

Policy Title	SAFEGUARDING ADULTS – ENGLAND & WALES – INCLUDING PREVENT		
Policy Ref Number	Chapter 32	Version Number	1
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Consultation	Corporate Clinical Governance Group membership		
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This Policy Applies To	Hospitals <input checked="" type="checkbox"/>	Care Homes <input checked="" type="checkbox"/>	Specify <input type="checkbox"/>
	<p>Staff Groups: This policy applies to all staff of Elysium Healthcare, including agency and volunteers, across all areas of service delivery – clinical and non-clinical.</p>		
Purpose of Policy	<p>The main purpose of this policy is to ensure Elysium Healthcare is committed to preventing, identifying and reporting abuse in a timely manner. Working in partnership with other agencies to ensure risks of future abuse are reduced and that Elysium Healthcare, as an organisation, learns from these incidents and changes that occur as a result are embedded in practice. Further aims of this policy include:</p> <ul style="list-style-type: none"> • Ensure staff recognise poor practice and respond accordingly • Ensure all staff access appropriate training • Appropriate risk assessments are in place to support timely and appropriate action • Ensure information is shared according to agreed information-sharing protocols • Ensure all staff are aware of who is the designated safeguarding person (DSP) / safeguarding leads for Safeguarding Adults at risk within all Elysium Healthcare facilities and the local lead. • Ensure that the law and statutory requirements are known and properly applied within Elysium Healthcare 		
This Policy is written with reference to the following Elysium Policies	<ul style="list-style-type: none"> • <i>Safeguarding Children & Child Protection</i> • <i>Managing Bullying & Harassment</i> • <i>Managing Incidents & Untoward Occurrences</i> • <i>Complaints Policy & Procedure</i> • <i>Mental Capacity Act & Deprivation of Liberty Safeguards</i> • <i>Freedom to Speak Up: Raising Concerns (Whistleblowing)</i> • <i>Visiting policy</i> • <i>Care of Patients in Seclusion & Segregation</i> • <i>Safeguarding Supervision policy</i> • <i>Staff-Patient / Resident Relationships & the Prevention of Abuse</i> • <i>Recruitment and Retention</i> 		
Other references	<p>This policy takes into consideration the following Acts:</p> <ul style="list-style-type: none"> • Care Act 2014 (replacing the Health and Social Care Act 2012) 		

	<ul style="list-style-type: none"> • Social Services and Wellbeing (Wales) Act 2014 • Domestic violence, Crime and Victims Act 2012 • Equality Act 2010 • Female Genital Mutilation Act 2003 • Human Rights Act 1998 • Mental Capacity Act 2005 • Counter-Terrorism and Security Act 2015 <p>Guidance:</p> <ul style="list-style-type: none"> • Care & Support Statutory Guidance Chapter 14 (Replaces No Secrets) – issued under the Care Act 2014 (Department of Health) • Handling individual cases to protect Adults at Risk Part 7 of the Social Services and Wellbeing (Wales) act 2014 • Prevent Strategy (HM Government 2011) • HM Government Prevent Duty Guidance for England & Wales 2015 • ADASS Making Safeguarding Personal 2014/2015 • Protecting Adults at Risk: London Multi-Agency Police and Procedures to safeguard adults from Abuse (SCIE 2011) • Report of Mid Staffordshire NHS foundation Trust Public Inquiry (Francis Report 2013) • Safeguarding Adults: The role of health service practitioners (Department of Health 2013) • Statement of Government Policy on Adult Safeguarding (Department of Health 2013) • Safeguarding Police and Procedures agreed by your Local Authority Safeguarding Adults Board • Transforming care: A national response Winterbourne View Hospital (Department of Health Review: Final Report 2012) • Adults intercollegiate document: roles and competencies (2018) • Safeguarding children and young people: roles and competencies for healthcare staff • Working together to safeguard people V4 adult protection and support orders • www.northwalessafeguardingboard.wales • Statutory guidance in relation to part 7 (Safeguarding) of the Social Services and Well-being (Wales) Act 2014, • Out of area adult safeguarding arrangements North Wales 2018 • http://gov.wales/safeguarding-guidance
<p>Associated Forms</p>	<ul style="list-style-type: none"> • Appendix A – Elysium Healthcare Safeguarding Flowchart • Appendix B – Resolving Professional Disagreements - Information Alert / Escalation Form
<p>Actions for Registered Manager</p>	<p>Ensure staff aware of contents of policy and are complying</p>
<p>Equality and Diversity Statement</p>	
<p>In the implementation of this policy, Elysium Healthcare will not discriminate against any colleague or customer on grounds of their race, ethnic origin, gender, sexuality, marital status, disability, age, religion or class. An Equality Impact Assessment has been completed to support this policy.</p>	

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1. INTRODUCTION

- 1.1. This policy provides a clear commitment that Elysium Healthcare (EH) is committed to safeguarding and promoting the welfare of all individuals within Elysium Healthcare services. This policy outlines how to respond to any allegations of abuse or neglect and demonstrates Elysium Healthcare’s undertaking to carry out its duty to cooperate with all relevant partners in public protection, health care and Local Authority social services to safeguard adults at risk. To reflect variations in Local Authority Safeguarding Adults Boards policies and procedures each Elysium Healthcare facility will have their own local protocol / procedure in line with this overarching policy.
- 1.2. Elysium Healthcare has a duty of care to protect all individuals at risk using our service and to ensure that all employees treat people for whom care is provided, with dignity and respect.

Staff Responsibility

- 1.3. All staff employed by Elysium Healthcare are individually responsible as well as expected to safeguard and promote the welfare of all individuals who access our services to ensure each individual is protected from actual or potential harm.

2. OBJECTIVES

- 2.1. The objectives of this policy are to:
- Prevent abuse or neglect where possible
 - Intervene appropriately in situations where abuse is identified
 - Increase awareness of the signs of abuse to staff and users of Elysium Healthcare
 - Indicate that abuse will be taken seriously and acted upon
 - Safeguard adults in a way that supports them in making choices, maintaining control and achieving their desired outcome
 - Work in partnership with local agencies to prevent, detect and report, neglect and abuse
 - Improve practice and service delivery to adults at risk of abuse
 - Provide guidance to respond to the needs of service users who are alleged abusers

3. SIX KEY PRINCIPLES WHICH UNDERPIN ALL ADULT SAFEGUARDING WORK

- 3.1. Empowerment – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- 3.2. 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.”

- 3.3. Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

3.4. 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.”

3.5. Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Where there are professional disagreements, please see Appendix B.

“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.”

3.6. Accountability – accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

4. WORKING WITHIN THE LAW – THE CARE ACT 2014 / SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014

4.1. Both the Care Act 2014 and Social Services and Wellbeing (Wales) Act 2014 identify the requirements, in relation to safeguarding adults at risk, for local authorities to;

- Make enquiries (or require others) if it believes an adult is at risk of abuse or neglect
- Engage Safeguarding Adults Board (SAB) England and Safeguarding Board Partners Wales
- To refer (if appropriate) for an independent advocate to support an adult at risk of abuse
- To cooperate with each of its relevant partners in order to protect and engage with the adult to make safeguarding personal and achieve their desired outcome.

4.2. The above safeguarding duties have a legal effect on the NHS in both England and Wales in conjunction with the police and the Local Authority and thus to Elysium Healthcare as a contracted provider of health and social care services.

5. DEFINITIONS

Adult at Risk (Care Act 2014)

5.1. An adult who:

- Has needs for care and support (whether or not the Local Authority is meeting any of these needs) and;
- Is experiencing, or at risk of abuse or neglect and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- Is aged 18 or above

5.2. Adult at Risk (Social Services and Wellbeing (Wales) Act 2014)

- Experiencing or is at risk of abuse or neglect
 - Has needs for care and support (whether or not the authority is meeting any of those needs)
- And

- As a result of those needs is unable to protect himself or herself against the abuse or neglect or risk of it

Abuse

- 5.3. Abuse is a violation of an individual's human and civil rights by any other person or persons... and may consist of a single or repeated acts. It may be physical, or verbal or psychological; or be an act of neglect or omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Section 197 of the social services and wellbeing (Wales) Act 2014 defines abuse as:

“abuse” means physical, sexual, psychological emotional or financial abuse (and includes abuse taking place in any setting, whether in a private dwelling, an institution or any other place), and “financial abuse” includes—

- having money or other property stolen;
- being defrauded;
- being put under pressure in relation to money or other property;
- having money or other property misused;

and Neglect as:

“neglect” means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health or, in the case of a child, an impairment of the child's development);

6. CATEGORIES OF ABUSE

- 6.1. Incidents of abuse may be one-off or multiple or affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.
- 6.2. Physical Abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- 6.3. Domestic Abuse – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- 6.4. Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- 6.5. Psychological Abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.
- 6.6. Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- 6.7. Modern Slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- 6.8. Discriminatory Abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age disability, sexual orientation or religion.
- 6.9. Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- 6.10. Neglect and Acts of Omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- 6.11. Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

7. EXPLOITATION BY RADICALISERS WHO PROMOTE VIOLENCE (PREVENT)

- 7.1. In addition to the categories of abuse outlined in section 7 above Elysium Healthcare recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day to day contact with others. Adults at risk are particularly prone to be being exploited and adopting an extremist agenda.
- 7.2. The Counter Terrorism and Security Act 2015 places a duty on the health care sector to cooperate in preventing radicalisation and this requirement forms part of the NHS Standard contract (safeguarding clause). PREVENT is one stream of the government’s anti-terrorism strategy CONTEST. In addition the Counter Terrorism and Security Act 2015 introduces a duty for all Local Authorities to have in place a Channel Panel – whose role is to provide support to those persons who are identified as being vulnerable to being drawn into terrorism and who consent to receive support. Elysium Healthcare sites need to be aware of their local Channel Panel contact details.
- 7.3. All Elysium Healthcare sites need to include raising awareness of PREVENT for all staff via the safeguarding induction and to make arrangements as required by the NHS contract to deliver the governments accredited training workshop WRAP (Workshop to Raise Awareness of PREVENT) to all clinicians within the first year of employment (NHS England PREVENT training and competency framework.)

8. RESPONSIBILITIES

- 8.1. All staff have a responsibility to protect patients / residents from all forms of abuse. Abuse of adults at risk may be perpetrated by members of staff / fellow patients / residents / families / carers / professional visitors or strangers. All staff are responsible for ensuring commitment to safeguard and promote the welfare of all individuals who use Elysium Healthcare services.
- 8.2. Abuse may be deliberate, random, the consequence of neglect or failure to safeguard, or discriminatory behaviour. This may involve patterns of multiple or repeated abusive

behaviours. There is the potential for abuse to become institutionalised within the culture of the organisation.

- 8.3. It is important to remember that any of these patterns of abuse could result in criminal proceedings against the perpetrator. Under these circumstances there is a duty to consider disclosure of relevant information to the Police.
- 8.4. Every effort must be made to ensure that forensic evidence is preserved for evidential purposes. This will assist crime investigations that are undertaken by the Police.
- 8.5. Registered Manager – each Elysium Healthcare facility will have in place a local protocol / procedure to reflect this policy and the requirements of their Local Authorities SAB's/ Safeguarding Board Partners policies and procedures and all staff will know how to access this information
- 8.6. The Registered Manager has responsibility for ensuring that the site has effective safeguarding processes in place including compliance with internal and external reporting requirements in line with all regulatory and statutory requirements, assurance and governance systems and there is site safeguarding “named designated safeguarding person”/safeguarding lead identified, who in collaboration with the registered manager will be responsible for ensuring compliance with all legal, statutory and good practice requirements including notifications to regulatory bodies e.g. CQC / HIW/CIW liaison with and informing the relevant persons including managers.
- 8.7. The Registered Manager is responsible for ensuring all staff are trained in accordance with the Adults and Children’s Intercollegiate document: roles and competencies (2018 and 2019 respectively).
- 8.8. Safeguarding Lead / Named safeguarding designated person – each Elysium Healthcare facility will nominate a Safeguarding Lead / designated safeguarding person and deputy who will be responsible for:
 - The day to day implementation of this policy and be a focus of advice and support for staff.
 - Ensuring duty to cooperate requirements with relevant partners and information sharing processes are clear and efficient
 - To ensure risks are identified and actioned and recorded as per local protocols and to enable audit and review by local Clinical Governance Groups and Elysium Healthcare’s Ward to Board data.
 - To keep up to date with legislation and good practice guidance.
 - Acting as first point of contact for the service with regard to issues related to safeguarding;
 - Providing first line advice based on local policy, flow chart and information folder;
 - Supporting staff that are undertaking or are subject to safeguarding investigations;
 - Undertake audits, identify themes and trends and share lessons learnt at local Clinical Governance meetings
- 8.9. All Managers are responsible for ensuring that any members of staff found to have abused any patient in their care will be managed in accordance with the local disciplinary policy and if required / appropriate are reported to DBS and any professional bodies as required.
- 8.10. Human Resources – Elysium Healthcare is committed to safer recruitment before employment has commenced, whether it is a permanent, temporary or voluntary

appointment, all staff will be subject to pre-employment and DBS checks prior to commencing any positions in line with Elysium Healthcare Recruitment and Retention policy.

- 8.11. Elysium Healthcare has a responsibility to report any staff found to be unsuitable to work with adults or children at risk to the DBS and appropriate professional bodies.

9. TRAINING

- 9.1. All Elysium Healthcare staff will be trained in accordance with the intercollegiate document and Elysium Healthcare safeguarding training strategy.

10. REPORTING PROCESS

- 10.1. What to do if there is an allegation or suspicion of abuse – this is intended to be a general description and local protocols may / will vary.

Immediate Actions

- 10.2. Ensure all parties are safe from immediate and potential risk of harm
- 10.3. Report incident to the Safeguarding Lead / Designated safeguarding person or nominated deputy for advice and further action.
- 10.4. Please refer to Elysium Healthcare Safeguarding Flowchart at Appendix A

Referral to Local Authorities (Safeguarding Adult Board / Safeguarding Board partners)

- 10.5. All individuals who work within or use the services can make the referral if they have a safeguarding concern. Contact numbers should be displayed at each site/unit for individuals to easily access. If a safeguarding concern is raised by an individual or staff member at the service, the safeguarding lead/designated safeguarding person or deputy should refer to the local authority in line with their procedures. All documented evidence of the notification and any advice both verbal and written is to be uploaded onto the electronic safeguarding form located in Carenotes for assurance and governance purposes

Where an allegation or incident involves a member of staff

- 10.6. The Registered Manager or designated deputy should be contacted immediately for further advice in relation to potential suspension, moving or police involvement. No investigation should be undertaken unless authorised by external agencies e.g. local safeguarding teams, police and the Registered Manager or designated deputy. The complainant should be kept up to date with the progress.

The Enquiry

- 10.7. The Local Authority will be responsible for deciding if a S 126 (Wales) or a S 42 (England) should be undertaken. All Elysium Healthcare services should engage collaboratively with the local authorities to ensure that the process is person centred, the service users' views and wishes are heard (MSP) and they are supported to achieve their desired outcome, Although the Local Authority is the lead agency for making enquiries, it may require others to undertake the investigation, including provider agencies, this may include Elysium Healthcare services to conduct initial in-house investigations assisted by the Local Authority. It is

important when considering the management of any investigation or enquiry to approach reports of incidents or allegations with an open mind. The following factors need to be considered:

- The process is person centred and co-production with the adult at risk is emphasised throughout.
- The person undertaking the investigation has the requisite knowledge and competency to do so
- The adults needs for care and support are identified and support through advocacy is offered as required to ensure their views and wishes are heard
- The adults risk of abuse or neglect
- The adults ability to protect themselves or the ability of their networks to increase the support offered
- The impact on the adult, their wishes (Making Safeguarding Personal) and their desired outcome
- The possible impact on important relationships
- Potential of action and increasing risk to the adult
- The risk of repeated or increasingly serious acts involving children or another adult at risk of abuse or neglect
- The responsibility of the person or organisation that has caused the abuse or neglect

The Patient Experience

10.8. Safeguarding of adults at risk procedures are largely determined by Local Adult Safeguarding Boards and vary considerably, some operating an alert/referral system and others whereby all alerts automatically become referrals. Provision of required referral information and understanding relevant notifications are an essential part of the process of any investigations undertaken within our services. At times the demands of the process can be considerable but it is important staff responsible ensure that the individual is kept fully informed and appraised of the process to include:

- Listening to their views, wishes and desired outcome
- Inclusion and person centred inclusion throughout the process
- Independent support is offered for the adult at risk if they require or request the support
- Clear communication, explanation and justification to the adult at risk if a decision is to act against their wishes.
- A description of the process
- Whom has to be informed of the alleged abuse and whether they consent (capacity issue)
- How we plan to keep them safe
- Dates / times of any interviews e.g. with police; or strategy meeting
- The outcome of any investigation or police proceedings

10.9. It is also recommended that following the conclusion of the investigation the patient is informed of the outcome and supported to ascertain how they feel about their ongoing safety. The aim is to promote inclusion and transparency.

Advocacy

10.10. Both the Care Act 2014 and the Social Services and Wellbeing (Wales) Act 2014 refer to advocacy if there is a safeguarding enquiry and the adult at risk would experience substantial difficulty to:

- Understand relevant information and/or retain that information and/or use or weigh that information as part of the process of being involved and/or
- Communicate views, wishes or feelings, and are
- Un-befriended (panel professionals do not count)

10.11. Referral is either with consent or in Best Interests.

10.12. Each Elysium Healthcare facility should be aware of contact details for their Local Authority's Care Act Advocacy provider.

11. CAPACITY AND CONSENT

11.1. Where a safeguarding alert of an adult deemed to be at risk, is being made, this is made with the consent of the individual. Where there are concerns about the capacity to consent of the person about whom the alert is being raised, the necessary assessment of Mental Capacity, and where relevant, Deprivation of Liberty should be made.

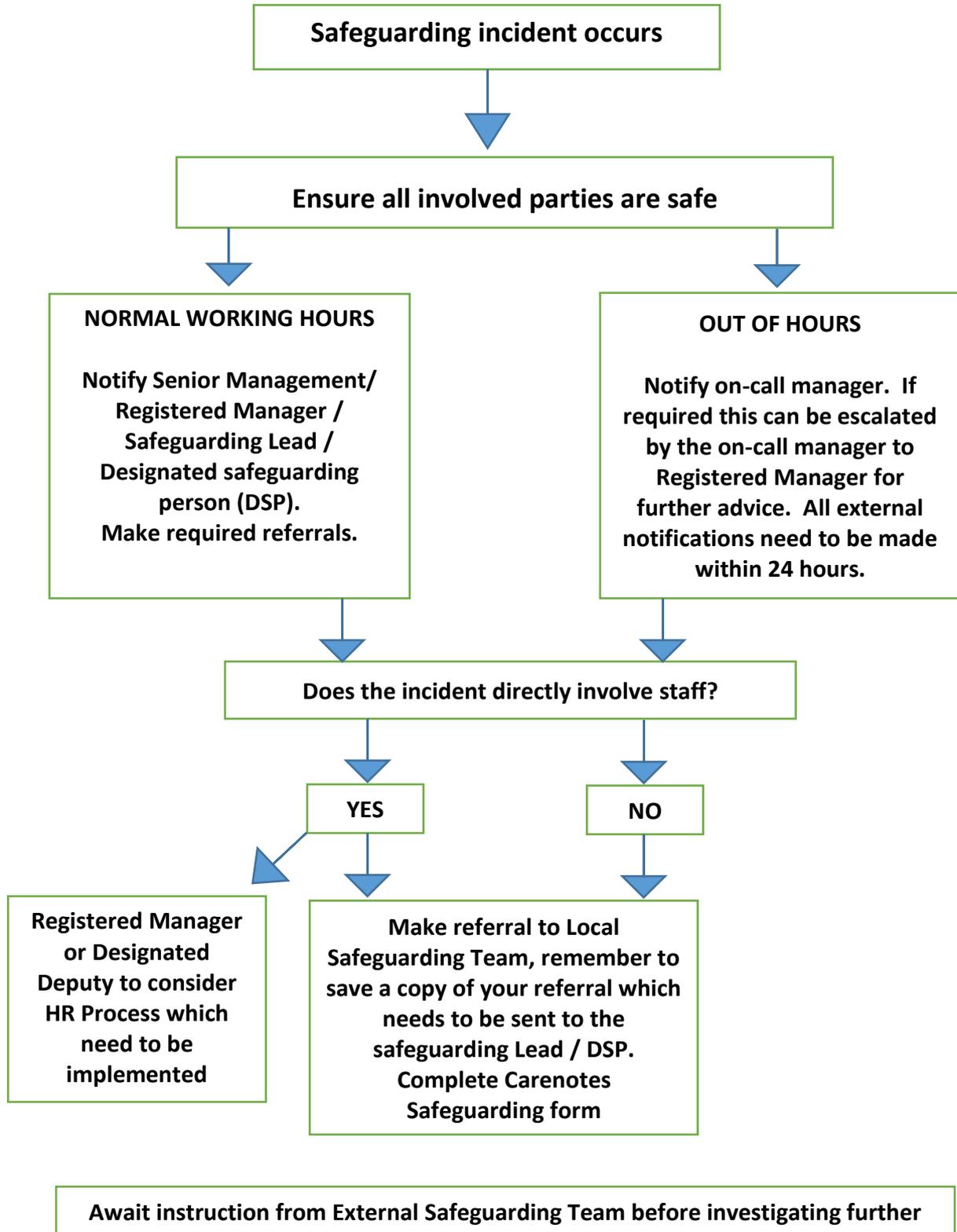
12. ELYSIUM HEALTHCARE CONCERN LINE

12.1. Safeguarding is everyone's responsibility, as such Elysium Healthcare expects staff to raise any safeguarding concerns as set out within their local protocol. However, should staff feel that their concerns have not been acted upon, they should contact one of the following:

- Group Chief Executive
- Registered Manager
- Operations Director
- Director of Human Resources
- Director of Policy and Regulation
- Group Head of Safeguarding
- Speak Up Guardian
- **Elysium Healthcare Concern Line – 0800 197 2814**

12.2. Contact details can be found in Elysium Healthcare Operational Policy – Freedom to Speak Up: Raising Concerns (Whistleblowing).

SAFEGUARDING FLOWCHART – ADULT SERVICES



RESOLVING PROFESSIONAL DISAGREEMENTS

1. INTRODUCTION

Generally, there is a good working relationship between agencies, but occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child or vulnerable adult. Disagreements are most likely to arise around:

- Levels of need / thresholds
- Roles and responsibilities
- Progressing plans
- Communication

Effective working together depends on an open approach and honest relationships between agencies. All professionals have a duty to act assertively and proactively to ensure that a child's / vulnerable adults welfare is the paramount consideration in all professional activity. Therefore all professionals must challenge the practice of other professionals where they are concerned that this practice is placing children or vulnerable adults at risk of harm.

This policy sets out clear routes to escalate professional concerns where the actions, inactions or decisions of another agency may be getting in the way of keeping a child or vulnerable adult safe.

2. WHEN TO USE THE ESCALATION POLICY

Where a professional disagrees with a decision or response from any agency regarding a safeguarding or welfare concern they must firstly consult with their line manager to clarify thinking and the desired outcome, and advise the Registered Manager of the concern. Initial attempts should be made to resolve the matter professional to professional.

If the professionals are unable to resolve differences through discussion and/or meeting within a time scale, which is acceptable to both of them, their disagreement must be addressed by more experienced / more senior staff using the Formal Escalation Process.

Issues that need to be escalated may include:

- Disagreements over handling of concerns reported to Children's / Adult Social Care e.g. the referral is not considered to satisfy eligibility criteria for assessment; professional differences of opinion about the level of risk;
- When an agency does not agree with the decision made by Children's / Adult Social Care not to convene a protection conference or the findings of the assessments are not reflective;
- Concerns or disagreements over another professional's decisions, actions or lack of actions in the implementation of a protection plan;
- Disagreement over the accuracy of minutes of multi-agency meetings or other records that do not accurately reflect professional discussions;
- Core group meetings not taking place within timescales or where there is persistent non-attendance by core group professionals;
- There has been insufficient progress made in respect of the agreed objectives of the protection plan and no contingency action has been taken.

- Concerns or disagreements over another professional's decisions, actions or lack of actions in the implementation of the assessments and agreed plans.

3. STAGES OF THE ESCALATION PROCESS

Stage 1 – Escalate to Line Manager

If professionals are unable to reach agreement about the way forward in an individual case then their disagreement must be addressed by more senior staff.

The Line manager must contact the equivalent manager from the other agency to discuss and seek resolution, advising the Registered Manager.

This may be a detective sergeant in the police; a senior health visitor / nurse/ GP; social work team manager or in the case of a young person who is subject to a Child Protection Plan, the Independent Reviewing Officer (IRO) should also be informed.

A response is required within 5 working days.

If agreement cannot be reached following discussion between the above managers it will go to stage 2.

Stage 2 – Escalate to Designated Safeguarding Leads / Registered Managers

If the problem is not resolved at stage 1, The Line manager must escalate to their Registered Manager or Designated Safeguarding lead to liaise with their equivalent. Those senior managers must attempt to resolve the differences through discussion.

This may be a Social Care Operational Manager / Head of Service; Detective Chief Inspector for safeguarding; designated teacher; named GP or other designated professionals for either children or adults. If the concern relates to a young person who is subject to a Child Protection Plan, the Independent Reviewing Officer (IRO) should also be informed.

A response is required within 5 working days.

If agreement cannot be reached following discussions between the above managers it will go to Stage 3.

Stage 3 – Escalate to Regional Operations Director / Group Head of Safeguarding for Elysium

If the problem is not resolved at stage 2, the Registered Manager / Designated Safeguarding Leads must escalate to the Regional Operations Director and Group Head of Safeguarding for Elysium / Head of Education for the hospital schools, using information alert / escalation form below.

A copy of the information alert form should be completed and forwarded to the ROD / Group Head of Safeguarding / Head of Education for Elysium, if pertinent to schools, who will then contact an equivalent manager in the external agency to try and resolve the concerns raised.

A response is required in relation to actions taken and outcomes within 5 days.

A copy of the information alert form should also be sent to the Operations Director for the specific division, Elysium Healthcare's Executive Medical Director and Director of policy and regulation for governance, lessons learnt and to advise the board of the concerns and actions taken to date.

If agreement cannot be reached following discussion with the above people the concern will escalate to stage 4.

Stage 4 – Involving the Service's local Safeguarding Board

Where the policy has been implemented to stage 3 without resolution, the local Safeguarding board will be contacted by the Group Head of safeguarding for Elysium Healthcare to escalate the concerns and seek guidance on further resolution / review of processes in line with their local protocols.

Final outcome and resolutions will be shared with the site team, specific regional governance group, corporate clinical governance and executive board lead.

INFORMATION ALERT / ESCALATION FORM

Stage 3 Information alert/escalation Form:

Date of Alert:

From:

Service:

Line Manager:

Name of child/vulnerable adult:

DOB:

Practitioner:

Service:

Line Manager:

Summary of concern(s) remaining from stage 2:

Requested action:

Response by Regional operations Director/Group head of safeguarding

Date:

**Resolution or further action to be taken by ROD/Group Head of safeguarding
If not resolved progress to stage 4**

Date: