University Hospitals of Morecambe Bay
NHS Foundation Trust

Document Type: **Policy**	**Unique Identifier:** CORP/POL/035
Document Title: **Adult at Risk**	**Version Number:** 3
	Status: Ratified
Scope: This policy applies to all Trust staff, bank staff, agency and locum staff, volunteers, students on placement and stakeholders involved in the pre-admission, admission, investigation, treatment and discharge of patients at University Hospitals of Morecambe Bay NHS Foundation Trust.	**Classification:** Organisational
Author / Title: Kelly Short, Named Nurse Adult Safeguarding Reviewed by Gillian Graham, Named Nurse for Adult Safeguarding & Liz Thompson, Interim Deputy Safeguarding Lead, 2018	**Responsibility:** Safeguarding Team
Replaces: Version 2.5, Adults at Risk, Corp/Pol/035	**Head of Department:** Mark Lippett, Head of Safeguarding and Professional Lead
Validated By: Safeguarding Operational Group Chairman's Action	**Date:** 09/11/2018
Ratified By: Procedural Documents and Information Leaflet Group Chairman's Action	**Date:** 12/11/2018
Review dates may alter if any significant changes are made	**Review Date:** 01/09/2021

Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** 1-7	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply**

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: Yes

Reference check completed by Joanne Phizacklea, 14.9.18 (2018/263)

To be completed by Library and Knowledge Services Staff

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

The term ‘adult at risk’ is used in this policy to replace ‘vulnerable adult’. This is because the term ‘vulnerable adult’ may wrongly imply that some of the fault for the abuse lies with the victim of abuse. We use ‘adult at risk’ as an exact replacement for ‘vulnerable adult’ as that phrase is used throughout existing government guidance.

This policy is for Adults at Risk and aims to set out the responsibilities, reporting and investigating procedures at University Hospitals of Morecambe Bay NHS Trust for the prevention of adult abuse and the protection of adults who are unable to care for or protect themselves. It is underpinned by the philosophy of ‘Making Safeguarding Personal[1] in which the voice of the adult is central to any decisions made and actions taken.’ This policy follows the guidance set out by ‘The Care Act, 2014[2].’

2. PURPOSE

The Adults at Risk policy and procedures implemented to safeguard adults is a requirement which ensures that a proportionate, timely and professional approach is taken when adults are at risk. National and local experience of professionals and individuals who use services tells us that both increased awareness of adult abuse and collaborative working between agencies are essential to improving prevention of abuse and ensuring an effective response and protection of those at risk.

All staff within UHMB NHS FT have a responsibility to:

- Ensure they are aware of safeguarding adult issues
- Ensure they are familiar with this policy and procedure
- Ensure they are equipped to act in accordance with their responsibilities as outlined in this policy and procedure.
- Ensure that any allegations of abuse are reported, thoroughly investigated and lessons learnt are shared as required.

The UHMB NHS FT Adults at Risk Policy and Procedures are underpinned by a clear value base and a common understanding of abuse of adults at risk. This policy outlines the following topics:

- The key principles underpinning safeguarding adults at risk
- The key definitions used in adult abuse
- The categories used to describe adult abuse
- Prevention of abuse
- Training

http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx

http://www.cumbria.gov.uk/adultsafeguarding/

3. SCOPE

This policy applies to all staff working for UHMBT and agents of other employers providing health care on behalf of the trust including

- All UHMBT staff
- All staff seconded to UHMBT

- All students and trainees working on trust premises
- All volunteers, locum and agency staff working on trust premises

NB: this includes all those who come into contact with patients in their everyday work, even those who do not have a specific role in relation to safeguarding adults.

4. POLICY STATEMENT

It is the responsibility of all staff to support and safeguard adults, and to safeguard the interests of people who may lack the mental capacity to make certain decisions for themselves. The Trust has a responsibility and duty to safeguard all adults who use the trust on a daily basis.
The Care Act (2014)[2]
The Mental Capacity Act (2005)[3]
The Human Rights Act (1998)[4]
The Modern Slavery Act (2015)[5]
The Criminal Justice Act (2003)[6]
The Equality Act (2010)[7]
The Domestic Violence, Crimes and Victims Act (2004)[8]

This will provide a mechanism that will allow audit to ensure national standards are met along with CQC Outcome 7[9] and MB CCG contractual standards for safeguarding adults.

