

To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub

Adult Safeguarding Policy

POL 001

Document reference:	POL 001
Approved by:	Quality Committee
Approval date:	Sep 2023
Version:	V8
Date of original approval:	June 20215
Supersedes:	V5, Sep 2021 V6, Mar 2022 V7, Dec 2022
Owner (name & position):	Dr Amanda Gregory Consultant and Safeguarding Lead
SMT lead:	Sam Farr, Registered Manager, Director of care services
Next review date:	Sep 2026

To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub

Contents

Section	Title	Page
1	Purpose	4
2	Scope	4
3	Definitions	4
4	Policy statement and aims	5
5	Categories of Abuse	5
7	Making Safeguarding Personal & The Six Key Principles	6
8	Mental Capacity	8
9	Accountability and responsibility	8
10	Procedure	12
11	Dissemination	15
12	Monitoring and review	15
13	Equality Impact Assessment	16

Appendices

Number	Title	Page
1	Safeguarding Leads and Contact information	17
2	What to do if you have concerns Flowchart	18
3	Keep Safe Mechanism	19
4	Trustee Safeguarding Responsibilities	20

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

Details of changes made at each review

Version	Review date	Changes made
V4.1	Apr 2019	Contact details for local safeguarding teams and referral method for Surrey updated
V4.2	Aug 2019	Reviewed and remains current
V4.3	Nov 2019	Referral pathway for West Sussex updated.HR processes updated
V5	Jan 2020	Updated contact details for deputy safeguarding lead
V5.1	Sep 2020	Updated with considerations around COVID (see Appendix 6)
V5.2	May 2021	Addition of Appendix 7 Safeguarding Trustee Lead Responsibilities
V5.3	Sep 2021	Update to roles and responsibilities Additional information re PREVENT added People in positions of trust – allegations against added to Additional information recontacting local safeguarding teams added
V6	Feb 2022	PREVENT information removed and link made to new Prevent Policy (to avoid confusion and duplication)
V6.1	Nov 2022	"Acceptance and refusal of donations POL95" Added
V6.2	Dec 2022	Planned Update, References checked and terminology
V7	Sep 2023	Update Safeguarding Leads. General review of terminology

Associated documents

Deprivation of Liberty Safeguards Policy
Restraint Policy
Mental Capacity Act Policy
Prevent Policy
Raising Concerns at Work Policy
Duty of Candour Policy
Safeguarding and Promoting the Welfare of Children Policy
Consent to examination, investigation, care, and treatment policy
Pressure Ulcer Prevention and Management Procedure

References

CQC Guidance for providers on meeting the regulations: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended), Care Quality Commission (Registration) Regulations 2009 (Part 4) (as amended) http://www.cqc.org.uk/content/regulations-service-providers-and-managers
Care and Support Statutory Guidance. Department of Health. Updated February 12, 2018. https://www.gov.uk/guidance/care-and-support-statutory-guidance
Care Act 2014. HM Government. http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Mental Capacity Act 2005. HM Government. http://www.legislation.gov.uk/ukpga/2005/9/contents
Mental Capacity Act Code of Practice 2007. HM Government https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
Health and Social Care Act 2012 HM Government. http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Data Protection Act 2018. HM Government. http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
The Fraud Act 2006. HM Government. http://www.legislation.gov.uk/ukpga/2006/35/contents
Serious Crimes Act 2015. HM Government. http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted
Human Rights Act 1998 HM Government http://www.legislation.gov.uk/ukpga/1998/42/contents
Disclosure and Barring Service referral guidance. https://www.gov.uk/government/collections/dbs-referrals-guidance--2

To ensure that you are using the current version of this document, please refer to the St Catherine's Home Hub

PURPOSE

Living a life that is free from harm and abuse is a fundamental right of every person. All staff and volunteers, in whatever setting and role within the organisation are in the front line in preventing harm or abuse occurring and in acting where concerns arise.

Safeguarding adults is a statutory function under the Care Act (sections 42-47). As an organisation, St Catherine's Hospice (StCH) has a legal duty to have regard to the Care and Support Statutory Guidance which details how the Care Act should operate in practice.

Adults using the services of StCH must not suffer any form of abuse, neglect, or improper treatment and in undertaking their duties, **all** staff and volunteers must prioritise promoting the wellbeing of adults using the services of StCH, whether they be patients, carers, or supporters. This includes but, is not limited to:

- Being clear about their roles and responsibilities regarding safeguarding procedures.
- Ensuring adults views and wishes are known and listened to.
- Preventing harm through person centred care planning, engaging with the incident and complaint reporting processes and keeping up to date with training and their own personal development.
- Reporting concerns or suspicions in a timely manner.

As an organisation StCH is committed to an open and transparent culture within which staff and volunteers are competent to recognise, share and respond promptly to concerns relating to the wellbeing and welfare of adults and where all adult safeguarding concerns raised are investigated and any actions arising from an enquiry acted upon. In addition, StCH will ensure appropriate support is provided to those individuals using the service or working for the service who either make allegations of abuse, or experience abuse.

This policy represents the commitment of all staff and volunteers working within StCH to work together with the Local Authority and other organisations to safeguard adults at risk.

SCOPE

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

Safeguarding duties apply to any adult (18 years of age or above) regardless of mental capacity who:

- **Has needs for care and support (whether these have been assessed or are being met by the local authority or not).**
- **Is experiencing, or at risk of experiencing, abuse, or neglect.**
- **As a result of those care and support needs is unable to protect themselves from either the risk of, or the abuse or neglect.**

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse or neglect where possible.
- Safeguard adults in a way that supports them in making choices and having control in how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.

DEFINITIONS

StCH	St Catherine's Hospice
SMT	Senior Management Team
MCA	Mental Capacity Act
DBS	Disclosure and Barring Service
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
LA	Local Authority
CQC	Care Quality Commission
GMC	General Medical Council
NMC	Nursing and Midwifery Council

**To ensure that you are using the current version of this document,
please refer to the St Catherine’s Home Hub**

POLICY STATEMENTS & AIMS

The aims of this policy are to ensure:

- Effective preventative measures, including early identification and intervention, are in place to minimise circumstances that increase the risk of abuse or neglect.
- Timely and individualised responses (which are proportionate, professional, and ethical) to actual or potential adult safeguarding concerns identified by and/or concerning StCH.
- Adults are involved in the decision-making process around adult safeguarding procedures and supported to have improved outcomes.
- All staff and volunteers working at StCH receive appropriate training and support to identify and respond to adult safeguarding concerns
- StCH has the necessary policies and processes in place.
- The human rights of adults at risk are respected and upheld.
- All decisions and actions are taken in line with the principles of the Mental Capacity Act 2005.
- The safeguarding clauses within the Care Act 2014 are adhered to.
- Learning related to safeguarding is shared and embedded in practice.

This policy is based on the Sussex Safeguarding Adults Procedures, draws on the guidance set out in the Department of Health document Statutory Guidance to support Local Authorities Implement the Care Act 2014 which is issued under the Care Act 2014 (implemented in April 2015 and amended March 2016). Aligns itself with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 "Safeguarding service users from abuse and improper treatment" which states that: **"Service users must be protected from abuse and improper treatment in accordance with this regulation"**.

- Aligns itself with the Safeguarding Strategy and guidance issued by the Charity Commission for England and Wales.
- Applies to all adult safeguarding concerns raised in relation to adults using StCH services including allegations made against or incidents involving employees or volunteers of StCH.

CATERGORIES OF ABUSE

There are ten main categories of abuse and neglect. The list is not exhaustive, and each is not mutually exclusive. Changes in someone’s physical or emotional state, or injuries that cannot be explained, may be a sign of abuse.

Type	Abuse may include:
Discriminatory abuse	Repeated, on-going or widespread discrimination on the grounds of age, race, disability, religion or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage, and civil partnership, Slurs, harassment, name calling, Unequal health or social care.
Domestic abuse	Psychological, threatening behaviour or violence, physical, sexual, Financial, emotional.
Finance or Material abuse	Theft, fraud, exploitation. Undue pressure in connection with wills, property, inheritance, or financial transactions. the misuse of an enduring power of attorney or a lasting power of attorney.
Modern Slavery abuse	Human trafficking, forced labour, domestic servitude, Sexual exploitation, such as escort work, prostitution, and pornography Debt bondage – being forced to work to pay off debts that realistically they never will be able to.
Neglect or acts of omission	Providing care in a way that the person dislikes, failure to administer medication as prescribed, refusal of access to visitors.
Organisational or institutional abuse	Run-down or overcrowded establishment, Lack of leadership and supervision, insufficient staff or high turnover resulting in poor quality care, not providing adequate food and drink, or assistance with eating.
Physical abuse	Hitting, Slapping, Dehydration, skin infections, restraints.
Psychological abuse	Ridicule, blaming, humiliation, threats of harm, controlling.
Self-Neglect	Lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one’s personal hygiene, health, or surroundings, Inability to avoid self-harm.
Sexual abuse	Sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.

**To ensure that you are using the current version of this document,
please refer to the St Catherine’s Home Hub**

The Social Care Institute for Excellence provides further information on indicators, types and signs of abuse:

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#:~:text=SCIE%20discusses%20types%20of%20abuse%20in%20adults%2C%20including,or%20acts%20of%20omission%2C%20discriminatory%20and%20institutional%20abuse>

Abuse may also take place within the following scenarios:

Scenario	Definition
Controlling or coercive behaviour	is a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Section 76 of the Serious Crime Act 2015 has created an offence in relation to coercive control within domestic abuse and sets out the importance of recognising the harm and cumulative impact on the victim caused by these patterns of behaviour.
Stalking and Harassment:	Stalking refers to unwanted, persistent, or obsessive attention by an individual or group towards another person causing fear, anxiety, emotional or psychological distress to the victim. Harassment can include repeated attempts to impose unwanted communications and contact upon a victim in a manner which causes fear or distress to the victim. Stalking and harassment behaviours may include nuisance telephone calls, sending excessive emails, regularly sending gifts, following the person, or spying on them and making death threats. The Protection from Harassment Act 1997 makes stalking a specific offence.
Hate Crime	is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic, or due to a person’s religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Such incidents may constitute a criminal offence.
Cuckooing	is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way, and the level of coercion and control involved with cuckooing often leaves the victims with little choice but to cooperate with the perpetrators.
County Lines	is the police term for groups who are supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It can involve child criminal exploitation and using adults who are vulnerable to move drugs and money. Groups establish a base in the market location, typically by taking over the homes of local adults by force or coercion in a practice referred to as ‘cuckooing’. The Home Office County Lines guidance describes County Lines as a major, cross-cutting issue involving drugs, violence, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle this activity involves the police, the National Crime Agency, a wide range of government departments, local government agencies, voluntary and community organisations and groups.
Honour-based violence	‘Is a crime or incident which may have been committed to protect or defend the perceived ‘honour’ of the family and / or community. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and / or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations.
Forced marriage	is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties’ consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning disabilities and people lacking capacity.
Female genital mutilation (FGM)	involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is first born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of abuse and violence against women and girls. In England and Wales, the practice is illegal under the Female Genital Mutilation Act 2003.
Sexual Exploitation	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 them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited. Those exploiting the adult have power over them such as by virtue of their age, gender, physical strength, and economic or other resources. There is a distinct inequality in the relationship.
Extremism by Radicalisation:	Prevent is a key part of the government’s counter-terrorism strategy. Its aim is to stop people becoming terrorists, or supporting terrorism, including preventing the exploitation of susceptible people who are at risk of being drawn into violent extremism by radicalisation.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

Making Safeguarding Personal

Making Safeguarding Personal is a national approach taken to promote responses to safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. Making safeguarding personal emphasises the importance of a person-centred approach, adopting the principle of 'no decision about me without me.

Safeguarding needs to recognise that the right to safety needs to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life.

Six key principles underpin all adult safeguarding work

Principle	Description	Outcome for Adult at Risk	In practice this means...
Empowerment	Presumption of person led decisions and informed consent	'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'	Having clear and accessible systems for adults' views to be heard and influence change. Giving people relevant information and support about safeguarding and the choices available to ensure their own safety
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'	Raising public awareness about safeguarding, including how to recognise and report it All staff are clear on their roles and responsibilities in relation to safeguarding adults at risk
Proportionality	The least intrusive response appropriate to the risk presented	'I am sure that professionals will work in my interest as I see them, and they will only get involved as much as needed'	The adult is at the centre of all responses to the safeguarding concern and any action taken is based on their preferred outcomes or best interests. An approach of positive risk taking in which the adult at risk is fully involved.
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 and to which I am able'	Organisations having effective processes to be able to identify and respond to concerns or emerging risks. Consideration of mental capacity is part of the safeguarding process, and where people lack capacity decisions are always made in their best interests.
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'	Information is shared between organisations in a way that reflects its personal and sensitive nature. Ensuring local information sharing protocols are in place and staff understand and use them
Accountability	Accountability and transparency in delivering safeguarding	'I understand the role of everyone involved in my life and so do they'	The roles and responsibilities of the organisation are clear so that staff understand what is expected of them and others.

Interface with Child Safeguarding

Where someone is 18 years or over but is still receiving children's services and a safeguarding concern is raised, the concern should be dealt with through adult safeguarding arrangements. For example, this could occur when a person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where there are concerns about the welfare of adults, any risk to children in the environment must also be considered and the Safeguarding and Promoting the Welfare of Children Policy followed.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

MENTAL CAPACITY

It should not be assumed that all adults at risk lack mental capacity. In fact, the Mental Capacity Act, introduced in 2005, makes it clear that Individuals should be treated as capable of taking decisions about their care, support, or treatment unless it can be clearly demonstrated that they are unable to do so. However, where it has already been established that the Individual is unable to make decisions for him or herself, there should be a person in place who has, under the act, been appointed to act on the Individual's behalf. In the absence of this, the Act instructs those taking decisions on behalf of the Individual to always ensure that the decisions taken are in the Individual's best interest, and with regard to the Code of Practice under the Act.

If after discussion with the adult at risk who has mental capacity, they refuse any intervention; their wishes will be respected unless:

- There is a public interest, for example, not acting will put other adults or children at risk.
- There is a duty of care to intervene, for example, a crime has been or may be committed.
- The person alleged to have caused harm is employed in a position of trust, such as a health or social care professional.

Where the adult lacks the capacity to consent on issues about their own safety, an allegation of abuse or neglect must always be referred to the LA as a safeguarding concern.

If a safeguarding referral is being made to the LA, the NOK (or nominated individual) of the affected adult should be informed ensuring guidance around consent and information sharing and the MCA are followed. If the referral relates to care provided by another organisation, it is courtesy to make them aware that the safeguarding referral is being made.

ACCOUNTALBITY & RESPONSIBILITY

Everyone must be clear about their roles and responsibilities with regard to adult safeguarding. For everyone this includes:

- Knowing about different types of abuse and neglect and their signs.
- Supporting adults to keep safe.
- Knowing who to tell about suspected abuse or neglect; and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and concerns.

The above will be achieved by employees and volunteers of StCH attending compulsory training on safeguarding adults and understanding this policy and associated policies and procedures through educational initiatives and dissemination of learning. In addition, the StCH incident reporting and complaint processes will identify actions to be taken to prevent harm to those using the service and ensure these are implemented. Failure to comply to this policy may lead to disciplinary action.

All Staff and Volunteers are responsible for:

- Being vigilant in identifying and responding to allegations of abuse, neglect and or substandard practice.
- Knowing what to do if they identify an adult safeguarding concern or incident, where to report this and who to get advice from within StCH.
- Undertaking the required training for adult safeguarding and engage in learning opportunities related to safeguarding procedures.
- Following StCH policies and procedures.
- Working within the requirements of the Mental Capacity Act 2005.
- Making a referral directly to the local authority in the unlikely situation that the safeguarding lead or their deputy do not agree that a referral needs to be made to the local authority, but the member of staff remains concerned.

In addition, staff and volunteers who hold positions listed below have the following responsibilities:

Managers, Supervisors and Senior clinicians are responsible for:

- Ensuring that adult safeguarding concerns raised by their staff/volunteers, or staff/volunteers they are responsible for as the senior person on duty, are acted upon appropriately and promptly.
- Deciding with those raising concerns the action to be taken (seeking advice from the safeguarding lead/deputy if needed).
- Ensuring high standards of practice among their staff and that their staff have the necessary resources and support to comply with adult safeguarding procedures.
- Ensuring that engagement with safeguarding is included in the annual appraisal process.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

- Ensuring that their staff undertake adult safeguarding training as required, ensure the competencies of their staff are maintained through the appraisal process and facilitate access to regular supervision, training, support, and advice.
- Ensuring staff are aware what to do when they encounter or suspect abuse or neglect.
- Ensuring staff understand their contractual obligations with regard to adult safeguarding and know what to do when they encounter or suspect an adult is at risk of harm or has been harmed.
- Taking any allegation towards a member of staff seriously.

Safeguarding Lead and Deputy

The safeguarding lead(s) has overall responsibility for safeguarding at StCH – this includes both adults and children. They are supported by a Deputy Safeguarding Lead who assumes the responsibilities of the Lead at times of absence.

The Safeguarding Lead and Deputy are responsible for:

- Ensuring individual knowledge of safeguarding procedures is kept current and expertise in safeguarding maintained.
- Leading and championing that safeguarding is “everyone’s responsibility”.
- Ensuring StCH safeguarding policies are kept up to date.
- Advising on and implementing best safeguarding practice.
- Ensuring staff and volunteers at StCH understand and follow safeguarding policies and procedures and support them to achieve this.
- Ensuring all staff and volunteers have access to training that meets the needs of their individual roles at StCH and that this training is kept up to date.
- Being available for staff to discuss any safeguarding issues or concerns.
- Ensuring safeguarding concerns identified are acted on appropriately and referred to the appropriate authorities.
- Co-ordinating, when required, the involvement of StCH in safeguarding enquiries or investigations.
- Maintaining, and regularly reviewing, a log of safeguarding concerns raised detailing actions and outcomes.
- Chairing the safeguarding governance group and leading the safeguarding team including mentorship.
- Providing assurance to the Clinical Governance Group and through them the quality committee, SMT and Board on matters associated with safeguarding. This will be through sharing meeting minutes, reports as requested and external reporting.
- Demonstrating the quality of safeguarding at StCH through ensuring regular audit and compliance with KPIs.
- Working in partnership with relevant bodies (including, but not limited to, local CCGs, CQC, the LA, local safeguarding teams and boards) to ensure the quality of safeguarding procedures at StCH.
- Meeting with the executive safeguarding lead, registered manager, and trustee safeguarding lead on a regular basis to provide assurance regarding safeguarding procedures.

NB when the adult safeguarding lead/deputy are not available, e.g., out of hours, their responsibility for ensuring concerns raised about the welfare of an adult are acted on appropriately are delegated to the SMT member, consultant and senior nurse on call.

Executive Safeguarding Lead

While all members of St Catherine's Hospice Senior Management Team have a responsibility for ensuring safeguarding procedures are embedded and followed at St Catherine's, the executive safeguarding lead is accountable for making sure this happens and gaining assurance from the safeguarding lead (and deputy) and safeguarding governance group.

The Executive Safeguarding Lead is responsible for:

- Leading, supporting, advising, and guiding SMT on safeguarding matters.
- Ensuring safeguarding requirements are part of strategic service development.
- Leading and promoting initiatives to improve the prevention, identification and response to abuse and neglect.
- Seeking assurance from the safeguarding team that adult safeguarding policies and practices at StCH are effective.
- Working with the safeguarding team to ensure regulatory requirements and relevant national and local guidance for safeguarding are met.
- Ensuring all safeguarding concerns about StCH are investigated in line with StCH policy.
- Signing off any enquiries StCH is asked to make by the LA or another person or delegate this responsibility to a named person when StCH is asked to undertake an enquiry.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

- Signing off any contribution StCH may be asked to make to the SAB strategic plan or annual report or delegate this responsibility to a named person.
- Ensuring serious incidents are escalated to the Chief executive and reported to the Board safeguarding lead.

The registered manager is responsible for:

- Seeking assurance from the safeguarding team that adult safeguarding policies and practices at StCH are effective.
- Working with the safeguarding team to ensure regulatory requirements and relevant national and local guidance for safeguarding are met.
- Seeking assurance that learning from identified safeguarding concerns is disseminated and used to maintain and improve the quality of care provided by StCH.

The Quality and Safeguarding Coordinator is responsible for:

- Taking minutes for all safeguarding related meetings.
- Supporting the Safeguarding Lead and Deputy with administration required to ensure good governance of safeguarding policies and procedures at StCH.
- Arranging meetings.
- Contacting the LA if feedback has not been provided on the outcome of S42 enquiries.

Members of the Safeguarding Governance Group are responsible for:

- Ensuring that StCH has a robust governance structure to meet its safeguarding duties as defined in prevailing legislation and guidance and assure the SMT and Board of this
- Overseeing safeguarding training to colleagues at StCH ensuring it remains current and contributing to its delivery.
- Providing advice to colleagues on safeguarding and support them to undertake their duties with regards to safeguarding.
- Reviewing all safeguarding concerns raised ensuring themes are identified and learning disseminated. This includes scrutiny and challenge of actions taken
- Working with local safeguarding teams in health and social care to benefit the safety and wellbeing of the local community
- Overseeing the application of the Mental Capacity Act and Deprivation of Liberty Safeguards at StCH and ensure this is in line with prevailing legislation and guidance.
- Take ownership of the following policies and procedures:
 - Adult Safeguarding Policy
 - Safeguarding and Promoting the Welfare of Children Policy
 - Consent to Examination, Investigation, Care and Treatment Policy
 - Mental Capacity Act Policy
 - Deprivation of Liberty Safeguards Policy
 - Prevent Policy

The Prevent Lead is responsible for:

- Sharing information with the Safeguarding Governance Group and the wider organisation on matters pertaining to Prevent processes.
- Being a source of advice, alongside the Safeguarding Lead and Deputy, should a situation arise where a Prevent referral is considered.

Members of SMT are responsible for:

- Ensuring all employees, including volunteers, have access to training in recognising the symptoms of abuse or neglect, how to respond if they suspect abuse or neglect and where to go for advice and assistance.
- Holding managers accountable for ensuring their staff undertake adult safeguarding training as required and are confident in their safeguarding duties.
- Ensuring safe employment practices are in place at StCH. This includes but is not confined to checking references and ensuring up to date DBS checks.
- Ensuring conditions of appointment, job descriptions and employment contracts underpin individual responsibilities in relation to adult safeguarding.
- Ensuring disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect
- Ensuring action is taking in line with policies in relation to an employee if allegations of abuse or neglect are made against them.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

Chief Executive is responsible for:

- Leading and promoting the development of initiatives to improve the prevention, identification and response to abuse and neglect.
- Asking searching questions within StCH to be assured that adult safeguarding systems and practices are effective.
- Reporting serious incidents to the Charity Commission

Trustees (led by the Board safeguarding lead) are responsible for:

See appendix 4 for the role description of the Board Safeguarding lead.

- Proactively safeguarding and promoting the well-being and welfare of those StCH supports and are supported by and taking reasonable steps to protect these individuals and others who come into contact with StCH from harm.
- Understanding their responsibilities with respect to safeguarding.
- Ensuring that StCH has a robust framework in place to support adult safeguarding procedures.
- Monitoring and scrutinising the effectiveness of this framework through regular feedback to them via the StCH governance structure. This will include number of adult safeguarding concerns or incidents raised and related outcomes.
- Signing off this policy when it is updated ensuring it reflects both the law and best practice and gain assurance that the associated procedures are effectively implemented.

Local Authority (West Sussex, East Sussex and Surrey County Councils)

- Each Local Authority (LA) has a Safeguarding Adults Board (SAB) which has a strategic role overseeing and leading adult safeguarding across the locality. It has 3 core duties:
 - to publish a strategic plan for each financial year
 - to publish an annual report
 - to conduct safeguarding adults' reviews in accordance with section 44 of the Care Act
- In the StCH catchment area there are 2 local SABs Pan Sussex (West Sussex, East Sussex, Brighton, and Hove) and Surrey.
- The LA is the lead agency for coordinating the adult safeguarding enquiries and should assure itself that any enquiry satisfies its duty under section 42 of the Care Act.
- The LA must make enquires or cause others to do so, if they reasonably suspect an adult who meets the criteria is, or is at risk of, being abused or neglected.
- If the LA delegates an enquiry to StCH, it needs to be clear with StCH about timescales and set the terms of reference for the Enquiry. StCH are required to provide a written report for any Enquiry they lead.
- Where appropriate the LA is responsible for providing an independent advocate to support the adult in the process.
- StCH must cooperate with the LA. This includes the provision of requested information.
- The LA is responsible for providing feedback to StCH on referrals made to them under safeguarding procedures
- If the Local Authority does not feedback on the outcomes of a safeguarding referral made to them by StCH, the safeguarding lead or deputy has delegated the quality and safeguarding administrator to contact the relevant Local Authority to gain this information.

Care Quality Commission

- StCH is regulated by the CQC, as part of the registration and inspection processes with and by the CQC, StCH must demonstrate it is meeting Regulation 13 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A breach of some parts of this regulation will lead to StCH being prosecuted if the breach results in either avoidable harm to the adult using the service and/or the adult are exposed to a significant risk of harm.
- Failure to demonstrate compliance with this regulation will result in a refusal to register StCH under the CQC.

Charity Commission for England and Wales

- StCH is regulated by the Charity Commission who register and regulate charities in England and Wales, to ensure that the public can support charities with confidence
- In the context of safeguarding issues, it has a specific regulatory role which is focused on the conduct of trustees and the steps they take to protect beneficiaries and other persons who come into contact with the charity.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

PROCEDURE

Safeguarding is “Everyone’s Business” No-one should have to live with abuse or neglect. It is always wrong, whatever the circumstances. Don’t assume that someone else is doing something about the situation. Abuse and neglect could be prevented if concerns are identified and raised as early as possible.

What is abuse and neglect?

Patterns of abuse and neglect vary and may be serial, long term or opportunistic and may consist of a single or repeated act. Abuse or neglect may be carried out by anyone and can happen in any setting. Abuse can involve an intentional, reckless, deliberate, or dishonest act by the perpetrator. The Police should always be consulted for advice where there is a concern that the abuse may be a criminal act.

What to do if you have concerns that abuse, or neglect may be happening?

Any employee or volunteer working for or within StCH who is concerned that an adult is experiencing and/or at risk of abuse or neglect is responsible for following the guidance laid out in the flow charts in Appendix 2.

It is everyone’s responsibility to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

Carers as well as patients using the services of StCH may be involved in a situation which requires a safeguarding response:

- They may witness or speak up about abuse or neglect.
- They may experience harm (intentional or unintentional) from the adult they are supporting or from professionals/organisations they are in contact with.
- They may harm or neglect the adult they support (intentionally or unintentionally).

The wellbeing of the carer must also be considered in any assessment of safeguarding concerns or safeguarding enquiry.

No one should assume someone else will pass on information. If you are concerned it is your responsibility to share that information.

Points to consider:

- The MCA must be followed in relation to all decision making including those around safeguarding concerns.
- The circumstances surrounding actual or suspected abuse or neglect will inform the response.
- The police are responsible for leading any criminal investigation with support from the LA who have an ongoing duty to promote the wellbeing of adult.
- If financial abuse is by an individual(s) who has the authority to manage the adult's money the relevant body should be informed (e.g., Office of Public Guardian, DWP) – usually by the LA (who will advise if StCH need to do this).
- If there are concerns over the actions of an individual acting under a registered enduring/lasting power of attorney or a deputy appointed by the court of protection, the office of the public guardian should be contacted - usually by the LA (who will advise if StCH need to do this).

Impact of Cost-of-Living Crisis

The cost-of-living crisis on the back of the Covid 19 pandemic has increased the risk of abuse and neglect. There is a documented increased incidence and risk of domestic abuse and financial abuse (including scams). Recognising when an adult may need extra support and noticing signs of abuse can be more difficult as telephone and virtual consultations have become more prevalent. It is important to be aware of and to be able to identify those who may be at increased risk.

Volunteers who are adults at risk and under 18 years

StCH supports adults with care and support needs and young people to volunteer. It is important that this group of volunteers are appropriately supported and any risk to them minimised. As part of this, StCH has implemented a “Keep Safe mechanism” (detailed in Appendix 3) which is specifically highlighted in the volunteer recruitment process from application through to induction. Information is also provided to parents, guardians and/or support workers.

Documentation of Safeguarding Concerns

All safeguarding concerns must be recorded clearly and accurately as outlined below:
The following details should be documented in the adult’s electronic notes:

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

- What the concerns are and when they were identified
- When the concern occurred.
- What happened.
- Whether the adult involved has given their consent to reporting concerns and their involvement in decision making about action to be taken including their views and wishes.
- Assessment of capacity if indicated.
- The immediate action taken to identify and manage the risk/harm and to protect the adult involved and reasons for these actions.
- To whom the concerns have been reported and when.
- Date/time concerns reported to LA and by whom (a copy of the reporting form must be added to the StCH records – this may be patient or carer records or Datix if not concerning a patient or carer).
- Further action required by StCH pending LA response.

All documentation must be factual, objective and not include opinion or assumption. Current law and guidance on confidentiality and information sharing must be considered.

NB individuals are now able to access their GP records automatically. This means that all correspondence that is sent (letters, drug advisories, referrals etc) from St Catherine's to GPs will be available to the individual if they access their GP record. If information within correspondence "... is likely to cause serious harm to the physical or mental health of the individual or another person" GPs can redact items that should not be disclosed. If a letter is being sent from St Catherine's and the content meets this threshold, it should be marked clearly and prominently "not for disclosure to patient". If it is thought that a letter does meet this threshold, the decision to mark it not for disclosure should be discussed with a senior clinician and the reason documented in the person's notes. If there are any queries about whether to share information or not, the Caldicott Guardian or their deputy should be contacted for advice. Further guidance on identifying the minority of patients who should not have access to their record as they are at risk of serious harm is published by NHS Digital.

An anonymised log of all safeguarding concerns raised is held by the safeguarding governance group and only accessible to them. Concerns raised that, on discussion, are not referred through safeguarding procedures will be logged as well as those referred. The logs will be kept for 10 years. The log is used to ensure concerns are addressed, themes are identified, and learning is shared and that the LA feedback the outcome(s) from S42 enquiries to StCH.

If in investigating an incident or complaint/concern, the investigator identifies safeguarding concerns, this must be indicated on the Datix form and managed as per this policy. There are circumstances where an event will be both an incident or complaint/concern and a safeguarding concern. In these situations, a Datix form should be completed and the safeguarding lead/deputy informed.

Allegations of abuse or neglect involving StCH and/or an employee or volunteer of StCH - people in positions of trust.
To meet the threshold for an investigation, the alleged incident needs to suggest that harm has been caused or may have been caused to the adult or that the alleged behaviour indicates the individual [against who the allegation is made] may pose a risk of harm to adults. Examples include allegations that a person in a position of trust has:

- Behaved in a way that has abused or may have abused an adult.
- Possibly committed a criminal offence against, or related to, an adult.
- Behaved towards an adult in a way that indicates they may pose a risk of harm to adults with care and support needs.

These concerns include incidents, behaviours, and allegations where the issue may have occurred outside of the person's workplace, and/or is a significant conduct issue for which further consideration needs to be made due to their professional or caring role for example.

Issues that do not meet this threshold, may constitute conduct or disciplinary issues and should be addressing following the relevant StCH policy and procedures. Any practice concerns or quality issues identified must also be addressed.

The guidance in the Sussex Adult Safeguarding Procedures must be followed

<https://sussexsafeguardingadults.procedures.org.uk/pkotl/sussex-safeguarding-adults-procedures/safeguarding-and-managing-allegations-against-people-in-positions-of-trust>

To ensure that you are using the current version of this document, please refer to the St Catherine's Home Hub

The main points are summarised below.

- If anyone becomes aware of allegations about the conduct or behaviour of an individual in a position of trust which might pose a risk to adults with care and support needs, it should be discussed with a senior manager with authority to act (at StCH this would be a member of SMT, the registered manager, safeguarding lead or deputy or medical consultant).
- A safeguarding concern should be raised with the local authority if the criteria are met.
- StCH has both a duty to the adult with care and support needs and a responsibility to take action when allegations are made against an employee/volunteer. The LA has lead responsibility for any safeguarding enquiry, whilst StCH is responsible for investigating allegations involving its employees/volunteers, informing the employee/volunteer of the concerns if appropriate, and advising them what will happen in accordance with its management procedures
- A safeguarding enquiry should not delay StCH's responsibilities to manage staff and make decisions about its staff member.
- The LA will advise whether the concerns have met the Section 42 Enquiry criteria and if they have, the LA will advise whether they wish StCH to undertake the Enquiry or whether they (the LA) will undertake the Enquiry themselves.
- If StCH is to undertake the S42 enquiry, the executive lead for safeguarding, registered manager, people director and safeguarding lead will agree who will lead the investigation alongside the relevant director.
- Where a Police investigation is required, the Police will lead the criminal investigation, and the local authority and employer will communicate with the police regarding any actions to be taken.
- The LA, CQC and ICB must be informed of incidents or allegations of neglect/abuse originating from StCH and/or its employees or volunteers. The executive lead for safeguarding is responsible for ensuring this happens. The LA which needs to be informed will depend on where the allegation took place - if it is in relation to the IPU it will be West Sussex, if in the community, either West Sussex, East Sussex, or Surrey. The ICB needs to be informed if they are commissioning the StCH service within which the allegation/incident took place.
- The Charity Commission needs to be informed of serious incidents. This is the responsibility of the Chief Executive. See appendix 4 as to when consideration must be given to refer to the Charity Commission.
- If a member of staff is removed from their role providing a regulatory activity following a safeguarding incident, StCH has a legal duty to make a referral to the DBS (this is the responsibility of the People Director). This includes if the individual leaves their role. If the person has been recruited through an agency, then the legal duty sits with that agency.
- If criminal procedures are concluded without action being taken, this does not mean that regulatory or disciplinary procedures should cease or not be considered.
- Where the conduct of a person registered with a professional body has been the subject of an enquiry, a referral to that professional body should be considered. This is the responsibility of StCH (or the relevant agency).
- The people team will advise those against whom an allegation has been made of sources of support and advice in line with the policy and procedures.

Reportable Events

Care Quality Commission: registered providers must notify CQC about certain changes, events and incidents that affect their service or the people who use it. StCH must inform CQC about abuse or allegations of abuse concerning a person using your service if any of the following applies:

- The person is affected by abuse
- They are affected by alleged abuse
- The person is an abuser
- They are an alleged abuser

Statutory Notification can be made online via our CQC Portal or by completing the statutory notification abuse or allegations of abuse concerning a person who uses the service.

<https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form>

Charity Commission: The commission requires charities to report serious incidents. A serious incident is an adverse event, whether actual or alleged, which results in or risks significant: guidance on what to report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577284/rsi_consultation.pdf

Safeguarding and Fundraising Events

Fundraising and events organised by the fundraising department will operate within the parameters of this policy. As part of each event management plan, specific procedures will be put in place to meet legal or licensing obligations (for example, the police may request a lost and found children policy for large scale events) and/or to mitigate risks identified by event specific risk assessments. In working with other organisations to run the event, there will be appropriate safeguarding procedures with clear lines of accountability, responsibility, reporting and escalation. The Fundraising team will seek advice from the StCH safeguarding team in production of such procedures.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

Visitors

All visitors to StCH (any site), except friends and family members visiting patients, must always be accompanied by a member of staff. Visitors in this context include the following groups:

- people being shown around the hospice by members of staff.
- official visitors/celebrities.

It does not include staff on clinical placements who follow a clear procedure including StCH being assured of a valid and appropriate DBS check as part of being accepted on placement.

Raising a Concern

Raising a concern is an important aspect of safeguarding. Staff and volunteers are encouraged to share genuine concerns about a colleague's behaviour. StCH provide access to Work in Confidence available on the intranet where colleagues can start a conversation and get a solution anonymously. Through Work in Confidence colleagues can confidentially:

- Make suggestions and share ideas
- Ask questions
- Raise concerns
- Give feedback

Information Sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, GDPR, the Data Protection Act 2018, the Human Rights Act 1998, the Crime and Disorder Act 1998 and the Caldicott principles.

Any sensitive and/or confidential information must be shared in accordance with prevailing law and guidance. Information must be shared using secure means such as nhs.net email or equivalent. If it is unclear, you are not sure whether it is appropriate to share information, the safeguarding lead or deputy, the Caldicott Guardian or their deputy can provide guidance.

To summarise:

- Information is only to be shared on a "need to know" basis when it is in the interests of the adult
- Confidentiality and secrecy are not the same.
- Informed consent should be obtained for permission to share information. However, if this is not possible and others are at risk of abuse or neglect it may be necessary to override this requirement.
- Where there are concerns about abuse, it is inappropriate to give assurances of complete confidentiality.
- Where an adult has declined to consent to information being shared, it must be considered whether there is an overriding public interest that would justify information sharing (others are at risk of serious harm).

DISSEMINATION

This policy will be disseminated to all staff by the author. The reason for the policy and any major changes will be highlighted in the issuing email. Managers will be contacted by the author reiterating the purpose of the policy and any significant changes and to remind them of their responsibility in ensuring their staff are aware of the policy and where to find it. The policy is also made publicly available on the StCH website.

MONITORING AND REVIEW

This policy will be updated annually or earlier if there are changes to the law and/or to incorporate learning from cases or safeguarding enquiries/adult reviews.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

Equality Impact Assessment

The equality impact assessment is used to ensure we do not inadvertently discriminate as a service provider or as an employer.

To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy affect one group more or less favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability (e.g., physical, sensory or learning)	No	
	Mental Health	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If potential discrimination has been highlighted, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the aims of the policy without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**



APPENDIX 1

Safeguarding Leads and Contact information

StCH Safeguarding and Prevent Lead and Deputy

Lead: Dr Amanda Gregory, Consultant amandagregory@stch.org.uk

Deputy: Paul Brown, Deputy Director of Care Services paulbrown@stch.org.uk

Police

Emergency 999, less urgent 101

West Sussex

Safeguarding Thresholds: Guidance for Professionals. This document supports decision making about whether a scenario falls under adult safeguarding procedures.

<https://www.westsussexsab.org.uk/media/nbxn1fvb/2022-safeguarding-thresholds-guidance.pdf>

West Sussex also have a safeguarding hub for professional advice 03302 228400. The StCH safeguarding lead or deputy should be contacted for advice in the first instance and they will contact this hub for advice if needed.

Sussex Safeguarding Adults Safeguarding Policy and Procedures <https://sussexsafeguardingadults.procedures.org.uk/>

Contact details to confirm outcomes of S42 enquiries

Sussex: Care Point 1 on 01243 642121 or socialcare@westsussex.gov.uk

Surrey: ascmash@surreycc.gov.uk

West Sussex Adult Safeguarding Board

<http://www.westsussexsab.org.uk/>

Surrey Adults Safeguarding Board

<http://www.surreysab.org.uk/>

PREVENT guidance

https://www.healthysurrey.org.uk/_data/assets/pdf_file/0008/238544/PREVENT-working-in-partnership-under-one-strategy.pdf

Elder Abuse support

<https://wearehourglass.org/>

Sussex Mental Healthline

Phone: 0800 0309500 (available 24/7)

Surrey Mental Health Crisis Helpline

Phone 0800 915 4644 (available 24/7)

Protect [formerly Public Concern at Work] (for staff concerned about malpractice in the workplace)

<https://protect-advice.org.uk/>

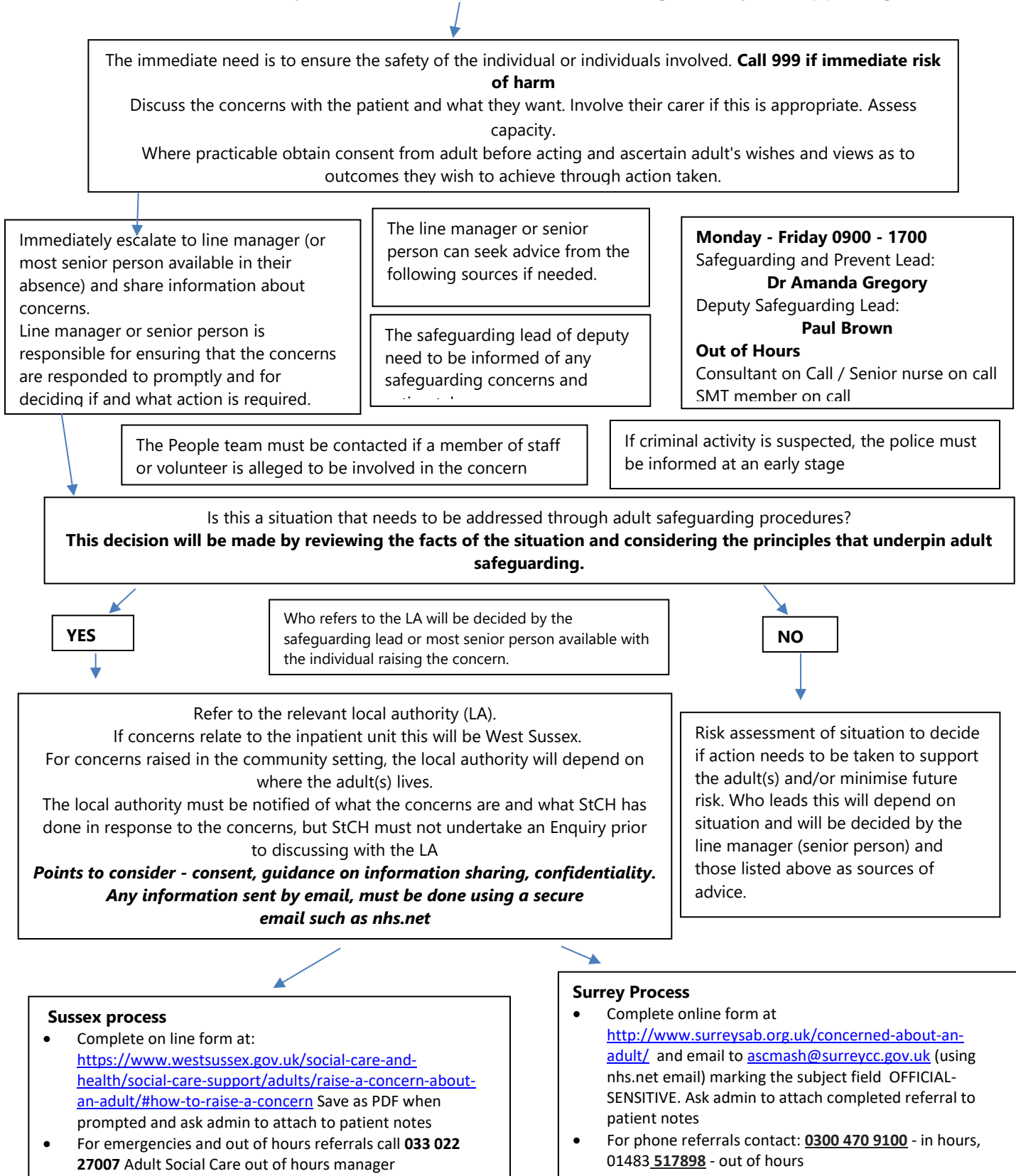
Phone: 020 3117 2520

Carers UK

<http://www.carersuk.org/>

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

What to do if you have concerns that abuse, or neglect may be happening



To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub

APPENDIX 3

Keep Safe Mechanism

At St Catherine's Hospice we have a keep safe mechanism in place for adults at risk and young people under 18yrs old in a volunteer role. If when engaged in your volunteering role with St Catherine's, you feel unsafe you are encouraged to 'walk out' – to leave your role and to go home or somewhere that you feel safe.

If this needs to happen, we ask that, you or your parent/guardian/next of kin contacts the Volunteering Team immediately and advise us of what has happened. If it is a weekend, or after 5pm, please contact St Catherine's on 01293 447333 and a member of the senior management team will be notified to contact you.

If you volunteer in one of our retail shops, each shop has a physical manual that has a copy of our safeguarding policies. We encourage you, and your parent or guardian to read the policy and procedure.

ST CATHERINE'S
HOSPICE

VOLUNTEERS – HOW TO STAY SAFE

No one should ever say or make you do things that make you feel embarrassed or uncomfortable.

If you feel unsafe, please walk out, speak to someone you trust and call St Catherine's: 01293 447333.



Registered charity number 281362 and as a Company in England no. 1525404.

**To ensure that you are using the current version of this document,
please refer to the St Catherine's Home Hub**

APPENDIX 4

StCH Trustee Safeguarding Lead Responsibilities

To protect people who come into contact with a charity from abuse or mistreatment of any kind, the charity commission has produced guidance¹ for trustees. All trustees for StCH must follow this guidance and the law to protect from harm those people who come into contact with StCH whether those people be patients, carers, staff, volunteers, donors, or the public.

While all St Catherine's trustees are responsible for following the guidance, the Trustee safeguarding lead is accountable for making sure this happens and gaining assurance from the executive safeguarding lead, safeguarding lead, and safeguarding governance group.

Responsibilities

- To lead, support, advise and guide the board on safeguarding matters.
- To ensure all trustees read and understand the guidance produced by the Charity commission and keep themselves abreast of any updates.
- To ensure all Trustees keep up to date with safeguarding training and understand their responsibilities in relation to safeguarding.
- To seek and gain assurance that StCH is meeting the legal requirements with regards to safeguarding and protecting people from harm. This includes assurance that:
 - Appropriate policies and procedures are in place and kept current, which are followed by all people are suitable to act in their roles.
 - The organisation knows how to spot and handle concerns in a full and open manner
 - There is a clear system of referring or reporting to relevant organisations as soon as concerns are suspected or identified risks are set out with how they will be managed in a risk register which is regularly reviewed.
 - Statutory guidance, good practice guidance and legislation relevant to StCH is followed
 - StCH is quick to respond to concerns and carry out appropriate investigations harm is not ignored, or failures downplayed.
 - Protecting people from harm is central to the culture of StCH.
 - There is enough resources, including trained staff/volunteers/trustees for safeguarding and protecting people.
 - Periodic reviews of safeguarding policies, procedures and practice are conducted.
- To ensure StCH strategic plans reflect safeguarding legislation, regulations specific to registered activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- To meet quarterly with the safeguarding lead and deputies and executive safeguarding lead and act as a conduit between the Board and safeguarding group, working collaboratively with and challenging them to ensure safeguarding is embedded within St Catherine's creating a safer culture and keeping people safe.
- To ensure safeguarding and protecting people from harm is a standing agenda item at Board meetings and the Quality Committee and to help trustees understand and challenge the reports and information submitted.
- To be available for escalation of significant safeguarding incidents (this includes all internal incidents that lead to a S42 enquiry and where there have been police involvement) and to be responsible for ensuring the learning is acted upon and policies/governance updated.

Reference

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#:~:text=Protecting%20people%20and%20safeguarding%20responsibilities,into%20contact%20with%20your%20charity>