

Trust Policy for Safeguarding Adults from Abuse or Neglect and Guidance on *Prevent* duties

A policy for use

In: All areas where adults are present

By: All staff working with adults

For: Adults where abuse or neglect is either identified or suspected or there is risk of harm.

Policy to be used in conjunction with the Hertfordshire Safeguarding Adults from Abuse policy and procedures

Prevent and safeguarding vulnerable people from being drawn into extremist activities

Key Words: safeguarding adults, abuse, neglect, adult protection, adults at risk, vulnerable people, safeguarding adults from abuse, at risk adults

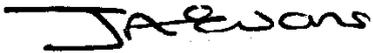
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Version	Date	Comment
2	2007	Updated
3	May 2010	Updated in line with Hertfordshire Procedures
4	July 2010	Reporting concerns about the abuse of vulnerable adults Scheduled review
5	Feb 2012	Updated in line with changes to Hertfordshire Safeguarding Adults procedures. Policy name updated.
6	August 2013	Updated, clarified Safeguarding roles, responsibilities and referral processes
7	September 2015	Updated to reflect changes in legislation 2015, to include <i>Prevent</i> duty guidance and reflect NHS England guidance.

Equality Impact Assessment

This document has been reviewed in line with the Trust's Equality Impact Assessment guidance and no detriment was identified. This policy applies to all regardless of protected characteristic - age, sex, disability, gender-re-assignment, race, religion/belief, sexual orientation, marriage/civil partnership and pregnancy and maternity.

Dissemination and Access

This document can only be considered valid when viewed via the East & North Hertfordshire NHS Trust Knowledge Centre. If this document is printed in hard copy, or saved at another location, you must check that it matches the version on the Knowledge Centre.

Associated Documentation and guidance

Hertfordshire Safeguarding Adults from abuse or neglect policy and procedures
 CSEC 049 Adverse Incident Reporting & Investigation Policy
 HR 025 Raising Concerns at Work
 CP 137 Learning Disability policy
 CP 113 Mental Capacity Act policy
 CP117 Deprivation of Liberty Safeguards policy
 CP 123 Adult Patient Falls prevention and management policy and procedures
 CP 175 Domestic Abuse policy
 CSEC 046 Safeguarding Children policy
 CP 200 Pressure Ulcer and Moisture Lesion Prevention policy
 HR 010 Disciplinary procedure
 HR 001 Disclosure and Barring Service and disclosure of information policy
 Policy for managing allegations of abuse by staff
 Care Act 2014 – Adult Safeguarding
Prevent Duty Guidance, HM Government 2015
 Safeguarding Vulnerable people in the NHS – Accountability and Assurance Framework, NHS England 2015
 NHS sharing information guidance
 Duty of Candour guidance

Review

This document will be reviewed within three years of issue, or sooner in light of new evidence or information.

1 INTRODUCTION

The implementation of the Care Act 2014 in April 2015 put in place the statutory framework for Adult Safeguarding. The statutory guidance for Adult Safeguarding (HM Government 2014) replaced the 'No secrets' guidance (Department of Health 2000). The legislation places statutory duties on the NHS, Local Authorities and Police for Safeguarding Adults at risk, however, emphasises that Adult Safeguarding is everyone's business.

The Counter-Terrorism and Security Act 2015 also implemented statutory requirements for the NHS under *Prevent* duties to safeguard people who may be vulnerable to being drawn into, or exploited for, terrorist or extremist activities (HM Government 2015).

Safeguarding duties apply for an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

***Prevent* duties in the NHS are:**

- Part of safeguarding, for those people who may be vulnerable to being drawn into, or exploited for, terrorist or extremist activities, whether violent or non-violent
- Working in partnership with other agencies
- Raising awareness of *Prevent*
- Recognising the vulnerable person
- Reporting concerns and referring the vulnerable person into the local *Channel* panel

2. WHAT IS ADULT SAFEGUARDING, WHY DOES IT MATTER?

- Adult safeguarding applies to someone 18 years or older, even if the person is still receiving children's services
- Adult Safeguarding applies whether the person lacks mental capacity or not
- Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect
- Adult Safeguarding is about people and organisations working together to prevent and stop the risks and experience of abuse or neglect, whilst at the same time;
 - making sure an adult's wellbeing is promoted
 - having regard to their views, wishes, feelings and beliefs in deciding on any action, where appropriate
 - recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances

In the NHS adult safeguarding is also about providing safe and high quality care and support to patients and service users.

2.1 The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

2.2 Six key principles underpin all Adult Safeguarding work

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response proportionate to the risk presented
- **Protection** – support and representation for those in greatest need
- **Partnership** – Public services working with their communities and partners
- **Accountability** – accountability and transparency in delivering safeguarding. 'Safeguarding is everyone's business'

2.3 Making safeguarding personal

The Care Act statutory guidance reminds organisations that safeguarding arrangements are there to protect individuals, and that individuals have different preferences, histories, circumstances and lifestyles and therefore safeguarding should be made personal.

This means that safeguarding should be person-led and outcome focussed and should include the adult at risk in decision-making wherever it is safe and appropriate to do so.

2.4 Trust Adult Safeguarding structure

The Director of Nursing is the Executive Director Lead for Adult Safeguarding and reports to the Chief Executive and Trust Board. The Director of Nursing is a member of the Hertfordshire Adult Safeguarding Board.

The Deputy Director of Nursing (DDN) line manages the Lead Nurse Adult Safeguarding, the DDN reports to the Director of Nursing.

The Lead Nurse Adult Safeguarding is the named nurse for the Trust and reports to the DDN. Safeguarding supervision is provided by the Designated Nurse in the CCG.

The named Doctor Adult Safeguarding is a Consultant nominated by the Medical Director.

There are 5 clinical Divisions managed by a Divisional Chair and Divisional Director who are responsible for the provision of safe and high quality care and clinical services.

All Trust staff have responsibility for Adult Safeguarding, for the prevention of harm and the reporting of concerns.

3. HERTFORDSHIRE SAFEGUARDING ADULTS FROM ABUSE OR NEGLECT POLICY AND PROCEDURES

The Care Act requires that each Local Authority:

- has a Safeguarding Adults Board
- make enquiries, or cause others to do so, if it believes an adult is experiencing, or at risk of, abuse or neglect

- establishes whether any action needs to be taken to prevent or stop abuse or neglect, and if so by whom
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of an enquiry or Safeguarding Adult Review
- co-operate with its relevant partners in order to protect the adult

East and North Hertfordshire NHS Trust is a partner organisation of the Hertfordshire Safeguarding Adults Board. The Trust policy for Safeguarding Adults from Abuse and Neglect is used in conjunction with the Hertfordshire Safeguarding Adults policy and procedures. The Trust policy is for use by staff working in East and North Hertfordshire NHS Trust and for the users of Trust services.

There may be occasions when the safeguarding adult procedures for other Local Authorities will need to be used in conjunction with the Trust policy for the investigation of abuse or neglect or for *Prevent*, for example when Trust services are provided outside of Hertfordshire or if the alleged victim, alleged perpetrator, or the person vulnerable to extremism or radicalisation is resident in a different county. If this is required advice will be provided by Hertfordshire Health and Community Services or by the Trust Adult Safeguarding Nurse as to the required actions.

Hertfordshire Safeguarding Adults from Abuse and Neglect procedures can be accessed by Trust staff in the Safeguarding Adults pages of the Trust Knowledge Centre or through the ENHT public website or by using the web address below:

<http://www.hertsdirect.org/services/healthsoc/supportforadults/worriedabout/vulnadult/>

4. WHO IS AN ADULT AT RISK?

An adult at risk is someone who:

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

Throughout the policy the term 'adult at risk' will be used to describe an adult who is vulnerable to abuse, neglect or exploitation.

4.1 What is Abuse or Neglect?

Abuse or neglect can take many forms; it can happen anywhere and can be perpetrated by anyone. The list below gives guidance on the types of abuse which can occur

- **Physical abuse** – including assault, hitting, pushing, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- **Domestic violence (DV)** – including psychological, physical, sexual, financial, emotional abuse; and so called 'honour' based violence
- **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

- **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
- **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
- **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
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **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 a person's own home. It 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
- **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 necessities of life such as medication, adequate nutrition, hydration and heating
- **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

Incidents of abuse may be one off or multiple and affect one person or more.

Professionals should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems

Patterns of abuse vary and can include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals e.g. for sexual abuse or financial abuse
- Long-term abuse in the context of ongoing family relationships such as DV between spouses or generations or persistent psychological abuse
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around

4.2 Domestic abuse

Domestic abuse is defined as:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender to sexuality
- Includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation, forced marriage

- From age 16 years

4.3 Who abuses and neglects adults?

Anyone can carry out abuse or neglect including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers
- Strangers

In the Hertfordshire Safeguarding policy and procedures the term 'person who caused, or may have caused, harm' is used to describe the individual who is alleged or known to have abused an adult at risk.

4.4 Investigations of abuse

In Hertfordshire it is the responsibility of Health and Community Services (Local Authority) and Hertfordshire Partnership University Foundation Trust (as part of their delegated social Care duties) to investigate allegations of possible or actual abuse.

If a crime is suspected the police will lead the investigation.

When concerns are raised by the Trust, or within the Trust, agreement will be reached with the investigating team as to how the investigation will proceed. For example, if the alleged or actual abuse involved a member of staff or if the concern is raised about standards of care.

Responsibility for reaching the agreement would usually sit with the Lead Nurse Adult Safeguarding, or the Deputy Director of Nursing, or the Director of Nursing. However, There may be occasions when the discussion and agreement needs to be undertaken by the Executive on call due to the seriousness or urgency of the issue, incident or allegations.

4.5 Trust adverse incident reporting and Serious Incident investigations

In line with safer care initiatives pressure ulcers which meet the agreed criteria and severe harm from inpatient falls are reported and reviewed using the Trust Serious Incident procedures.

All incidents of actual or alleged abuse occurring within the Trust will be reviewed in line with the Trust adverse incident policy and serious incidents are considered and investigated in line with NHS England Serious Incident Framework (NHS England 2015) and the National Reporting and Learning Framework.

A Serious Incident will also be considered for Safeguarding Adults Reviews where the delivery of care in the Trust caused or contributed towards the incident.

5 RAISING CONCERNS AND REPORTING ABUSE AND NEGLECT - ACTUAL OR SUSPECTED

Refer to Appendix 1 for a summary of the process.

5.1 Actual or Suspected Abuse or Neglect of a Patient or 'adult at risk' – Does not involve member of Trust staff

In this case the abuse may be reported by the patient, or the person caring for the patient may identify that s/he is at risk of abuse, or abuse may be considered by Trust staff during their examination of the patient or due to the patient's presenting condition.

It is very important to treat all cases of suspected or actual abuse seriously – from minor to serious incidents. Concerns should be raised and reported. Safeguarding is everyone's business.

5.2 Staff Responsibilities

All staff employed by the Trust have a duty to act promptly and report concerns if they think that a patient in their care is being abused, or that their concerns about standards of care suggest there is a risk of abuse or neglect to adults using the service. The seriousness, or the extent of the abuse, is often not clear. It is therefore important that staff report incidents immediately so that the matter can be investigated further and that staff approach such allegations with an open mind.

It is the responsibility of the staff caring for the patient to ensure there is in no immediate danger. If deemed necessary, the medical team caring for the patient may be required to examine the patient and instigate any clinical investigations needed.

Trust staff must make sure that they assure the person raising the concerns that their concerns will be taken seriously and that they, and the Trust, have a duty to report incidents of this nature. It should be explained to the person raising the concern that in order to safeguard an individual information will need to be shared with others, or with safeguarding teams, who have a part to play in protecting them. Do not give promises of complete confidentiality.

5.3 When responding to an adult at risk who is making a disclosure (or the person raising the concerns)

- Assure them that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can but avoid asking too many questions at this stage
- Do not give promises of complete confidentiality
- Explain that you have a duty to tell your manager, or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them/victim
- Reassure the 'adult at risk' that they will be involved in decisions about what will happen, wherever possible and providing that it is safe and appropriate to do so
- Explain that you will try to take steps to protect them from further abuse
- Provide support and information in a way that is most appropriate to them
- For adults with mental capacity find out what they want and what outcome they want to achieve
- Do not be judgemental or jump to conclusions

5.4 Preserving evidence

In situations where there has been or may have been a crime, it is important that forensic or other evidence is preserved, or can be collected, as part of the police investigation. Try not to disturb evidence or potential evidence and seek advice about what you need to do to preserve evidence.

5.5 Informing the manager and referring to Safeguarding teams

- Staff must inform their line manager or the nurse in charge of the ward/department/shift immediately about the safeguarding concerns
- The line manager/nurse in charge/shift leader, in turn, must inform the Matron or Nursing Services Manager for the clinical area (It is important for action to be taken as quickly as possible to ensure the individual is protected)
- The line manager/Matron/NSM informs the Lead Nurse for Adult Safeguarding and the Hospital Social Work Team.

Contact numbers are:

Lister Hospital Social Work Team **01438 284034 (internal 4034)**
Monday to Thursday 09.00 to 17.15 and Friday 09.00 to 16.30

Outside these hours the number is: **Hertfordshire Adult Services on 0300 123 4042**

- If the incident occurs after 5pm or at the weekend staff must inform the duty matron or the site manager who will be responsible for reporting to Hertfordshire Adult Services.
- The site manager or duty matron must inform the on call senior manager of the actions taken, including if a police investigation is required

Mount Vernon Cancer Centre:

- For staff at Mount Vernon Cancer Centre the social work contact number is 01923 844373 (Macmillan Social Worker)
- The local authority responsible for leading the investigation will depend on where the alleged abuse has taken place
- Advice will be given by the Adult Safeguarding nurse

Renal Services satellite units:

- The Trust provides renal dialysis services at satellite units in St Albans, Bedford, Luton, and Harlow
- The local authority responsible for leading the investigation will depend on where the alleged abuse has taken place
- Advice will be given by the Adult Safeguarding nurse

Lead Nurse Adult Safeguarding - East and North Hertfordshire NHS Trust

Direct dial 01438 284994 (internal 4994)
Mobile 07785 998151
Monday to Friday 08.30 to 17.00 (if not available contact the Trust Discharge coordinator)

The Lead Nurse Adult Safeguarding is the Trust operational lead for Adult Safeguarding and must be informed of any incident as soon as practically possible by the line manager/ Matron/NSM or site manager.

The Adult Safeguarding Nurse is also available to provide advice to staff or discuss concerns and what actions may be needed.

Adult Safeguarding teams outside Hertfordshire contact details are:

- **Bedford Borough Council** – Adult Safeguarding 01234 276222
Out of hours emergencies 0300 300 8123
or email adult.protection@bedford.gov.uk
- **Central Bedfordshire Council** – Adult Safeguarding 0300 300 8122
Or email adult.protection@centralbedfordshire.gov.uk
- **Luton** – Adult Safeguarding team 01582 547730 or 01582 547563
email adultsafeguarding@luton.gov.uk
- **Essex** – Adult Safeguarding – social care direct 0845 603 7630
- **London Borough of Hillingdon** – Hillingdon Social Care Direct 01895 556633

Police Adult Safeguarding

To contact the police safeguarding unit please phone 101 (non emergency situations) or 999 (emergency situations)

5.6 Adult Safeguarding referral form – see Appendix 2

The Adult Safeguarding referral form should be emailed to:
adultsafeguarding.enh-tr@nhs.net

- The form is found in the Adult Safeguarding page on the Knowledge Centre.
- Type directly onto the form and save a copy
- Email one copy to the Trust adult safeguarding email
- Place a copy in the patient's notes (please ensure confidentiality)

Use fax number Lister internal extension 4514 only if the form cannot be emailed.

Remember 'Section 2' forms are not safeguarding referral forms; section 2 is for care needs review. Both forms need to be completed when appropriate.

5.7 Record keeping and Datix incident report

Safeguarding incidents should also be reported on the Trust incident reporting system (Datix).

A record of the safeguarding concern also needs to be made in the patient notes. The record should be clear and comprehensive and make note of the patient's views and wishes. If the patient lacks mental capacity for decision making the record should show decisions and actions taken in the best interest of the patient

The record must outline the following:

- Date and time incident reported/occurred
- Actual words used by the patient/person
- Details of any observed injuries – **use a body map to record injuries**
- Request medical photography where appropriate to record injuries
- Details of witnesses and any other people involved
- Details of action taken

- Details of the patient's wishes
- If the patient lacks mental capacity evidence of decisions or actions taken in the patient's best interest

5.8 Investigation of concerns

In line with the Hertfordshire Adult Safeguarding procedures a safeguarding enquiry will usually be led by Health and Community Services. Hertfordshire Partnership Foundation Trust will lead where it relates to people receiving mental health services.

The Local Authority can request other parties or organisations to carry out the safeguarding investigation.

If an allegation of abuse or neglect is made about care in the Trust the investigation of the concerns would usually be undertaken by the Trust with the agreement of the Local Authority. The systems in the Trust which exist to support this are:

- Complaints process
- Adverse incident reporting process
- Serious incident reporting
- Raising concerns process
- Workforce and disciplinary procedures

The investigation process normally includes:

- Strategy discussion or meeting – the risk is evaluated and decision made if investigation is required - investigation plan agreed – any immediate actions for safeguarding put in place to protect the individual
- Investigation - evidence collated and shared with involved organisations
- Case conference – receives investigation evidence- evaluates risk- formulates protection plan – closes safeguarding process or keeps under review – decision made on outcome/closure

There may be some circumstances, in which Trust staff are required to present evidence at the strategy or case conference or provide information from a health perspective. If this is the case the staff members concerned will be given the appropriate support from the Adult Safeguarding Nurse, their ward/line manager, Matron/NSM or Consultant.

6 LINE MANAGER'S RESPONSIBILITIES

- The manager must find out if any immediate action is needed to make the person safe and then decide on the course of action to be taken.
- The person making the complaint should be informed of the action taken, where appropriate
- The patient should be involved in decisions and their views sought on the outcome they want to achieve, provided that it is safe and appropriate to do so.
- If the patient lacks mental capacity for decisions the actions taken must be in the best interest of the patient.

The manager may be made aware of a concern from a member of staff in two ways:

- Either the member of staff suspects, or is concerned, that something is wrong and abuse or neglect may be taking place or has occurred
- Or as a specific observation or report of abuse or neglect.

The Manager must ensure that the individual making the report is supported throughout the process and receives feedback, whilst maintaining confidentiality.

- The matron or the ward sister, whoever is felt to be appropriate at the time, may provide this.
- The member of staff should be asked to describe what they have witnessed, or what has been reported to them, and this must be clearly documented (refer to Section 5.6 and 5.7).
- There are obvious limits to confidentiality and anonymity when raising safeguarding concerns. All allegations will be dealt with sensitively and with an open mind.

The manager must be prepared to contribute to any subsequent multi-agency investigation, protection plans or disciplinary procedures.

7. ALLEGATION OF ABUSE OR NEGLECT BY A MEMBER OF TRUST STAFF

Where the allegation of abuse or neglect is against a member of staff, i.e the staff member is the alleged perpetrator.

Refer to Appendix 1 for summary of the process

The procedure remains the same as in sections 4 and 5. In addition the following procedure applies.

- 7.1** Where the alleged perpetrator of abuse or neglect is a member of Trust staff an immediate risk assessment needs to be undertaken to decide if the staff member will be immediately removed from their work area. The decision will need to involve the Director of Nursing/DDN and HR manager.
- 7.2** The decision to suspend a member of staff pending an investigation will be made by the Matron/Manager in discussion with the Director/Deputy Director of Nursing and Human Resources Manager. If the allegation is against a member of medical staff the Medical Director will be involved.
- 7.3** If an incident occurs in the evening, overnight, weekend or public holidays the decision will be made after discussion with the Executive on call in conjunction with the Matron/site manager/on call senior manager.
- 7.4** The Trust disciplinary or workforce procedures will be instigated as soon as possible.
- 7.5** The Police must be involved if a crime has believed to have been committed. Contact with the police should be via the Director of Nursing, Deputy Director of Nursing or the Executive on call, unless it is an emergency.

In an emergency the Police will be called by the Matron/site manager or the on call senior manager.

In order to preserve evidence, the Police investigation will take precedence over the Trust disciplinary proceedings.

- 7.6** In situations involving allegations against staff, the Trust's 'Raising Concerns at Work policy' may also apply.

8 ALLEGATION OF ABUSE OR NEGLECT BY A MEMBER OF STAFF EMPLOYED BY ANOTHER ORGANISATION

This could include staff from other organisations who are working within Trust services or providing a service to the Trust, for example NHS Professionals staff, agency staff, contractors, staff with honorary contracts.

The person's employing organisation is responsible for following Safeguarding procedures and the legal duty to comply with the procedures or co-operate with investigations sits with the employing organisation.

9 ALLEGATION OF ABUSE BY VOLUNTEERS

- If an allegation of abuse is made against a Trust volunteer the Trust procedures will be followed
- If an allegation of abuse is made against a volunteer of another organisation who is providing a service for the Trust the Adult Safeguarding procedures for the relevant Local Authority will be used

10 PREVENT

The *Prevent* strategy is part of the government counter terrorism strategy (Counter-Terrorism and Security Act 2015), it aims to stop people becoming terrorists or supporting terrorism.

Within the NHS *Prevent* is part of safeguarding, for people who may be vulnerable to being drawn into extremist or terrorist activities or of being exploited by terrorists or extremists.

The NHS role is to work in partnership with other agencies to reduce the risk and to keep people safe.

Within Hertfordshire the CHANNEL panel is made up of multiple agencies who can provide support and advice to the individual to prevent them from being drawn into criminal activities, an individualised plan will be agreed with the individual.

10.1 Health care staff, due to their roles in providing care and support for people, have a duty to:

- To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- To work with sectors and institutions where there are risks of radicalisation that we need to address.

Prevent is part of existing safeguarding responsibilities for the health sector, not an additional job.

10.2 Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space by:

- Recognising vulnerable adults, children and young people who may be at risk of radicalisation;
- Working in partnership to reduce risk and protect the individual and
- Providing adequate and necessary support as part of a proportionate multi-agency response to any concerns.

10.3 Vulnerability factors - What makes someone vulnerable?

- Radicalisation is a process, not a one-off event
- There is no single profile of a terrorist – there is no checklist to measure someone against
- This is not about race, religion or ethnicity - the programme is to prevent the exploitation of susceptible people
- The table below identifies vulnerability factors

Engagement	Intent	Capacity
Feelings of grievance and injustice	Over-identification with a group	Individual knowledge, skills and competencies
Feeling under threat	or ideology	Access to networks, funding or equipment
A need for identity, meaning and belonging	'Them and Us' thinking	
A desire for status	Dehumanisation of the enemy	
A desire for excitement and adventure	Attitudes that justify offending	
A need to dominate and control others	Harmful means to an end	
Susceptibility to indoctrination	Harmful objectives	
A desire for political or moral change		
Opportunistic involvement		
Family or friends involvement in extremism		
Being at a transitional time of life		
Being influenced or controlled by a group		
Relevant mental health issues		

10.4 Recognise, Understand and Share Concerns

Staff who have *Prevent* related concerns about a patient or colleague should contact the Adult Safeguarding nurse, for an adult, or the Child Protection team for someone aged under 18 to discuss their concerns.

Referrals to the CHANNEL panel will be made using the CHANNEL referral form – see Appendix 3.

11 ADULT SAFEGUARDING TRAINING

All Trust staff and volunteers receive Adult Safeguarding training, appropriate to their role, as part of mandatory training and updates are provided every 2 years.

- Level 1 Adult Safeguarding awareness – non clinical staff and volunteers
- Level 2 Adult Safeguarding reporting concerns – clinical staff, PALS and Complaints team

Prevent awareness training is provided for all Trust staff at induction and in mandatory update training. Specific staff groups are identified to attend the WRAP workshop based on the competency framework and home office/NHS England guidance.

12 MONITORING EFFECTIVENESS

The effectiveness of this guidance will be monitored through reports to the Safeguarding Committee and Director of Nursing Patient Safety reports to the Risk and Quality Committee.

Monitoring will also occur through the Hertfordshire Safeguarding Adults Board and by the Clinical Commissioning Groups.

Reference/Guidance documents

Care Act 2014 Statutory Guidance, HM Government 2014

Hertfordshire Safeguarding Adults from Abuse and Neglect procedures
www.hertsdirect.org/services/healthsoc/supportforadults/worriedabout/vulnadult

Prevent Duty Guidance, HM Government 2015

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework,
NHS England 2015

Appendix 1 Reporting actual or suspected abuse or neglect of an 'adult at risk'

