The Walton Centre
NHS Foundation Trust

Safeguarding Adult Policy and Procedure

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Think of the environment…Do you have to print this out this document? **You can always view the most up to date version electronically on the Trust intranet.**

Executive Summary

The aim of the policy is to provide guidance to all staff on the local policies, practice and procedures that should be followed by Walton Centre NHS Foundation Trust employees when working with individuals who may require safeguarding. With the intended outcomes of either preventing abuse or responding promptly and effectively when abuse occurs.

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1. Introduction

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect" (Department of Health, 2014).

The Care Act 2014 was implemented in April 2015 consolidating existing community care legislation, and for the first time placing safeguarding adults on a statutory footing.

Care and Support Statutory Guidance (2014) was issued under the Care Act 2014 and replaces previous Guidance: No Secrets (2000).

This policy sets out the organisation's statement of purpose for all members of staff to promote the wellbeing of everyone who uses services, and their carers', act positively to prevent harm, abuse or neglect (including self-neglect), and responding effectively if concerns are raised. The Walton Centre NHS Foundation Trust is committed to an organisational culture which prevents abuse and neglect and has a zero tolerance of practice that harms service users.

The Walton Centre NHS Foundation Trust is a member of Local Safeguarding Adult Boards (LSAB) in Liverpool. The purpose of the LSAB is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services such as the Care Quality Commission (CQC). This policy, therefore, should be read in conjunction with the Multi-Agency Safeguarding Policy and Procedures published by each Liverpool Safeguarding Adults Board. These policies are available via a link from our website.

Statutory Guidance to the Care Act 2014 has codified six principles of safeguarding, originally published in a Department of Health statement on Safeguarding Adults (Department of Health, 2011). These are: Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability.

1.1. Aims of the Policy

The aim of the policy is to provide guidance to all staff on the local policies, practice and procedures that should be followed by Walton Centre NHS Foundation Trust employees when working with individuals who may require safeguarding. With the intended outcomes of either preventing abuse or responding promptly and effectively when abuse occurs.

2. Scope

The Trust is accountable for ensuring that there are "reliable systems, processes, and practices in place to keep people safe and to safeguard them from abuse and neglect" (CQC, 2015). This policy applies to all members of staff, whether paid or unpaid, student, or volunteer.

Walton Centre NHS Foundation Trust's policy on Safeguarding is designed to complement the Multi-Agency Policies and Procedures of Local Safeguarding Adults Boards, and links closely to other Trust Policies on:

- Confidentiality and information sharing
- Consent to examination or treatment
- Incident management and investigations

- Mental Capacity Act and Deprivation of Liberty Safeguards
- Disclosure and Barring Service
- Speak Up (whistleblowing)

3. Definitions

3.1. Safeguarding adults

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect (Department of Health, 2014). It includes self-neglect in some circumstances. It is everybody's business.

3.2. Adult at risk

- For the purpose of safeguarding, an 'Adult at Risk' is any person over the age of eighteen years old who:
  - has needs for care and support (whether or not the [local] authority is meeting any of those needs)
  - is experiencing, or is at risk of, abuse or neglect, and
  - As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
  - (S42. Care Act 2014)

3.3. Abuse

It is important not to limit abuse or neglect as it may take various forms and can be dependent on the circumstances of the case and the individual.

Abuse can be intentional or unintentional, it may be a single or repeated act. It can occur in any setting including residential and nursing home settings, family homes, day care settings, social settings, public places and hospitals.

Abuse, harm, and neglect often incorporate a misuse, or abuse, of power and an individual's dependence on others.

The table in appendix 3 identifies what forms of abuse are considered in the guidance documents and provides description and supporting guidance.

3.4. Modern Slavery

From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

The 'duty to notify' provision is set out in the Modern Slavery Act 2015 and applies to all police forces and local authorities in England and Wales, the Gang masters Licensing Authority and the National Crime Agency.

A factsheet and other materials are available on following link - https://www.gov.uk/government/publications/modern-slavery-duty-to-notify

3.5. Section 42; the Safeguarding Enquiry:

Section 42 (Care Act 2014) places a duty on local authorities and the multi-agency safeguarding system to make enquiries and take action to protect adults at risk from harm, abuse, or neglect.

A section 42 Safeguarding Enquiry is about deciding whether or not the Local Authority, or another organisation or person, should do something to help or protect the adult at risk.

Although the local authority holds the Enquiry Duty, they are empowered to `cause enquiries to be made'. This means that other organisations or agencies may be tasked with conducting a Safeguarding Enquiry under section 42, Care Act (2014).

3.6. Safeguarding Adults Boards (SAB):

Each Local Authority area must have a statutory Safeguarding Adult Board – often referred to as the Local Safeguarding Adults Board (LSAB) whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services such as the Care Quality Commission (CQC).
Safeguarding Adults Reviews (SAR):

A statutory review must take place under certain circumstances; if an adult with care and support needs dies and abuse or neglect are known or suspected, or they experience serious abuse or neglect, and there are concerns about how members of the multi-agency system worked together to safeguard the individual.

3.7. Prevent

Section 26 of the Counter-Terrorism and Security Act 2015 (CTSA, 2015) places a duty – the 'Prevent Duty' on specified bodies, including NHS Foundation Trusts such as Walton Centre. The 'Prevent Duty', requires specified authorities to have" due regard to the need to prevent people from being drawn into terrorism." (CTSA, 2015). Please refer to Prevent policy which is available on Trust Intranet.

4. Duties and Responsibilities

4.1. Trust Responsibility

The Trust Board has a responsibility to set safeguarding adults within their strategic objectives, ensure there is Board level leadership, an overall policy in place and an organisational culture which places service users and their wellbeing at the centre of safeguarding, and that endeavours to prevent harm, abuse, and neglect from occurring.

4.2. Director Accountable for Safeguarding:

The director accountable for safeguarding is responsible for reporting to the Board and providing executive leadership. He/she is accountable for the governance of safeguarding to the service, partners and regulators.

4.3. Corporate Safeguarding Team:

Walton Centre NHS Foundation Trust employs a Corporate Safeguarding Team whose purpose is to support members of staff, and the organisation to fulfil its obligations to service users and their carers to work effectively to prevent harm, abuse, and neglect, and to act positively to protect adults at risk.

4.4. Divisional Leads:

Divisional leads are responsible for leading improvements, innovations and best practice; for providing support, responsive supervision, clinical leadership and practice

advice. They also provide a link between directorates and the Trust-wide forum and provide information in respect of compliance and performance updates.

4.5. Department Heads/Managers:

Department Heads/Managers are responsible for ensuring that staff are aware of the Trust policy and offer support to those reporting abuse. Managers should also ensure that the level of responsibility for each staff member is explicit as a statement in all job descriptions to meet the expectations of each individual role. Good clinical leadership and high professional standards are paramount in the provision of care and the prevention of abuse.

4.6. All members of Staff:

All employees (including bank & agency staff), volunteers and contractors are required to adhere to the policies, procedure and guidelines of the Trust, including their roles and responsibilities under this policy.

All staff should make sure that they have familiarised themselves with their local multi-agency safeguarding policy as the Walton Centre policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed, and the local responsibilities of Walton Centre staff within multi-agency safeguarding practice.

Staff must always also work within the guidelines of their professional codes of conduct and the policies of the Trust to prevent abuse through an act or omission to act. Omissions to act and poor professional practice can amount to neglect even if the abuse was unintentional.

5. Safeguarding Principles

The first part of this section is structured around the six principles of safeguarding adults, as published in statutory guidance.

5.1. Safeguarding Principle 1: Empowerment:

Empowerment is about people being supported and encouraged to make their own decisions and informed consent (Department of Health, 2014).

Self-determination / consent: Adults have the right to make their own decisions and can make choices to stay in abusive situations that cause them significant harm, for example, situations of domestic abuse, despite the risk that this may pose to the individual.

Where the concerns lie within a family, staff must have regard for the safety of any children who may be at risk and make a referral to children's services as appropriate. Staff must 'think family' at all times and not limit their scope to adults that they may be working with.

5.2. Making Safeguarding Personal (MSP):

In 2010 a national programme 'Making Safeguarding Personal' was launched with the aim of promoting a shift in culture away from a process driven intervention to a person-centred response.

Under Care Act statutory guidance all agencies have a responsibility to “engage a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Department of Health, 2014).

In practice following a Making Safeguarding Personal approach adult at risk means working with individuals to answer the three MSP questions of:

- What difference is wanted or desired?
- How will you work with someone to enable that to happen?
- How will you know that a difference has been made?

While not mandated, seeking answers to these questions when concerns are identified would be good practice, and should be the norm rather than the exception. Making Safeguarding Personal offers an opportunity to educate individuals about their right to live a life free from abuse, harm, or neglect and about the safeguarding process as a tool to enable change.

There may be occasions where it is appropriate to share information, raise safeguarding concerns, or otherwise act protectively without the involvement of individuals; for example, where a person is unable to make decisions about safeguarding, or where risks to the adult, their family, or members of staff may be escalated.

Further guidance on this may be found in (LGA (2015) Making safeguarding personal: A toolkit for responses 4th Edition, London: Local Government Association.)

5.3 **Safeguarding Principle 2: Prevention:**

Members of staff play a key role in preventing abuse and in taking positive action on suspicion of abuse or neglect. Safeguarding adults is core to delivering high quality care.

The risk of abuse or neglect can be mitigated through early recognition of potential vulnerable situations where abuse or neglect may occur, early identification of abuse and ensuring appropriate and timely action.

People using services can be helped to protect themselves from abuse through a variety of community support services such as service user groups and advocacy services.

Routine processes such as assessment, capacity assessment, risk assessment, care planning, and the Care Programme Approach should be used to enable people and professionals to acknowledge the risk of abuse and take active steps to minimise the risk and subsequent impact.

5.4 **Safeguarding Principle 3: Proportionality**:

Another aspect of a person-centred approach to safeguarding is that services and safeguarding will only get involved as much as is needed.

The concept of proportionality is apparent throughout the Human Rights Act 1998 and is reflected in the principles of less restrictive (MCA 2005 and Code of Practice) and less restrictive (MHA 1983 and Code of Practice) practice.

Proportionality means that interventions may range from single agency responses, care management, CPA or professionals' meetings, bespoke single agency or joint-agency s.42 Enquiry (Care Act 2014), leading only to full multi-agency safeguarding procedures where absolutely necessary.

5.5 Safeguarding Principle 4: Protection – the management of abuse allegations

When an allegation of abuse is made, the primary consideration must be to ensure the safety of the service user. Where a criminal offence may have occurred, this may include supporting the service user to contact the police, or you may need to do this yourself.

Managing disclosure:

- In the event of a disclosure of abuse it is important to respond sensitively and appropriately to support adults at risk and preserve the integrity of evidence. Members of staff should therefore:
- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain the safeguarding process and what you are going to do
- Find out what the person would like to happen
- Report to a relevant manager
- Write a factual account of what you have seen/heard immediately as well as anything you have said or actions you have taken, and the person's views and wishes
- Seek to protect any possible evidence

Members of staff should not:

- Press the individual for details (it is not your duty to undertake the investigation unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence
- Ask leading questions

6. Raising a Safeguarding Concern

Organisations have a responsibility to establish and operate systems and processes effectively to ensure that adults at risk are protected, and the investigation of allegations of abuse as soon as they become aware of them (CQC, 2015).

Members of staff should, as soon as they become aware of allegations of harm, abuse, or neglect (including self-neglect) of an adult with care and support needs, contact their Local Authority Social Services department – directly by either completing an in-patient referral on EP2 system or by phone by utilising contact details of local social care services via Trust Intranet.:

[redacted]

Please refer to Safeguarding Adult Flowchart in appendix 1.

Safeguarding concerns should be made with the consent of the adult at risk – in keeping with the first principle of safeguarding (Department of Health, 2014).

Where the person lacks capacity to consent, a decision will need to be made in the person's best interests.

Where the person refuses to give consent, it may be justifiable certain circumstances to override confidentially and share information due to the risks posed to themselves or others. Staff should seek support if unsure from their manager or a member of the safeguarding team.

Adults at risk, in keeping with the principles of Making Safeguarding Personal, should be an active partner in the raising of a concern, the purpose of which is to enable the local authority to decide if a duty to make or cause an enquiry under section 42 needs to be activated and, if so, who will undertake the enquiry, and whether any actions need to be taken as a result.

6.1 Section 42 Enquiries:

Statutory guidance states that although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person to begin an enquiry is. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse (Department of Health, 2014).

An enquiry may be anything from a simple conversation with the adult at risk to full investigation of an adverse incident. In many cases existing Quality Governance processes (such as the SIRI process) within the Trust will be used to meet the requirement of an enquiry.
When a member of staff, or the Trust itself is caused with making an enquiry the Local Authority retains overall responsibility for the enquiry and will take an active part in agreeing any terms of reference, and for decision making about what actions should be taken, and by whom, as a result of the outcome.

It should be noted that under statutory guidance "safeguarding is not a substitute for

- Providers' responsibilities to provide safe and high-quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property." (Department of Health, 2014)

6.2 **Safeguarding Principle 5: Partnership**:

Partnership working is the cornerstone of effective safeguarding practice. In addition to working in close partnership with adults at risk, it is essential that professionals from different agencies can work together and coordinate their responses to safeguard adults at risk and prevent harm, abuse, or neglect from occurring.

The Care Act has made statutory, under section 43 (Care Act 2014) the role of the Safeguarding Adult Board.

Each Local Authority must establish a Local Safeguarding Adults Board whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services.

The Local Safeguarding Adults Boards have been granted legal powers to support them in the effective coordination safeguarding, the power to request and receive information that will support its key functions.

Within the Walton Centre NHS Foundation Trust, the Corporate Safeguarding Team represents the Trust at each Local Safeguarding Adults Board and are the conduit between the Trust and the LSAB.

6.3 Safeguarding Principle 6: Accountability

Principle 6 of safeguarding calls for accountability and transparency in delivering safeguarding. Adults at risk should be aware of the actions that professionals are intending to take, what their role is within safeguarding, and they should be confident that professionals are also aware of each other's roles

Principle 6 should ensure that there are 'no surprises' in safeguarding.

The principle of accountability also supports the Duty of Candour – a legal duty on NHS Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

6.4 The Mental Capacity Act and Safeguarding:

The right to live a life free from harm, abuse or neglect (including self-neglect) is universal and applies to everyone equally – regardless of their ability to make decisions or engage and applies to everyone equally.
The principles and implementation of the Mental Capacity Act 2005 may well influence the level of support needed to enable individuals to participate in safeguarding and the Making Safeguarding Personal approach, and it may be that use of safeguarding procedures itself arises out of a best interest decision-making process. For more information on the Mental Capacity Act, please refer to the Mental Capacity Act Policy.

6.5 Recording Safeguarding: Incident reporting

The harm, abuse, or neglect of an adult at risk who is receiving services from Walton Centre NHS Foundation Trust is a reportable incident – regardless of whether the alleged harm, abuse, or neglect is attributable to the Trust.

- If the harm, abuse or neglect of an adult at risk has occurred during the patients stay within the Trust and requires a safeguarding referral then this should be escalated to Liverpool Care Line
- If the harm, abuse or neglect of an adult at risk has occurred outside of the Trust and requires a safeguarding referral then this should be escalated to the patients Local Authority Adult Safeguarding Team (Please refer to appendix 2 for the contact details)

The Trust's internal incident management policy will need to be used alongside safeguarding procedures. Incident reporting is one of the key methods for alerting when unintended or unexpected incidents could have or did lead to harm.

An incident report form should be completed for all safeguarding adult incidents or disclosures that occur within the Trust, and whenever a safeguarding concern is raised with the Local Authority.

Specifically, a Trust incident form or electronic reporting should be completed in the following circumstances:

- When a safeguarding referral is made to the Local Authority
- Where abuse, neglect or intimidation is suspected as a result of the actions of Trust staff member
- Suspected abuse, neglect or intimidation which takes place on Trust premises
- Where a service user or child has been seriously harmed
- When a disclosure of abuse, neglect or harm is made to a member of staff (the allegation may be current or historic).

Further clarification can be sought from the governance team if required. The Trust incident policy should be followed to guide staff as to the level of further investigation required.

Further guidance can be sought from the pocket guide for Safeguarding Adults produced by NHS England and this guide can be viewed via this hyperlink

https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

7 Allegations against Trust staff

Where the allegation of abuse involves a Trust staff member, this should be flagged up as a matter of urgency to the staff member's manager and to the Safeguarding Matron. An incident form should be completed, and a safeguarding concern should be raised with the Local Authority. Members of staff should remember that Police should be informed where there are concerns that a criminal offence has been committed.

In addition, Disclosure and Barring Service (DBS) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk with details of any management action taken such as restriction of practice or exclusion. A referral may also be required to the professional body of the staff member concerned. Advice should be sought from HR alongside the Safeguarding Matron, Chief Nurse and Divisional Nurse Director. Where an internal investigation or the safeguarding investigation establishes a suspected crime, this will need to be reported to the police.
Where there is an allegation against a Trust employee unconnected to their employment, the line manager will consider the facts and will need to consider whether the actions of the employee pose a risk.
(Please refer to Managing Safeguarding Allegations policy on Trust Intranet).

8 Disclosure and Barring Service

The DBS manages a vetting and barring list and has the power to bar certain people from regulated activity with children and adults at risk. As an NHS and social care

provider of services the Trust is known as a regulated activity provider for the purposes of the scheme.

The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts including most NHS jobs. It is also a criminal offence to employ a barred individual. Employers and service providers will be able to check an individual's status on-line free of charge.

Employers, Local Authorities, professional regulators and other bodies have a duty to refer to the DBS, information about individuals working with children or adults where they consider the individual to have caused harm or pose a risk of harm. The Trust therefore has a duty to refer relevant information as it is a provider of both regulated activity and controlled activity. Please refer to the referral to the Recruitment and Selection Policy. Also, the DBS website provides guidance on when employers should make a referral to them.

9 Safeguarding Adult Reviews (SAR)

Section 44 (Care Act 2014) requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:

- An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or
- An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect.
- Safeguarding Adults Boards are free to arrange Reviews in any other situation involving an adult in its area with needs for care and support.

Safeguarding Adult Reviews are intended to determine what agencies and individuals involved in the case might have done differently so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again.

The purpose of a Safeguarding Adult Review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

The Walton Centre NHS Foundation Trust has a responsibility to refer such cases to the Local Safeguarding Adults Board for consideration of Review. As this is a multi-agency process, it need not be the Trust's services where abuse, harm, or neglect may be known of or suspected.

All potential referrals for Safeguarding Adult Review should in the first instance be discussed with the Corporate Safeguarding Team who will support you to gather the relevant information, and a chronology if required, and submit the referral for you.

10 Raising Concerns

The values of the Trust include being "trustworthy, open and honest". The Trust wants to be open with its staff, and staff to be open with service users, with each other and with the Trust. The Trust believes this leads to better care. Members of staff are

encouraged to speak to their manager if they have any concerns over the quality or safety of care being delivered.

The Trust's Raising Concerns policy is available to enable staff to report that something is wrong, has happened, or may happen and to support staff in raising genuine concerns which will be treated seriously, promptly and fairly. In addition, the Trust has commenced the Speak Up scheme, which complements the reporting concerns policy. Details of this scheme can be found on the Trust's website.

Members of staff are often the first to realise that there may be something seriously wrong within the Trust, their department or service. However, they may not say anything because they feel that speaking up would be disloyal to their colleagues or to the Trust. Raising a concern does not mean the individual has to provide proof of the problem – the individual only needs a genuine belief that something may be wrong and could need looking into.

Raising Concerns is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member in the Trust

11 Training Arrangements

The delivery of effective training is crucial to the success of the safeguarding adult's agenda. There are differing levels of safeguarding training dependent on roles and responsibilities. The Adult Safeguarding; Roles and Competencies for Health Care Staff 2018 Intercollegiate Document provides guidance for the minimum training requirements and identifies the levels of practice / role expectations within the care context.

Safeguarding Training is mandatory for all trust staff at the appropriate level. There are 5 levels of adult safeguarding training – please see the Trust's Mandatory Safeguarding Training Strategy and TNA for appropriate mapping for job roles (Appendix 2).

All new staff to the Trust will attend the Mandatory Trust Induction Programme.

Level 1 training will be every 3 years for some clinical and non-clinical staff as part of ongoing mandatory training requirement.

Level 2 training will be every 3 years for some clinical and non-clinical staff as part of ongoing mandatory training requirement.

Level 3 training will be every 3 years for all registered health professionals, as part of ongoing mandatory training requirement.

The named professionals will be required to be trained to level 4/5 standard and every three years include update sessions equivalent to 24 hours.

12 Monitoring Arrangements

Element to be monitored	Lead	Frequency	Reporting arrangements
Safeguarding adults reporting data is in line with expected national average	Safeguarding Matron	Quarterly reports	Safeguarding Group

			Quality Committee as part of exception reporting
Safeguarding incidents recorded correctly	Matrons Divisional Leads Department Heads	Monitored through quarterly reports and through corporate Safeguarding Team	Safeguarding Group Quality Committee as part of exception reporting
All staff have completed appropriate level of training	Matrons Divisional Leads Department Heads	Monthly Training reports	Safeguarding Group Professional Nurse Forum Quality Committee as part of exception reporting

13 References

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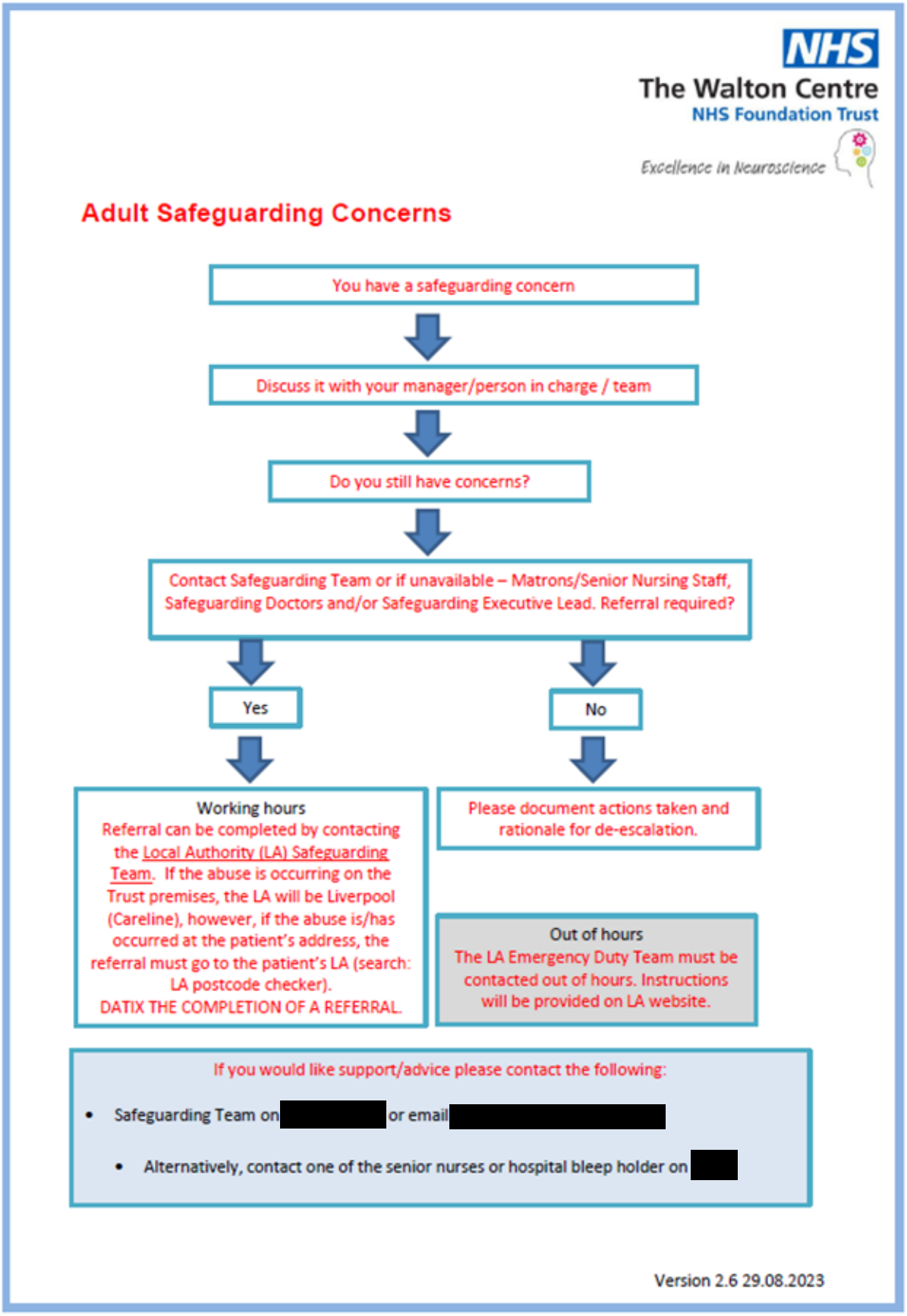
- Adult Safeguarding; Roles and Competencies for Health Care Staff. First edition; August 2018.Intercollegiate Document.
- Pocket Guide – safeguarding adults by NHS England https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

13.1 Supporting/linked policies/documents

- Mental Capacity Act policy
- DOLs Policy
- Domestic Violence or Abuse Policy
- Supporting Staff and Patients Experiencing Domestic Violence or Abuse Policy

- Safeguarding Children Policy
- Prevent policy
- Managing Safeguarding Allegations Against Staff Policy
- Raising Concerns Policy
- Recruitment and Selection Policy
- Learning Disabilities Policy
- Restrictive Interventions Policy
- Safeguarding Supervision Policy

Appendix 1 - Safeguarding Adults Flowchart



Appendix 2 - Safeguarding Training Needs Analysis and Competency Framework

The safeguarding training guide is for staff employed by Walton Centre NHS Foundation Trust in line with Legislation and Statutory compliance requirements. Safeguarding training is delivered using a mixture of face to face and e-learning. Individual staff members have a responsibility to attend training that is mandatory and also training that is specified for their job role and managers are responsible for their team's compliance. Guidance on how to access the e-learning packages can be found on the intranet by logging into the staff members Electronic staff record (ESR).

Course	Staff Groups	Core Competencies
Safeguarding Adults /Safeguarding Children Level 1 Incorporating: Adults at Risk of Abuse, Safeguarding Children including CSE basic awareness, MCA/DOLS, Domestic Abuse Prevent basic awareness. All Staff Working in health settings **Delivered via e-learning** (3 yearly requirement)	This includes the following: • all health care staff (doctors, nurses, AHP's, HCA's), • laboratory staff, • receptionists, • administrative staff, • caterers, • domestic staff, • transport staff, • porters, • maintenance staff including non-clinical staff working for independent contractors within the NHS	Competence at this level is about individuals knowing what to look for, which may indicate possible harm and knowing who to contact for advice if they have concerns. It comprises of: • Recognising potential indicators of child maltreatment, physical abuse including fabricated and induced illness and Female Genital Mutilation, neglect, emotional abuse, forced marriage, modern slavery and grooming and exploitation to support and/or commit acts of terrorism, missing children, county lines, and child trafficking, sexual abuse, including child sexual exploitation, missing children, county and child trafficking, domestic abuse • Recognises that children with any disability are at greater risk of abuse • Recognises the vulnerabilities of children who are looked after • Awareness of potential impact of a parent/carer's physical and mental health on the wellbeing and development of a child or young person and the impact of parental substance misuse, domestic violence and abuse. The risks associated with the internet and online social networking, Adverse Childhood Experience (ACE's) and their effects. An understanding of the

	• volunteers across health services	importance of children's rights in the safeguarding/child protection context, and the awareness of relevant legislation and guidance. • Awareness that a child not being brought to a health appointment may be a potential indicator of neglect or other forms of abuse. • Awareness of the potential significance on the wellbeing of children of parents/carers not attending or changing health appointments, particularly if the appointments are for mental health, alcohol or substance misuse problems • Taking appropriate action if they have concerns including appropriately seeking advice, documenting and reporting concerns safely • Staff working in agencies that use a flagging/coding system for children at risk are familiar with the flagging system as appropriate to role • Awareness of professional abuse and raising concerns about conduct of colleagues. • Recognising potential indicators of adult abuse harm and neglect. • Awareness that adults experiencing stressful situations in their own lives may have caring responsibilities, for other adults or children. • An awareness of the importance of adults rights in the safeguarding context, and the essential knowledge of relevant legislation e.g. human rights act and mental capacity legislation.

		• An awareness and ability to locate local policies and procedures and how to access support to respond to safeguarding concerns. • An awareness of appropriate action including reporting and documenting concerns safely and seeking advice. Particularly if uncertain whether a safeguarding need is present. • Building personal confidence, skills and knowledge to take immediate action through local safeguarding procedures. This should include the ability to escalate concerns if action is not taken. • An awareness of consent, information sharing, data protection legislation and acting safely to share information
Safeguarding Adults Level 2 incorporating MCA/DOLS All practitioners that have regular contact with patients, their families or carers or the public that do not meet the criteria for level 3 **Delivered via e-learning** (3 yearly requirement)	This includes the following: • administrators for safeguarding teams, • health students, • health care assistants, • nursing associates and trainee nursing associates,	As outlined for Safeguarding Adults Level 1 plus: • Address the immediate safety of the person and ensure that a protection plan is put in place immediately when the risk of abuse is high. • Identifies and refers to appropriate services any other associated persons, including carers and children at risk. • Practices in a manner that seeks to reduce the risk of abuse, harm or neglect. • Uses professional and clinical knowledge, understanding of what constitutes any signs of adult abuse, harm or neglect. Including the further recognition of local safeguarding priorities, for example financial abuse, Prevent and modern slavery.

		• Acts to ensure effective advocacy for the adult at risk of abuse, harm or neglect. • Arranges advocates if required, communicating with people about safeguarding, risk and protection planning. This includes facilitating communication with use of interpreters, speech and language colleagues and aids to improve communication. • Understands local safeguarding structures and arrangements. • Understands Mental Capacity legislation - when DoLS are required, the role of mental capacity advocates, the role of LPA and the role of the public guardian, future planning arrangements such as court appointed deputies, advance decisions to refuse treatments, advance statements and acts in best interest of the adult at risk as required. • Documents safeguarding concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate records, records the wishes and views of the adult at risk and differentiates between fact and opinion. Registered professionals at level two also need to have an understanding of forensic requirements. For example, radiographers undertaking skeletal survey examinations for forensic purposes. • Shares appropriate and relevant information with other teams within relevant information sharing protocols. • Acts in accordance with key statutory legislation and non-statutory guidance.

		• Understands how to support adults at risk who do not feel able to participate in service support, for example those experiencing coercive control, environmental health issues. • Recognise obligations to act when they have a safeguarding concerns and acting is against the expressed wishes of the person. • Understands own and colleagues' roles, responsibilities, and professional boundaries, including what constitutes both organisational and professional abuse. Is able to raise concerns about conduct of colleagues. • Understands how to access local safeguarding supervision, networks and support.
Safeguarding Children Level 2 incorporating looked after children Non-clinical and clinical staff who, in their role have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children **Delivered via e-learning** (3 yearly requirement)	This includes the following: • administrators for safeguarding teams, • clinic reception managers, • all healthcare students, • phlebotomists, • pharmacists, • adult physicians and surgeons, • anaesthetists, • radiologists,	As outlined for Safeguarding Children Level 1 plus: • Uses professional and clinical knowledge, and understanding of what constitutes child maltreatment, to identify signs of child abuse or neglect • Able to identify and refer a child suspected of being a victim of trafficking, county line, forced marriage, domestic violence, or modern slavery or sexual exploitation; at risk of exploitation/grooming by radicalisers, gang and electronic media abuse. • Able to identify and refer a child at risk of FGM or having been a victim of FGM • Acts as an effective advocate for the child or young person, proactively seeking the child's views while taking into

	• nurses working in adult acute/community services (excluding those specifically identified as requiring level 3 safeguarding children), • allied health care practitioners • Nursing associates and trainee nursing associates • Health care assistants • and all other adult orientated secondary care health care professionals including technicians	consideration the Gillick competency and Fraser guidelines, but also considering how to balance children's rights and wishes with a professionals responsibility to keep children safe from harm • Recognise the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person • Clear about own and colleagues roles, responsibilities and professional boundaries including professional abuse and raising concerns about conduct of colleagues. • As appropriate to role, able to refer to social care if a safeguarding / child protection concern is identified. • Documents safeguarding / child protection concerns in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping and differentiates between fact and opinion. • Shares appropriate and relevant information with other teams • Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.
Safeguarding Adults Level 3 incorporating additional MCA/DOLS Registered health care staff who engage in assessing, planning, intervening and evaluating	This includes the following: • safeguarding professionals, • medical staff, • registered nurses,	As outlined for Safeguarding Adults Level 2 plus: • Draws on clinical and professional knowledge and expertise of what constitutes adult abuse, harm or neglect to support others in fulfilling their adult safeguarding duties. • Undertakes capacity assessments within the framework of the relevant legislation and is able to understand who needs to be

the needs of adults where there are safeguarding concerns. **Delivered face to face** (3 yearly requirement) Minimum session time 3 hours	• all registered AHP's including physiotherapists, Occupational therapists, Speech and Language therapists and Dietitians • psychiatrists • psychologists, • psychotherapists, • Any staff who participate on the unit bleep holders/silver or gold on call rotas.	included or consulted within in making decisions in a person's best interests. • Discusses the situation with the person, documents and reports concerns, recording the wishes and views of the adult at risk. Undertaking history taking and physical examination in a manner that is appropriate for safeguarding and legal processes, as appropriate to the practitioners' role. • Undertakes and contributes to and supports intra-agency assessments or enquiries particularly when the enquiry needs to be undertaken by the person with the relationship with the adult. Gathering and sharing of information, including the person's views on risk and risk management. Where appropriate, analysis of risk including supporting others to undertake these activities. • Understands the purpose and process of case reviews. • Contributes to and/or co-ordinates protection planning, resolution and recovery – as appropriate to safeguarding concern. • Undertakes regular documented reviews of own and or team safeguarding practice as appropriate to role • Attends relevant multidisciplinary meetings to present supporting evidence within relevant information sharing protocols. If unable to attend contributes written reports or information as required, requested/ relevant in accordance with confidentiality and information sharing requirements. • Contributes to case reviews, panels, internal partnership and local forms of review.

		• Works with other professionals and agencies, with adults and their families where there are safeguarding concerns in risk management and protection planning. • Applies the lessons learnt from audit and case reviews to improve practice. • Advises others on appropriate information sharing. • Undertakes clinical supervision and provides support for other staff (as appropriate to role).
Safeguarding Children Level 3 incorporating looked after children All clinical staff: Working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and… Who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)	This includes the following: • specialist nurses for safeguarding, • specialist nurses in mental health • allied health professionals working with children, • diagnostic radiographers working with children,, • all doctors/health professionals working exclusively or predominantly with children and young people.	As outlined for Safeguarding Children Level 2 plus: • Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism, FGM, modern slavery, gang and electronic media abuse and escalates accordingly • When treating adults, takes appropriate action to safeguard any children who may be at risk of harm due to the adult's health or behaviour, routinely considering whether that adult has any responsibility for children • Documents history taking and physical examination in a manner that is appropriate for safeguarding / child protection and legal processes, seeking specific expertise and guidance as role requires

Delivered via e-learning (3 yearly requirement)	• Any staff who participate on the unit bleep holders/silver or gold on call rotas. • There may be other members of staff with managerial responsibilities who are mapped to this level of training – please check ESR to confirm if you are mapped to this training.	• Reports concerns including using appropriate coding in all relevant patient records to record safeguarding concerns • Contributes to inter-agency assessments as relevant to role, the gathering and sharing of information and where appropriate analysis of risk • Undertakes regular documented reviews of own safeguarding /child protection practice as appropriate to role • Contributes as required/where relevant to serious case reviews/case management reviews, domestic homicide reviews which include children as well as child death review processes • Advises other agencies as appropriate to role about health management of individual children in child protection cases • Works with other professionals and agencies with children, young people and their families when there are safeguarding concerns • Able to share information appropriately and is able to provide advice to others on appropriate information sharing according to Caldicott principles • Applies the lessons learnt from audit, serious case reviews, domestic homicide reviews and case management reviews to improve practice

Safeguarding Adult Level 4 Specialist roles – named professionals for safeguarding adults Delivered via attendance at an external conference (3 yearly requirement)	This includes the following: • Named Consultants for Safeguarding, • Chief Nurse • Named nurse for safeguarding	Competencies as per Safeguarding Adults: Roles and Responsibilities for Health Care Staff
Safeguarding Children Level 4 Specialist roles – named professionals for safeguarding children and young people Delivered via attendance at an external conference (3 yearly requirement)	This includes the following: • Named Consultants for Safeguarding, • Chief Nurse • Named nurse for safeguarding	Competencies as per Safeguarding Children and Young People: Roles and Responsibilities for Health Care Staff
Prevent Basic Awareness **Delivered via e-learning**	All employees	• Provides a basic overview of the Prevent agenda
Prevent WRAP - mandatory **Delivered via e-learning** (3 yearly requirement)	This includes the following: • safeguarding professionals, • medical staff, • registered nurses,	• How to support and redirect vulnerable individuals at risk of being groomed into a terrorist related activities; and • How to share concerns, get advice, and make referrals into the Channel process and Prevent Case Management.

	• all registered AHP's including physiotherapists, Occupational therapists, Speech and Language therapists and Dietitians • psychologists, • psychotherapists, • Any staff who participate on the unit bleep holders/silver or gold on call rotas. • There may be other members of staff with managerial responsibilities who are mapped to this level of training – please check ESR to confirm if you are mapped to this training.	• Understand Prevent in the context of the CONTEST strategy, and the concept of pre-criminal space; • Understand that radicalisation uses normal social processes, and the "power of influence" on all; • Recognise influence, and understand the concepts of polarisation and the use of narratives and ideology; • Understand the current threat level and that Prevent can be applied to all forms of terrorism, present or emerging; • Understand the term "vulnerable" in the context of Prevent and what vulnerabilities are exploited by terrorist groups; • Understand there is no single checklist or profile of a terrorist, and that health staff are a key group and must use their professional judgement in assessing behaviours and risks; • Understand how to recognise, understand, share concerns, seek support and advice, and make referrals within their own organisations and with other agencies where appropriate; • Understand Channel multi-agency arrangements to provide support and redirection to individuals at risk of radicalisation; • Be aware of Building Partnerships, Staying Safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers and their organisations relevant policies, procedures and systems for Prevent.

Appendix 3 - Safeguarding contacts Local Authorities/Social Services in North West England

Local Authority	**Adult Social services**	**Children Social services**
Cheshire West and Chester	[redacted]	[redacted]
Halton	[redacted]	[redacted]
Knowsley	[redacted]	[redacted]
Lancashire	[redacted]	[redacted]
Liverpool	[redacted]	[redacted]
St Helens	[redacted]	[redacted]
Sefton	[redacted]	[redacted]
Warrington	[redacted]	[redacted]
Wigan	[redacted]	[redacted]
Wirral CADT	[redacted]	[redacted]

Appendix 4 - Forms of Abuse in Safeguarding Adults

This table identifies what forms of abuse are considered in the guidance documents.

Types of abuse	Description or supporting guidance
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse, for example, hate crime.
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 of intimidation may also be criminal offences.
Domestic Abuse	The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between people aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but it is not limited to: • psychological • sexual (including female genital mutilation) • financial • emotional • forced marriage • Honour-based violence. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in the Serious Crime Act 2015. Serious Crime Act 2015 - Legislation.gov.uk The offence imposes a maximum of five years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse allowing for earlier identification, intervention and prevention.
Financial or material abuse	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. Internet scams, postal scams and doorstep crime are more often than not targeted at adults at risk and all forms of financial abuse. These scams are becoming more sophisticated and elaborate. For example: internet scammers can build very convincing websites. People can be referred to a website to check the caller's legitimacy, but this may be a copy of a legitimate website. Postal scams are mass-produced letters which are made to look like personal letters or important documents. Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often-non-existent

	problem with their property. Sometimes they pose as police officers or someone in a position of authority in all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and local authority Trading Standards Services for investigation. These scams and crimes can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.
Modern slavery	Slavery, servitude and forced or compulsory labour. A person commits an offence if: • The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or • The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. • There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are: ∗ Forced to work – through mental or physical threat ∗ Owned or controlled by an "employer", usually through mental or physical abuse or the threat of abuse ∗ Dehumanised, treated as a commodity or bought and sold as property ∗ Physically constrained or has restrictions placed on his/her freedom of movement ∗ Subject to human trafficking Contemporary slavery takes various forms and affects people of all ages, gender and race. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults promised paid work opportunities, enslaved and forced to work and live in dehumanising conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any person identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015.
Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
Organisational abuse	Is the mistreatment, abuse or neglect of an adult by a regime or people in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Psychological abuse 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 supportive networks.
Sexual abuse	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.
Psychological abuse	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 supportive networks.
Self-neglect	This covers a wide range of behaviour concerning a person's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a safeguarding response is needed will depend on the person's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
Radicalisation	Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. Radicalisation's aim is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face to-face encounters or through social media. There are a number of factors that may make a person susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the individual circumstances.
Cuckooing	This is a practice where people take over a person's home and use the property to facilitate exploitation. It takes its name from cuckoos who take over the nests of other birds. People who choose to exploit will often target the most vulnerable in society. They establish a relationship with the vulnerable person to access their home. Once they gain control over the victim, usually with threats to control them- whether through drug dependency, debt or as part of their relationship- larger groups will sometimes move in. The victims of cuckooing are often people who misuse substances such as drugs or alcohol but there are cases of victims with learning difficulties, mental health issues, physical disabilities or socially isolated.
Contextual safeguarding	Contextual safeguarding is the exploitation and abuse of children, young people and adults where the exploitation comes from outside the home. It includes child sexual exploitation, missing children, gangs, county lines, radicalisation, modern slavery and all forms of criminal exploitation. There are clear links across these areas and it is vital that people whether professionals or members of the public know what to look out for and how to respond.

	Services need to respond to the whole of the persons needs i.e. education, home, job as well as physical, emotional and psychological.

Appendix 5 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part 1

1. Person(s) Responsible for Assessment: [redacted] 2. Contact Number: [redacted]

3. Department(s): Corporate 4. Date of Assessment: 28.09.2021

5. Name of the policy/procedure being assessed: Safeguarding Adults Policy

6. Is the policy new or existing?

New Existing X

7. Who will be affected by the policy (*please tick all that apply*)?

Staff X Patients X Visitors X Public X

8. How will these groups/key stakeholders be consulted with? Via SS/G Group meeting and consultation with internal/external nurse colleagues

9. What is the main purpose of the policy? Keep people safe and protect from abuse.

10. What are the benefits of the policy and how will these be measured? See monitoring section.

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? S/G Children, DoLS/MCA Policies.

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? *Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)*

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age	Applies to everyone over the age of 18 years.	Older people may be more likely to be deemed vulnerable due to known factors and/or ageist attitudes or communication barriers due to increased frailty or ill health together with those with mental health problems or learning disabilities.			Implementation of the Safeguarding Policy, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to promote independence and choice.
Sex	The Safeguarding Policy does not discriminate between men and women. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs				Any action taken to safeguard people must be in line with the Safeguarding Policy.
Race	The Safeguarding Policy is not expected to impact in any different way on different racial or ethnic groups. The Trust has provisions in place so that staff are aware of their responsibilities to different ethnic group groups and if the deed to ensure that safeguards is operated fairly and equitably the Trust will provide interpreting and translation and responds to requests of information in alternative formats.	Lack of understanding/ awareness of how to take account of the cultural background of the individual concerned.			Trust Equality and Diversity Team will provide support and guidance on cultural issues.

Religion or Belief	The Safeguarding Policy does not discriminate between religions or beliefs.	Staff are not always aware of the implications for service provision taking into account the person's			Trust Equality and Diversity Team will provide support and guidance on cultural
Disability	The Safeguarding Policy provides important safeguards for people who are vulnerable because of their disability and/or circumstance. The Trust will provide interpreting and translation and respond to requests of information in alternative formats	This will largely affect individuals with significant learning disabilities, older people suffering from dementia or similar disability. This also includes other causes such as neurological conditions such as brain injury. DRC report 2007-Independent living & the Commission for Equality & Human Rights highlights how health staff may have paternalist approach to disabled people which can Team to poor practice.			Any action taken to safeguard people must be in line with the appropriate Multi Agency Policy which the Trust policy underpins.
Sexual Orientation	The impact of the Policy on groups by sexual orientation is expected to be positive overall, because the principles on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.	There may be a potential difficulty for some partners of those who lack capacity to have a voice when decisions relating to their partner are being considered.			In any event as well as the Safeguarding Policy the Mental Capacity Act would apply which requires that in considering what is in the best interests of a person lacking capacity, the decision -maker must take into account all of the issues relevant to the individual including the person's past and present wishes and feelings. A person's sexual orientation would need to be included in any consideration of their best interests.
Pregnancy /maternity	The Safeguarding Policy does not discriminate against women. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs				Any action taken to safeguard people must be in line with the Safeguarding Policy.

Gender Reassignment	The Safeguarding Policy applies to all people and together with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation provides important 'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need Trust Equality and Diversity Team will provide support and guidance on cultural issues. Safeguarding Adults Policy safeguards for people who lack capacity to consent to the arrangements made for their care or treatment and who need to be deprived of their liberty for their own safety.	'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need or training across NHS staff.			Trust Equality and Diversity Team will provide support and guidance on cultural issues.
Marriage & Civil Partnership	The Safeguarding Policy does not discriminate between types of relationships. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.				
Other					

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? *See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).*

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to HR Manager or [redacted], Safeguarding Matron for further support.

Action	Lead	Timescales	Review Date

Declaration

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken ☒

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality ☐
You must ensure the policy has been amended before it can be ratified.

Adverse impact but continue with policy – EIA has identified an adverse impact, but it is felt the policy cannot be amended. ☐
You must complete Part 2 of the EIA before this policy can be ratified.

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed ☐

Name: [redacted] Date: 28.09.2021

Signed: [redacted]

Appendix 6 - Policy approval checklist

The Safeguarding Adults Policy is presented to the Safeguarding Group for Approval.

In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

Policy review stage

Table 1

The reviewing group should ensure the following has been undertaken:	**Approved?**
The author has consulted relevant people as necessary including relevant service users and stakeholders.	Yes
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	Yes
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	Yes
The policy fits within the wider organisational context and does not duplicate other documents.	Yes
An Equality Impact Assessment has been completed and approved by the HR Team.	Yes
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	Yes
The document clearly details how compliance will be monitored, by who and how often.	Yes
The timescale for reviewing the policy has been set and are realistic.	Yes
The reviewing group has signed off that the policy has met the requirements above.	Yes

Reviewing group chairs name: [redacted]	**Date:**

Policy approval stage

☒ **The approving committee/group approves this policy.**

☐ **The approving committee/group does not approve the policy.**

Actions to be taken by the policy author:

Approving committee/group chairs name: [redacted]	**Date:**

Appendix 7 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
1.0	S1, 3, 6.1, 11, 16 & Appendix 3	Replace version 001, policy at review date. Full review.	13/11/2013	[redacted]
1.1	Appendix 1	Update of flowchart	Jan 2016	[redacted]
1.2	Appendix 3 & 4	Removal of body maps.	July 16	[redacted]
1.3	Appendix 1	Update of Adult SG flowchart	Oct 16	[redacted]
2.0		Replace version 1.3, policy at review date, Full review.	Jan 17	[redacted]
2.0	Appendix 3	Add contact details of local authorities for adults and children	Jan 17	[redacted]
2.1	Appendix 3	Update contact details of local authorities for adults and children	May 17	[redacted]
2.2	Section 3.5 and 6	Added wording for clarity in regard to reporting concerns	Oct 2018	[redacted]
2.2	Appendix 3 and 4	Removal of Modern Slavery poster and TNA	Oct 2018	[redacted]
2.2	Appendix 3	Added appendix 3 in relation to forms of abuse and supported guidance	Oct 2018	[redacted]
2.3	S 6.5, S11	Added wording for clarity and changes to training requirements.	Oct 2019	[redacted]
2.3	Appendix 1	Contact details updated for SG Team	Aug 2020	[redacted]
3.0	Full review.	Updated Training Strategy and TNA (Appendix 2 added- TNA),	Sept 2021	[redacted]
3.1	Appendix 4	Updated content	Dec 2021	[redacted]
3.2	Full review	Full review of policy – Adult Flow chart contacts changed	Aug 2023	[redacted]

Translation Service

If you require this leaflet in any other language or format, please contact the Patient Experience Team on [redacted] or email [redacted] stating the leaflet name, code and format you require.

Arabic	اذا كنت بحاجة إلى هذه النشرة بأي لغة أو تنسيق آخر، فيرجى الاتصال بفريق متابعة تجارب المرضى على الرقم [redacted] ، [redacted] موضحا اسم النشرة، والرمز، والشكل الذي تطلبه.
Chinese	如果**你想索取本**传单的任何其他语言或格式版本，请致[redacted] 3093联络「病人经历组」，或发电邮至[redacted] ，说明所需要的传单名称、代码和格式。
Farsi	در صورت نیاز به این بروشور به هرفرم یا زبان دیگری،لطفا با تیم تجربه بیمار با شمار[redacted] با ذکر نام بروشور ، کد و قالب مورد نیاز خود
French	Si vous avez besoin de ce dépliant dans une autre langue ou un autre format, veuillez contacter Patient Experience Team (équipe de l'expérience des patients) au [redacted] ou envoyez un e-mail à [redacted] en indiquant le nom du dépliant, le code et le format que vous désirez.
Polish	Jeśli niniejsza ulotka potrzebna jest w innym języku lub formacie, należy skontaktować się z zespołem ds. opieki nad pacjentem (Patient Experience Team) pod numerem telefonu [redacted] lub wysłać wiadomość e-mail na adres [redacted], podając nazwę ulotki, jej kod i wymagany format.
Punjabi	ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੈਂਟ ਐਕਸਪੀਰਿਅੰਸ ਟੀਮ ਨਾਲ [redacted] 'ਤੇ ਸੰਪਰਕ ਕਰੋ, ਜਾਂ [redacted] 'ਤੇ ਈਮੇਲ ਕਰੋ ਅਤੇ ਪਰਚੇ ਦਾ ਨਾਮ, ਕੋਡ ਅਤੇ ਆਪਣਾ ਲੋੜੀਦਾ ਫਾਰਮੈਟ ਦੱਸੋ।
Somali	Haddii aad u baahan tahay buug-yarahan oo luqad kale ku qoran ama isaga oo qaab kale ah, fadlan Kooxda Waayo-arragnimada Bukaanka kala soo xiriir [redacted], ama email-ka [redacted] oo sheeg magaca iyo summadda buug-yaraha iyo qaabka aad u rabtid.
Urdu	اگر آپ کو یہ کتابچہ کسی دیگر زبان یا شکل میں درکار ہو تو، براہ کرم پیشنٹ ایکسپیرینس ٹیم سے [redacted] پر رابطہ کریں، یا کتابچے کا نام، کوڈ اور اپنی مطلوبہ شکل کا ذکر کرتے ہوئے [redacted]
Welsh	Pe byddech angen y daflen hon mewn unrhyw iaith neu fformat arall, byddwch cystal â chysylltu gyda'r Tîm Profiadau Cleifion ar [redacted], neu ebostiwch [redacted] gan nodi enw'r daflen, y cod a'r fformat sydd ei angen arnoch.