of the organisation's safeguarding performance.

3.4 Head of Safeguarding/Safeguarding Lead

The Head of Safeguarding is the Senior Manager responsible for all areas of safeguarding within the Trust, overseeing the work of the safeguarding team. This includes ensuring regulatory compliance and that the trust meets its legislative requirements/responsibilities for safeguarding. The Head of Safeguarding will have a detailed oversight of any and all safeguarding allegations against persons in positions of trust, safeguarding enquiries and case reviews.

3.5 Named Professional for Safeguarding

The Trust is required to have a Named Professional for Safeguarding, this can be a standalone role or part of someone's portfolio.

The Named Professional for Safeguarding is also operationally responsible for the management of safeguarding allegations against staff.

Allegations are investigated in accordance with statutory requirements. They are responsible for ensuring that all allegations

against staff are investigated, specifically in relation to the protection of children & adults as per Working Together 2018. The role of the Named Professional is to provide specialist advice on the management of safeguarding allegations against staff and those in a position of trust.

Through delegated responsibility of the Head of Safeguarding/Safeguarding Lead, safeguarding allegations will be assigned to a Safeguarding Practitioner. The Trust 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 Safeguarding Practitioner managing an allegation will normally 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
- Trust Investigating Officer
- The Police
- Local Area Designated Officer
- Safeguarding partnership
- Commissioners
- Other relevant agencies – as appropriate

3.6 Safeguarding Team

Details of the safeguarding team can be found on the Trust directory. The team has a generic safeguarding secure email address safeguarding@eastamb.nhs.uk

The safeguarding team are made up of designated professionals who have the appropriate level of training and supervision to carry out the role.

The Head of Safeguarding and Safeguarding Sector Leads are required to have external supervision and meet the correct level of training as per the Intercollegiate Documents for children and adults.

The Head of Safeguarding is a member of the National Ambulance Safeguarding Group (NASaG) this links all UK Ambulance Trusts.

Specifically, the Safeguarding team:

- Regularly support safeguarding enquiries in relation patients that the Trust has had contact with.
- Participate in all Safeguarding Adult Reviews that are commissioned where the Trust has had engagement with those involved
- Support staff/volunteers/apprentices to make appropriate referrals.
- Make every effort to ensure that staff, apprentices, volunteers, and commissioned services receive feedback from Social Care and/or the GP when outcomes have been identified to the Trust.

3.7 Staff, Apprentices, Volunteers & Commissioned Services (including Private Ambulance Services PAS)

All staff, Apprentices, volunteers and commissioned services have a responsibility to read, understand and take full responsibility 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. Including the appropriate training levels in line with the Intercollegiate document for both adults and children

All staff, apprentices, 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, apprentices, 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 the indicators of abuse and neglect, 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, apprentices, volunteers and commissioned services have a specific responsibility to address concerns that they become aware of.

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

Despite not a legally mandatory requirement under the Care Act 2014, the Trust has a duty to cooperate with, and be an active member of, the Local Safeguarding Adult Boards/Partnerships (LSAP) within the Trust geographical area and participate in relevant work streams when requested.

4. Conduct

All Trust staff (regardless of their position within the Trust), apprentice, 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/adult at risk
- Possibly committed a criminal offence against, or related to, a child, young person/adult at risk
- Behaved towards a child, young person, that may indicate they may pose a risk of harm to children/adults at risk
- Behaved in a way that indicates they may not be suitable to work with children/adults

- As well as concerns and allegations raised in a person's place of work, concerns regarding a person's conduct in their personal life may also be considered relevant as the Local Authority Designated Officer (LADO) and EEAST has to consider the transferable risk.

This would encompass identified behaviour in the presence of a child/Young Person, criminal offence against, related to or in the presence of a CYP.

This behavior is both in work and within your personal life & both can have an impact on your professional career.

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 because 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).

For further information please refer to Allegations against staff Policy.

5. General Principles

EEAST is committed to protecting, safeguarding, and promoting the welfare of adults at risk.

With regards to adults, Chapter 14 of the Care and Support Statutory Guidance (Issued under the Care Act 2014) Safeguarding duties apply to an adult (over the age of 18) 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
- Because of a temporary illness or difficulty
- Transitioning from Child & Young Person to Adult services.

Where someone over 18 is still receiving children's services, for example in an education setting until the age of 25, or Special Educational Needs & Disabilities (SEND) 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.

For further information on this please refer to the Trust's Children and Young Persons Policy.

An adult who may be at risk may have difficulty in making their wishes and feelings known and this may place them at risk of abuse/neglect. 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/neglected and with their rights and choices respected.

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, 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.

Where there is uncertainty with regards to Capacity, please refer to the Trusts Mental Capacity Act policy/JRCALC guidelines

5.1 Definition of Abuse

Abuse 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.

5.2 Types of Abuse

It should be noted that in many situations different types of abuse can be inextricably linked, an example of this being

Online/cyber 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.

The many forms of abuse and neglect are generally classified under the following headings.

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect. Including hoarding

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 upon an adult who may be at risk;

- Discriminatory Abuse/Hate Crime/Mate Crime
- Exploitation
- Human Trafficking
- Cyber Abuse
- Forced Marriage
- Concealed Pregnancy
- Female Genital Mutilation
- Prevent Strategy and Violent Extremism
- Sexual Exploitation
- Organisational
- Fabricated Induced Illness. Also called Perplexing Presentations

5.4 Specific Issues relating to Safeguarding

The Trust recognises that people with physical and learning disabilities/difficulties and mental health needs can be more likely to experience abuse or neglect. 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 centred and not a process driven approach.

6.0 Mental Capacity Act

The Mental Capacity Act 2019 (MCA) covering England and Wales provides a statutory framework for people aged over 16 years who lack capacity to make decisions for themselves, or who have capacity and want to prepare 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 MCA applies to everyone who works in health or social care and puts the individual who lacks capacity at the heart of decision making.

The MCA 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- if 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 or make a referral to Adult Social Care Teams. 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 understand, weigh-up and retain the information relevant to the decision to be made.

Informed decision making and the critical need for all staff to support a person to make a decision for themselves, free from bias, intimidation or duress.

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 refer to the Trust's Mental Capacity Act Policy.

7.0 Staff Responsibilities

All staff in the Trust, including apprentices, 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 Single Point of Contact (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/neglect.
- A multi-agency approach is the most effective response in dealing with any issue of safeguarding adults at risk.
- The legal duty of investigation sits with the LA and Police, these agencies must be supplied with any information that may support any investigation needed EEAST has a duty to cooperate and work in partnership to protect and as such may be requested to be a lead agency in supporting a person.

Everyone has a responsibility:

- to listen to the person telling you about the abuse/neglect.
- to ensure the person at risk is safe, to ensure your own safety and any other children or adults at risk are considered in the risk assessment.
- To refer any safeguarding concerns or suspicions via the Trust referral pathway SPOC, who will then send the information to the LA. Situations may arise where there is an immediate risk, especially out of hours and you may need to contact the Emergency Duty Team (EDT) or Police before making a SPOC referral.
- Obtain consent, where safe to do so, and inform the adult at risk that you will share their information with the LA.

8.0 Trust Procedure for Referring

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

Where there is uncertainty with regards to Capacity, please refer to the Trusts Mental Capacity Act policy/JRCALC guidelines.

It is particularly important that other people such as relatives, carers or bystanders 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 ensure a detailed assessment of both history and relevant physical examination, 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 opinion or conjecture the staff may have had.

Remember: It is not the role or the responsibility of the Trust 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 LA. 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 Accident & Emergency staff.

While the wishes of the adult, relatives, carers, or guardian should be taken into account, if the there is a high level of suspicion that abuse/neglect has taken place or is likely to occur, 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 also noting Clinical Advice Line (CAL).

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.

8.1 Concerns regarding People other than Patients

It is quite possible that while caring for a patient, ambulance staff may become aware of possible abuse/neglect against a child/other adult in the household. This could also include carers both paid and informal.

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 or child to Social Care, using the Trust SPOC referral process. Referral pathways are in place to take the referral to the correct status for onward referral.

Where a child or adult is considered to be at imminent risk the Police should be requested to attend, then call SPOC and make a referral. It is important to understand that failing to act is not an option.

If you have a concern or 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, when no consent has been gained to make a referral), and the decision to share information would be considered to be 'in the public interest' (Public Interest Disclosure Act 1998).

Where there is uncertainty with regards to Capacity please refer to the Trust's Mental Capacity Act policy/JRCALC guidelines.

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.

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, 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". Ensure the person is at no further risk of harm, consider taking to a place of safety or call the Police.

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 the appropriate referral.

0345 602 6856

Once you have recorded your referral on the Trust SPOC system the database will automatically transmit an e-mail to the Social Care team & persons General Practitioner (GP), where they are registered with a GP.

How to make a SPOC referral is covered in training.

All staff/volunteers/third party providers must use SPOC whilst working for or on behalf of EEAST.

9.0 Child Protection – Information Sharing

Child Protection –Information Sharing (CP-IS)
CP-IS enables a limited amount of essential information to be shared between organisations for children on a child protection plan, looked after children and women who are pregnant and subject to a protection plan for the unborn child.
The information which is shared between organisations includes:

- NHS Number, Type of plan that the child is on, Start and end date of that plan,
- Name of local authority responsible for the child, Contact details for that local authority,
- An access history, showing the previous 25 visits to unscheduled care settings (including date/time, who accessed the record, their role and their organisation name)

The following is **NOT SHARED**:

- The child's full social care file, The reason the child has a plan, The reason the child has previously presented for care
- Details of the child's parents or carers
- Medical information

How does it help EEAST?

- **Early intervention -** taking action to prevent or reduce future harm happening to children – CPIS supports our decision making
- **Improved safety and care -** doing the best when children need help – CPIS is a national system with immediate sharing of

information between health and social care, including agency contact details

• **Increased effectiveness -** doing the most for children with the resources we have – Allows services to focus on vulnerable children and reduces time taken in information access.

If CPIS information is available it will be flagged when accessing the patients Summary Care Record (SCR). A check of the SCR for a CP-IS flag should always be completed prior to discharging on scene for any male 18 years or younger and any female 60 years or younger. This can be done in three ways:

- If working in an area where Summary Care Record Access (SCRa) has been rolled out and staff have registered for Biometric Access then they can perform the check themselves
- The check may have been carried out at the time of the call by the call handler and recorded on the CAD
- If the check was not completed during the initial 999 the ECAT team will be able to check CPIS

10.0 Whistleblowing Speaking up

The Trust and its staff come into contact with a large number of agencies caring for people and a potentially large number of adults at risk on a daily basis. It is possible that during a working shift a member of staff could witness a colleague/care provider abusing an adult considered to be at risk. Please refer to the Allegations against staff policy for further information. It is your duty to raise all concerns.

Because abuse is a sensitive and difficult subject, people can be tempted not to take action when they think it has happened or is occurring within their 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.

11.0 Allegations of Abuse against a Member of Staff

Responding to an allegation/concern made against a member of staff working for or on behalf of the Trust, please refer to the Allegations against staff policy. This would also relate to multi-agency investigation led by the Local Authority and/or Police.

This includes information relating to the Disclosure & Barring service (DBS). 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 adult at risk or where there is a risk of harm.

12.0 Information Sharing

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 groups at risk from abuse/neglect. It is only when all agencies share the information they hold, that a full picture emerges. Sharing of information between agencies is imperative in order for a thorough picture to be created ensuring appropriate decisions can be reached and a relevant and effective plan of action implemented to minimise the risk of harm to vulnerable groups.

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/neglect. A key factor in many serious adult 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/neglect.

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.

12.1 Purpose and Principles

A basic principle of the GDPR and the Data Protection Act 2018 is that there must 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 adult's health and development and exposure to possible harm
- About a carer who may not be able to care for an 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 several 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.

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 (CAL).

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 & adults is not restricted to cases of extreme physical violence. For example, the cumulative effect of repeated abuse/neglect or threatening behaviour may well constitute a risk of serious harm to a person.

