

Safeguarding Adults Policy

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|-----------------------------------|-------------------------------------|
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| Designation of Policy Author(s) | Named Nurse for Safeguarding Adults |
| Policy Development Contributor(s) | Head of Safeguarding |
| Designation of Sponsor | Chief Nurse |
| Responsible Committee | Trust Safeguarding Sub-Committee |
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The Trust is committed to a duty of candour by ensuring that all interactions with patients, relatives, carers, the general public, commissioners, governors, staff and regulators are honest, open, transparent and appropriate and conducted in a timely manner. These interactions be they verbal, written or electronic will be conducted in line with the NPSA, 'Being Open' alert, (NPSA/2009/PSA003 available at www.nrls.npsa.nhs.uk/beingopen and other relevant regulatory standards and prevailing legislation and NHS constitution)

It is essential in communications with patients that when mistakes are made and/or patients have a poor experience that this is explained in a plain language manner making a clear apology for any harm or distress caused.

The Trust will monitor compliance with the principles of both the duty of candour and being open NPSA alert through analysis of claims, complaints and serious untoward incidents recorded within the Ulysses Risk Management System.

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1 Executive Summary

1.1 Policy Scope

- i. This policy applies to all staff working for or on behalf of the Liverpool Women's NHS Foundation Trust – to be referred to as the Trust or the Organisation. It also applies to people who perform work on behalf of the Trust and organisations who have Service Level Agreement with the Trust.

1.2 Aim

- ii. To provide all staff with guidance on what constitutes an adult at risk and adult abuse and outline the procedure to follow if adult abuse is suspected.
- iii. The Trust provides services to a wide range of individuals and organisations throughout Liverpool, and surrounding areas. It is recognised that some of our clients will be vulnerable adults. All individuals have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the individual. The Trust is committed to ensuring the safeguarding of vulnerable adults and to operating a culture of zero tolerance of abuse.

1.3 Policy Description

- i. This policy provides information on what constitutes adult abuse and gives information on staff responsibilities and duties on how to respond if a safeguarding adult issue is suspected. This is in line with Safeguarding Adult Board (SAB) policy and procedure. As well as ensuring that the Human Rights of adults at risk are upheld in accordance with the Human Rights Act 1998 and the Mental Capacity Act 2005 through empowering them to make decisions for themselves wherever possible.

2 Introduction

- i. Prevention of abuse is the responsibility of everyone. Organisations which embed safeguarding in all aspects of its core business and promote an open culture where staff feel able to raise concerns will support the prevention of abuse.
- ii. Numerous reports and research studies have demonstrated the need to develop and embed a greater awareness of adult safeguarding, to work together to minimise the possibility of abusive situations and to respond effectively to safeguard adults when concerns or allegations arise.
- iii. A central premise of the policy is respect for the rights and dignity of all adults regardless of their age, gender, ethnic origin, culture, faith, ability, or sexuality.

People's rights will be positively promoted through service support and delivery. The Care Act (2014), The Mental Capacity Act (2005) and The Humans Rights Act (1998) provide the legislative framework underpinning current practice within this area.

- iv. The Department of Health have issued the Care and Support Statutory Guidance - issued under the Care Act 2014 (2014) and this policy is based around the advice issued within this document.
- v. The Care Act 2014 is based on the following principles:
 - Empowerment
 - Prevention
 - Proportionality
 - Protection
 - Partnerships
 - Accountability

3 Policy Objectives

- i. The purpose of the policy is to ensure that all staff are aware of what constitutes adult abuse.
- ii. The policy gives instructions for the reporting, investigation and action with regard to suspected abuse against vulnerable adults.
- iii. The intended outcomes of the policy are that all suspected incidents of adult abuse are reported to the correct local authority in a timely manner, that all suspected incidents are recorded following the correct trust procedure and that the key principles of privacy, dignity, independence, choice are promoted for vulnerable adults.

4 Duties / Responsibilities

- i. **Chief Executive:** The Chief Executive is accountable for ensuring that the Trust has in place appropriate arrangements to safeguard adults to whom it is providing healthcare.
- ii. **Board of Directors:** The Board of Directors will ensure that there is continued assurance both internally and to external regulators. The Board will review annual reports and exception reports on safeguarding adult's activity to ensure the processes, structures and services within the Trust promote safety and do not leave adults vulnerable to abuse or neglect.
- iii. **Director of Nursing and Midwifery:** The Director of Nursing and Midwifery has Executive responsibility for Safeguarding in the Trust. The Director of Nursing and Midwifery is responsible for clinical governance & professional oversight of safeguarding arrangements and is the Caldicott Guardian for the Trust
- iv. **Associate Director of Nursing and Midwifery for Safeguarding:** The Associate Director of Nursing and Midwifery for Safeguarding has corporate operational

responsibility for ensuring systems; processes and practice are in line with this policy and procedures document. The Associate Director of Nursing and Midwifery for Safeguarding is the strategic link representing the Trust at all Local Safeguarding Adults Boards. The Associate Director of Nursing and Midwifery for Safeguarding will contribute to panels and undertake internal management reviews when Local Safeguarding Adults Boards decide that a Safeguarding Adult Review (SAR) is necessary. The Associate Director of Nursing and Midwifery for Safeguarding will direct staff to implement SAR recommendations and act on lessons learned including incorporating changes into policy and procedure where relevant.

- v. **Named Nurse for Safeguarding Adults:** The Named Nurse for Safeguarding Adults will support staff members who are dealing with Vulnerable Adult protection issues. Named Nurse for Safeguarding Adults develops and supports the implementation of supervision work plan for those cases where there are concerns that the patient/client is a vulnerable adult.

The Named Nurse for Safeguarding Adults will collaborate with Local Authorities, in line with local procedures, to ensure that appropriate assessments and actions are undertaken where concerns about the safety and welfare of vulnerable adults are raised. The Named Nurse for Safeguarding Adults will investigate clinical aspects of treatment or intervention where safeguarding concerns are raised.

The Named Nurse for Safeguarding Adults provides an annual report to the Board of Directors and the Clinical Governance Committee reflecting work plan including new emerged priorities. The Named Nurse for Safeguarding Adults develops implements and monitors the annual work plan proving reports in line with Clinical Governance Committee work plan.

- vi. **All Staff:** All Staff have a duty to ensure that they have a working knowledge of, and comply with, internal policy and procedures including the Safeguarding Adults Policy and associated procedure. Staff will be aware of the issues of vulnerability. They will develop an understanding of what is abuse and be observant for signs of abuse, neglect and discrimination against their patients and clients. Where incidents of abuse are disclosed or suspected staff will make reports in line with procedures. Staff will develop their knowledge and skills through training and clinical supervision as identified through training needs analysis refer to Safeguarding Training Strategy and personal development plans. Staff will be prepared to question care practices that could be abusive.
- vii. **Quality Committee:** The Quality Committee will receive an annual report on the progress of safeguarding adult work from the Associate Director of Nursing and Midwifery for Safeguarding. The Quality Committee monitors the reports submitted and will draw up a monitoring action plan where issues of non-compliance are identified. The Trust safeguarding Sub-Committee will monitor any action plans devised when there has been a Serious Incident relating to Safeguarding Adults to confirm appropriate action and learning in line with the Trust Incident Reporting Policy

5 Main Body of Policy

5.1 Safeguarding Principles

- i. Safeguarding adults is shaped by 6 principles included in the Care Act 2014:
- ii. Principle 1 – **Empowerment** - Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.
- iii. Principle 2 – **Protection** –Provide support and representation for those in greatest need. There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for patients who may be less able to protect themselves.
- iv. Principle 3 – **Prevention**- Prevention of harm and abuse is a primary objective and involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.
- v. Principle 4 – **Proportionality** – Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.
- vi. Principle 5 – **Partnerships** - Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse.
- vii. Principle 6 – **Accountability** - Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

5.2 Referrals to professional and regulatory bodies

- i. This would include the Nursing and midwifery Council (NMC), General Medical Council (GMC) and Health Care Professional Council (GSCC) where decisions will be made about their fitness to practice.
- ii. If there are any concerns in relation to staff behaviour towards vulnerable adults the Trust policy on Allegations against healthcare professionals working with children and

vulnerable adults must be adhered to.

5.3 Staff Support

- i. The Trust recognises that involvement with adult safeguarding issues can be very stressful. In addition to Safeguarding Supervision, if staff members require further support guidance is available in the Trust Organisation wide policy for supporting staff involved in an incident complaint or claim.

5.4 Indicators of Abuse

- i. The following signs may indicate that an adult is at risk of abuse however it is important to note that the lists are not exhaustive and if you have a concern that does not match to the signs it is important to still discuss your concerns with your line manager or Safeguarding Team.
- ii. **Physical Abuse** – is the physical mistreatment of one person by another which may or may not result in physical injury. Signs of physical abuse in adults at risk could include;
 - Over or under medication
 - Sudden incontinence
 - Burns in unusual areas e.g. palm of hands, soles of feet
 - Unexplained bruising
 - Bruising at various stages of healing
 - Cuts and scratches to lips, eyes, gums or genitalia
 - Bite marks
 - Disclosure
 - Unattended medical problems
 - Bruising corresponding to the shape of an object
 - Unexplained fractures
 - Unexplained burns
 - Unexplained injuries
 - Flinches from physical contact
 - Reluctance to uncover parts of the body.
- iii. **Sexual Abuse** – is any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent or were pressured into consenting. Signs of sexual abuse in adults at risk could include:
 - Recoiling from physical contact
 - Genital discharge
 - Fear of males or females
 - Persistent and inappropriate sexual behaviour especially in the presence of certain persons
 - Torn, stained or bloody garments
 - Not consenting to or understanding sexual activity

- Sudden use of offensive sexual language
- Bruising / lacerations to upper thighs
- Recurring genital irritation
- Unexplained sexually transmitted diseases
- Disclosure
- Pronounced overly affectionate behaviour
- Pregnancy
- Unusual difficulty walking

iv. **Psychological Abuse** – may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language. Signs of psychological abuse in adults at risk could include:

- Stress and / or anxiety in response to certain people
- Displays compulsive behaviour
- Withdrawn, unresponsive and displays overly compliant behaviour
- Disclosure
- Reduction in skills and concentration
- Lack of trust particularly with significant others
- Changes in sleep pattern
- Frightened of specific individuals
- Lack of self esteem

v. **Financial Abuse** – is the misappropriation or misuse of money / assets, or transactions to which the person could not consent or which were invalidated by intimidation / deception. Signs of financial abuse in an adult at risk could include;

- Over protection of money or property
- Money not available
- Forged signatures
- Unexplained withdrawals from accounts
- Account does not balance
- Disclosure
- Lack of money especially after benefit day
- Unable to account for monies being spent
- Accounts balancing but errors found in accounting for activities
- Inability to pay bills
- Losses from accounts disguised for activities
- Insufficient funds in accounts.

vi. **Neglect / Acts of Omission** – is behaviour by carers that results in the persistent or severe failure to meet the physical and / or psychological needs of an individual in their care. Signs of neglect / acts of omission in an adult at risk could include;

- Depression / fear
- Person is isolated
- Continence problems

- Dehydration
- Unkempt look
- Person not allowed visitors or phone
- Person locked in room
- Demanding e.g. food and /or drink
- Access to personal hygiene and toilet is restricted
- Deterioration of health
- Pressure ulcers
- Complaints of pain or discomfort
- Sleep disturbance
- Disclosure by person using service
- Low self esteem
- Unexplained accidents
- Exposed to inappropriate stimuli
- Disclosure

vii. **Discriminatory Abuse** – is based on a person's race, culture, belief, gender, age, disability, sexual orientation and may be the motivating factor in other forms of abuse. Signs of discriminatory abuse in an adult at risk could include;

- Withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities
- Not making reasonable adjustments for disabled people.
- Not providing a Learning Disability advocate to enhance communication
- Sometimes the individual may agree with the abuser just to have an easier life
- Disclosure
- Low self esteem

viii. **Institutional Abuse** – is repeated incidents of poor professional practice or neglect or inflexible services based on the needs of providers rather than the person receiving services. Signs of institutional abuse in the adult at risk could include;

- Lack of personal clothing / possessions
- No support plan
- Lack of stimulation
- Left on commode for long periods
- No or inadequate risk assessment / management plans
- Unexplained bruising / burns
- Repeated infections
- Repeated falls
- Recoiling from specific individuals
- Unauthorised deprivation of liberty
- Pressure ulcers
- Limited or no access to primary / secondary healthcare

ix. **Sexual Exploitation** - Sexual exploitation involves any non-consensual or abusive sexual acts performed without a victim's permission. This includes prostitution, escort work and pornography. Vulnerable adults of both sexes can be victims. Many will

have been deceived with promises of a better life and then controlled through violence and abuse.

x. **Modern Slavery** - Modern slavery is a term that covers:

- Human trafficking
- Slavery Servitude and forced or compulsory labour

xi. **Human trafficking**

For a person to have been a victim of human trafficking there must have been:

- action (recruitment, transportation, transfer, harbouring or receipt, which can include either domestic or cross-border movement)
- means (threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability - however, there does not need to be a means used for children as they are not able to give informed consent)
- purpose of exploitation (eg sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs)

xii. **Slavery, servitude and forced or compulsory labour**

- For a person to have been a victim of slavery, servitude and forced or compulsory labour there must have been:
- means (being held, either physically or through threat of penalty – eg threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability. However, there does not need to be a means used for children as they are not able to give informed consent)
- service (an individual provides a service for benefit, e.g. begging, sexual services, manual labour, domestic service)
- Forced or compulsory labour may be present in trafficking cases. However, not every person who is exploited through forced labour has been trafficked.

There will be cases of exploitation that do not meet the threshold for modern slavery – for example someone may choose to work for less than the national minimum wage, or in undesirable conditions, without being forced or deceived.

Modern slavery is a complex crime and may involve multiple forms of exploitation. Victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. It will be the responsibility of the LWH Safeguarding Team to refer any concerns regarding modern slavery to the National Referral Mechanism so that a competent authority can fully consider the case.

For further information please refer to [Home Office Guidance](#) on victims of modern slavery.

x. **Harmful Practices** - are forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most common are: Forced Marriage and so called Honour Based Violence.

- xi. Patients may present with physical, sexual and mental health issues. Some of the signs to look out for include:
- Issues consistent with domestic abuse
 - Female Genital Mutilation
 - Anxiety and depression
 - Substance misuse
 - Eating disorders
 - Early and unwanted pregnancy
 - Self-harm, suicidality
 - Family history of older siblings marrying early
 - History of withdrawal from education, or for women with physical or learning disabilities, withdrawal from their social networks or day care
 - A woman being taken to the doctor to be examined to see if she is a virgin
 - Possible presentation of symptoms associated with poisoning
 - Less commonly, a woman's hair may have been cut or shaved as punishment

5.5 Safeguarding people who lack capacity

- i. Many patients are able to safeguard their own interests and protect themselves from, neglect, harm or abuse. However some adults are in vulnerable situations and are less able to protect themselves or make decisions about their safety. Hospitalisation alone can result in a degree of vulnerability not normally part of the person's life when they are in their own home.
- ii. Patients with a cognitive impairment may be at a higher risk of abuse as they often:
 - Feel isolated due to their illness.
 - Are unable to process information or know where to look for help
 - Have limited communication
 - Feel their illness may affect their credibility
 - Feel unable to defend themselves
- iii. Timely assessment will identify adults in the most vulnerable circumstances and use person centred care to reduce the risk of neglect, harm and abuse.
- iv. When a person lacks the capacity to make informed decisions about maintaining their safety professionals do have a duty to act in their best interests under the Mental Capacity Act 2005.
- v. For more information on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards refer to the relevant Trust Policy.

5.6 Pressure ulcers- safeguarding triggers

- i. To determine if the identification of a pressure ulcer on an individual receiving professional support (in a care home or nursing home, hospital or from a domiciliary care agency) is a safeguarding incident please refer to Named Nurse for Safeguarding Adults for discussion.

5.7 Confidentiality

- i. It should always be explained what confidentiality means and in what circumstances it may have to be broken. An adult should understand that:
 - Any information given to staff belongs to the organisation not to the individual worker;
 - If a worker suspects that an adult is being harmed in some way they have a duty to report this to their line Manager;
 - Confidentiality should not be confused with secrecy;
 - Informed consent should be obtained but if this is not possible and other people are at risk it may be necessary to override any lack of consent;
 - It is inappropriate for agencies to give absolute confidentiality in cases where there are concerns about abuse, particularly when other people may be at risk.

5.8 Self-neglect

- i. Characterised by an inability to meet one's own basic needs and is an increasingly common problem. It is important to differentiate self-neglect as intentional or non-intentional. The complexity and multidimensional nature of self-neglect means it is difficult to detect and diagnose. Accurate, comprehensive assessments, including capacity and risk assessment and a multidisciplinary approach are critical in managing these cases.
- ii. An adult will be considered under this procedure where they are unable to provide adequate care for themselves and one or more of the following situations apply:
 - They are unable to obtain necessary care to meet their needs;
 - They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury;
 - They are unable to protect themselves adequately against potential exploitation or abuse;
 - They have refused essential services without which their health and safety needs cannot be met.
- iii. Often, the cases which give rise to the most concern are those where an adult refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the adult has the capacity to make an informed decision, then that person has the right to refuse services. In these circumstances, agencies must discuss their concerns at a Case Conference convened under this procedure where information can be shared with the adult and concerns documented.

5.9 Hate Crime

A hate crime is described as “any hate incident which constitutes a criminal offence,

perceived by the victim or any other person, as being motivated by prejudice or hate". Some offences are clear, such as robbery and assault. However, less obvious incidents such as verbal abuse, harassment and threats or intimidation may also be criminal offences. Improved information sharing will assist in identifying hate crime offenders and enable a more effective joint agency approach.

5.10 Mate Crime

Mate crime – The term Mate Crime is generally understood to refer to the befriending of people who are perceived by perpetrators to be vulnerable for the purpose of taking advantage of/exploiting and/or abusing them.

5.11 Domestic Abuse and Information Sharing

- i. Domestic Abuse is defined as any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step –family.
- ii. Domestic abuse can happen in any relationship, and for any reason regardless of age, race, gender, sexuality, disability, wealth, geography and lifestyle. Domestic abuse is more common than people realise. It is rarely a one off event, and is usually a pattern of abusive and controlling behaviour throughout which the abuser seeks power and control over the victim. Abuse generally becomes more severe over time. Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risks and then work together to ensure the safety of the adult at risk is prioritised. While the adult at risk should be at the centre of the safeguarding process this does not preclude sharing information without their consent, particularly where the risk are considered to be high. This approach is supported by legislation including Data Protection Act 1998 and the Crime and Disorder Act 1998, and the Human Rights Act 1998 and within the terms and conditions of the MARAC Operating and Information Sharing Protocols.
- iii. Key Considerations when working with Domestic Abuse:
 - The perpetrator should not be informed of the domestic abuse disclosures or the referral to the MARAC
 - Professionals should not attempt to mediate in cases of domestic violence, but should provide the individual experiencing the abuse, with information about specialist domestic abuse services where safe and appropriate to do so

5.12 Radicalisation of Adults at Risk 'PREVENT'

- i. Due to an increase in terrorist groups targeting vulnerable adults seeking to radicalise and recruit them to their cause, Prevent is a vital part of a national counter-terrorism strategy to stop people becoming terrorists or supporting terrorism. The Prevent strategy seeks to:

- respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views
 - provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
 - work with a wide range of sectors where there are risks of radicalisation
- ii. A multi-agency, safeguarding programme is available to provide support to people at risk of being drawn into terrorist related activity. The process assesses the nature and the extent of the risk an individual faces and, where necessary, provides a package of support tailored to an individual's needs. The process is similar to other safeguarding programmes which protect individuals at risk from involvement in crime, gangs and drugs.
 - iii. For more information on the Prevent Strategy please see Trust Policy.

5.13 Reporting Procedure

- i. Adults have a legal right to make decisions about their lives. Wherever possible gain the consent of the individual and seek their views unless doing so is likely to increase the risk to them or put others at risk.
 - ii. Integral to effective person-centred approaches to adult safeguarding is engaging the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging with the adult in a meaningful way, at an early stage, is key to promoting good person-centred practice.
 - iii. If it is suspected that an offence may have been committed, there should always be a conversation with the adult regarding whether they wish the police to be involved. If the adult does not want the police to be involved this does not override a professional's responsibility to share information regarding a potential or actual offence with them.
 - iv. Such situations should always be approached sensitively. The adult should be advised that the police will be contacted and assured that the police will be informed that they do not wish to pursue this matter or speak to the police. It is for the police to determine if they feel it is necessary for them to speak to the adult or if there is further action they may need to pursue.
 - v. It is not the responsibility of anyone employed by the Trust to decide whether or not abuse has taken place, but it is essential that staff raise all cases of suspected or alleged abuse in line with the procedures identified in this policy.
- iii. Any disclosure or suspicion of abuse must be reported to the LWH Safeguarding Team and depending on the nature of the concern, Social Services. If out of hours or at the weekend contact:

Sefton: Emergency Duty Team 0151 934 3737
Liverpool: Care Line 0151 233 3800
Knowsley: Emergency Duty Team 0151 443 2600

- iv. The referral should be completed via the electronic safeguarding referral form which can be accessed via all Trust desktops. For further advice and guidance access the safeguarding intranet site.

6 Key Reference

- i. The Care Act 2014
- ii. Human Rights Act 1998
- iii. Care and Support Statutory Guidance - issued under the Care Act 2014
- iv. Nursing and Midwifery Professional Code of Conduct 2008
- v. Safeguarding Vulnerable Groups Act 2006
- vi. Mental Capacity Act 2005
- vii. Home Office circular 003/2013. New government domestic violence and abuse definition. Home Office 2013.
- viii. Multi-agency practice guidelines: handling cases of Forced Marriage. UK. Forced Marriage Unit. Home Office 2009.
- ix. Victims of Modern Slavery – frontline staff guidance. Version 3. March 2016. Home Office 2016.
- x. National Referral Mechanism Guidance. Adult (England and Wales). Updated September 2016. Home Office.

7 Associated Documents

- i. Liverpool City Council Safeguarding Adults Procedures 2018
- ii. Mandatory Training Policy
- iii. Incident Reporting and Review Standard Operating Procedure
- iv. Allegations against Professionals who work with children and vulnerable adults
- v. Raising Concerns Policy
- vi. Policy for supporting staff involved in an incident, complaint or claim
- vii. Complaints Policy
- viii. Safeguarding Training Strategy

8 Training

- i. Safeguarding Adults training is mandatory for all staff groups please refer to the Trust Mandatory Training Policy and Safeguarding Training Strategy to understand training requirements.

9 Policy Administration

9.1 Consultation, Communication and Implementation

| Consultation Required | Authorised By | Date Authorised | Comments |
|--|---------------------|-------------------|----------|
| Impact Assessment | PGP | Sept 22 | |
| GDPR | Sept 22 | | |
| Have the relevant details of the 2010 Bribery Act been considered in the drafting of this policy to minimise as far as reasonably practicable the potential for bribery? | Yes | | |
| External Stakeholders | | | |
| Trust Staff Consultation via Intranet | Start date: Sept 22 | End Date: Sept 22 | |

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| Describe the Implementation Plan for the Policy (and guideline if impacts upon policy) (Considerations include; launch event, awareness sessions, communication / training via CBU's and other management structures, etc) | By Whom will this be Delivered? |
| This revised policy will be made available to all staff through the Trust's intranet pages | Associate Director of Nursing and Midwifery for Safeguarding |

Version History

| Date | Version | Author Name and Designation | Summary of Main Changes |
|----------|---------|--|---------------------------------|
| 04/07/23 | 7.0 | Interim Head of Safeguarding | Annual Review |
| 01/11/22 | 7.0 | Interim Head of Safeguarding | Annual Review |
| 01/11/21 | 6.1 | Associate Director of Nursing and Midwifery for Safeguarding | Minor Review |
| 23/07/20 | 6.0 | Associate Director of Nursing and Midwifery for Safeguarding | Updated policy |
| 19/08/19 | 5.6 | Head of Safeguarding | Minor amendments |
| 16/08/18 | 5.5 | Head of Safeguarding | Annual Review |
| 09/2017 | 5.4 | Head of Safeguarding | Annual Review |
| 09/2016 | 5.3 | Head of Safeguarding | Minor Revision |
| 23/10/15 | 5.1 | Head of Safeguarding | Minor amendments of legislation |
| 26/11/14 | 5 | Head of Safeguarding | Updated policy |
| 04/2013 | 4 | Head of Safeguarding | Updated policy |
| 03/11/10 | 3 | Head of Safeguarding | Change of referral forms |
| 14/05/10 | 2 | Assistant Director of Clinical Governance | Updated policy |

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|---------|---|--|------------|
| 09/2006 | 1 | Director of Nursing and Patient Experience | New policy |
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9.2 Monitoring Compliance with the Policy

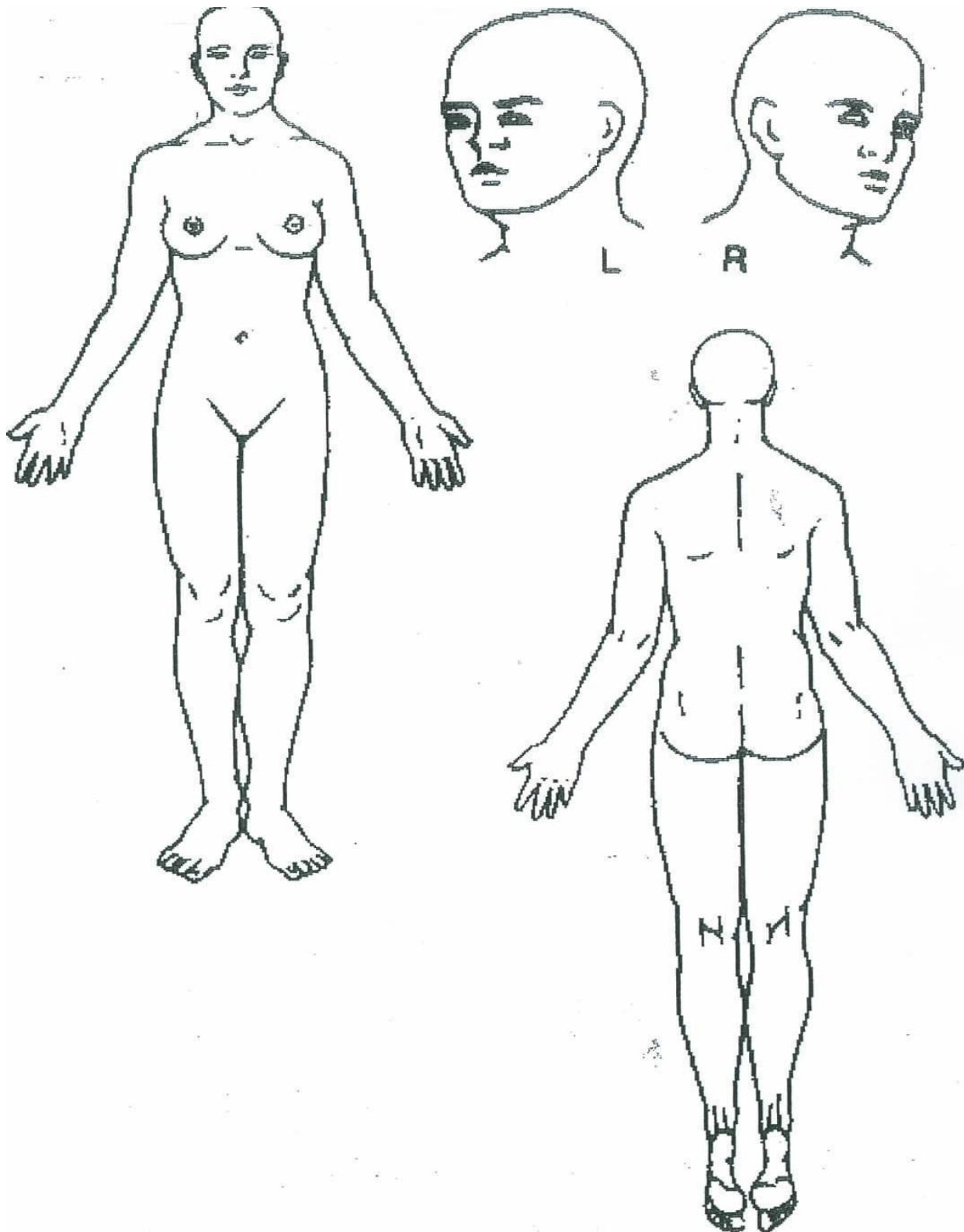
| Describe Key Performance Indicators (KPIs) | Target | How will the KPI be Monitored? | Which Committee will Monitor this KPI? | Frequency of Review | Lead |
|--|--------|--------------------------------|--|---------------------|--|
| All relevant identified staff have completed Level 3 Advanced training for Safeguarding Adults to CCG and CQC compliance | 90% | Quarterly | Trust Safeguarding Sub-committee | Quarterly | Associate Director of Nursing and Midwifery for Safeguarding |

9.3 Performance Management of the Policy

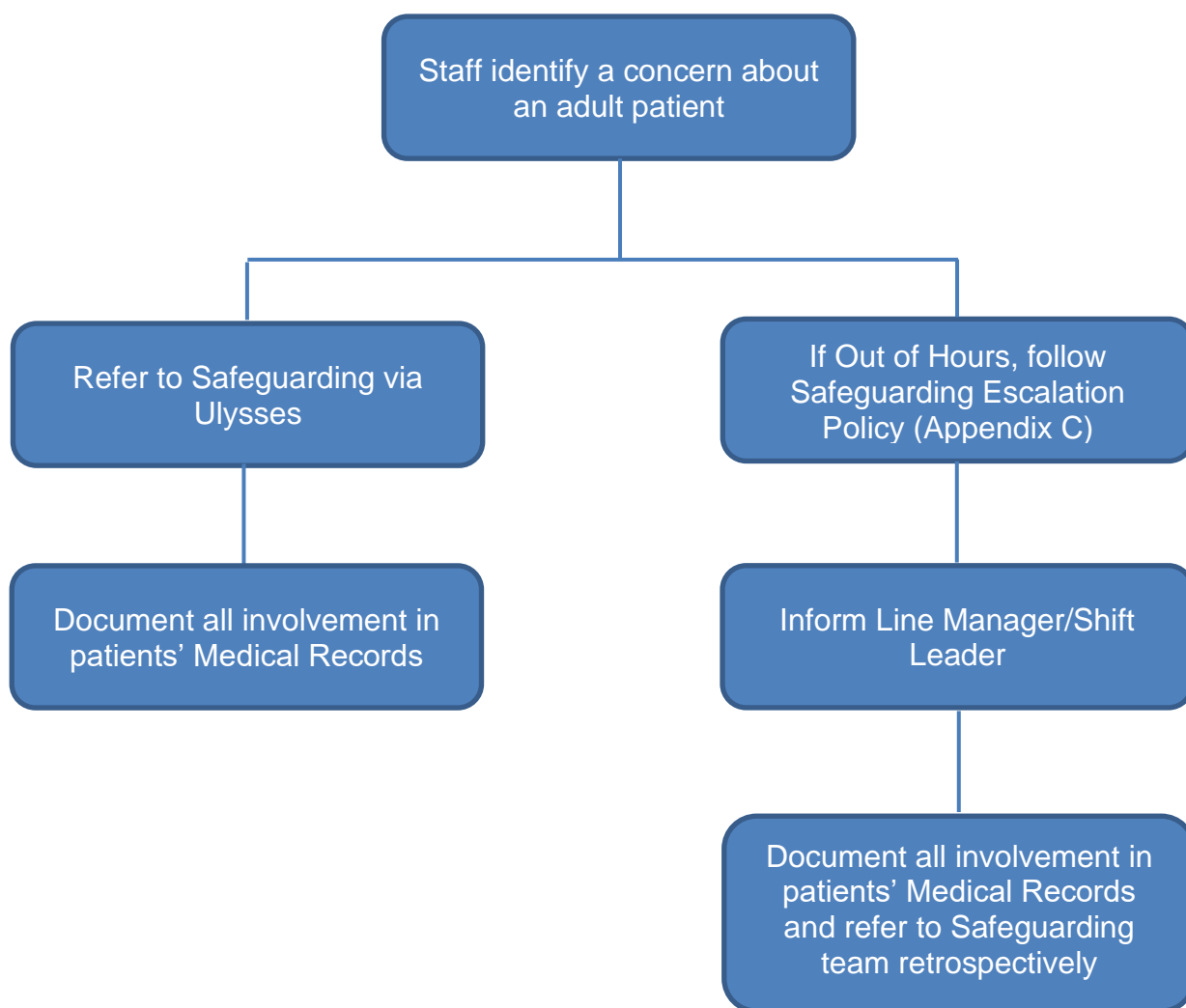
| Who is Responsible for Producing Action Plans if KPIs are Not Met? | Which Committee Will Monitor These Action Plans? | Frequency of Review (To be agreed by Committee) |
|--|--|---|
| Associate Director of Nursing and Midwifery for Safeguarding | Trust Safeguarding Sub-committee | Quarterly |

10 Appendices

10.1 Appendix A – Adult Protection Body Maps



10.2 Appendix B – Safeguarding Adults Alert Flowchart



If ever unsure about the safety of a patient and have concerns then you must discuss them with a line manager or the Safeguarding Team **PRIOR TO DISCHARGE.**

10.3 Appendix C – Safeguarding Escalation Flowchart

Out of Hours Safeguarding Concerns

What to do if you have a
Safeguarding concern
for a CHILD or ADULT

DO NOT DISCHARGE PATIENT UNTIL:

1. Inform and escalate to line manager
2. Discuss concerns with a Safeguarding Professional (between 08:30 – 17:00)
3. If out of hours call appropriate Social Care
4. Document all actions and details in subjects medical records and inform patients Consultant
5. If concern is for a child under 5 years old – Share information with Health Visitor

What to do if you have an
IMMEDIATE concern for the safety
of a CHILD or ADULT

DO NOT DISCHARGE PATIENT UNTIL:

1. Inform and escalate to line manager
2. Discuss concerns with a Safeguarding Professional (between 08:30 – 17:00)
3. If out of hours call appropriate Social Care
4. Contact Merseyside Police
5. Document all actions and details in subjects medical records and inform patients Consultant
6. If concern is for a child under 5 years old – Share information with Health Visitor

Still concerned?

1. ESCALATE CONCERN TO ON CALL DUTY MANAGER
2. EXECUTIVE ON CALL VIA SWITCH

CONTACT NUMBERS

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Rev

SAFEGUARDING TEAM
MERSEYSIDE POLICE
SOCIAL CARE: **LIVERPOOL**
KNOWSLEY
SEFTON

- Internal x4181, x4267, x4367, x4375 or BLEEP Safeguarding via Switchboard
- 0151 709 6010
- 0151 233 3700 (Child) 0151 233 3800 (Adult) (24 hour Careline)
- 0151 443 2600 (Child / Adult, 24 hour line)
- 0345 140 0845 (Child) 0151 934 3555 (Out of Hours) 0151 934 3737 (Adult)

11 Initial Equality Impact Assessment Screening Tool

| | | |
|--|---|--|
| Name of policy/ business or strategic plans/CIP programme: | Details of policy/service/business or strategic plan/CIP programme, etc: | |
| | The aim of this policy is to equip staff with the knowledge and skills to help protect an adult from abuse/harm and report where appropriate. | |
| Does the policy/service/CIP/strategic plan etc affect (please tick) | | |
| | Patients | <input type="checkbox"/> |
| | Staff | <input type="checkbox"/> |
| | Both | <input checked="" type="checkbox"/> |
| Does the proposal, service or document affect one group more or less favourable than another on the basis of: | Yes/No | Justification/evidence and data source |
| Age | No | <p>The central premise of the policy is respect for the rights and dignity of all adults regardless of their protected characteristics. People's rights will be positively promoted through service support and delivery.</p> <p>The Care Act 2014, Mental Capacity Act (2005) and the Human Rights Act (1998) provides the legislative framework, underpinning current practice in this area.</p> <p>Adults will be in control of their care and their consent sought for decisions and actions designed to protect them. There will be clear reason where action is taken without consent.</p> |
| Disability: including learning disability, physical, sensory or mental impairment. | No | |
| Gender reassignment | No | |
| Marriage or civil partnership | No | |
| Pregnancy or maternity | No | |
| Race | No | |
| Religion or belief | No | |
| Sex | No | |
| Sexual orientation | No | |

| Human Rights – are there any issues which might affect a person's human rights? | | Justification/evidence and data source |
|---|----------------------------------|---|
| Right to life | No | <p>The aim of this policy is to provide guidance to staff on what constitutes adult abuse and outlines the procedures to follow if abuse is suspected, thereby protecting the individual's rights under Article 3 of the Human Rights Act, to be free from inhumane or degrading treatment.</p> <p>The policy is based on multiagency guidance, and is underpinned by the following legislation:</p> <ul style="list-style-type: none"> • The Care Act (2014) • Mental capacity Act (2005) • Human Rights Act (1998) |
| Right to freedom from degrading or humiliating treatment | Yes | |
| Right to privacy or family life | No | |
| Any other of the human rights? | No | |
| EIA carried out by: Matt O'Neill Quality assured by: PGP | Date 21/10/20 21/10/20 | Contact details of person carrying out assessment. Mathew.oneill@lwh.nhs.uk |