PRIORY GROUP OF COMPANIES

POLICY TITLE:	**Safeguarding Adults**
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Policy Owner:	Risk & Audit team, Group Safeguarding Committee
Ratified by:	Philip Winterbottom, Group Designated Nurse for Safeguarding
Responsible Signatory:	Colin Quick, Interim Group Director of Nursing, Professional Development and Service Improvement, Executive Lead for Safeguarding
Outcome:	This policy: • Aims to ensure that adult service users are safeguarded and protected from abuse and their safety and wellbeing is maintained through informed practice and individuals' human rights are respected and upheld. • Clarifies mandatory and optional training requirements. • Ensures that all colleagues are made aware of local arrangements as set out on the form provided.
Cross Reference:	HR01 Safer Recruitment and Selection HR07 Disclosures (incl. DBS, Disclosure Scotland and Access NI) LE03 Data Protection LE05 Service User Information/Information Requests from the Police or Other External Agencies OP03 Complaints OP04 Incident Management, Reporting and Investigation OP05 Mental Capacity OP08.1 Responding to Suspected Radicalisation OP08.3 Adult Support & Protection (Scotland) OP08.5 Domestic Violence and Abuse OP17 Advocacy OP21 Whistleblowing (Protected Disclosure) OP28 Supervision OP41 Professional Relationship Boundaries OP59 Sexual Safety OP62 Chaperone Policy Priory Group Employee Handbook

EQUALITY AND DIVERSITY STATEMENT
Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

SAFEGUARDING ADULTS

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Note: This overarching policy does **not** replace the need for services to maintain up-to-date 'Local Procedures' (**OP Forms 15** and **16**) that align with Local Authority and Safeguarding Board/Partnership procedures.

All sites must complete OP Form: 15 and OP Form: 16, making them available for all colleagues as this ensures the site-level procedures align with Local Authority and Safeguarding Board/Partnership procedures and thresholds (if published)

1   INTRODUCTION

1.1   Everyone has the right to live their lives free from violence and abuse, and any type of exploitation. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and specifically for care agencies in the Care Act 2014 (as amended), and its statutory guidance document (which applies in England only).

1.2   Abuse of adults is the violation of an individual's civil or human rights by others. Such violations may be intentional or unintentional, and may be a single act or repeated over a period of time, by one person or several people. The purpose of this policy is to enable those working with adults at risk to be able to recognise instances of abuse and to address them effectively. This involves the prevention of abuse, early detection, protection and work with those adults following interventions to combat further abuse.

        N.B Adult 'Safeguarding' is a term used in England, Northern Ireland and Wales, whereas Adult 'Protection' is the term used in Scotland. For the purposes of this policy the term safeguarding will be used.

1.3   Safeguarding duties apply to an adult who:
        (a) Has needs for care and support (whether or not the local authority is meeting any of those needs)
        (b) Is experiencing, or is at risk of, abuse or neglect

(c) 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.

1.4 The Care Act 2014 (as amended) promotes the idea of adult wellbeing and indicates that all agencies, such as Priory Group, who are involved in caring for adults at risk, and therefore in safeguarding them, must focus on joining up around an individual, making the service user the starting point for planning, looking at the service user holistically. It is not possible to promote adult wellbeing without establishing a basic foundation where service users are safe, and their care is on a secure footing.

1.5 This policy aligns with the 'The Wales Safeguarding Procedures' for children and adults at risk of abuse and neglect (the national Wales Safeguarding Procedures) which detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. The Procedures help practitioners apply the legislation 'Social Services and Wellbeing (Wales) Act 2014' and statutory safeguarding guidance 'Working Together to Safeguard People'.

1.6 Wellbeing, as described in the Care Act, broadly covers the following areas:
(a) Personal dignity (including treatment of the individual with respect)
(b) Physical and mental health and emotional wellbeing
(c) Protection from abuse and neglect
(d) Control by the individual over day-to-day life (including over care and support provided and the way it is provided
(e) Participation in work, education, training or recreation
(f) Social and economic wellbeing
(g) Domestic, family and personal
(h) Suitability of living accommodation
(i) The individual's contribution to society.

NB: It must be remembered that Safeguarding it is not a linear process imposed on adults at risk of abuse or neglect, but rather a series of steps, considerations and decisions made with the service user and their representative, where appropriate, and that it is proportionate to the concern.

1.7 The aim of adult safeguarding is to:
(a) Stop abuse or neglect wherever possible
(b) Reduce the risk of abuse or neglect to service users, reducing the circumstances that may lead to vulnerability and risk, including isolation, by adopting preventative strategies
(c) Safeguard adults in a way that supports them in making choices and having control about how they want to live
(d) Promote service users wellbeing by adopting an approach that concentrates on improving life for the adults concerned
(e) Provide information and support in accessible ways to help service users understand the different types of abuse, how to stay safe and what to do to raise a concern.

2 POLICY STATEMENT

2.1 In line with Legislation and the respective Statutory/Government guidance, Priory Group will work in partnership with local statutory agencies and other relevant agencies to protect adults at risk of abuse and provide an effective response to any circumstances giving ground for concern, complaints or expressions of anxiety.

2.2 The commitment of Priory group is to make prevention of abuse one of the absolute priorities for all our services and to have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective. Priory Group adopts a Human rights and 'think family' approach which are embedded into safeguarding policies, practice and training.

2.2.1	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 harm 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 in my interest, as I see them and they will only get involved as much as needed."*
	Protection	Support and representation for those in greatest need	*"I get help and support to report abuse and neglect. I get help so that I am able 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 result for me."*
	Accountability	Accountability and transparency in delivering safeguarding.	*"I understand the role of everyone involved in my life and so do they."*

2.2.2   All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law.

2.3   Colleagues should be alert to indications of possible abuse of adults and understand how to raise any concerns appropriately. Safeguarding procedures should be seen as an integral part of the philosophy and working practices on all sites.

