

ADULTS SAFEGUARDING POLICY AND GUIDANCE

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1. INTRODUCTION

Safeguarding Adults is a multi-agency partnership. Harrogate and District Foundation Trust (HDFT) is committed to working alongside North Yorkshire County Council, Leeds City Council and City of York Council and other partner agencies to ensure that the safeguarding of adults from abuse is an integral part of the care that we provide. This policy is in line with the Safeguarding Adults Multi-agency Policy and Procedure for West and North Yorkshire (2015), and has been informed by The Care Act (2014). HDFT is represented at the Safeguarding Adults Board, Local Safeguarding Adults Group and the Health Partnership Group.

The six principles of adult safeguarding are:

1. Empowerment - Presumption of person led decisions and consent
2. Protection - Support and representation for those in greatest need
3. Prevention - Prevention of harm and abuse is a primary objective
4. Proportionality - Proportionality and least intrusive response appropriate to the risk presented
5. Partnerships - Local solutions through services working with communities
6. Accountability - Accountability and transparency in delivering safeguarding

At HDFT we will uphold these principles and make sure that staff act promptly and appropriately if abuse is disclosed or suspected. Equally HDFT strives to ensure that the principles of safeguarding are embedded within their care provision. This includes following safe recruitment procedures, ensuring that staff are aware of their responsibilities and have appropriate training and support. HDFT is committed to providing a culture of zero tolerance of abuse and neglect within their organisation.

1.1. Purpose

The purpose of the policy is to ensure that when adult abuse is disclosed, suspected or apparent, staff are able to respond effectively and appropriately.

1.2. Scope

Safeguarding is everyone's business. The contents of this policy apply to all staff working within the Trust including agency staff, volunteers and all contractual staff, providing a framework for the protection of suspected vulnerable adults.

1.3. Definitions

1.3.1. Adults at risk

Safeguarding adult procedures relate to the multi-agency responses made to an adult (aged 18 or over) who

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or is at risk of abuse or neglect, and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Care Act 2014: section 42

An adult at risk may be a person who:

- Is an older person who is frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long term illness/condition
- Misuses substances or alcohol
- Is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Lacks mental capacity to make particular decisions and is in need of care and support

This list is not exhaustive.

The Care Act (2014) describes a duty of 'Wellbeing' which includes protection from abuse and harm, and highlights a key message of 'Making Safeguarding Personal', when responding to safeguarding concerns. This promotes involvement, choice, and control as well as improving quality of life, wellbeing and safety.

Carer

A safeguarding response may be needed for unpaid carers when:

- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professional and organisations they are in contact with
- A carer may intentionally or unintentionally harm or neglect the adult they support on their own or with carers

Types of abuse

Abuse of an adult at risk can take many forms. This includes:

Physical	Hitting, slapping, pushing, kicking, scalding or burning, the use of inappropriate restraints, or inappropriate sanctions, self-inflicted injury. Inappropriately giving medication, overdosing and withholding.
Emotional / Psychological	Intimidation, threats, humiliation, extortion, racial abuse, verbal abuse, blackmail, deprivation of contact, coercion, harassment, making fun off, ridiculing and restricting human contact.
Sexual	Sexual assault, unwanted sexual attention, rape, persistent sexual innuendo, sexual acts to which the vulnerable adult has not consented, or could not consent, or was pressurised into consenting. Showing pornography and other sexually explicit images over which the person has no control, being photographed in inappropriate ways and placing images on electronic media including memory storage and the internet.
Neglects/Acts of omission	Ignoring medical or physical care needs, failure to provide access to appropriate services, withholding of the necessities of life (such as medication, nutrition, shelter, water and heating).

Financial or Material	Monies being withheld, prevention of the appropriate purchase of care, theft, fraud pressure in connection with Wills, property or inheritance.
Discriminatory	Racial and sexual harassment, discrimination on the basis of race, gender, age, sexuality, disability or religion, Slurs and deliberate exclusion, placed in a position where essential elements for daily living are inaccessible to the person.
Organisational (formerly institutional)	Neglect and/or poor practice as a result of the structure, policies, processes and practices within and organisation.
Self- Neglect	Covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

Linked agendas

The Care Act 2014 has also recognised wider aspects of adult safeguarding and documents the following as potentially being safeguarding concerns:

Domestic Abuse	Incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.
Modern Slavery/Human Trafficking	Forced marriage, honour based violence, domestic servitude, female genital mutilation, sexual exploitation
Radicalisation	The Prevent agenda is part of the Government Counter-terrorism strategy and it focuses on working with vulnerable individuals who may at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity.
Hate crime	Any crime where the perpetrator's prejudice against any identifiable group of people is a factor in determining who is victimised. It is a form of discriminatory abuse.

2. POLICY

The new Safeguarding Adults Multi Agency Policy and Procedure for West and North Yorkshire, and subsequently our Harrogate and District NHS Foundation Trust (HDFT) Safeguarding Adults Policy have been reviewed to reflect The Care Act 2014. This has replaced the No Secrets (2000) guidance and for the first time puts Adult Safeguarding on a statutory footing. This legal requirement includes the requirement for a Safeguarding Adults Board SAB; the responsibility to ensure enquiries into cases of abuse and neglect; reviews of Serious Case Reviews at the SAB, and the requirement for information sharing between organisations. Lastly there is a requirement for local authorities to arrange for independent advocacy if people need help to understand or take part in an enquiry.

All health and adult social care providers are required by law to be registered with the Care Quality Commission (CQC) and must show that they are meeting the essential standards. Regulations under the Care Act 14 places a 'duty of candour' on all service providers registered with the CQC. The duty aims to ensure transparency and honesty when things go wrong; requires providers to tell the person when something has gone wrong as soon as possible and provide support to them; and includes giving an apology and keeping them

informed of any further enquiries. The CQC may attend safeguarding meetings and will receive copies of any strategy and case conference minutes in relation to services they regulate.

HDFT are responsible for ensuring that all staff and volunteers who come into contact with patients/clients are aware of the guidelines regarding the protection of vulnerable adults and know how to record and report all cases of suspected abuse appropriately, as well as taking forward any actions following a safeguarding investigation.

2.1. Guidelines for managing suspected/alleged abuse

If abuse is alleged or suspected staff have a duty of care to take prompt and appropriate action. The first priority is to ensure the safety and protection of the person.

If a disclosure about abuse is made or abuse suspected, it should be taken seriously, and the alerter should remain non-judgemental, listen and allow the discloser to talk.

Any information/observations should be documented using the persons own words if appropriate. Information documented should be fact, not opinion (unless stated as so) and accurate. The person should be informed that any information they give will be treated in confidence but will be shared on a need to know basis with the appropriate partner agencies. Photographic evidence should be sought, with the person's permission if possible, see the [Clinical Photography Standard Operating Procedure and Guidance](#) for further details.

Staff should keep accurate records, stating what the facts are and what are the known opinions of professionals and others and differentiating between fact and opinion. The views of the adult at risk should be sought and recorded.

It is important to note that it is not the responsibility of the person raising the concern about suspected abuse to establish whether abuse has occurred or not. A referral is made to raise this concern (with or without the consent of the adult at risk), the relevant Health and Adult Services team manager will then establish if abuse has occurred.

2.1.1. Consent to send a safeguarding concern

Consent to refer to Safeguarding should be sought if possible from the adult at risk. An exception should be made to honouring these wishes in the following circumstances:

- Where the person is unable/incapable of making an informed decision for themselves (i.e. they lack capacity- (DH 2005);
- Other people are at risk;
- A criminal offence has occurred;
- Sexual abuse has been alleged,
- Children are involved
- If the person is at risk (according to the definition) and at further risk.

If criminal activity is suspected i.e. sexual assault/abuse, physical assault, theft or criminal damage to property, this must be reported to the police immediately. The crime reference number should be documented on the safeguarding alert.

If the patient has mental capacity in relation to the decision and does not consent to a concern being raised this should be respected unless:

- The adult is subject to coercion or undue influence, to the extent that they are unable to give consent or
- There is an overriding public interest such as risk to other people or
- It is in the adult vital interests (to prevent serious harm or distress or in life threatening situations).

If abuse is suspected with someone who has mental capacity and who is not deemed to be at risk you have to respect their wishes, unless the nature of the risk requires you to raise an alert as a duty of care-see flow chart in appendix 3.

The fact that consent has not been given/sought should be recorded on the alert form.

2.1.2. Raising a concern

Health and Adult Services are the agency that investigate safeguarding concerns, therefore when abuse is suspected/alleged the appropriate concern form should be completed within one working day

Concern forms for all local areas can be found on the intranet under [Safeguarding Adults](#). The concern form should be completed for the area where the abuse occurred.

The appropriate concern form should be downloaded and completed and sent as an attachment from a HDFT account to the generic HDFT Adult Safeguarding email address: Adult-safeguarding@hdft.nhs.uk.

This will then be added to the HDFT Adult Safeguarding database and emailed securely to the relevant Health and Adult Services from an nhs.net account to a gcsx account.

A flow chart which outlines the actions to be taken can be found in [Appendix 3](#).

A copy of the concern form should be filed in the patient's medical/health records. Copies should be deleted from the desktop once the email has been sent. If a patient is transferred from the area that the concern is raised in, the receiving ward should be made aware that an concern has been raised.

If a patient is the subject of a safeguarding concern and is in hospital whilst the safeguarding enquiry is taking place, if possible, staff must check with the safeguarding investigator that the person is able to be discharged back to where they came from. If it is not clear who the investigator, contact the duty worker for advice. It may be necessary to keep the patient in hospital even if they are fit for discharge until the safeguarding investigation is complete or an Adult Safeguarding Protection Plan is in place.

The Senior Nurse - Adult Safeguarding or the relevant Matron/ Manager can be called for advice if required.

If allegations have been made by a patient regarding a family member and the patient has not requested that they do not visit them in hospital, it is the responsibility of the nurse in charge to ensure that visiting is supervised/ not permitted.

2.1.3. Pressure ulcers

2.1.3.1 Pressure ulcers that develop in HDFT care

If a grade 3, 4 or unstageable pressure ulcer develops in HDFT care a root cause analysis will be undertaken. If the investigation concludes that the pressure ulcer was 'avoidable', a safeguarding concern should be raised at that point.

2.1.3.2. Patients presenting with a grade 3, 4 or unstageable pressure ulcer

If a patient presents with a grade 3, 4 or unstageable pressure ulcer, a safeguarding concern should be raised if the person is in receipt of care i.e. has a care package or is in a care home (and is not in receipt of HDFT care), or there is any other reason to believe neglect may have occurred.

2.1.4. The Safeguarding Process

Within one working day the Health and Adult Services Safeguarding Coordinator will make an initial enquiry to ascertain appropriate action to be taken. This could be to close the concern, make a risk management response e.g. referring the person for case management, or deal with the concern as a training issue or investigate via the safeguarding process. They will consult with the police and other agencies as required depending on the nature of the concern.

If the decision is made to take the concern through the safeguarding route, within 5 working days of the initial enquiry being completed, the Safeguarding Coordinator will arrange a safeguarding strategy meeting to discuss the investigation and response. At the strategy meeting a decision may be made that with the evidence given, there is no need to take the issue any further down the safeguarding route and the case could be closed (possibly with some actions to take forward). If further investigations are required a case conference will be convened for a later date. This should be within 8 weeks of the strategy meeting/discussion. It will be decided at this meeting whether abuse has taken place and any ongoing actions will be identified. A protection plan for the victim, and any others at risk, will be agreed at the strategy meeting or case conference if required.

Feedback will be given to the person who raised the alert if they have been part of the safeguarding investigation.

2.2. Domestic Abuse

If the allegation or suspicion of abuse could be domestic abuse, please refer to the [Domestic Abuse guidance](#) however if the person is 'vulnerable' or children are involved you must make an Adult or Children's safeguarding referral accordingly.

2.3. Information sharing

Information should be shared between agencies on the basis of:

- The need to know;
- Informing patients/clients from the beginning with regard to the boundaries of confidentiality where appropriate;
- The overriding duty to share information with NHS Partners, Local Authority Departments and the Police during an investigation;
- The transit and distribution of information should be done with care, ensuring that it cannot be intercepted

2.4. Support for staff involved in the safeguarding process

Any person raising a safeguarding concern will be supported by their line manager and the Senior Nurse – Adult Safeguarding throughout the process. There is also a safeguarding link worker in each area who may be able to offer support and advice. Out of hours support/guidance can be sought from the bed manager.

2.5. Allegations of abuse involving a staff member

If an allegation of abuse involves a member of staff the matter should be discussed immediately with their line manager or the person in charge of the ward/department. The

Matron/Manager must also be informed and they should liaise with the Human Resources Department to ensure that appropriate measures are put in place to safeguard all parties concerned. Codes of conduct, and/or employment contracts should be followed and should determine the action taken. Should it be appropriate for the Trust to investigate into the allegation(s) then the [Trust's Disciplinary Policy](#) would be utilised for this purpose. A safeguarding concern should be raised and a Datix should also be completed.

2.6. Designated Safeguarding Adults Manager (DSAM)

The Designated Safeguarding Adults Manager (DSAM) is new role introduced by the Care Act 2014, and this named person has responsibility for coordination and management oversight of allegations relating to an employee, volunteer or student. At HDFT our DSAM is the Chief Nurse.

2.7. Clinical Governance and Adult Safeguarding

We are required to ensure that the multi-agency safeguarding process dovetail with our internal clinical governance procedures (DH 2010). This will allow us to demonstrate openness and transparency when dealing with and learning from incidents and also prevents duplication. If a safeguarding concern is raised against the Trust, or we raise one against ourselves a Datix should be completed. When the investigation has been concluded, the outcome should be recorded on Datix, including if there are actions to take forward. See appendix 6 for flow chart.

2.8. Ongoing monitoring and evaluation

The Senior Nurse – Adult Safeguarding will document and monitor all concerns raised. Reports will be shared regularly with the Adult Safeguarding Steering Group and link workers, and an annual report will be produced. Staff training is monitored on a monthly basis. Alerts raised against the Trust are reported via the Datix system and are reported to the Care Quality Commission and Clinical Care Group. Meetings are held regularly with North Yorkshire Health and Adult Services to share evidence of actions and learning being taken forward following alerts raised against HDFT.

2.9. Training

All HDFT staff are required to Adult Safeguarding training. This includes bank staff and volunteers. The level required varies according to their role. See the [Training policy](#) for the full training need analysis for Trust staff. Volunteers receive face to face Adult Safeguarding training on induction and are given an Adult Safeguarding leaflet. They will also receive a 3 yearly update.

2.10. Prevent

The Prevent agenda comes under the remit of safeguarding, for more information, please refer to the [Prevent Policy and Guidance for Staff](#).

3. ROLES AND RESPONSIBILITIES

3.1. Trust Board Lead

The Chief Nurse has overall responsibility for ensuring that policy and procedures are in place to protect adults at risk (and children) in Harrogate and District NHS Foundation Trust.

3.2. Designated Safeguarding Adults Manager (DASM)

The Chief Nurse is the DASM for HDFT (see point 2.6)

3.3. Director of Workforce and Organisational Development

The Director of Workforce and Organisational Development is responsible for ensuring safe recruitment practices are in place. They are also responsible for ensuring Disciplinary, Whistle Blowing and other related policies are in place and that statutory guidance is adhered to with regard to the disclosure and barring services.

3.4. Clinical Lead (doctor with a specific interest in safeguarding adults)

The Trust has an Adult Safeguarding Medical Lead who can act as a resource in particular with clinical decisions. The clinical lead will also offer support and training to medical staff within the trust.

3.5. Senior Nurse - Adult Safeguarding

This position has an operational, supportive and educational role within HDFT. The role involves providing expert knowledge and advice across the Trust, policy development, monitoring the safeguarding process and liaison with colleagues within Health and Adults /Social Services. Other responsibilities also include:

- Recording and monitoring all safeguarding referrals made by Trust staff
- Attending strategy meetings and case conferences as required to support the clinical staff in attendance;
- Providing advice and guidance to staff with regard to adult safeguarding issues
- Representing the Trust at inter-agency meetings as required
- Assisting with providing information from health records for safeguarding enquiries as required
- Holding regular meetings with link-workers to maintain a supportive network
- Providing reports as required to key groups within the Trust to an agreed schedule
- Ensuring that Harrogate and District NHS Foundation Trust policy is reviewed regularly and updated as necessary in line with government guidance and evidence based literature
- Facilitating the implementation of the Adult Safeguarding Policy with support from others
- Ensuring clinical governance arrangements are adhered to with regard to adult safeguarding concerns.
- Liaising as required with Health and Adult Services to demonstrate appropriate actions have been taken following any alerts raised against us.
- Supporting the workforce development team by providing guidance on training needs where appropriate via the subject matter expert.
- Maintaining and develop own knowledge base and CPD around the subject of adult abuse.