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

13.0 References

This Policy supports legislation and guidance from:

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

- Safeguarding Vulnerable Groups Bill (2006) http://www.publications.parliament.uk/pa/ld200506/ldbills/079/06079.i-iii.html

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

- Mental Capacity (Amendment) Act 2019 https://www.legislation.gov.uk/ukpga/2019/18/enacted/data.htm

- Domestic Abuse Act 2021 Domestic Abuse Act 2021 (legislation.gov.uk)

Appendices

A Equality Analysis
B Monitoring Table

Appendix A - Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	Safeguarding Adults Policy
Is the process new or existing? If existing, state policy reference number	POL003
Person responsible for process/policy	Safeguarding Lead
Directorate and department/section	Clinical Quality, Safeguarding
Name of assessment lead or EIA assessment team members	Safeguarding Team
Has consultation taken place? Was consultation internal or external? (Please state below):	The policy has been ratified by external CCG critical friends. It has also been internally verified.
Internal	
The assessment is being made on:	Guidelines √ Written policy involving staff and patients √ Strategy Changes in practice Department changes Project plan Action plan Other (please state) Training programme.

Equality Analysis

What is the aim of the policy/procedure/practice/event?

The Safeguarding Adults Policy and Procedure outlines the responsibility of EEAST staff, apprentices, volunteers and commissioned services in safeguarding children and young people from abuse and neglect. It should be read in conjunction with the Trust's Safeguarding Children and Young Peoples Policy and Procedures.

It is important that staff, including apprentices, volunteers and commissioned services remain aware that it is their duty to make safeguarding referrals where appropriate and they MUST NOT leave this to other agencies including the Police who may also be present on scene or the hospital staff who take over the care of the patient.

<table>
<tr><td colspan="6">Who does the policy/procedure/practice/event impact on?</td></tr>
<tr><td>Race</td><td>√</td><td>Religion/belief</td><td>√</td><td>Marriage/Civil Partnership</td><td>√</td></tr>
<tr><td>Gender</td><td>√</td><td>Disability</td><td>√</td><td>Sexual orientation</td><td>√</td></tr>
<tr><td>Age</td><td>√</td><td>Gender re-assignment</td><td>√</td><td>Pregnancy/maternity</td><td>√</td></tr>
<tr><td colspan="6">Who is responsible for monitoring the policy/procedure/practice/event?

The Safeguarding Team.</td></tr>
<tr><td colspan="6">What information is currently available on the impact of this policy/procedure/practice/event?

This policy is one of a number of Safeguarding Policies whose stated purpose is to ensure the safety of all service users.</td></tr>
<tr><td colspan="6">Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No.</td></tr>
<tr><td colspan="6">Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes, If yes please provide evidence/examples:</td></tr>
<tr><td>Race</td><td>√</td><td>Religion/belief</td><td>√</td><td>Marriage/Civil Partnership</td><td>√</td></tr>
<tr><td>Gender</td><td>√</td><td>Disability</td><td>√</td><td>Sexual orientation</td><td>√</td></tr>
<tr><td>Age</td><td>√</td><td>Gender re-assignment</td><td>√</td><td>Pregnancy/maternity</td><td>√</td></tr>
</table>

<table>
<tr><td>Please provide evidence:

Safeguarding by its nature is designed to provide the ability to identify and act upon any concerns that staff may have for service users including colleagues. This includes where, appropriate the sharing of information or signposting to alternate sources and/or pathways.</td></tr>
<tr><td>Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No, if so please provide evidence/examples:

Race √ Religion/belief √ Marriage/Civil Partnership √
Gender √ Disability √ Sexual orientation √
Age √ Gender re-assignment √ Pregnancy/maternity √

Please provide evidence:

No, due to the ratification process both internal and external of the Trust. The CCG ‘Critical Friend’ has sighted and commented upon the policy.</td></tr>
<tr><td>Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited</td></tr>
</table>

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
What key element that need monitoring	Role or group who will lead on this aspect of monitoring?	What tool will be used to monitor/ check/ observe/ asses/ inspect/ authenticate that everything is working according to this key element	How often is monitoring needed How often should a report be completed ? How should a report be shared?	What type of evidence will be presented	Who or what committee will the completed report go to and how will this be monitored. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented lessons learned and how will these be shared.

					e.g. meeting minutes		
This policy	Safeguarding Group Meeting which is held bi-monthly	Engagement with LADO/Designated officers	The policies are reviewed yearly which allows for the dynamic changes within the safeguarding remit	Changes in legislation or recommendations from learning	Safeguarding Group Meeting which is held Bi-	This will be led by EEAST Safeguarding Lead and monitored through the Safeguarding Group Meeting	There are a number of ways this can be implemented. This will be led through the Safeguarding Lead, this can be disseminated through training, clinical app, comms bulletins, mandatory updates