2.4   When any concerns of possible abuse are raised the immediate and primary concern must be the safety and interests of the individual or group of individuals. Adults have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individual's mental capacity in relation to making decisions about the specific issue is essential to protect these rights. (See OP05 Mental Capacity).

2.5   Approaches to adult safeguarding should be person-led and outcome-focused. The Care Act 2014 and Social Services and Wellbeing (Wales) Act 2014 emphasise a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process.

2.6   'Making Safeguarding Personal' is not simply about gaining an individual's consent, although that is important, but also about hearing people's views about what they want as an outcome. This means that they are given opportunities at all stages of the safeguarding process to say what they would like to change. This might be about not having further contact with a person who poses a risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system.

2.7   The views, wishes and desired outcomes of the adult are equally important should the adult lack mental capacity to make informed decisions about their safety, or have substantial difficulty in making their views known and participating in the enquiry process. Personalised practice approaches should still be taken in such cases, including engaging with the person's representative, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life, and by following best practice as laid out in the Mental Capacity Act Code of Practice 2007.

2.8   Adults have the right to independent support (See OP17 Advocacy) at any stage of the process if they so wish. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the Local Authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

2.9   All colleagues will receive basic training in safeguarding adults via the Priory Academy e-Learning and those working directly with adults at risk will receive further training appropriate to the level of their responsibilities (see Section 5).

2.10   Priory Group sites will work closely with Local Authorities to provide an effective multi-agency approach to the prevention, detection and enquiry into abuse. The service user should always be involved from the beginning of any enquiry and anything that happens as a result, wherever possible, must reflect the service user's wishes, as stated by them or by their representative or advocate. If they lack capacity a 'Best Interests Decision' on how to proceed must be taken following the process in OP05 Mental Capacity.

2.11   Colleagues must be sensitive to diverse cultural, religious and ethnic identities of service users in all aspects of safeguarding adult work. Where spoken English is not the adult's primary language, or they communicate non-verbally, the assistance of appropriate interpreters will be used to ensure people's needs are being met and their views heard. See OP29.1 for further information.

2.12   Service users will give verbal consent to physical examinations and be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in the service user records.

3   RESPONSIBILITIES

3.1   Overall responsibility for the group's safeguarding arrangements ultimately lies with the Chief Executive for Priory Group and the Executive lead for Safeguarding (Group Director of Nursing, Professional Development and Service Improvement) in conjunction with all Board Members.

3.1.1   This responsibility is delegated to a delegated individual as **Divisional Safeguarding Lead** for each Division; this is dependent on the agreed safeguarding governance structure for each division and may be the Chief Operating Officer or Divisional Director of Quality. A copy of the current structure is available on the safeguarding and protection hub HERE

3.2   Divisional Safeguarding Leads are expected to ensure there is a robust governance structure in their Division that supports site leaders and their Safeguarding Leads. This role includes: Chairing Divisional Safeguarding Committees; Having oversight of safeguarding and associated data for the division (including, but not limited to: Incidents, restrictive practice, quality audits and regulatory outcomes); Providing expert advice regarding regulatory expectations for safeguarding; and reporting to the Group Safeguarding Committee.

3.3   Regional Safeguarding Leads duties include:
        (a) Facilitating and/or organising dedicated safeguarding supervision to the Cluster/Sub-Regional Safeguarding Leads;
        (b) Offering sound procedural advice and support;
        (c) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
        (d) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.

3.3.1   Regional Safeguarding Leads are also expected to report up to the Divisional Safeguarding Committees in line with divisional governance structures and support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.

3.4   Cluster/Sub-Regional Safeguarding Leads duties include:
        (a) Facilitating and/or organising dedicated safeguarding supervision to the site-level Safeguarding Leads;
        (b) Offering sound procedural advice and support;

      (c)   Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and

      (d)   Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.

3.5   Site Leaders are accountable for the safeguarding practice in their service, the responsibility for supporting colleagues and tracking concerns through to 'closure' is sometimes delegated to trained Safeguarding Leads however the Site Leader remains accountable and as such, should be involved and maintain effective oversight of the safeguarding concerns within their service.

3.5.1   It is the responsibility of all site/service managers to ensure that adequate practices are in place on their sites concerning adult safeguarding and that these practices effectively link with and reflect those of the Local Authority/Health and Social Care Trust; the Local Procedures (**OP Form: 16**) is the format in which this is expected to be recorded and communicated to colleagues. This will include following safer recruitment procedures (refer to HR01 Safer Recruitment and Selection), and ensuring that all colleagues read this policy and undertake regular training to the levels set out in Section 5 below.

3.6   Colleagues are responsible for maintaining clear and professional boundaries between themselves and the service users. These boundaries define the limits of behaviour that allow colleagues and service users to engage safely in a therapeutic relationship. The boundaries are based on trust, respect and appropriate use of power, with the focus on the needs of the service user. Blurring of these boundaries, and moving the focus of care away from the service user's needs, can lead to confusion and the possibility of the development of abuse. Personal relationships with service users are never acceptable. (Refer to OP41 Professional Relationship Boundaries).

3.7   It is the responsibility of all colleagues to act on any concerns, suspicions or evidence of abuse and every reported incident of abuse must be given urgent priority. Colleagues can report safeguarding concerns directly to the Local Authority Safeguarding Team, and <u>must</u> do so if they feel it is necessary. Colleagues must report any genuine concerns, ensuring the SL (DSL in schools or colleges) on site, or a senior colleague is informed as well as the appropriate Local Authority in line with the site/services Local Procedures (**OP Form: 16**).

3.8   A failure to respond to/raise a safeguarding concern when recognised will be considered as an act of neglect and be raised as a safeguarding concern against the colleague accordingly, a failure to safeguarding a service user will be considered through the appropriate proportionate disciplinary procedures.

3.9   It is the responsibility of all colleagues to read this policy and to complete the Safeguarding training commensurate with their job role as set out in the Safeguarding Training Matrix (OP Form 21B).

3.10   It is the responsibility of the local authority where the alleged abuse has occurred to co-ordinate any Safeguarding Adults work. (In Northern Ireland this is the responsibility of the Health and Social Care Trust (HSCT)).

3.11   It is the responsibility of all colleagues to advise their manager of any concerns they have about the safety and wellbeing of service users. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within the Priory Group they should follow the guidelines in OP21 Confidential Reporting (Whistleblowing). Colleagues can also report safeguarding concerns directly to the local Safeguarding Board, and <u>must</u> do so if they feel it is necessary.

3.12   In matters of safeguarding, it should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the adult.

4   PREVENTION

4.1   **Safer Recruitment** - Safer recruitment policies must be followed for all colleagues, including volunteers. (Refer to HR01 Safer Recruitment and Selection). All interview panels must contain one colleague with safer recruitment training. Agency colleagues' references and Disclosure and Barring Service, Disclosure Scotland and Access NI checks are the responsibility of the Agency who is their employer, but must be confirmed in writing to the site prior to any shift being worked. Agency colleagues' induction will include an overview of safeguarding procedures specific to the site, this includes being provided a copy of the site's Local Procedures (OP Forms 15 and 16).

4.1.1   It is the responsibility of the site/service manager to ensure agency colleagues have been recruited using full safer recruitment processes by their employer i.e. the agency. (Refer to HR01 Safer Recruitment and Selection).

4.2   **Notifications to Regulatory, Professional or Vetting and Barring Bodies -** The Safeguarding Vulnerable Groups Act 2006 and the Protection of Vulnerable Adults (Scotland) 2007 introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. Across the UK (apart from Scotland) this list is kept by the DBS. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups. There is a referral guidance document available from the DBS www.gov.uk/government/publications/dbs-referrals-form-and-guidance. It is an offence for employers to employ anyone who is barred under the scheme. (Refer to HR0.7 Disclosure (incl. DBS, Disclosure Scotland and Access NI)

4.2.1   In Scotland, the Protecting Vulnerable Groups (PVG) Scheme is managed by Disclosure Scotland. This scheme works by encouraging people who work with vulnerable groups on a regular basis to join. While membership is not compulsory, a barred person is committing an offence if they engage in 'regulated' work.

4.2.2   The vetting and barring schemes are linked so that they are all able to identify if and when an individual has been negatively reported in the system of any country in the UK.

4.2.3   It is the responsibility of the site/service manager to notify their specific regulatory body and DBS, if a colleague is dismissed on safeguarding grounds in consultation with Central Human Resources Department and the Regional Manager or Operations Director. The responsibility to notify also applies if someone resigns or retires at the time of a safeguarding concern when there is sufficient evidence to dismiss them or they resign to avoid disciplinary.

4.2.4   There is information available for Scottish sites from https://www.mygov.scot/disclosure-types/?via=https://www.disclosurescotland.co.uk/

4.2.5   The site/service manager has a responsibility to report to the NMC, GMC or other relevant professional body, any substantial allegation of misconduct by a practitioner, which, if proven, would call into question their fitness to practice.

4.3   **Safeguarding Lead (SL) Roles** - Every Priory site will nominate a senior colleague as the Safeguarding Lead, supported by the Regional Safeguarding Lead. A site might have trained deputies that undertake the role when the Safeguarding Lead is not available. (Adult Care will have a SL who is responsible for a cluster of sites, with the registered manager being the safeguarding lead on their own site). A register of the Safeguarding Leads is kept centrally this is monitored by Divisional Safeguarding Committees on, updated on a regular basis. For levels of training see Section 5 and see Appendix 1 for descriptions of Safeguarding Lead roles. These roles will be regularly reviewed by the Safeguarding Committee.

NB: All sites must have a nominated lead for both safeguarding adults and for safeguarding children, regardless of their service user mix. Safeguarding Leads undertake training on the responsibilities for both child safeguarding and adult safeguarding.

4.4 **Multi-Agency Co-operation -** No effective adult safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved, private or public bodies, should have the well-being, rights and safety of the adult at risk as the first priority. Multi-agency co-operation is aimed at sharing information, improving joint working and addressing barriers.

4.4.1 Where intervention is necessary, this should be commensurate with the level of concern and the least restrictive and intrusive into people's lives. Support should be aimed at enabling the person to achieve their highest level of independence, and should be in partnership with the Local Authorities, the adult at risk and their carers where appropriate.

4.4.2 Information shared between agencies, including the local social care department and the police must be treated with the strictest confidentiality (but this must not be confused with secrecy). The safety of the adult at risk depends on the willingness of those agencies, or organisations, to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns.

4.4.3 Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies.

4.5 **Radicalisation -** The Priory Group recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. The Priory group works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Priory Group sector in ensuring that threats of this kind are understood and responded to. (Refer to OP08.1 Responding to Suspected Radicalisation).

4.6 **Visitors -** All visitors to and from any site must be recorded, and supervised as appropriate. (Refer to Priory policies on visitors and visiting children, H46 Arrangements for Visitors including Visits by Children, AC29 Visitors). Visits by 'persons of celebrity or importance' are discussed in the divisional policies, these refer to visitors and not service users who may be a celebrity or 'of importance'.

5 INDUCTION AND TRAINING

5.1 As part of their Induction programme new colleagues should be asked to read the following:
(a) OP08 Safeguarding Adults
(b) OP41 Professional Relationship Boundaries
(c) Priory Group Employee Handbook
(d) A copy of the locally completed **OP Form: 16** (and **OP Form: 15**)

5.2 It is the responsibility of the site/service manager to ensure that all colleagues comply with the training plan, which is centrally managed and monitored, and to regularly view the compliance levels of training via Priory Academy reports.

5.3 All colleagues working on Priory sites will undertake the Priory Academy Safeguarding Adults eLearning module, to enable them to recognise early signs of abuse, understand how to communicate concerns, who to communicate them to and how to share vital information between agencies. The eLearning module will be completed by all colleagues within the first two weeks of appointment to the job role, followed by regular refreshers.

5.4 Further face to face training for all colleagues will be carried out by the Safeguarding Lead, dedicated internal trainers or the agreed external provider, based on assessment of risk for the particular site. Refer to **OP Form: 21B** Safeguarding Training Matrix - All Divisions and

OP Form: 21C 'Safeguarding for Colleagues' Training - Information for Safeguarding Leads, Managers and SLAs.

5.5 Site/service managers have the responsibility to identify further suitable training through their local Safeguarding board/Scotland local CPC, and should ensure that training materials and guidelines are available to all colleagues. Such training is to be considered as supplementary to the Priory safeguarding training and not a replacement/alternative to internal training.

5.6 Access to appropriate and approved training must be authorised by either booking onto centrally organised training or completing a learning request via the Priory Academy and all completed training must be recorded on the Priory Academy by the Site Learning Administrator.

5.7 Safeguarding Information Flashcards (**OP Form: 16A**), to act as an aide memoire for colleagues, are available to print from the Intranet.

6 RECOGNITION OF ABUSE

6.1 Abuse may occur in any context or environment and by any person, professional colleagues, care workers, volunteers, other service users, family, friends, neighbours or strangers. Abuse may be deliberate or unintentional or result from lack of knowledge. It can also occur as the result of neglect or poor professional practice, which could be isolated incidences of poor or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct.

6.2 Although difficult to detect in a care environment, colleagues should be alert to the possibility of abuse/exploitation from strangers, especially on sites where adults at risk are supported by Priory Group colleagues to live a more independent life.

6.3 Colleagues should also be aware that the perpetrator could be another service user. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may experience mental ill health, low self-esteem and may also become perpetrators of abuse against others. It is important to understand that an adult at risk of abuse may also be abused by another adult at risk of abuse. Adults who are subject to the Mental Health Act 1983 (or the Scottish equivalent) or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others.

6.3.1 Alleged perpetrators of abuse, who are themselves adults at risk, should be assured of their right to the support of an 'appropriate adult' whilst they are being questioned by the police under the Police and Criminal Evidence Act 1984 (PACE) (See OP18 Information Requests from The Police or Other External Agencies).

6.4 Colleagues should be aware that some adults at risk, especially older people, may not be aware that they are being abused, for instance when they become dependent on colleagues, family or carers, allowing them to take control of their finances and physical environment. They may be reluctant to assert themselves for fear of making the situation worse.

6.5 Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the Police is likely to have benefits in many cases.

6.6 Adults in need of or in receipt of community care services, are entitled to the protection of the law in the same way as any other member of the public. The responsibility for taking the lead on the enquiry of a crime rests with the Police. Decisions regarding prosecution are the

responsibility of the Crown Prosecution Service. The early involvement of the Police is essential when there is reason to believe that a crime has been committed.

7 TYPES OF ABUSE

7.1 Government guidance issued in the document 'Care and Support Statutory Guidance (Issued under the Care Act 2014)' - October 2016 sets out ten categories of abuse:

(a) **Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, female genital mutilation (FGM) (see 7.1.14).

(b) **Domestic violence** - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

(c) **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

(d) **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

(e) **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

(f) **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

(g) **Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

(h) **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

(i) **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

(j) **Self-neglect** - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

7.2 **Sexual Exploitation** is a form of sexual abuse and suspicions should be reported to the Police. The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the person's immediate recognition. It can include, being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. There is an increasing body of evidence that adults with learning disabilities are vulnerable to being targeted by perpetrators of such abuse.

7.3 **Forced marriage and 'Honour-Based' Violence/Abuse** - A forced marriage is a marriage in which one or both spouses do not (or, in the case of *some* adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include

physical, psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.

7.4   **Multiple Forms of Abuse** - More than one form of abuse may occur to one person or groups of people. It is important for colleagues to look beyond single incidents or breaches in standards to underlying dynamics or patterns of harm.

7.5   In England and Wales all professionals working in regulated professions, have a statutory duty (and other colleagues have a mandatory duty) to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk). If identified in women over 18 years of age, colleagues need to follow safeguarding procedures.

8   INTERNAL REPORTING

8.1   Any suspicions, allegations or disclosures of abuse or neglect must be reported immediately. Colleagues who suspect any form of abuse or safeguarding issue must discuss their concerns with the Safeguarding Lead, or in their absence discuss with a senior colleague in line with the site's Local Procedures (OP Forms 15 and 16), immediately or with a maximum of 24 hours. All safeguarding incidents and allegations of abuse must be reported on the Incident Reporting System. A note will be made of whether the incident is disclosure of a non-recent event or whether it is a current issue that has happened whilst the person is in the care of Priory Group colleagues. A multi-disciplinary discussion to agree the next steps should be held, including the services user's views (where possible). A note should also be made in the service users care records.

        NB: Non-recent abuse is defined as an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

8.2   Adults may also disclose 'historical' abuse committed when they were an adult. The disclosure of a historical event is in itself an incident which needs reporting, so that a proportionate notification and enquiry can take place to establish the facts and to ascertain whether it is no longer continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised. The response should be proportionate and least intrusive to the risk presented, and in consideration of the wishes of the individual concerned.

8.3   External reporting should be in accordance with the requirements of the local safeguarding team as indicated on the site's Local Procedures (OP Forms 15 and 16). If an incident has been discussed with the local safeguarding team, a note must be kept of their response. Confirmation should be sent to them either by letter or e-mail according to their requirements, stating whether they required it to be reported to them or not, and any other advice that they gave. The advice of the local safeguarding team will be acted upon.

8.4   A register of all safeguarding incidents will be kept centrally via the Incident Reporting System (Datix). A local register (safeguarding log) should also be maintained, this can be created using the report function of Datix, or there may be a divisional expectation for the use of a formal template so sites should use **OP Form: 09A** for Healthcare and Adult Care services, and **OP Form: 09B** for Education & Children's Services which are available for this purpose and to track progress of a referral. In Education & Children's Services a chronology tracking safeguarding concerns is attached to each referral (**ECS Form: 01**).

N.B In Healthcare, **OP Form: 09A** is to be saved on the central drive in the secure Safeguarding folder. In Adult Care and Education & Children's Services **OP Form: 09A** and **OP Form: 09B** respectively should be maintained at site, kept up to date by the site leader/(D)SL and reviewed at monthly Management/Clinical Governance meetings.

9 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

9.1 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should always be consulted about criminal matters. If possible preserve the crime scene to make sure the evidence is not contaminated, the Police will provide advice on how to preserve the scene in such instances. This will usually mean locking off the area and securing the records in the first instance.

9.2 Action must be taken on discovering any form of abuse, as listed in Section 7, in whatever form it presents - historical, ongoing or a one off event.

9.3 The service user involved must be attended to, comforted and supported and any physical injuries taken care of.
   (a) Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse.
   (b) Ensure that everyone is safe and that the emergency services have been called if needed.
   (c) Advise the person of the procedures which will follow.
   (d) If you want to take notes, tell the person first, and keep your original notes (even if they are subsequently 'written up' in the person's notes) to give to the Safeguarding Lead as they will be required if a case goes to court.
   (e) Record the following information as soon as possible afterwards, if using paper notes use black ink, signed and dated by the person alleging the abuse:
      i. All details of the alleged abuse, including location
      ii. Times/dates of conversations and telephone calls
      iii. Names of colleagues present at the time
      iv. Any other relevant information
   (f) **All Priory colleagues have a duty to refer** the case to the local Safeguarding Service using the details identified on the site/service's OP Form: 16 and/or seek guidance on what to do next from the (D)SL or Local Safeguarding Service; a multi-disciplinary discussion to agree the next steps should be held, including the services users views (where possible) and documents in the service user's notes. This must be done as soon as practicable or within 24 hours maximum.
   (g) Ensure the safeguarding concern is recorded in the person's notes and on Datix as an incident, you should ensure the service's Safeguarding Lead is aware of the concern and actions taken.

9.4 In the event of allegations, disclosure, suspicion or knowledge of abuse of service users at the unit by a colleague (including Agency/Supply staff and Volunteers), the following procedures should be followed:
   (a) Consult with the Safeguarding Lead, senior manager or manager on call (if out-of-hours), who will liaise with the local Safeguarding Service, either to seek advice or to make a referral. (If the concern is about the Safeguarding Lead or senior manager, discuss with the Regional Safeguarding Lead or Divisional Safeguarding Lead).
   (b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken. A Body Map on the Incident Reporting system is available for this purpose. If appropriate, a photo of the injury may be taken, after obtaining and documenting informed consent from the injured person.
   (c) A referral to the Local Authority Designated Officer (LADO) should be considered if the colleague works with or might work with children or young people.

9.5   The Safeguarding Lead (or in his/her absence, the site/service manager) is responsible for supporting colleagues to refer safeguarding concerns in line with Local Procedures (**OP Form: 15** and **16**), they will also ensure that the following procedures are carried out where abuse is witnessed, suspected or alleged:

(a) Ensure that everyone is safe and that the emergency services have been called if needed.

(b) If appropriate, inform and reassure the service user, their GP and family that the situation is being dealt with.

(c) Keep service user and safeguarding records up to date, to evidence outcomes or further work required.

(d) If the person who discovers the abuse has been unable to, refer the case to the local Safeguarding Service and/or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum.

(e) To ensure that evidence is not contaminated in case the Police wish to lead, wait until the local Safeguarding Service has given consent before commencing the enquiry.

(f) Advise Regulatory Body, Placing Authority/Commissioners, and Social Worker/Case Manager (if applicable) that a referral has been made.

(g) Ensure the safeguarding concern is recorded in the person's notes and on Datix as an incident, this should also be recorded in the service's safeguarding log (if used).

N.B. In Northern Ireland it is important that statements are not gathered prior to discussion with the Health and Social Care Trust (HSCT) Designated Officer as this is seen as contamination of the evidence and can impede the safeguarding process. (The circumstances of the incident should only be recorded from the person initially 'whistleblowing').

9.6   The site/service manager (in conjunction with the Operations Director, Regional Safeguarding Lead, Divisional Safeguarding Lead and the local Safeguarding Service) should decide whether it is appropriate to move to a non-client facing role or suspend colleagues in order to keep service users safe, pending formal disciplinary procedures. The manager carrying out the suspension should also advise the regulatory body or relevant professional body if a suspension is made.

9.7   If a colleague is subject to an allegation of abuse against a service user or vulnerable individual, suspension pending investigation should be the first choice. Where a colleague is not suspended and is moved to another area, this should be an administrative role and not involve contact with service users or their families or allow access to the service user's care records. All decisions should be clearly documented with advice sought from the Local Authority Safeguarding Team/LADO/On Duty Social Worker (Wales), HR and Safeguarding Leads as appropriate to the level of allegation **prior** to informing the colleague of any details of the allegation.

9.8   The Safeguarding Lead will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Safeguarding team and co-ordinate any actions that they prescribe or recommend.

9.9   The Safeguarding Lead will check and ensure that concerns are fully and accurately recorded on the Incident Reports by the colleagues completing the reports. These, along with other reports or details regarding any allegation or incident of abuse, will be kept securely and confidentially by the Safeguarding Lead.

9.10   The site/service manager is responsible for undertaking all such duties described above in the absence of the Safeguarding Lead.

10   REFERRALS TO THE LOCAL SAFEGUARDING SERVICE

10.1   Priory sites will use the documentation provided by or agreed with the local safeguarding teams to make referrals or, if not identified then **OP Form: 17** can be utilised to make referrals. However, it must be made clear to colleagues which form to use on their particular

site. The locally preferred method of reporting a referral may be also on-line or via a telephone abuse line.

10.2   These details must be made clear to colleagues and recorded on **OP Form: 16** which should be on display in all staff areas for reference.

10.3   In Northern Ireland, the registered manager or person in charge will report suspected or alleged abuse immediately to the Health and Social Care Trust (HSCT) Designated officer, who will lead the enquiry and co-ordinate with the Police Service Northern Ireland (PSNI) if criminal activity is suspected. The team at the HSCT will send the relevant referral form. See **Appendix 5 -** Pathway of Concerns - Northern Ireland.

10.4   In Wales, the practitioner who has receives a disclosure or has a concern a statutory duty to report concerns immediately to your line manager and/or (if appropriate) the SL for the service as identified in the Local Procedures, if they are not available then report directly to social services. If required the safeguarding lead or registered manager should support the practitioner to make the referral to the local authority safeguarding team, who will lead the enquiry and co-ordinate with the Police if necessary.

10.5   As stated in the 'Wales Safeguarding Procedures': "Practitioners are expected to report to the relevant local authority (social services) for both adults and children at risk. The relevant authority is the one in which the safeguarding concern is thought to have occurred. This may mean reporting to a local authority that is not in the same area as that in which the practitioner works.

10.6   If a practitioner is unsure which local authority to report to they should contact their local social services for advice.

10.7   In Scotland, the registered manager will make the referral to the Adult Support and Protection team, via the local social services department. For more information, see OP08.3 Adult Support & Protection (Scotland).

10.8   If the person thought to be experiencing the abuse has capacity, then consent for the referral should be gained. However, this is not necessary if there is an overriding public duty to act, such as the likelihood of the perpetrator abusing others, or if gaining consent would put the person at further risk. If you are unsure whether to share the concern without consent, discuss with the Local Authority Safeguarding Team on a 'no named basis'.

10.9   Where an adult does not have mental capacity to make decisions about protection from abuse action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account. (See OP05 Mental Capacity).

10.10   Any referral that is made to the local Safeguarding Service must also be notified to the relevant regulatory body using the appropriate notification forms provided by the regulatory bodies and accessed via their websites. **NB:** The CQC require providers to notify of all abuse or allegations of abuse at the time identified, not only those accepted as referrals by the local Safeguarding Service.

10.11   The site/service manager must ensure that all details of local safeguarding arrangements are made available to all colleagues. **OP Form: 16** is available for this purpose.

10.12   For the latest information on the escalation process for safeguarding incidents, refer to OP Form: 16 or contact the Local Authority to request a copy of their escalation procedures.

11 PHYSICAL INTERVENTIONS

11.1 Priory policies appropriate to each Division/Service Line, on the use of physical interventions must be followed and colleagues trained appropriately.

11.2 Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse and may require Police as well as safeguarding involvement. Incident data on physical interventions is monitored at site level and centrally to identify trends and themes.

11.3 The use of restraint is inappropriate in many settings. Where it has been used, a full record of the incident must be made, carers/parents must be made aware and if there is any question that the intervention was not necessary and/or proportionate the appropriate authorities informed

11.4 Incidents involving physical interventions must be captured on Datix, good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions.

12 AUDIT

12.1 An audit of safeguarding processes will be carried out on all sites (with a maximum interval of 12 months). Divisional audit tools specifically designed to suit the requirements of the Division will be used. The results of the audit will be discussed at site level local governance meetings, and brought to the Divisional and Group Safeguarding Committees. Local or Divisional action plans will be developed as required.

13 REFERENCES

13.1 **Relevant Legislation:**
Care Act 2014 (as amended)
Care Standards Act 2000
Counter Terrorism and Security Act 2015
Criminal Law Act (Northern Ireland) 1967
Data Protection Act 2018
Domestic Violence, Crime and Victims Act 2004
Equality Act 2010
Female Genital Mutilation Act 2003
Health Act 1999
Health and Personal Social Services (Northern Ireland) Order 1972, 1991, 1994
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13: Safeguarding service users from abuse and improper treatment
Health and Social Care (Reform) Act (Northern Ireland) 2009
Human Rights Act 1998
Homelessness Reduction Act 2017
Modern Slavery Act 2015
Mental Capacity Act 1983 (including DoLs 2007) & Code of Practice
Mental Health (Northern Ireland) Order 1986 & Code of Practice
Mental Health Act 1983
Nursing Homes Regulations (Northern Ireland) 2005
Police and Criminal Evidence Act 1984
The Public Interest Disclosure Act 1998
Public Interest Disclosure (Northern Ireland) Order 1998
Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
Safeguarding Vulnerable Groups Act 2006
Sexual Offences Act 2003
Social Services and Wellbeing Act 2014

13.2   **Other guidance documents:**
CQC (2018) Statement on CQCs Roles and Responsibilities for Safeguarding Children and Adults
DH (2011) Safeguarding Adults: The role of health service practitioners
DH (2013) Domestic Violence and Abuse – Professional Guidance
DH (2016) Care and Support Statutory Guidance (updated 2018)
DHSSPS (2015) (NI) Adult Safeguarding - Prevention and Protection in Partnership
Foreign and Commonwealth office & Home office (2013) Forced Marriage (updated 2020)
Home Office (2015) Prevent Duty Guidance: For England and Wales (updated 2019)
NHS England (2017) *Prevent* Training and Competencies Framework
NHS England and NHS Improvement (2019) Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework
HM Government (2020) Multi-agency Statutory Guidance on Female Genital Mutilation
NICE (2014) Domestic Violence and Abuse: Multi-agency working. PH50
NICE (2021) Safeguarding Adults in Care Homes. NG189
NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives (updated 2018)
SCIE (2011) Adult Services Report 47 User Involvement in Safeguarding
The Wales Safeguarding Procedures 2019

Also refer to local Safeguarding policies and procedures published by Local Authorities

APPENDICES

APPENDIX 1 - Role descriptions
APPENDIX 2 - Internal Safeguarding Procedure
APPENDIX 3 - Safeguarding Adult Reviews - Process for Appointment of Writer for Chronology and IMR
APPENDIX 4 - Safeguarding Adult Reviews - Process for Chronology and IMR
APPENDIX 5 - Pathway of Concerns - Northern Ireland

Associated forms:
OP Form: 09A   Log of Safeguarding Incidents (Adult Care and Healthcare Divisions)
OP Form: 09B   Log of Safeguarding Incidents (Education & Children's Services)
OP Form: 16   Local Arrangements for Safeguarding Adults at Risk
OP Form: 16A   Adult Safeguarding - Colleague Information Flashcards
OP Form: 17   Referral of Alleged Safeguarding Concern
OP Form: 17A   Information for Service User - Safeguarding Adults at Risk (Easy Read)
OP Form: 17B   Service User Information - Safeguarding Adults
OP Form: 21B   Safeguarding Training Matrix - All Divisions
OP Form: 21C   'Safeguarding for Colleagues' Training - Information for Safeguarding Leads, Managers and SLAs
OP Form: 21D   Safeguarding - Conformation of Competence

APPENDIX 1

Role Descriptions

1 Safeguarding Lead

A list of Safeguarding Leads for each Division is published on the Intranet.

The Site Leader (Registered Manager, Hospital Director, Head Teacher) remains accountable for the safeguarding practice at site. The role of the Safeguarding Lead on sites or clusters of sites involves taking on the responsibility for several areas or safeguarding, including, as a minimum, the following:

(a) Assist/advise other colleagues on safeguarding issues
(b) Assuming responsibility as the named lead and point of contact for stakeholders regarding safeguarding concerns
(c) Undertake training and updates to the level specified
(d) To understand and advise other colleagues on referral processes
(e) Report to the local governance meeting each month
(f) Receive papers and documents from other agencies and to comment on behalf of the site
(g) Provide the link from the site to the local Safeguarding Services
(h) Co-operate fully with all safeguarding enquiries which may include attending strategy meetings and case conferences
(i) Ensure that clear and accurate records of safeguarding concerns are kept
(j) To be aware of what situations require referral to the local Safeguarding team
(k) Input into the development of local safeguarding procedures which effectively link with and reflect those of the Local Authority/Health and Social Care Trust
(l) Communicate changes to procedures/documentation to colleagues
(m) To share best practice and lessons learnt through regular contact (at least annually) with other safeguarding leads at the regional safeguarding meetings
(n) If approved, to deliver appropriate face to face safeguarding training to other colleagues.
(o) To provide safeguarding supervision to the deputy Safeguarding Leads at the site.

2 Deputy Safeguarding Lead

(a) Will be trained to the same standard as the Safeguarding Lead
(b) Will deputise for the Safeguarding Lead. However, the ultimate responsibility, as set out above, remains with the Registered Manager.

3 Regional Safeguarding Lead

a) Facilitating and/or organising dedicated safeguarding supervision to the Cluster/Sub-Regional Safeguarding Leads;
b) Offering sound procedural advice and support;
c) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
d) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.
e) Act on behalf of the Divisional Safeguarding Committee as a member, sharing learning and influencing safeguarding practice across the Division.
f) Support other Regional Leads by covering during periods of absence (for example annual leave or sickness)

Regional Safeguarding Leads are also expected to report up to the Divisional Safeguarding Committees in line with divisional governance structures and support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.

4   Sub-Regional/Cluster Safeguarding Lead

(a) Support a number of identified sites within the region, this may be divided by geographic region, service type or workload.
(b) Facilitating and/or organising dedicated safeguarding supervision to the site-level Safeguarding Leads;
(c) Offering sound procedural advice and support;
(d) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
(e) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.

APPENDIX 2

Internal Safeguarding Procedure

The following flowchart details actions that must be taken following suspicion that an adult at risk has been abused.

```
                    ┌──────────────────────────────────┐
                    │ Disclosure/observation/information│
                    │      about possible abuse         │
                    └──────────────────────────────────┘
                                   │
                    ┌──────────────────────────────────┐
                    │ Immediately - Assess risk and     │
                    │ ensure the immediate safety and   │
                    │ well-being of those involved.     │
                    │ Listen carefully and advise the   │
                    │ potential victim of the procedures│
                    │ that will follow                  │
                    └──────────────────────────────────┘
                                   │
                    ┌──────────────────────────────────┐
                    │ As soon as possible, but within 24│
                    │ hours - Consult with Safeguarding │
                    │ Lead or Senior Manager and record │
                    │ details in service user records   │
                    │ and on an incident report. Advise │
                    │ the potential victim's family/next│
                    │ of kin where applicable.          │
                    └──────────────────────────────────┘
                                   │
        ┌────────────────────┐                    ┌──────┐
        │ Possible criminal  │───────────────────▶│  NO  │
        │ offence has occurred│                   └──────┘
        └────────────────────┘
                │
           ┌────────┐
           │  YES   │
           └────────┘
                │
        ┌────────────────────┐
        │ As soon as possible,│
        │ but within 24 hours │
        │  - Inform Police    │
        └────────────────────┘
                │
        ┌────────────────────┐      ┌────────────────────────┐
        │ Notify Regulatory  │─────▶│ Report to appropriate  │
        │ Body, Placing      │      │ safeguarding team and  │
        │ Authority/         │      │ agree on what actions  │
        │ Commissioners,     │      │ should be taken.       │
        │ Social Worker/Case │      │ (Safeguarding Lead will│
        │ Manager that Police│      │ report to CQC whether  │
        │ have been called   │      │ the local Safeguarding │
        └────────────────────┘      │ team accept the        │
                                     │ referral or not).      │
                                     └────────────────────────┘
                    ┌──────────────────────────────────────────┐
                    │ Site Leaders (or those with delegated     │
                    │ responsibilities) should also consider    │
                    │ divisional expectations for upwards       │
                    │ reporting.                                │
                    └──────────────────────────────────────────┘
```

APPENDIX 3

Safeguarding Adult Reviews -
Process for Appointment of Writer for Chronology and IMR

Safeguarding Board Chair communication to Chief Executive Officer (CEO) that Safeguarding Adult Review is underway
Or
Service is contacted directly to contribute, escalated upwards to Divisional Safeguarding Lead, Group Director of Risk Management, Group Designated Nurse for Safeguarding and Group Director of Nursing (the Executive Safeguarding Lead - who will inform the CEO)

CEO formally delegates to Executive Safeguarding Lead, who writes acknowledgement letter to Chair of Safeguarding Board

Executive Safeguarding Lead conducts impact assessment with relevant Divisional Director of Quality

Agreement reached by Executive Safeguarding Lead, Group Designated Nurse and Divisional Safeguarding Lead on appointment of author(s) for chronology and IMR

APPENDIX 4

Safeguarding Adult Reviews - Process for Chronology and IMR

```
┌─────────────────────────┐
│   Agree Priory          │
│   Representative at Panel│
└─────────────────────────┘
            │
            ▼
┌─────────────────────────┐
│  Process for Chronology │
│  and IMR agreed         │
└─────────────────────────┘
            │
            ▼
┌─────────────────────────────┐      ┌──────────────────────────┐
│ Author stays in regular     │      │ Key risks escalated to   │
│ communication with Executive│ ───► │ Group Safeguarding       │
│ Safeguarding lead, Group    │      │ Committee and Group      │
│ Designated Nurse and COO/DDQ│      │ Operating Board          │
└─────────────────────────────┘      └──────────────────────────┘
            │
            ▼
┌─────────────────────────┐      ┌──────────────────────────┐
│ Legal advice sought     │      │ Executive Safeguarding   │
│ where necessary on      │ ───► │ Lead escalates key risks │
│ draft findings          │      │ to CEO/Board             │
└─────────────────────────┘      └──────────────────────────┘
            │
            ▼
┌───────────────────────────────────────────────┐
│ Executive Safeguarding Lead, Group Designated  │
│ Nurse and COO/DOQ agree draft IMR in           │
│ consultation with Group Risk Manager where     │
│ necessary                                      │
└───────────────────────────────────────────────┘
            │
            ▼
┌───────────────────────────────────────────────┐
│ Executive Safeguarding Lead sign off           │
└───────────────────────────────────────────────┘
            │
            ▼
┌─────────────────────────────┐      ┌──────────────────────────┐
│ Recommendations held at     │      │ Agreed multi-agency      │
│ site and on the corporate   │ ───► │ Communications           │
│ log and presentation of     │      │ Strategy                 │
│ findings to 1/4ly           │      │                          │
│ Safeguarding Forum          │      │                          │
└─────────────────────────────┘      └──────────────────────────┘
```

APPENDIX 5

Pathway for Dealing with Concerns –
Northern Ireland Adult Safeguarding Partnership

Concern raised and reported to ASC (Adult Safeguarding Champion) or appointed person

ASC or appointed person decides appropriate response and ensures immediate safety

No Safeguarding Issue. Exit Process- consider alternatives	Safeguarding Issue - Seek consent for referral to HSC Trust Adult Protection Gateway Service/ PSNI	Protection Issue, i.e. where there is a clear and immediate risk of harm/ alleged crime refer to Adult Protection Gateway Service/ PSNI

Consent Refused	No capacity	Consent Given	Dispense with Consent

Exit Process- consider alternatives

Report to HSC Keyworker and RQIA if relevant

HSC Trust	**Adult Safeguarding Number**
Belfast	028 9504 1744
Northern	028 2563 5512
Western	028 7161 1366
South Eastern	028 9250 1227
Southern	028 3741 2015/ 2354

Regional Emergency Social Work Service (RESWS) Tel: 028 9504 9999 Mon- Fri 5pm-9am; Saturday & Sunday

ASC/appropriate person will record, complete safeguarding form and act as conduit for any investigation

HSC Keyworker discusses with line manager/ appointed person. Decision taken re appropriate response and records decisions.

No Safeguarding Issue. Exit Process- consider alternatives	Concern meets the threshold for at risk referral.	Report to HSCT Gateway Team

Consider appropriate responses	Follow Adult Protection procedures