3.6. The Link-worker/Champions in clinical areas

The Safeguarding Link-Workers/Champions will:

- Represent their department, ward or team at Adult safeguarding link workers meetings.
- Act as a resource for with regard to adult safeguarding in their area
- Actively promote the profile of adult safeguarding
- Highlight any issues/concerns with regard to safeguarding policies and procedures
- Keep up to date with current safeguarding practice attending responder training if time and space allows.
- Attend strategy meetings as appropriate for their area(with support)
- Take part in safeguarding audit work

3.7. Line Managers

Line Managers will have overall responsibility for ensuring that all staff within their area, both clinical and non-clinical, are aware of the policy, know the correct procedure to follow when adult abuse is suspected, and ensure mandatory and essential skills training is completed. Adults at risk could be identified from anywhere within the Trust's community and hospital services. Every employee and volunteer should be aware of risks associated with vulnerable adults, the policies and procedures related to this specific group and how to raise concerns and make an alert.

3.8. Matrons or Equivalent Service Manager

Matrons responsible for the area from which an alert has been raised, or for an area an alert has been raised against, will be required to attend the strategy meetings/case conferences or arrange for an appropriate senior-level deputy to attend. They have lead responsibility for organising the collection of information, for example; 'patient journey time-lines' and to present this information at strategy meetings/case conferences. The Matron can delegate (in whole or in part) this responsibility to a Charge Nurse, Sister, Team Leader, Doctor or AHP where appropriate. The person who has been delegated will be responsible for attending the strategy meetings/case conferences (or hand back to the delegating Matron with agreement). The Senior Nurse Adult Safeguarding will support this process wherever possible.

3.9. Other professionals (i.e., Doctors, AHPs etc)

In the event that medical or AHP related expertise, opinion, advice, clarification or information is required, the relevant professional will be required to attend the strategy meetings/case conferences or provide information for it. The relevant professional can delegate this (in whole or in part), to a colleague from the same professional group and, in this event, that professional will be required to attend strategy meeting/case conference to present/discuss information required by that meeting

3.10. Employees

All staff must have an awareness of this policy and be supported by line managers to utilise the procedure to report any concerns. Confidentiality will be maintained for any member of staff reporting a concern/suspicion regarding an adult at risk in accordance with Trust policy and professional codes of conduct.

It is the responsibility of all members of staff to raise a safeguarding concern if they suspect abuse or it is disclosed to them. They may need to act in the immediate aftermath of an incident, disclosure or allegation. The person raising the concern must notify their line manager/supervisor immediately if possible or within one working day of the any safeguarding incident. If the line manager is unavailable, advice should be sought from a senior manager within the organisation. Under no circumstances can there be any delay in this procedure.

There might be rare occasions when the person raising the concern does not feel it appropriate to raise their immediate concern with their line manager. In such cases, they must raise their concern with a more senior manager, for example; Matron or General Manager, Local Safeguarding Officer.

4. POLICY DEVELOPMENT AND EQUALITY

This policy adheres to the Equality and Diversity Strategy by reflecting its belief and aims in order to ensure that the Trust's workforce implements this policy in a non-discriminatory and appropriate way in its delivery of modern healthcare. It has undergone stage 1 Equality

Impact Assessment screening. This policy does not require a full stage 2 Equality impact assessment.

5. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

HDFT and partner agency stakeholders were consulted on the review of this policy. These are listed in Appendix 1.

This policy will be approved by the Adult Safeguarding Steering Group prior to ratification by the Quality and Governance Group.

6. DOCUMENT CONTROL

This policy when approved and ratified will be stored on the intranet.

The policy will be distributed widely to key clinicians and managers for cascading to staff with associated instructions to remove any outdated paper copies that are replaced by the new version. The author in conjunction with the document library administrator is responsible for ensuring archiving of replaced electronic versions with the electronic document library, as evidence of previous policy.

Copies of this document should not be printed unless absolutely necessary as this could pose a risk of out to date copies in circulation within the trust. Requests for this policy in an alternative language or format such as Braille, audiotape, large print etc will be considered and obtained whenever possible.

7. DISSEMINATION AND IMPLEMENTATION

The policy will be available on the intranet. Awareness of the policy review will be raised via the Daily Bulletin, training and at link worker meetings

8. MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring the effectiveness of this policy will provide assurance to the Trust that the risks in relation to adult abuse are being managed appropriately and that staff are safeguarding vulnerable adults in a timely and appropriate way. There are four key performance indicators which are listed in appendix 2, the outcomes of which will be shared as required and yearly in the annual report.

The details of the monitoring, audit and feedback process is summarised in Appendix 2.

We provide evidence of compliance with Adult Safeguarding Standards yearly to the Clinical Commissioning Group, and will also meet regularly throughout the year with colleagues from North Yorkshire Health and Adult Services to share actions taken following safeguarding alerts.

9. REFERENCE DOCUMENTS

Airedale (2012) Policy for Safeguarding Adults, Airedale
Department of Health (2014), The Care Act, London
Department of Health (2010) Clinical Governance and Adult Safeguarding *An Integrated Process*
Department of Health (2005) Mental Capacity Act , London

Department of Health (2000) "No Secrets", London
HDFT (2014) Disciplinary policy, Harrogate
HDFT (2014) Domestic Abuse Guidance Policy, Harrogate
HDFT (2013) Photograph policy, Harrogate
HDFT (2014) Prevent Policy, Harrogate
HDFT (2014) Training policy, Harrogate
Mid Yorkshire Hospitals (2015) Safeguarding Adults Policy, Wakefield
Law Commission (2005) Mental Incapacity
North Yorkshire Safeguarding Adults (2009) Multi Agency Policy and Procedures
North Yorkshire and York Primary Care Trust/ Harrogate and District NHS Foundation Trust (2006) 'Child Protection Policy and Procedure'
Safeguarding Adults Multi Agency Policy and Procedure for West and North Yorkshire (2015)

10. ASSOCIATED DOCUMENTATION

Association of Directors of Social Services (2005) 'Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work'
Care Quality Commission (2010) Essential Standards
Department of Health (2009) Review of the No Secrets Guidance
HDFT (2015) Adult Safeguarding Annual Report
HDFT (2014) Adults Safeguarding Policy and Guidance
HDFT (2015) Recruitment, Selection and Pre Employment Checks Policy
HDFT (2013) Pressure Ulcer Guidelines
HDFT (2015) Policy Development Manual
HDFT (2013) Whistle Blowing Policy
Social Care Institute for Excellence (2013) Identifying the signs of abuse

11. Appendices

Appendix 1: Consultation Summary

Appendix 2: Monitoring, audit and feedback summary

Appendix 3: Action to be taken when Adult abuse is disclosed and/or suspected

Appendix 4: Clinical Governance flow chart

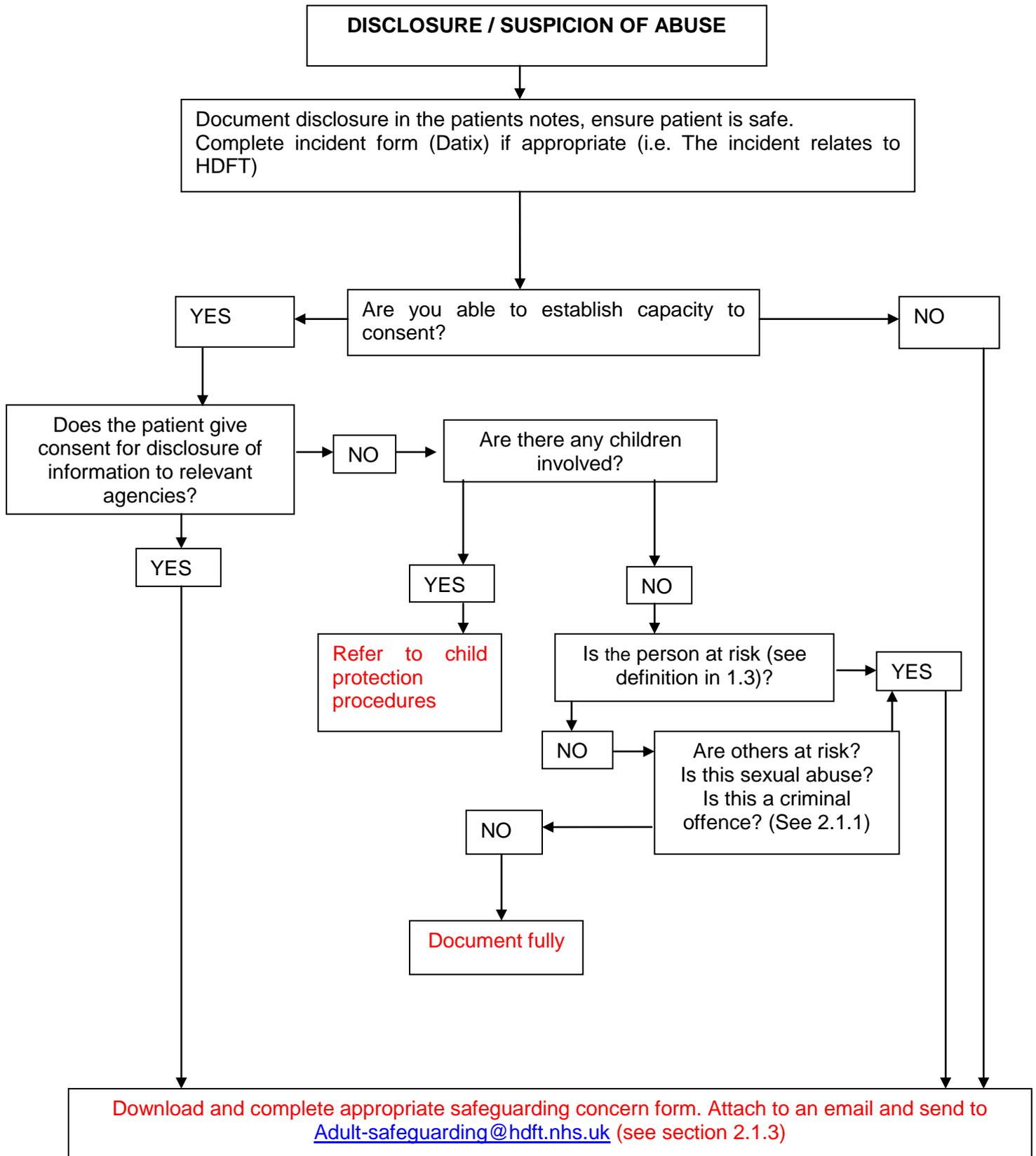
11.1. Appendix 1: Consultation Summary

<p>Those listed opposite have been consulted and comments/actions incorporated as required.</p> <p>The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.</p>	<p>List Groups and or Individuals Consulted:</p>
	Chief Nurse
	Head Nurses- Integrated Care/Elective Care
	Senior Nurse-Adult Safeguarding
	Dr with specific interest in safeguarding adults
	Safeguarding Lead for the NYSS Health and Adult Services Team
	Head of Risk Management
	Deputy Director of Human Resources
	Deputy Director for Governance
	Operational Directors
	Matrons
	Workforce Development
	Discharge Liaison

11.2. Appendix 2: Monitoring, Audit and Feedback Summary

Key performance indicators	Audit /Monitoring required	Audit/monitoring performed by	Frequency	Distributed to	Action plans approved and monitored by
Levels of training identified in the Training Needs Action plan.	On-going monitoring of all staff attending training sessions in relation to Adult Safeguarding.	Trust Workforce Development department Senior Nurse-Adult Safeguarding	On-going	Annual report to AS Steering Group and QGG.	ASSG
Number of Alert/Referrals raised against the Trust	On-going monitoring of all reported incidents	Senior Nurse Adult safeguarding. Risk Management.	On-going	Annual report to AS Steering Group and QGG. Reviewed at CORM	ASSG
Number of Alert/Referrals raised by staff within the Trust.	On-going monitoring of all reported incidents	Senior Nurse Adult safeguarding.	On-going	Annual report to AS Steering Group and QGG.	ASSG
Staffs understanding of the safeguarding process	Do staff understand the Adult Safeguarding process? Do wards/departments have a Safeguarding poster displayed?	Senior Nurse Adult Safeguarding. Safeguarding link workers. Clinical effectiveness and audit dept	Yearly	Annual report to AS Steering Group and QGG.	ASSG

11.3. Appendix 3: Action to be taken when abuse is disclosed and/or suspected



11.4. Appendix 4: Procedure for handling concerns raised against HDFT

