

| Safeguarding Adults Policy | |
|--|--|
| ID Reference Number | PS/POL/15 |
| Category | <i>Policy</i> |
| Classification: | <i>Governance</i> |
| Purpose | This policy details local responsibilities for the safeguarding of adults and is based on the Warwickshire Safeguarding Adults Board (WSAB) Policy and Procedures which in its turn is based on national guidance and best practice. The aim of this policy is to complement the use of Warwickshire Multi-Agency Policy and is not intended to circumvent it. |
| Superseded Trust-wide Controlled Documents | Safeguarding Adults Policy V4 |
| Version Number: | 5.0 |
| Date Approved by Controlled Document Review Group | <i>8th May 2017</i> |
| Date approved by Trust Board if applicable | <i>N/A</i> |
| Review Date: | <i>31 June 2021</i> <i>Extended awaiting National guidance update</i> |
| Issue Date: | <i>17th May 2017</i> |
| Title of Originator/Author | <i>Matron for Older People / Adult Safeguarding Lead</i> |
| Title of Responsible Director: | <i>Director of Nursing</i> |
| Impact / Equality Impact Assessed | <i>Yes</i> |
| Target Audience | <i>All staff</i> |
| <p>If printed, copied or otherwise transferred from the Trust Intranet policies and procedural documents will be considered uncontrolled copies. Staff must always consult the most up to date versions registered on the Intranet.</p> | |

| Version | Title of Trust Committee/Forum/Body/Group consulted during the development stages of this controlled document | Date |
|----------------|--|-------------|
| 1 | Trust Board | 1.8.2007 |
| 2 | Trust Board | 1.5.2009 |
| 3 | Trust Board | 1.4.2011 |

DOCUMENT AMENDMENT FORM

| Number | Date | Page N^o. | Amendment | Authorised by |
|---------------|-------------|----------------------------|---|----------------------|
| 1. | 9.4.14 | 4 | Definitions used in policy explained | Alison Draper |
| 2. | 9.4.14 | 6 | Duties clarified | Alison Draper |
| 3. | 9.4.14 | 8 | PREVENT Strategy included | Alison Draper |
| 4. | 9.4.14 | | Monitoring requirements explained | Alison Draper |
| 5. | 9.4.14 | 10 | Process updated | Alison Draper |
| 6. | 9.4.14 | 11 | References and bibliography included | Alison Draper |
| 7. | 9.4.14 | 12 | GEH associated records included | Alison Draper |
| 8. | 09.04.17 | Whole document refresh | Additions about MCA and DOLS and The Care Act 2016, Domestic Violence and Abuse | Sally Wilson |
| 9. | | | | |
| 10. | | | | |

Table of Contents

| Section | Description | Page |
|----------------|--|-------------|
| 1 | Introduction | 4 |
| 2 | Purpose | 5 |
| 3 | Definitions | 6 |
| 4 | Duties | 8 |
| 5 | Policy Details | 10 |
| | 5.1 Recognising abuse | 10 |
| | 5.2 PREVENT | 12 |
| | 5.3 Process | 13 |
| | 5.4 Documentation | 14 |
| 6 | Dissemination | 14 |
| 7 | Implementation | 14 |
| 8 | Document Control including Archiving Arrangements | 15 |
| 9 | Monitoring | 15 |
| 10 | Reference and Bibliography | 16 |
| 11 | GEH Associated Records | 17 |
| 12 | Staff Compliance Statement | 18 |
| 13 | Equality and Diversity Statement | 18 |
| | Appendices | |
| | Appendix A. Clinical governance and adult safeguarding: an integrated approach | 19 |
| | Appendix B. Clinical governance; Decision Making Framework | 20 |
| | Appendix C. Overview of the Safeguarding adults at risk procedure | 22 |
| | Appendix D. Domestic Abuse Services Handout | |

Summary of Policy

This policy explains staff responsibilities in terms of safeguarding adults and that safeguarding the wellbeing and safety of vulnerable adults can only happen if incidents and concerns are raised in a timely and appropriate way

In its broadest sense safeguarding vulnerable adults can involve a number and variety of interventions designed to ensure the promotion of safety and wellbeing and protect from abuse. Importantly for Trust staff it highlights how their roles are important in identifying situations where abuse, harm and neglect can occur and the actions that they must take when concerns are identified.

The Trust is committed to the Office of the Public Guardian principles which underpin all aspects of safeguarding work:

Empowerment – putting people first and helping those who lack mental capacity feel involved and informed

Protection – supporting victims so they can take action

Prevention – responding quickly to suspected cases of abuse

Proportionality – making sure what we do is appropriate to the situation and for the individual

Partnership – sharing the right information in the right way

Accountability – making sure all agencies have a clear role

The policy is one of a number of Trust policies which provide protection for vulnerable adults and staff may also need to refer to the Mental Capacity Act and Deprivation of Liberty Safeguards policy (2016) and also to child protection policies if circumstances involve children and adolescents as well as adults.

1. Introduction

Adult safeguarding is the process of protecting adults with care and support needs in vulnerable circumstances from abuse and neglect.

The Department of Health 2000 No Secrets publication defines a vulnerable adult as a person over the age of eighteen “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation”

Safeguarding adults is everybody’s business and in broad terms refers to the promotion of safety and well-being. The overarching framework within which safeguarding policies and procedures are guided is the No Secrets document (DH 2000) the Care Act (2014) and Making Safeguarding Personal (2014)

2. Purpose

This policy details local responsibilities for the safeguarding of adults and is based on the Warwickshire Safeguarding Adults Board (WSAB) Policy and Procedures which in its turn is based on national guidance and best practice. The aim of this policy is to complement the use of Warwickshire Multi-Agency Policy and is not intended to circumvent it. The full policy can be found at:

<https://www.warwickshire.gov.uk/adultprotectionpolicy>

A vulnerable adult is someone aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because their circumstances, such as chronic illness, disability, age, mental health issues or lifestyle cause them to be at risk in some situations. The Trust recognises that this definition also applies to patients admitted to the hospital for care and treatment.

The Care Act 2014 sets out a legal framework for how local authorities should respond to adult abuse. Our colleagues in social care now have a legal duty to;

- **Lead a multi-agency local adult safeguarding system** – this is to prevent abuse from happening, and stop it quickly when it does happen
- **Make enquiries under S42 of the Care Act** when they think an adult with care and support needs may be at risk of abuse or neglect. The enquiry aims to establish risk and what actions are needed to prevent reoccurrence and protect the vulnerable adult
- **Establish Safeguarding Adults Boards** – there is a well-established Warwickshire Safeguarding Adults Board which our director of nursing attends. These are multi-agency forums including police, Nhs, domestic violence teams and where necessary other agencies
- **Carry out safeguarding adults reviews** when someone with when someone with care or support needs dies as a result of neglect or abuse. This identifies if there is learning for the local authority, health or other provider agencies
- **Arrange for an independent advocate** to support and represent a person who is subject to a safeguarding review if it is required

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives.

3. Definitions

| | |
|-----------------------------------|--|
| Abuse | Defining abuse is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. However, abuse is defined in <i>No Secrets (DH 2000)</i> as: “the violation of an individual’s human and civil rights by any other person or persons”. |
| Best interests | Any decisions made or anything done for a person who lacks capacity to make specific decisions must be in the persons best interest |
| Consent | Agreeing to a course of action specifically in this document to a care plan or treatment regime |
| Deprivation of Liberty | A term used in the European Convention on Human Rights about circumstances when a person’s freedom is taken away |
| Domestic violence and abuse (DVA) | <p>Any incident or pattern of incidents of controlling, coercive or threatening behaviour between those aged 16 or over who are or have been intimate partners or family members. This can include physical, psychological, sexual, financial, emotional abuse perpetrated by partners, ex- partners or other family members</p> <p>Domestic violence is an abuse of power and control and is characterised by a pattern of abusive controlling behaviour rather than by a one off incident. The definition includes so called ‘honour-based violence’, female genital mutilation (FGM) and forced marriage.</p> |
| Vulnerable Adult. | <p>A person aged 18 or over :</p> <p>Who for either temporary or permanent reasons is or may be in need of care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, have impaired or lack mental capacity and unable to protect him or herself against significant harm.</p> <p>This may include:</p> <ul style="list-style-type: none"> • People with a learning disability; • People who experience mental ill health; |

| | |
|----------------------------|---|
| | <ul style="list-style-type: none"> • Disabled people; • Older people; • People who are experiencing short or long term illness. <p>However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly vulnerable.</p> |
| Mental Capacity | The ability to make a decision about a particular matter at the time the decision needs to be made |
| Mental Capacity Assessment | For the purpose determining the ability of a person to make decisions about their admission, care and treatment. It can be a precursor to the deprivation of liberty safeguards when a person lacks capacity in relation to whether they should remain in hospital (or a care home) for the purposes of being given care or treatment |
| Neglect | Withholding the basic necessities of life such as adequate nutrition and medication. Failure to meet basic human needs; physical, psychological or emotional. Failure to provide access to appropriate health or, social care. |
| Significant harm | This means not only ill treatment, but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social, or behavioural development. |
| Restraint | The use of force to help carry out an act that the person resists. Restraint may only be used where it is necessary to protect the person from harm and is proportionate to the risk of harm Restraint may be physical, using approved MAPA techniques, but also may extend to chemical and environmental such as the use of sedation or swipe access doors. |

4. Duties

All staff will adhere to Trust Policy which sits under the umbrella the of Warwickshire Safeguarding Adults Board (WSAB) Strategic Plan 2016, which requires that all agencies whose staff work directly with vulnerable adults or whose work brings them into contact with vulnerable adults have a minimum responsibility to:

- Ensure that staff are trained to recognise how to recognise abuse, how to respond in order to support the individual who has been abused and how to report the abuse.
- Ensure that organisational policies and procedures do not cause abuse or neglect.

'Doing nothing is not an option'

The Trust as a Managing authority has a duty to:

- Take all practical steps to ensure that vulnerable patients have their needs met safely and that any abuse is recognised and reported in a timely manner while providing support for the patient
- Ensure that organisational policies and procedures do not cause abuse or neglect
- Ensure training is available for all Trust staff and at a level appropriate for each individual's role

Matrons and ward managers have a duty to;

- Ensure that their areas are compliant with training and work in ways which minimise risk of abuse while inpatient.
- Support staff members to respond to any disclosures of abuse and to ensure staff are working within policy and procedure.

Matrons have a duty to:

- be aware of the legislation relating to safeguarding vulnerable adults. Information from the Care Quality Commission can be found here <http://www.cqc.org.uk/content/safeguarding-people> (last accessed 24 April 2017)

All staff with direct patient contact have a duty to:

- Identify patients who are vulnerable and who have disclosed or are at risk of abuse.
- Alert their line manager if they have any concerns about adult abuse

The Executive Director of Nursing has a duty to:

- Maintain responsibility for strategic lead on all aspects of safeguarding adults and be an active member of Warwickshire Safeguarding Adults Board.
- Coordinating risk management and investigation where the person alleged to be causing harm is employed in a position of trust with adults

The lead nurse for Safeguarding Adults has a duty to:

- Provide support and advice on all issues involving vulnerable patients and safeguarding
- Support the EDoN in planning strategic direction on safeguarding adults
- Championing the importance of safeguarding and the specific needs of vulnerable adults
- Providing assurance to the EDoN and trust board that systems and processes are in place to maintain the safety of vulnerable patients and any concerns about abuse are taken seriously and responded to appropriately

The Trusts Safeguarding Adults Group has responsibility for ensuring that the policy implemented and that training is made available. One of the recommendations from the Lampard review is to ensure all staff receive good quality safeguarding training. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf (last accessed 24 April 2017)

The WSAB Strategic Plan 2016 has the following priorities for protecting and safeguarding vulnerable adults;

- **Making safeguarding personal-** important to engage with people and empower them to express what they want to happen. This makes the process of safeguarding responsive to individual needs and aims for a person centred approach to safeguarding vulnerable adults. The WSAB will monitor outcomes.
- **Safe Services** – this involves learning from safeguarding adults reviews to address any issues within policy and practice to improve safety within safeguarding process
- **Listening and Engaging** – staff need to be able to understand concerns about abuse within the context in which they are raised. Newly defined categories of abuse such as self-neglect and modern slavery need to be embedded as there is inconsistent understanding of these which can impair service delivery. WSAB will continue to produce materials to support consistent learning across the county. These materials can be built into existing training packages.
- **Workforce Training** – people have a right to expect an informed response to any safeguarding concern which is raised. Induction and training programmes must contain safeguarding elements. Multi-agency training will be delivered by WSAB.
- **Transitions** – staff to acknowledge that at times of change, such as refugees moving to another country or adolescents entering adult services there are increased vulnerabilities which need to be risk assessed and mitigated against. There needs to be collaborative working between WSAB and WSCB, which may include development of online resources
- **Informing** – safeguarding vulnerable adults is everyone’s business and the WSAB needs to raise profile of abusive behaviour in our communities via website and training materials

The Trust will ensure that safeguarding is integrated into its governance framework as described in Clinical Governance and Adult Safeguarding – An Integrated Process (DH 2010). The aim of the guidance is to encourage organisations to develop robust arrangements which are open and transparent about clinical incidents reporting them appropriately to partnership organisations and learn from safeguarding concerns within the NHS (Appendix A flow chart).

Within the Safeguarding Adult process the main role of the NHS provider services is to:

- act as an 'alerter' and referral agency
- to identify concerns of abuse and neglect
- ensure immediate safety
- to refer to the appropriate organisation within the wider Safeguarding Adults partnership arrangements

The Trust has policies and procedures in place which deal with neglect, poor standards of performance and ill treatment of patients and provide guidance to staff on these matters:

- Disciplinary / Conduct Policy and Procedure (2017)
- Incident Reporting Policy (2016)

The decision making framework (Appendix B) provides information for managers designed to assist them in when deciding whether an incident or event should or should not be referred through Multi - Agency Safeguarding Adults Procedures

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- The person has the mental capacity to make that decision but they may be under duress or being coerced
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- A court order or other legal authority has requested the information.

5. Policy Details

5.1 Recognising Abuse

The No Secrets definition of abuse is 'the violation of an individual's human and civil rights by any other person or persons.'

Abuse may be physical, verbal or psychological, it may be an act of neglect or occur where a vulnerable person is coerced to enter into a financial or sexual transaction to which they have not or cannot consent to.

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with a relative. It may occur in nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes and other places previously assumed safe, or in public places.

Intervention will partly be determined by the environment or the context in which the alleged abuse has occurred. Assessment of the environment or context is relevant as it may be important for the vulnerable adult to be interviewed away from the sphere of influence of the alleged abuser or the setting in order to be able to make a free choice as to how to proceed.

Staff must be vigilant and aware of signs of all types of abuse, these include:

- **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medical / chemical restraint or inappropriate sanctions.
- **Sexual abuse**, including sexual assault, FGM, rape or sexual acts to which the vulnerable adult has not or could not consent to or was pressured into consenting to.
- **Psychological abuse**, including emotional abuse, threats or harm, abandonment, isolation, deprivation of contact, verbal or racial abuse.
- **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions.
- **Neglect or acts of omission** including ignoring medical or physical care needs, withholding the necessities of life such as medication, nutrition and heating.
- **Self-neglect**, is the lack of self-care to an extent that it threatens personal health and safety, includes neglecting personal hygiene needs and failing to seek help or access services when needed.
- **Discriminatory abuse**, including racist, sexist or disability based harassments.
- **Institutional abuse**, includes repeated instances of poor care or neglect of individuals through poor professional practices as a result of structures, policies, procedures and practices within an organisation.
- **Domestic violence and abuse**, includes but is not restricted to incidents of controlling, coercive or threatening behaviour, violence or abuse between two people over the age of 16 who have been intimate partners or family members. This also includes forced marriage, female genital mutilation and 'honour' based violence. Domestic abuse services in Warwickshire information can be found in Appendix D.
- **Modern Slavery**, this includes human trafficking, forced labour, domestic servitude and sexual exploitation and debt bondage – being forced to work to pay off debts.

Abuse can take place in any environment. It can occur in public and private institutional care settings, in hospitals, custodial settings, individuals own homes, or in public places.

Abuse might be directly observed, overheard, disclosed by the vulnerable adult themselves or a third party and there might be occasions where physical signs of abuse or neglect are observed during a consultation or examination.

It is important for staff to remember that it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell. Advice for staff is to:

- Do not be judgemental, accept what the person is saying and reassure the person that you take what they have said seriously.
- Only ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed. Listen calmly to what they are saying. If the person wants to give you lots of information, let them.
- Record what the person is saying in their own words and when writing it down do not paraphrase it, this will ensure that when the details are recalled at an investigation that the person will recognise their words.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.

Further information relating to safeguarding service users from abuse and improper treatment can be found here <http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment#full-regulation> (last accessed 24 April 2017)

5.2 PREVENT

PREVENT is part of the governments counter terrorism strategy called CONTEST which is organised around 4 areas of work:

- Pursue: to stop terrorist attacks
- **Prevent: to stop people becoming terrorists or supporting terrorism**
- Protect: to strengthen our protection against a terrorist attack
- Prepare: to mitigate the impact of a terrorist attack

PREVENT is all about recognising when vulnerable people are being exploited for the sole purpose of terrorist related activities and aims to protect them from those who seek to get people to support or commit acts of violence.

Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities. Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

Raising Concerns

A concern that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so the concern is a safeguarding concern.

If a member of staff feels that they have a concern that someone is being radicalised, then they should discuss their concerns with their immediate line manager or the Trust's PREVENT Leads who can be contacted via Switchboard (0).

Should anyone have concerns that an individual is presenting as an immediate terrorist risk to themselves, others or property then immediate action is required.

They should contact direct:

Emergency Police services on 999 (101 if risk is high but not immediate)

Police contact or National Counter-Terrorism Hotline on 0800 789 321. *Complete the PREVENT Form (found under templates on the policies section on the intranet)*

5.3 Process

Where abuse is discovered or suspected all staff must:

- Follow the response procedure detailed in the flowchart (see Appendix C).
- Report concerns to their Manager and where it is thought that there is a suspicion of actual or possible abuse the incident must be report the incident to Social Services. This might be Hospital Social Services Department if the concerns relate to a patient (ext 5038 or 3131 within normal working hours)

Or

Adult Social Care's Customer Services line (01926 412080 within normal working hours).

Once the report is made to Social Services they are then responsible for co-ordinating the implementation of an investigation.

Out of hours concerns must be directed to Warwickshire County Council Emergency Duty Service (01926 886922). The duty service will make a decision as to whether the referral requires an immediate response or whether to transfer the referral to the Safeguarding Team on the next working day. The service will respond to immediate support and protection needs out of hours and also report suspected criminal offences to the police without delay

The Trust's Safeguarding Adults Lead can be contacted at any point in the procedure and must always be made aware of alerts and referrals.

Where the adult at risk lacks mental capacity to make decisions about safeguarding process further advice must always be sought from matron for the area, capacity manager onsite or on call manager. Staff may wish to refer to the Guidance for Assessing mental Capacity document on the Trust's intranet site at: <http://geheasyweb/clinical-services/safeguarding/>

Or the Mental Capacity Act online at <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Consideration as to whether an adult at risk of abuse who lacks mental capacity is being deprived of their liberty may be raised as a safeguarding concern and staff can refer to the Trust's Mental Capacity Act and Deprivation of Liberty Safeguards Policy (2016) (MCA and DoLS)

If individuals have disabilities it is important to involve the relevant specialist staff e.g. learning disabilities or mental health staff.

In cases of domestic violence and abuse it is important to recognise the increased risk of child abuse if children are in the family home. Once domestic violence and abuse has been disclosed it must trigger an enquiry into family demography and a referral to child safeguarding hub.

In cases of physical or sexual abuse the police must be contacted immediately and asked for advice about what to do to preserve physical evidence. The non-emergency reporting line is either 101 or 01926 415000, if a crime is in progress or life at risk dial emergency 999.

Further good practice guidance can also be found in the WSAB policy and procedures. - Reporting Abuse and via CQC website here <http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment#full-regulation> (last accessed 24 April 2017)

5.4 Documentation

Only the facts surrounding the issue should be documented in the patient's case notes. It is important to accept what the person is saying and in any documentation use their words. Any comments or people's opinions are not relevant and should not be documented. Any further information that is deemed relevant should be documented in the patient's case notes. This might include body mapping to record the size, location and colour of injuries or bruising.

A Datix report form must also be completed at this stage (Incident Reporting Policy 2016).

6. Dissemination

The policy will be available on the Trust intranet site in the master Policy library. A trust wide e-mail will be issued to all staff to inform them that the document has been reviewed.

7. Implementation

Each member of staff is responsible for maintaining up-to-date awareness of existing policies, and for adhering to those policies in the course of their daily work. All new staff joining the Trust should be made aware through their line management of all current trust wide documents and directorate documents relevant to them.

Safeguarding adults training is mandatory for all staff and the training needs analysis ensures that needs of various staff groups are addressed. Level 1 training is mandatory for all staff groups and is delivered as a joint adult and child safeguarding session. Level 2 training is mandatory for all clinical staff and certain other groups identified via learning and development team. Compliance for training is monitored and reported monthly via Learning and Development team.

8. Document Control / Archiving

The document will be managed as per the process described within the Trust's Policy for

the Development and Management of Controlled Documents.

9. Monitoring Table

| Aspect of compliance or effectiveness being monitored | Monitoring method | Individual or department responsible for the monitoring | Frequency of the monitoring activity | Group/ committee/ forum which will receive the findings/monitoring report | Committee/ individual responsible for ensuring that the actions are completed |
|---|---|---|---|---|---|
| Training compliance | Workforce Reports | Clinical managers Lead nurses Matrons | Monthly | CBU meetings Safeguarding Meetings | CBU managers |
| Identification of adults at risk | Screening of incidents and referrals | Trusts Adult Safeguarding Lead | Each time an incident is reported or a referral is made | Trust Safeguarding Adults Group | Trust Safeguarding Adults Group |
| Safeguarding outcomes | Review and analysis of referrals and incidents. | Trusts Adult Safeguarding Lead | Monthly | Trust Safeguarding Adults Group | Trust Board |
| Trust compliance with multiagency policy and procedures | Submission of information relating to KPI's agreed by WSAB | Trusts Adult Safeguarding Lead | Annually | Trust Safeguarding Adults Board | Warwickshire Safeguarding Adults Board |
| Trust compliance with CQC Standard 7 in terms of safeguarding individuals who use services from abuse | Collection of evidence to demonstrate compliance with the standards | Outcome Lead | Monthly | Trust CQC Leads Meeting | Director of Governance |

10. References and Bibliography

Appendix 2: PREVENT (2015) Available at:

<https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent> (Accessed 9/5/2017).

Care Act 2014, 23. Available at:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> (Accessed 11/5/2017).

Care Quality Commission (2016) *Safeguarding people*. Available at: <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care> (Accessed 11/5/2017).

Care Quality Commission (2015) *Regulation 13: Safeguarding service users from abuse and improper treatment*. Available at: <http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment> (Accessed 11/5/2017).

Cornwall Council (2017) *Local safeguarding adults policies, standards and guidance*. Available at: <https://www.cornwall.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/information-for-professionals/local-safeguarding-adults-policies-standards-and-guidance/> (Accessed 9/5/2017).

Department of Health (2011). *Adult safeguarding: statement of government policy*. Available at <https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy> (9/5/2017).

Department of Health (2013). *Adult safeguarding: updated statement of government policy*. Available at <https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy-10-may-2013> 9/5/2017).

Department of Health (2011). *Safeguarding Adults: The role of health services*. Available at <https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services> 9/5/2017).

Department of Health (2000) *No Secrets*. Available at: <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care> (Accessed 11/5/2017).

Department of Health Clinical (2010) *Governance and adult safeguarding: an integrated process*. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_co_nsum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf (Accessed 9/5/2017).

European Court of Human Rights (2010) *European Convention on Human Rights*. Available at http://www.echr.coe.int/Documents/Convention_ENG.pdf (11/5/2017).

Human Rights Act 1998, c. 42. Available at: <http://www.equalityhumanrights.com/human-rights/what-are-human-rights/the-human-rights-act/> (Accessed 8/5/2017).

Lampard, K., (2015) *Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_1_lessons_learned_report_FINAL.pdf (Accessed 9/5/2017).

Mental Capacity Act 2005, c. 9. Available at: <http://www.legislation.gov.uk/ukpga/2005/9/contents> (Accessed 9/5/2017).

Ministry of Justice (2008) *Deprivation of Liberty Safeguards* Available at: (http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf) (Accessed 8/5/2017).

Office of the Public Guardian (2015) *Safeguarding Policy*. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481414/01.1.2.15 - safeguarding policy 2015 v4 FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481414/01.1.2.15_-_safeguarding_policy_2015_v4_FINAL.pdf) (Accessed 9/5/2017).

Social Care Institute for Excellence (2014) *Making safeguarding personal*. Available at: <http://www.scie.org.uk/publications/misc/makingsafeguardingpersonal.asp> (Accessed 11/5/2017)

Social Care Institute for Excellence (no date) *Adult safeguarding: Policy and procedures*. Available at: <http://www.scie.org.uk/adults/safeguarding/policies/> (Accessed 9/5/2017).

Stationery Office on behalf of the Department for Constitutional Affairs (2005). *Mental Capacity Act Code of Practice*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf (Accessed 9/5/2017).

Warwickshire County Council (no date) *Warwickshire Safeguarding Adults Board Policies and Procedures*. Available at: <https://www.warwickshire.gov.uk/adultprotectionpolicy> (Accessed 9/5/2017).

Warwickshire Safeguarding Adults Board (2016) *Strategic Plan 2015 – 2018*. Available at: <https://apps.warwickshire.gov.uk/api/documents/WCCC-1137-3> (Accessed 9

11. GEH Associated Documents

- Assessment of Mental Capacity Guidance
- Disciplinary / Conduct Policy and Procedure
- Domestic Violence and Abuse Policy
- Incident reporting policy
- Mental Capacity Act and Deprivation of Liberties Safeguards

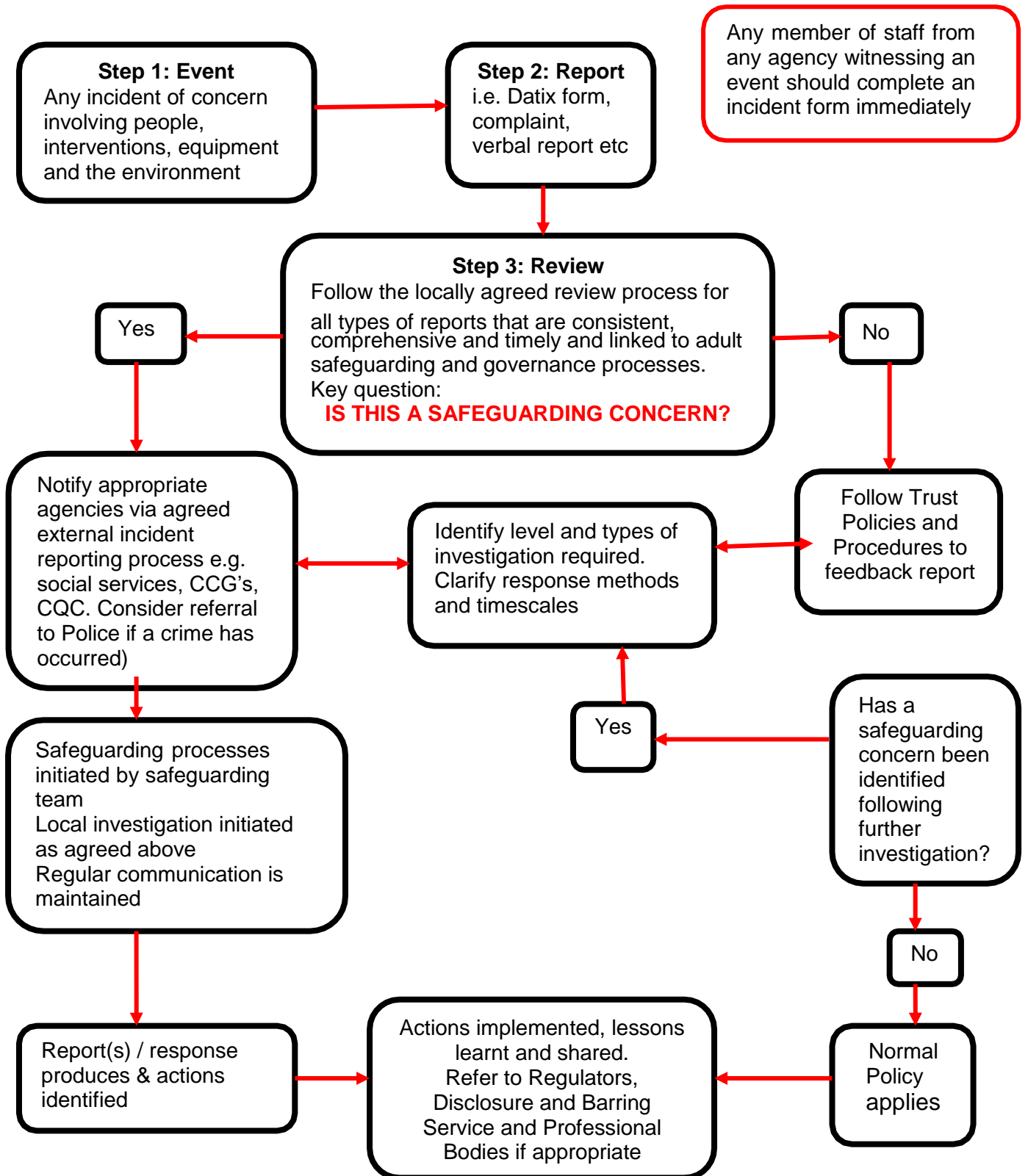
12. Staff Compliance Statement

All staff must comply with the Trust-wide controlled document and failure to do so maybe considered a disciplinary matter leading to action being taken under the Trust's Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against individual concerned.

13. Equality and Diversity Statement

The Trust aims to design and implement services, policies and measures that meet the diverse needs of the needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Appendix A **Clinical Governance and Adult Safeguarding – An Integrated Process Flow Chart**

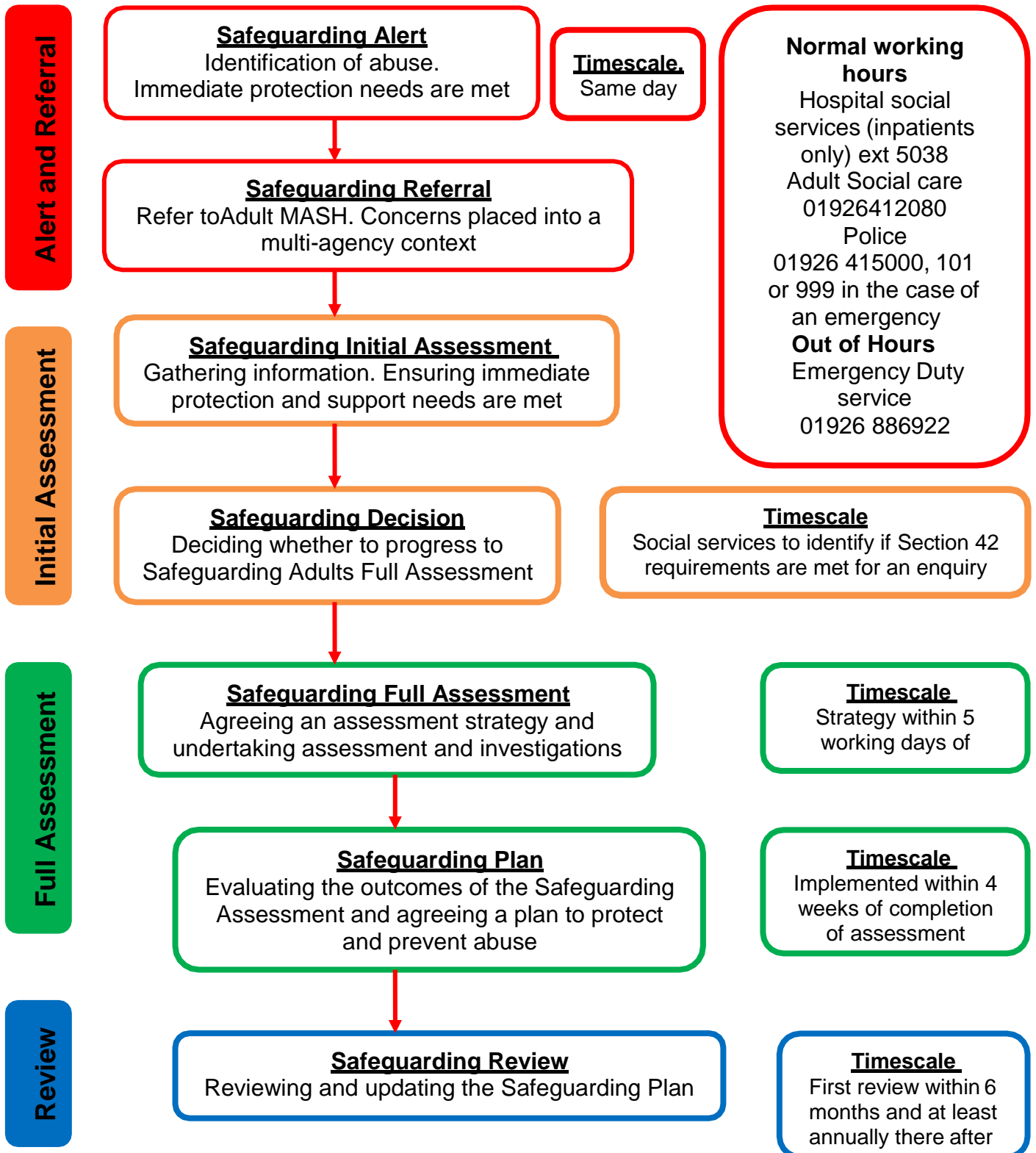


Safeguarding Adults Clinical Governance Decision Making Framework

| | |
|---|---|
| Decision making framework | |
| Factors to consider when deciding whether an incident or event should or should not be referred through Multi - Agency Safeguarding Adults Procedures | Factors considered Note- no single factor will determine that a referral should not be made |
| The Individual / patient | |
| Did the person experience harm | |
| Are others at risk of harm | |
| Was the person's vulnerability likely to be relevant or was it coincidental to the concern | |
| Was the impact of the incident likely to be greater because of the persons vulnerability | |
| What is the persons capacity, support needs and ability to advocate for themselves | |
| What are the person's perception and wishes about how the concern should be dealt with Is there a duty to act | |
| Is cooperation needed from other agencies to keep the person safe | |
| Alleged incident | |
| What was the degree or nature of harm | |
| May other agencies have relevant information that could affect this judgement | |
| Is there divergence from acceptable standards without good rationale and did this lead to harm | |
| What is the likelihood of recurrence | |
| Environment – The worker and the service | |
| Themes and trends emerge in relation to an individual– is this a recurring pattern for the worker and /or the service. | |
| Is there suspicion or evidence of negligence, incompetence or recklessness | |
| Is there suspicion or evidence of lack of integrity or malicious intent | |
| Is there and allegation of misconduct by a member of staff to a vulnerable | |

| | |
|---|--|
| adult If so refer through Multi Agency Safeguarding Hub for adults (MASH) | |
| Could this be a criminal offence If so refer to Police and Local Safeguarding Adults Service | |
| Outcome of decision | |
| Decisions to refer / not to refer through local safeguarding adults procedures and reasons | |
| What other processes / systems are being used to address the problem Do they adequately address the incident or would something be missed | |

Overview of the Safeguarding Adults at Risk Procedure



Adapted from Warwickshire Inter-Agency Safeguarding Vulnerable Adults Policy & Procedure V2

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate Committee for consideration and approval.

| | | Yes/No | Comments |
|----|---|--------|---|
| 1. | Does the document/guidance affect one group less or more favourably than another on the basis of: | | The enactment of the Care and Support Bill due in 2015 will have consequences for adult safeguarding by further strengthening powers of investigation and support |
| | • 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 - learning disabilities, physical disability, sensory impairment and mental health problems | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | No | |
| 4. | Is the impact of the document/guidance likely to be negative? | No | |
| 5. | If so, can the impact be avoided? | N/a | |
| 6. | What alternative is there to achieving the document/guidance without the impact? | No | |
| 7. | Can we reduce the impact by taking different action? | N/a | |

If you have identified a potential discriminatory impact of this procedural document, please refer it to Adult Safeguarding Lead, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Alison Draper Adult Safeguarding Lead 02476153715

DECLARATION LIST
(Policy for the Development and Management of Controlled Documents)
Use the appendix to record that staff in your service area have read the
controlled document.

CONTROLLED DOCUMENT TITLE

Staff are only permitted to carry out this Policy, Procedure, Protocol or Guideline when they have signed this declaration list to verify that they have read, understood and agreed to abide by the provisions of the controlled document.

| Name (printed) | Signature | Position |
|----------------|-----------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |