

Adult safeguarding policy

Policy | SAF-POL-001

Document type	Policy
Title	Adult safeguarding policy
Document ID	{{facility.code}}-SAF-POL-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Basis B1.14 (Children and Adults Are Protected From Abuse and Neglect)
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every adult who uses the facility is protected from abuse, neglect, exploitation and self-neglect.
2. Any staff member who suspects abuse or neglect reports it the same day to the safeguarding lead.
3. Every concern is recorded, referred to the right authority and followed up until an outcome is recorded.
4. Adults who lack capacity are supported through the consent and best-interests process, and their views are sought.

Stop and get help straight away if: a suspected abuse or neglect is not reported, or a concern has no referral or outcome recorded.

1. Purpose

To protect adults who use the facility from harm, and to set out what staff do when they suspect abuse or neglect (B1.14).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Abuse	Any act or omission that harms an adult, including physical, sexual, emotional or financial abuse, neglect, exploitation, and discriminatory or institutional abuse.
Neglect	Failure to provide food, water, warmth, medicines, hygiene, supervision or care that the adult needs.

Term	Meaning in this SOP
Self-neglect	An adult's failure to care for their own health, safety or surroundings, where the risk is serious.
Capacity	An adult's ability to understand, retain and weigh information to make a decision at the time it is needed.

4. Background and rationale

To protect adults who use the facility from harm, and to set out what staff do when they suspect abuse or neglect (B1.14).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Safeguarding lead	Receives every concern, decides on referral, keeps the concern register, and reports to the clinical director	Clinical director
Any staff member	Reports a suspicion the same day, does not investigate alone, and records what they saw and heard	Safeguarding lead
Clinical director	Holds overall accountability and reviews the concern register each quarter	Governing body

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Recognise.	- Note any sign of abuse or neglect: unexplained injury, distress, withdrawal, poor hygiene, unexplained money loss, or a change in behaviour. - Record the facts as seen and heard, in the adult's own words where possible. Do not ask leading questions.	Concern recognised and recorded.
2	Report.	- Tell the safeguarding lead the same day. If the adult is at immediate risk, call emergency services first and then tell the lead. - Do not tell the person suspected of the abuse.	Lead informed.
3	Refer.	- The lead decides whether to refer to the statutory authority or the police, and records the reason and the time. - Where the adult lacks capacity, follow the consent and best-interests process before referral where that is safe to do so.	Referral decided and recorded.
4	Follow up.	Record the outcome of every referral in the concern	Outcome recorded.

Step	Action	How to do it	Key point
		register. • Check the adult's safety and wellbeing after the referral, and review at the next team meeting.	

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Concerns reported the same day	100%	Quarterly	Safeguarding lead	Retrain the team and review the route
Concerns with a recorded referral decision and outcome	100%	Quarterly	Safeguarding lead	Escalate to the clinical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- All staff complete safeguarding training at induction and every year, with a recorded check of understanding.
- The safeguarding lead completes advanced training every two years.

15. Related documents

ID	Title	Relationship
SAF-REG-001	Adult safeguarding concern register (to be written)	Register
PED-POL-002	Child safeguarding (existing)	Policy
PSY-SOP-001	Suicide risk screening and continuous observation (existing)	SOP

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval