Prospect Hospice
together making every day count

Safeguarding adults

Policy and procedure September 2023

Adult Safeguarding Policy	
Policy/Protocol No.	V-CG-200
Version No.	019
Author	Adult safeguarding lead
Responsible person	Adult safeguarding lead
Consulted (*with whom, if appropriate)*	Clinical leads. senior social worker and social worker adult safeguarding lead
Approved by	Clinical governance group
Date approved	September 2023
Review timeframe (years)	2 years
Date for next review	September 2025

A.S.P.I.R.E. (created by staff forum on behalf of all staff at Prospect Hospice)
Authentic - **S**pecialist - **P**erson Centred - **I**nclusive - **R**esilient - **E**xcellent
These values and associated behaviours underpin everything we do and the way we work at Prospect Hospice and all employees are expected to abide by them.

Equality Impact Assessment
No one will be disproportionately affected or disadvantaged.

Policy: Adult Safeguarding Policy

Version Number	Amendment History	Author of Update	Page/Section Number	Date
018	Updates throughout	David Haigh, adults safeguarding lead	Throughout	02.09.2022
018	Reviewed and approved	Carolyn Bell, director of patient services	Director of patient services	11.11.22
019	Updates throughout particularly about additional Counterterrorism and security act 2015. Visiting celebrities. Extremism/radicalisation prevent. The Channel programme Employee training.	David Haigh adults safeguarding lead	Throughout	June & July 2023

1 Introduction

Safeguarding is 'everyone's business.' See something, do something.

In accordance with the care act (2014), statutory safeguarding duties apply to adults (18 and over) who:

a) Have needs for care and support (whether or not the local authority is meeting those needs); and
b) are experiencing, or at risk of, abuse or neglect; and
c) because of those care and support needs, are unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The aim of this policy is to provide Prospect Hospice staff, volunteers and students on work experience/placement with a clear understanding of their duties and to enable them to support adults at risk in line with legislation and policy.

2 Policy Summary

This policy: ensures that Prospect Hospice promotes a positive service culture and holds safeguarding as a key principle in all aspects of its staff's practice.

This policy will:

- Identify specific responsibilities of employees for safeguarding 'adults at risk' at Prospect Hospice.
- Describe the key elements, principles, definitions, and personnel for safeguarding practice withinthe policy.
- It will state clearly the procedure and protocols for safeguarding adults at Prospect Hospice.
- Provide information on action in the event of a breach of policy.
- Contain references to appropriate literature used in the development of this policy.

3 Purpose of Policy

This policy will guide staff at Prospect Hospice to promote a positive service culture that has good quality safeguarding practice as a core principle within all work and governance within the organisation.

This policy affirms that the welfare of all adults at risk is paramount and that everyone who comes into contact with our organisation has equal rights of protection under Safeguarding Legislation.

This policy recognises that we have a duty of care when people are in our charge or on our premises, and that we will do everything we can to provide a safe and caring environment whilst they access our sites, services and provisions.

4 Accountability and responsibilities

4.1 **Prospect Hospice CEO**: the CEO has overall responsibility for ensuring that safeguarding is embedded as a key principle in promoting a positive service culture at Prospect Hospice.

4.2 **Director of people:** ensures safe recruitment and appropriate DBS procedures are followed for employees and volunteers.

4.3 **ALL employees and volunteers:** safeguarding is a responsibility of every employee and volunteer at Prospect Hospice towards all people who come into contact with it by:

- Promoting their welfare and wellbeing
- Protecting their rights

- Preventing, wherever possible, the risk and experience of abuse or neglect.
- All employees and volunteers must be aware of safeguarding matters as described in our children and adults' policy and its procedures and consequently they should know how to gain access to it.

4.4 **All line managers, team leaders, heads of department, area managers, nursing staff, shops:** should be conversant with our safeguarding policies and procedures; and are responsible for ensuringthat those employees and volunteers in their respective teams are aware of these safeguarding protocols. Line managers will seek specialist advice from Safeguarding Leads when required.

4.5 **Safeguarding leads, head of IPU, head of therapy team, head of education, family support, medical team, consultants:** are responsible for providing, when required, accurate and timely information and advice on safeguarding matters; will work with others to ensure that the correct procedures are followed when raising a safeguarding concern; will seek specialist advice from safeguarding leads when required.

4.6 **Trustee lead for safeguarding**: the Hospice has a Ttustee who has accountability for safeguarding children, adults, children looked after (CLA) and mental capacity. She attends quarterly safeguarding meetings with the clinical and safeguarding Lead and offers oversight and guidance in relation to policy, practice, and clinical governance.

4.7 **Clinical/the executive team/director of patient services:** the director of patient services has the responsibility of informing and advising the senior management team about any safeguarding risks for the patients cared for in any service provided by Prospect Hospice.

4.8 **Operational safeguarding lead** is the lead social worker who is responsible for:

- Ensuring that the safeguarding policies (for adults and for children) and their protocols are embedded in daily practice.
- Liaising with the head of education to ensure that the required safeguarding training is being delivered at the appropriate levels and in line with any changes in legislation and best practice.
- Co-ordinating safeguarding activities and information-sharing at Prospect Hospice.
- Responsible for ensuring that the actions and learning following a safeguarding incident are handled in a timely and appropriate way, as identified in the policy.
- The safeguarding lead supports Prospect staff with advice and guidance and liaises with local authorities regarding all Safeguarding investigations or concerns. They also support staff with issues relating to Mental Capacity and DOLS. The social worker lead is supported by social worker Hannah Elkins in the implementation of safeguarding standards across the organisation.

5 Relevant legislation and related Hospice policies (not exhaustive list)

Legislation	Policy
Care act 2014	Being open (Duty of Candour) policy
Care standards act 2000	Bullying and harassment in the workplace policy
Counterterrorism and security act 2015	Capability policy and procedure
Criminal justice and courts act 2015	Consent policy
Health and social care act 2008 (Regulated Activities) regulations 2014	Disciplinary policy and procedure
Mental health act 1983	Equal opportunities policy
The human rights Act 1998	Incident reporting policy

Legislation	Policy
The mental capacity act 2005 (including deprivation of liberties safeguards 2005)	Lone working policy
The data protection act 2018	Mental capacity act policy 2005
Domestic abuse act 2021	Prevention and management of wounds and pressure Ulcers
Female genital mutilation act 2003	Raising concerns and whistleblowing policy
	Recruitment and selection policy and procedure
	Risk management policy
	Safeguarding children from abuse policy and procedure
	Volunteer recruitment policy and procedure

6 Principles

Prospect Hospice's commitment to adult safeguarding means protecting people's health and wellbeing and promoting their human rights; enabling them to live free from harm, abuse, and neglect.When considering a person's safety, it is important to be led by their wishes, feelings and sense of well-being. People should be safeguarded in a way that supports them to make choices and have control over how they want to live.

In accordance with principle 1 of the mental capacity act (2005) all adults should be presumed to have capacity. If they are assessed as not having the mental capacity in relation to a specific decision, guidance relating to the mental capacity act 2005 should be followed. Mental Capacity Training is mandatory for all staff who support patients and their families at Prospect Hospice. Staff will undertake this learning online via Bluestream and face to face with Social Workers.
https://adults.wiltshire.gov.uk/Information/mental-capacity-act

6.1 Making safeguarding personal

Prospect Hospice's safeguarding policy is informed by making safeguarding personal:
"Making Safeguarding Personal means it should be person-led and outcomes-focused. It engagesthe person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice, and control as well as improving quality of life, wellbeing, and safety." (DH, 2018: s14.15)

This person-centered approach to safeguarding is crucial when supporting patients and their families, this approach also informs care planning and support across the hospice.

6.2 Safeguarding principles

All professionals and organisations are expected to work within and be guided by, the following key principles enshrined in the care act 2014:

- 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 act 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 it, 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 or neglect. I get help so that I can 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.”
- Prospect Hospice welcomes working with local authorities and partner agencies in all aspects of safeguarding learning and development.

7 HR implications

7.1 Safe recruitment:

To carry out a safer recruitment process, Prospect Hospice will ensure it:

- Informs candidates of our commitment to safeguarding those in our care.
- We will carefully plan your recruitment process timeline. This will ensure that you have enough time to thoroughly vet each candidate.
- Detail that applicants will have to undergo strict vetting procedures before appointment including references and DBS checks.
- Carry out pre-employment checks.
- Ensure staff members are appropriately trained for their duties.

The principles of safe recruitment are reflected in the recruitment and selection and disclosure and barring policies of Prospect Hospice. It is a mandatory requirement that staff meet these standards and requirements set out in these policies. Clinical leads and team leaders involved in recruitment of staff are required to undertake safer recruitment training.

7.2 Supervision:

1:1 support / supervision / clinical supervision is to be made available to all staff. Staff should use these meetings to reflect on complex casework including safeguarding issues.

The adult safeguarding lead is available to provide support with all aspects of adult safeguarding, including providing opportunities for reflection and debriefing meetings followingcomplex situations. Any outcomes from these meetings are to be fed back into weekly incident meetings to direct cultural change, including training and development.

Staff support:

Clinical and team leads are to ensure that members of staff are appropriately supported during safeguarding investigations, including engaging counseling services. Members of staff accused of abuse are to be supported according to HR policy. All staff to have access to ‘reflect and restore’ supervision support, in addition to the current employee assistance programme which provides staff with confidential counselling and support.

8 Procedure if abuse is suspected, discovered or disclosed

Please see the Safeguarding adults flowchart in Appendix 1 and safeguarding contacts in appendix 2

8.1 Disclosures

- If the safeguarding concern is related to a Prospect Hospice employee, external staff or an official visitor then contact Swindon Adult Social Care in the Appendix and make them aware. They will then advise on the appropriate direction the organisation should take.
- The safeguarding lead must contact the safeguarding clinical lead when a safeguarding

concern has been raised to Social Services regarding an employee. The safeguarding clinical lead will then inform the Prospect Hospice Director of the above as well as the patient services safeguarding lead.

- If there is evidence that an adult appears to be at immediate risk of harm, the employee present must call 999 and alert the police to this emergency.

What to do:

- Ensure the safety of the person and your safety Do you need to contact emergency services?
- Call 999 if there is evidence a crime has been committed.
- Keep calm, be aware of your body language.
- Listen carefully and clarify your understanding.
- Reassurance.

What to avoid:

- Do anything that may increase the risk to the adult at risk.
- Alert the alleged abuser.
- Act in a way as to jeopardise any future investigations.
- Promise to keep secrets.
- Be judgemental.
- Ask leading questions.
- Do not give assurances about confidentiality.
- Seek consent to share information – explain the advantages and the assistance available on a need-to-know basis.
- Does the individual have the mental capacity to decide to share information? Document the patient's views and wishes.

The above is not an exhaustive list of what to do if someone discloses a safeguarding concern. Staff are advised to seek advice as 'soon as possible' from their line manager or safeguarding lead for Prospect Hospice as to what to do regarding the concern. If for any reason a manager of Safeguarding lead are not available then the staff member should contact Adult Social Care for advice.

- All Prospect Hospice employees and volunteers must pay heed to their own safety at all times and the safety of others. Prospect Hospice employees in lone working situations must follow the lone working policy and its protocols, and ensure that they carry mobile phones and that colleagues know of their whereabouts at all times. If identified risk are identified prior to visit, joint visits are strongly recommended.
- Appropriate support will be made available to Prospect Hospice employees and volunteers who have been adversely impacted by a situation where a safeguarding concern was raised by them.
- The Safeguarding operational lead, unless otherwise agreed, will be the Prospect Hospice contact in all subsequent investigations.
- All individuals involved in the process must keep clear and accurate records of all events. These must be recorded on the Prospect Hospice 'sentinel' database by following the safeguarding tab and logging the safeguarding concern there.
- The safeguarding Lead will keep a record of all safeguarding concerns reported by Prospect Hospice; this will be brought to the weekly Incident meeting where issues relating to practice, improvement and organisational learning will be discussed.
- The quarterly safeguarding panel will give scrutiny to our reporting of safeguarding concerns. This panel will consider their outcomes, the potential for learning, the need for anychanges to our policy and procedures. This panel will report to the Patient services via the clinical lead and board safeguarding lead.

- If the suspected perpetrator is an employee, the director of clinical services will work with human resources to ensure appropriate action is taken to safeguard patients and the organisation, whilst ensuring the process above is also actioned.
- The adult at risk involved with the safeguarding incident will be supported by the Prospect Hospice employee with the appropriate skills and knowledge. This will be agreed with the safeguarding lead for prospect and the employee's manager.

8.2 Breach of Policy

- Any deviation in practice from the above policy and procedure will be deemed a breach of policy.
- Any breach of this policy by Prospect Hospice employees may lead to formal disciplinary action.
- Any breach of this policy by Prospect Hospice volunteers may lead to formal action under the HR Policy and Procedures.
- If for any reason a staff member believes that there has been a breach of policy then they should consult their line manager as soon as possible. They should then make the safeguarding and clinical lead aware. They will then decide if a referral needs to be submitted to the adult's social care safeguarding team.

8.3 Visiting celebrities/VIP's

In the majority of cases, VIP visits will take place in the company of senior Trust staff and will be very public for example, opening ceremonies and media events. No extra precautions are necessary here, however, VIPs should not be allowed privileged or unsupervised access to service users. Any indication that a visiting VIP should want to develop an ongoing relationship with a particular service or particular service user, should be referred immediately to the service manager and safeguarding team. Any allegations of abuse made by a service user, against the visiting VIP, must be taken seriously and reported immediately to the safeguarding or clinical lead.

9 Categories and risk indicators of adult abuse

Signs of abuse can often be difficult to detect. The following aims to help our staff and volunteers to recognise possible indicators and identify abuse. Many forms of abuse are also criminal offences and should be treated that way by involving the Police.

Developing awareness and understanding of, possible, indicators of abuse will be discussed in Face to face training. Additional learning will be provided through bluestream for all patient-facing staff. All learning will be reviewed and audited for quality purposes, ensuring that training is appropriate and at the correct level to equip staff with the skills and knowledge to act appropriately when abuse or neglect is suspected.

The Care Act specifies 10 distinct categories of abuse and neglect as follows:

9.1 Physical abuse

This is non-accidental harm to the body. It can include hitting, pushing, punching, kicking, head-butting, nipping, pulling hair, rough handling, spitting, and misuse of medication or inappropriate use of restraint.

Signs and indicators

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns, and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.

9.2 Domestic abuse

This is defined as an incident or pattern of incidents of controlling, coercive, or threatening behavior, violence, or abuse by someone who is, or who has been, an intimate partner or familymember regardless of gender or sexuality.
It includes the following types of abuse:

- Physical.
- Sexual.
- Financial.
- Emotional.
- So-called 'honour-based' abuse/violence.
- Female genital mutilation (FGM).
- Forced marriage.

Signs and indicators

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.

Staff to refer to relevant local authority joint policy and procedure and consider completing DASH risk assessment tool to inform the level of risk and subsequent action required.
https://safeguardingpartnership.swindon.gov.uk/downloads/file/1081/dash_risk_assessment_checklist

9.3 Discriminatory abuse

This includes all forms of harassment, bullying, or name-calling based on a person's disability, race, ethnic origin, belief, sexuality, or gender. In some circumstances, this would be considered a 'hate crime' or 'mate crime'. It can also include not taking account of a person's religious or cultural needs.

Indicators of discriminatory abuse may include:

- Using racist or sexist descriptions or innuendos.
- Victimising somebody because of a disability.
- Failing to respect religious faiths and practices.

The equality act 2010 aims to protect people or groups of people who have one or more 'protected characteristics'. These protected characteristics are features of people's lives upon which discrimination, in the UK is now illegal. *Please see appendix 3.*

Discriminatory abuse: this includes all forms of harassment, bullying, or name-calling based on a person's disability, race, ethnic origin, belief, sexuality, or gender. In some circumstances, this would be considered a 'hate crime'. It can also include not taking account of a person's religious or cultural needs.

Indicators of discriminatory abuse (See Appendix 3)

People are protected from discrimination:

- At work.
- In education.
- As a consumer.
- When using public services.
- When buying or renting property.
- As a member or guest of a private club or association.

9.4 Sexual abuse

This can include rape, sexual assault, inappropriate touching, being forced to look at sexual images, up-skirting, or any sexual acts to which the adult has not given consent or was pressured into consenting.

Indicators of sexual abuse might include:

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.
- Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse between those aged 16 or over who are orhave been, intimate partners or family members regardless of gender or sexuality. It also includes so-called 'honour' -based violence, female genital mutilation, and forced marriage.
- Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:
  - acts of assault, threats, humiliation, and intimidation.
  - harming, punishing, or frightening the person.
  - isolating the person from sources of support.
  - exploitation of resources or money.
  - preventing the person from escaping abuse.
  - regulating everyday behaviour.

9.5 Neglect and acts of omission

This can include ignoring medical needs, not providing personal care, or withholding necessitiessuch as food, drink, medication, or heating. It can also include not managing or not supporting services contrary to an agreement. Neglect is not only about not providing services or ignoring an adult at risk. For example, not giving medication can be a form of neglect.

Indicators of neglect might include:

- Weight loss.
- Pressure ulcers.
- Dehydration.

- Malnutrition.
- Complaints of hunger or thirst.
- Reduced communication skills or independence.
- Reluctance by the abuser to report on health or progress.

9.6 Psychological (Emotional) Abuse

This can include threats of harm or abandonment, deprivation of contact, humiliation, blaming, bullying, verbal abuse name-calling, being shouted at, treating someone like a child, threats, intimidation and coercion, spiritual or religious coercion, and radicalization.

Indicators of psychological abuse might include:

- Lack of confidence and self-esteem.
- Depression.
- Withdrawal.
- Changes in behavior (e.g. becoming either more aggressive or more withdrawn).
- Lack of trust in others.
- Deprivation of contact.
- Bullying.
- Verbal abuse.

9.7 Modern slavery

This 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 forceindividuals into a life of abuse, servitude, and inhumane treatment.

Indicators of modern slavery might include:

- Victims may be forced to learn and retell stories by offenders; this ultimately leads to interviews with a lack of credibility.
- They may come from countries commonly known for being the origin of trafficked people; in 2016 these countries were Albania and Vietnam. The UK was, however, the third most common country.
- Often victims may have a history of homelessness.
- Victims tend to have very few possessions.
- Modern slaves may be trespassing on private property or living as illegal tenants.
- They may not speak when spoken to directly but allow other members of a group (i.e. the dominant female and/or male) to speak on their behalf.
- There may be unexplained gaps or moves in their history.
- Often victims will travel within a group of people who don't speak the same language and have no visible or clear relationship.
- Physical signs of neglect, i.e. poor health, sanitation or malnourishment.
- Psychological signs, i.e. depression, suicidal behaviour, anxiety or psychosis.
- Have injuries that are commonly related to certain jobs or an assault.
- Victims may have marks, scars, tattoos or other signs that indicate an 'ownership' by exploiters.
- They may not have passports or have falsified documents.
- Have poor spoken English.
- They may be unable to relay their home address.
- Victims are often forced to work excessive hours over long periods without having days off.
- Have a history of pickpocketing, shoplifting, and other crimes known as 'survival offending'.
- Have minor offense convictions across multiple locations.
- They may pay a disproportionate amount for accommodation, travel, and food expenses.

- Be seen to be eating only leftovers or eating separately from exploiters.

9.8 Self neglect

Care act (2014) definition: '… covers a wide range of behavior neglecting to care for one's personal hygiene, health or surroundings and includes behavior such as hoarding'.
Lack of self-care includes neglect of personal hygiene, nutrition, hydration and health, thereby endangering safety/well-being. Lack of care for one's environment leads to squalor and hoarding, and finally refusal of services that would lessen the risk of harm.

Indicators of self-neglect may include:

- Unkempt appearance.
- Unkempt surroundings.
- Hoarding.
- Non-attendance at health appointments.
- Lack of engagement with health and social services.

Where self-neglect is indicated, staff to refer to the '*Swindon multi-agency policy and guidance on responding to self-neglect*' which provides risk assessment and clutter rating scale tools.

9.9 Financial abuse

This can include theft, fraud, not being allowed access to or control of one's money, possessions,or benefits, being put under pressure regarding the content of one's will and the designation of its proceeds, internet scamming, being forced to pay for other people's things, collecting loyaltypoints for shopping for others. It can also include coercion in relation to an adult's financial arrangements in relation to property, inheritance, or financial transactions.

Indicators of financial (Material) abuse might include:

- Fear of making decisions.
- Change in living conditions.
- Sudden changes in finances.
- Constant supervision by the abuser.
- Lack of basic items.
- Money or possessions going missing.
- Unable to account for spending, incorrect receipts.
- Worrying about money.
- Insufficient money to provide for basic needs.

9.10 Organisational abuse (also known as institutional or systemic abuse)

This can include neglect and poor care practice within an institution or specific care setting such as a hospital, hospice, or care home. Poor professional practice can be a result of the structure, policies, processes, and practices within an organization. Institutional abuse can occurwhenever the regimes or routines of an organization are insensitive to or ignore the unique needs of the service user.

Indicators of organisational abuse may include:

- Complaints not being responded to.
- Inflexible routines.
- Lack of individualized care.
- Culture of discriminatory abuse.
- Reluctance of employees to report on progress.
- Increased withdrawal, apathy, or challenging behavior from residents, patients, or others.
- Medication not administered.

10 Extremism and radicalisation

Although not a distinct category in legislation, this is a key area of focus in safeguarding at Prospect Hospice to prevent harm to a person at risk of radicalization.

10.1 Prevent

- Prevent is part of the government's counter-terrorist strategy that aims to stop vulnerable people from becoming terrorists. It is a multi-agency approach to safeguard people, including children and young people, at risk of radicalisation. Any concerns about a child or young person who might be at risk of radicalisation should be raised with the designated safeguarding lead.
- Extremism is defined as the holding of extreme political or religious views and giving vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty, and respect and tolerance for different faiths and beliefs.

10.2 Radicalisation

- Defined as the act or process, by a person, group of people or an organisation, of influencing, coercing or causing another or others to adopt extremist ideologies and/or support terrorism. Safeguarding children and protecting them from harm is everyone's responsibility. Therefore, in the work we do and with the people we meet, all staff and volunteers have a role to play in being vigilant regarding extremist views and remaining alert to any disclosure or suspicion of radicalisation.
- All staff and volunteers mustreport any allegation or suspicions of radicalisation or extremism to their line manager. If the line manager is unavailable, the member of staff must consult immediately with an identified safeguarding lead. The line manager or safeguarding lead will notify the director of services. In line with the government's PREVENT strategy; a telephone call should be made to the anti-terrorist hotline (0800-789-321) to report the concern.

10.3 The channel programme:

- Channel is a confidential, voluntary multi-agency safeguarding programme that supports people who are vulnerable to radicalisation. It is run by every local authority in England and Wales and addresses all types of extremism including the extreme-right and Islamist-related.
- It is about early intervention to protect vulnerable children and adults who might be susceptible to being radicalised, which, if left unsupported, could lead to involvement in terrorist-related activity. Anyone can make a referral if they are concerned about someone being radicalised. Referrals from the general public can be made to the local authority or the local police.
- The Channel panel, which is chaired by the local authority, and made up of representatives from different safeguarding areas including health, education, and the police, will meet to discuss the nature and extent of the potential vulnerability of the individual. All referrals are carefully assessed. Sometimes the person doesn't need any help at all, and the referral is closed. In other cases, the panel will offer the individual an appropriate support package tailored to their needs.

If there are any concerns by a member of staff, volunteer, or family member then the concern needs tobe reported to the safeguarding lead or the staff member's senior manager as soon as possible and they will support in making a referral to local authority.
https://homeofficemedia.blog.gov.uk/2019/11/05/factsheet-prevent-and-channel/

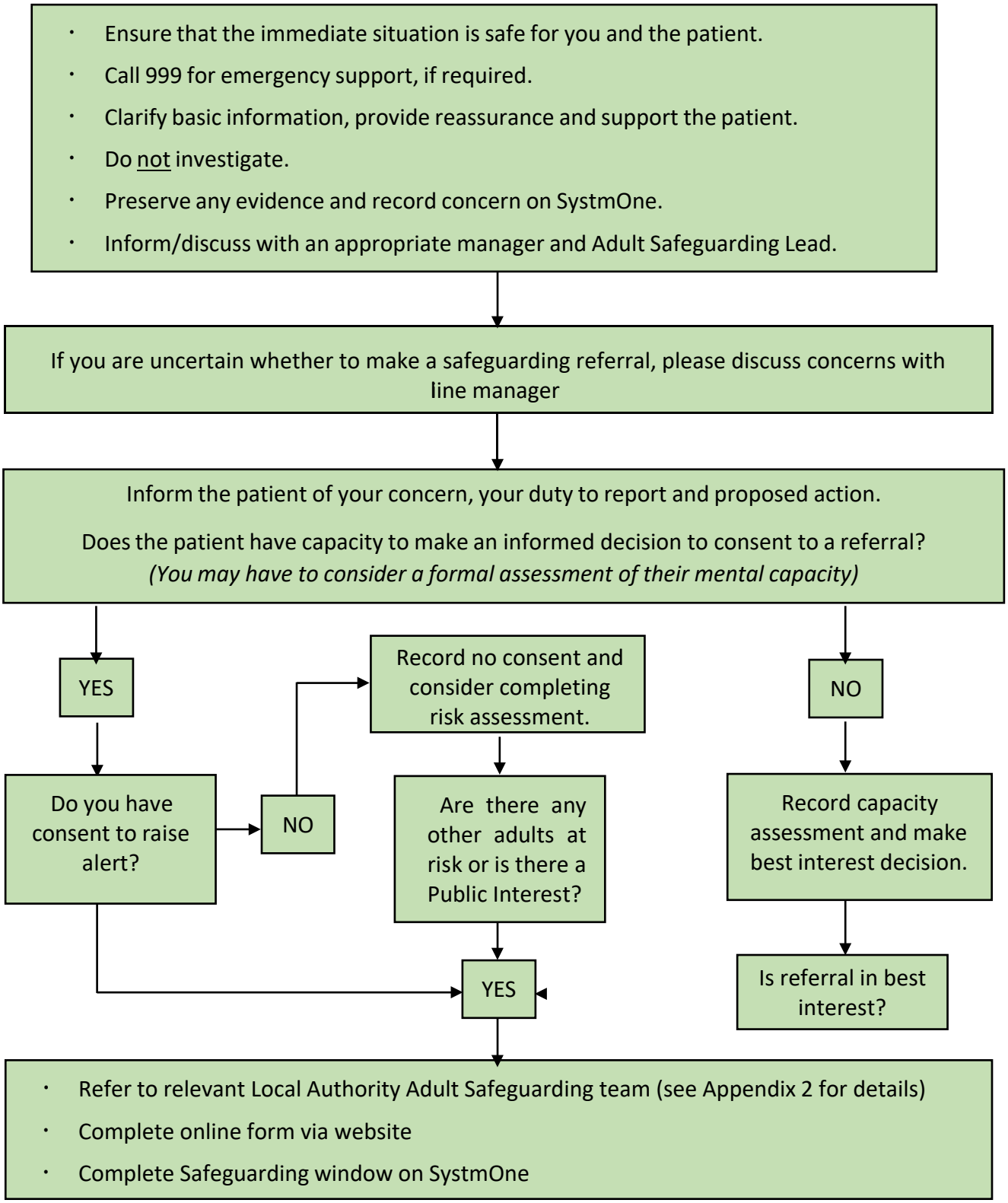
11 Reporting pressure ulcers to CQC

- All pressure ulcers classified as category 3 or above according to EPUAP guidelines must be reported internally as an incident by the Prospect Hospice in-patient unit clinical lead or when reported in community to CNS (Lead) who will raise as an incident to be discussed further in the next incident meeting for discussion re practice and learning. The incident will then be raised with the safeguarding team for oversight if neglect has occurred. Grade two pressure ulcers are monitoredweekly to determine if referral to LA safeguarding is required.
- Guidance on reporting of pressure ulcers is given in Prospect Hospice policy on wounds and pressure ulcers'.
- All pressure ulcers at level three should be raised as a sentinel record.

12 Employee training

- Safeguarding training requirements will be as recommended by the UK core skills training framework, local adult safeguarding board guidance, and Prospect Hospice organisational requirements in line with current legislation and best practice.
- All Prospect Hospice personnel (employees and volunteers) must complete their mandatory training requirements, including safeguarding awareness, at the appropriate level for their jobs or roles, as required by Prospect Hospice.
- Level two training is for clinical staff and this will be every 3 years face-to-face training and two years Bluestream in first-year staff will need to do both in line with the UK core skills training framework.
- New and existing staff who require level one (non-clinical staff will undertake Bluestream training every three years. However new volunteers will also require undertaking face-to-face mental capacity and safeguarding training.
- Prospect Hospice follow guidance from the NHS intercollegiate document to inform levels of training.
- The royal college of nursing has produced an intercollegiate document that sets out the minimum standards for adult safeguarding staffing resources. Full details and definitions of staffgroups and competencies at each level can be found here: https://www.rcn.org.uk/professional-development/publications/pub-007069
- The training lead for Prospect Hospice will work closely with the quarterly safeguarding team to ensure that standards are met, numbers attending training are maintained at over 95% and training is useful and fit for purpose for the needs of staff attending training.

Appendix 1: Abuse/ neglect of adult at risk is suspected, disclosed or discovered.



Appendix

Adult safeguarding contacts

Remember: Please refer to the local authority where the alleged incident occurred.

If you wish to report a crime, contact the police by calling 101. **In an emergency always dial 999.**

https://safeguardingpartnership.swindon.gov.uk/

Telephone referrals	01793 463555	08.30 - 17.30 (Mon - Fri)
Urgent referrals only	01793 436699	Out of hours

https://adults.wiltshire.gov.uk/Information/safeguarding

Telephone referrals	0300 4560111	08:30 - 17:20 (Mon - Thu) 08:30 - 16:20 (Fri)
Urgent help or advice	0300 4560100	Out of hours

https://www.osab.co.uk/

Triage and support	01865 328232	Office hours
Emergency Duty Team	0800 833408	Out of hours

https://www.gloucestershire.gov.uk/gsab/

Professional advice	01452 425109	09:00 - 12:00/14:30 - 16:30 (Mon - Fri)
Adult Social Care Helpdesk	01452 426868	09:00 – 17:00 (Mon - Fri)
Emergency Duty Team	01452 614194	Out of hours

Appendix

Equality Act (2010) Protected Characteristics

- **Age**

A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination

- **Gender reassignment**

The process of transitioning from one sex to another. On this page we have used plain English to help explain legal terms. This does not change the meaning of the law. The Equality Act 2010 uses the term 'transsexual' for individuals who have the protected characteristic of gender reassignment. We recognise that some people consider this term outdated, so we have used the term 'trans' to refer to a person who has the protected characteristic of gender reassignment. However, we note that some people who identify as trans may not fall within the legal definition.
https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination

- **Being married or in a civil partnership**

Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination

- **Being pregnant or on maternity leave**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
https://www.equalityhumanrights.com/en/pregnancy-and-maternity-workplace

- **Disability**

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
https://www.equalityhumanrights.com/en/disability-advice-and-guidance

- **Race including colour, nationality, ethnic or national origin**

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination

- **Religion or belief**

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
https://www.equalityhumanrights.com/en/religion-or-belief-workplace

- **Sex**

A man or a woman.
https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination

- **Sexual orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.
https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination

People are protected from discrimination:

• at work	• when using public services
• in education	• when buying or renting property
• as a consumer	• as a member or guest of a private club or association