4.1 Duties and Responsibilities

4.1.1 Trust Board
The Trust Board has a responsibility to ensure that there is an overall policy and procedure in place to protect adults at risk under the Care Act, 2014[2], and that these are complied with. UHMBT will have a nominated Non-Executive Director for Adult Safeguarding.

4.1.2 Chief Executive
The Chief Executive devolves the responsibility for compliance and monitoring to the Executive Chief Nurse, ensuring that the Trust meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of Safeguarding Adult Protection, privacy and confidentiality for patients and their carers.

4.1.3 Executive Chief Nurse
The Executive Chief Nurse is responsible for ensuring that Trust staff uphold the principles for the Adults at Risk Policy when dealing with patients and their carers, that the policy is effectively managed and that staff are aware of, and implement the requirements. The Executive Chief Nurse would also act as University Hospitals of Morecambe Bay NHS FT Designated Safeguarding Portfolio Holder.

4.1.4 Director of Nursing (In Hospital Services) Clinical Lead for Inclusion and Diversity
Acts as the portfolio holder for Safeguarding and carries out the duties of the Executive Chief Nurse.

4.1.5 Human Resources Director/Department
Have a responsibility to ensure;

- Safe recruitment practices that take into account the need to safeguard and promote

the welfare of adults including arrangements for appropriate checks on new staff and volunteers.
- Procedures for dealing with allegations of abuse against members of staff and volunteers are in place.

4.1.6 Care Group Managers

Care Group and Departmental Managers are responsible for ensuring that the requirements of the Trust's Adult at Risk policies and procedures are effectively managed within their Division or Department and that their staff are aware of, and implement, those requirements.

4.1.7 Head of Safeguarding and Professional Lead

- The head of safeguarding has a strategic lead for safeguarding across the Trust.
- To ensure the Trust meets its corporate and operational responsibilities for safeguarding through strategic planning and development.
- Provide consultation, managerial, professional and visible leadership.
- Be responsible and accountable for the delivery of a high quality, patient centred service across the safeguarding agenda that meets the needs of patients and clients.
- Lead and develop the Trust safeguarding team ensuring robust safeguarding arrangements are in place.
- Implement strategies, policy, procedure, guidance and action plans to meet national, statutory and local requirements.
- There will be a focus on robust risk management systems to ensure safe, efficient, effective and timely management of the safeguarding agenda.
- Ensure Trust staff are aware of their responsibilities across the safeguarding agenda and receive appropriate training, supervision and support in carrying out these responsibilities.
- Be accountable for safeguarding standards and advise the Director of Nursing and Quality and the appropriate Divisional teams on safeguarding concerns.

4.1.8. Medical Staff

Hospital doctors are expected to adhere to the following;

- All doctors must be aware of the Trust safeguarding policies and procedures.
- All doctors working with adults at risk must be able to recognise abuse.
- When a doctor has examined an adult and concerns about deliberate harm have been raised, no subsequent appraisal of these concerns should be considered complete until each concern has been fully addressed, accounted for and documented.
- The investigation and management of a case of deliberate harm to an adult must be approached in the same systematic and rigorous manner as would be appropriate to the investigation of any other potentially fatal disease.
- If abuse is suspected or confirmed, an immediate telephone referral must be made to social services.
- When a referral has been made to social services about suspected abuse, the adult must not be discharged without a full multi-agency discussion or agreement of the social worker in charge of the case. This discussion must be fully documented in the adult's notes. The Named Nurse for Safeguarding Adults should be informed of all adults seen within Emergency Department (ED) or inpatient areas where there are adult protection concerns.
- When concerns about the deliberate harm of an adult have been raised; a record must

be kept in the electronic record of all discussions about the adult, including telephone conversations, ward rounds, any advice from Named Nurse for Adult Safeguarding.
- In those cases in which English is not the first language of the adult concerned, the use of an interpreter should be considered.
- Medical staff should consider contacting GPs or other relevant health personnel to obtain the adult's complete medical /social history.

4.1.9 Named Nurse for Adult Safeguarding

The Named Nurse for Adult Safeguarding is responsible for:

- Activating the Adults at Risk policy and procedures where abuse is suspected or identified
- Representing the Trust at strategy meetings with partner agencies
- Ensuring a protection plan is put into place immediately if appropriate
- Completion of local investigations and submission of relevant documentation.
- Liaison with interagency members as required.
- Advising and guiding staff through the safeguarding process
- They will ensure that reporting is done through the Trusts risk management process.
- Responsible for local site based safeguarding adult groups
- Ensuring Trust safeguarding strategy is implemented and monitored

4.1.10 Safeguarding Team

Have a key role in promoting good professional practice within UHMB and provide elements of the safeguarding adult training strategy and safeguarding supervision. Support the Head of Safeguarding, Named Professional in providing advice and support regarding all elements of safeguarding adults within the Trust and across organisational boundaries.

Ensure that all staff have access to safeguarding adult training and supervision appropriate to their role and which enable the organisation to fulfil its statutory responsibilities for training.

4.1.11 Line Managers

Senior Managers throughout the trust have a duty to ensure that the approved strategies, policies and procedures of the trust for safeguarding and promoting the welfare of adults in their care are understood and implemented in their own areas of responsibility.

Line Managers will have varying degrees of responsibility for services that directly or indirectly provide care for adults.

Line managers also have responsibility for:

- Ensuring all staff they manage attend the mandatory safeguarding training and clinical supervision and review this annually through the Personal Development Review (PDR) process. See Clinical Supervision, Corp/Pol/092 (see section 6).
- Ensuring that the duty to safeguard and promote the welfare of adults is reflected in individual job descriptions.
- Ensuring that staff have appropriate access to training.
- Releasing staff for safeguarding meetings and arrange cover to facilitate attendance.
- Ensuring that the training needs of their staff are identified at induction, developmental reviews and in their personal development plans.

4.1.12 All staff

All members of staff have responsibility for;

- Raising a safeguard referral to the appropriate Local Authority if there are concerns regarding to potential abuse, and to follow this up by completing a **patient safety incident (PSI)** form to ensure the alert is followed up by the Safeguarding Team. Safeguarding Adults - Who do I Tell?

- A patient who attends the emergency department with signs of mental illness on presenting must have a completed risk assessment at triage. This includes assessing risk and guidance on where the patient should be cared for within the Emergency Department; and who to escalate high risk and emerging concerns of escalating risk. This is available as part of the triage assessment in Lorenzo. See Operating Procedure for Adult Mental Health Liaison Teams (Lancashire Care NHS Foundation Trust) (See section 6)

- Please refer to the Mental Capacity Act and Deprivation of Liberty Safeguards Policy (see section 6) if you believe the patient appears to lack mental capacity. Please also seek advice from the safeguarding team along with the incident reporting form:

- Any adult without a known individual family member, carer or friend to support any decision making may require a referral to Independent Mental capacity Advocacy service.

  Lancashire patients - https://www.advocacyfocus.org.uk/refer
  Cumbria patients - https://www.peoplefirstcumbria.org.uk/referrals

- Bringing any concerns relating to abuse to the immediate attention of their line manager or safeguarding team.

  Managing Allegations against Staff and Volunteers (see section 6)

  Freedom to Speak Up – Raising Concerns (see section 6)

  Disciplinary Policy (see section 6)

- Observing the requirements of the Trust's Adults at Risk policy and procedures.
- Attending any designated training.

Any member of staff involved in the Safeguarding Adult process can:

- Seek advice and support from the Named Nurse for Adult Safeguarding.
- Seek advice and support from their line manager.
- Seek advice from their care group leads.
- Access staff support and counselling services via Occupational Health.

4.1.13 Security and Communications Teams

The Trust security teams must ensure that they work closely with the Head of Safeguarding and the Named Nurse for Adult Safeguarding. Any concerns regarding individuals who may pose a risk to children and may be denied access must be communicated fully.
Staff must be advised not to let people into the areas without being clear about who they

are and why they are accessing the area. This includes any individual wearing Trust ID, which must be checked.

If staff become aware of any individual in the area who may be a risk the security team must be alerted, together with the areas manager and the Named Nurse for Adult Safeguarding.

4.1.14 Guest Visitors/Celebrities

When guest visitors including celebrities and representatives of charitable organisations visit the Trust premises, they must be accompanied at all times by a member of Trust staff. In all clinical areas this must be a member of staff from the area who has undergone enhanced Disclosure and Barring Service (DBS) checks.

Guest visitors must be made aware that they should not approach patients randomly. Such visits must be arranged through the Trust's communications department. This department will liaise with the Named Nurse for Adult Safeguarding who will ensure all risks are assessed prior to approval for the visit. The security team and departmental managers must also be informed and agree to the visit.

Photographs must not be taken without written consent of the adult and full agreement of the Trust's communication department.

Freedom to Speak Up – Raising Concerns (see section 6)

4.2 Adult – What is Safeguarding? Safeguarding is defined as:

'protecting an adult's right to live in safety, free from abuse and neglect.'

The Care Act, 2014[2] introduces new duties and responsibilities on local authority adult social services as the lead agency in protecting adults at risk. This gives public services and government clear responsibility to make sure that people in the most vulnerable situations are safe from abuse or neglect. It outlines fundamental principles that must underpin the care and support system and includes adult safeguarding.

There are **six principles of safeguarding** that must underpin all adult safeguarding work.

1. **Empowerment** – adults are encouraged to make their own decisions and are provided with support and information.
2. **Prevention** – Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.
3. **Proportionate** – the least intrusive response is made balanced with the level of risk.
4. **Protection** – adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.
5. **Partnerships** – local solutions through services working together within their communities.
6. **Accountable** – accountability and transparency in delivering a safeguarding response.

Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk, and put steps in place to help prevent abuse or neglect.

The Care Act[2] states that safeguarding:

- Is person led.
- Engages the person all the way through the process and addresses their needs.
- Is outcome focused.
- Is based on a collaborative approach from UHMBT and other partners.

Collaborative working facilitates timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

4.3 Categories of Abuse

There are multiple forms of abuse and incidents can often involve several categories. However, in adopting the seven categories of abuse outlined in the Care Act 2014[2] this policy recognises the breadth and range that abuse can take place

4.3.1 Physical Abuse

Is the non-accidental physical mistreatment of one person by another which may or may not result in physical injury? It can be the use of force that results in an unwanted change in a person's physical state. This may include:

- Physical violence: hitting, slapping, pushing, kicking, shaking, scalding, dragging, pinching, hair pulling.
- Rough or inappropriate handling: careless/rough handling, force-feeding, inappropriate application of physical techniques such as manual handling, restraint or physical intervention or involuntary isolation or confinement.
- Medical Mistreatment: misuse of medication, withholding of medication, inappropriate use of medical procedures, such as catheterization.

4.3.2 Sexual Abuse

Is the direct or indirect involvement in any sexual activity to which a person does not give valid consent or cannot give valid consent. A person cannot give valid consent when they lack capacity to make a decision or if they are coerced into activity because the other person is in a position of authority, trust or power. This may include:

- Contact Abuse: Rape or sexual assault, masturbation (of either or both persons), inappropriate touching of breast, genitals, anus, mouth.
- Non-contact abuse: Indecent exposure, inappropriate looking, photography, harassment, serious teasing.

4.3.3 Psychological/Emotional Abuse

Is the use of threats, humiliation, bullying, other verbal conduct or any other form of mental cruelty that results in mental or physical distress. Emotional abuse is any act which negatively affects the emotional wellbeing of a person or impairs their psychological development. This may include treating a person in a way that is inappropriate for their age, and/or cultural background, threats, intimidation, harassment, bullying, humiliation or ridicule, verbal taunts, insults, shouting or swearing, enforced isolation or withdrawal of support and social networks. Denial of basic human and civil rights such as choice, self-expression, privacy and dignity.

4.3.4 Financial Abuse

Is the unauthorised and improper use of funds, property or any resources belonging to an individual. Unauthorised would include the coercion or misleading of an individual, or any

lack of informed consent from the individual. This may include: theft, fraud or extortion or exploitation. Misuse or misappropriation of money, benefits, possessions, or property. Pressure in connection with wills, property, inheritance or financial transactions. Preventing access to money, property, possessions or inheritance.

4.3.5 Neglect and Acts of Omission

Is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or others. This may include ignoring the need for medical or physical care needs, failure to provide access to health care services and withholding the necessities of life. The development of grade 3 or 4 pressure ulcers should be considered indicative of compromised care and consideration should be given to invoking safeguarding procedures. All grade 4 pressure ulcers are reportable to the leading local authority.

4.3.6 Discriminatory Abuse

Is the harassment, unfair treatment, exploitation or denial of mainstream opportunities and services to individuals because of their race, religion, culture, gender, age, sexuality or disability? Discrimination can be a motivating factor in other forms of abuse.

4.3.7 Organisational Abuse

Can take the form of any of those described above, but is caused by an unsatisfactory regime of health, care or support provision. It occurs when routines, systems and norms of an institution override the needs of those it is there to support. It is the existence of isolated or collective examples of poor and unsatisfactory professional practice, misconduct or pervasive ill-treatment.

4.3.8 Self-neglect

Consideration should be given to whether people are making informed decisions about their needs, the risks associated with their actions/decisions and the available sources of support. Issues of mental capacity also need to be considered. Service responses should be clearly recorded and provide opportunities for support to be provided at a future time, if the person is declining assistance. Individual agency as well as multi-agency risk assessment and management responses may be appropriate in order to respond to issues of self-neglect.

Individuals who misuse alcohol, drugs and other substances should be considered at risk of harm and therefore safeguarding processes should be initiated.

Individuals with mental ill-health also need to be considered at risk of harm and therefore safeguarding processes should be initiated and a mental capacity assessment undertaken.

4.3.9 Domestic Abuse

Domestic violence and abuse is defined by the Home Office[10] as:-
“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological.
- Physical.
- Sexual.

- Financial.
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.
The Domestic Abuse and Harrassment and Honour Based Violence (DASH) identification and risk assessment tool should be used when assessing the risk and impact of dometic abuse in the home situation.

See http://www.safelives.org.uk [11]

Staff should consider the referral processes for persons who are at significant risk of harm or homicide as a result of domestic abuse under Multi Agency Risk Assessment Conference (MARAC). Generally, victims should be informed beforehand that their case is to be referred to the MARAC but in exceptional cases, referrals are made without the victim's knowledge this is to ensure the victims safety. The procedure for referral form for MARAC is described in the Domestic Abuse Policy.

If there are children in the household safeguarding children procedures will apply and a referral MUST be made to Childrens Social Care via MASH (Multi-Agency Safeguarding Hub)if the adult is at high risk of serious injury or death and this can be made without the victims consent.

Risk assessment should consider the background and information about the perpetrator, any previous incidents of domestic abuse and consider the inpact the abuse is having on the victim. Any safety planning must include how the victim can inform professionals when they feel the risk has increased.

4.3.10 Modern Slavery/Human Trafficking

Modern Slavery Act, 2015[5] definition: is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of, or within, the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

If this is suspected Adult Social Care and the police must be informed.
Modern Slavery helpline 0800 0121700

4.3.11 Forced Marriage

A forced marriage is a marriage conducted without the full and free consent of both parties. In forced marriages, family members or spouses may perpetrate abuse, either by forcing the victim into the marriage or by continuing the abuse after the marriage. The abuse may be committed by any family member (male or female) and may or may not include the

other party to the forced marriage.

Front-line staff dealing with cases of forced marriage should consult, the practice guidelines issued by the Forced Marriage Unit. Statutory guidance can be accessed at: http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-right-to-choose[12]

Guidance for professionals is available at: https://www.gov.uk/guidance/forced-marriage [13]

Forced Marriage Protection Orders are available to support people at risk of forced marriage.

4.3.12 Honour Based Violence/Killing

The term "honour-based violence" (HBV) can be described as a collection of practices (some criminal and some not) which are used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Abuse may occur when perpetrators perceive that a relative has shamed the family and/or community by breaking a perceived honour code. HBV can be distinguished from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Examples of HBV may include controlling sexual activity, domestic abuse, child abuse, rape, kidnapping, false imprisonment, female genital mutilation (FGM), threats to kill and fear of or actual forced marriage, or homicide.

4.3.13 Female Genital Mutilation (FGM)

FGM is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. FGM is a form of child abuse.

FGM has been a criminal offence in the UK since 1985. In 2003 the Female Genital Mutilation Act[14] made it an offence for UK nationals or permanent UK residents to carry out FGM abroad or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where it is legal.

Further information can be found on the Home Office"Female Genital Mutilation"[15] All suspected cases of FGM must be discussed with the Safeguarding team.

Useful organisations:

Foundation for Women's Health, Research and Development (FORWARD)
Ph: 020 8960 4000

Black Women's Health and Family Support
Ph: 020 890 3503

4.3.14 Hate Crime

In terms of hate crime, the government define this as any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their:

- race, colour, ethnic origin, nationality or national origins
- religion
- gender or gender identity
- sexual orientation

- disability

4.3.15 Radicalisation and Extremism

There are adults who may be vulnerable to violent extremism. The Government's strategy for addressing these concerns is known as PREVENT which forms part of CONTEST, the government's counter-terrorism strategy. Radicalisation of those deemed to be vulnerable is therefore considered a form of abuse; signalling concerns that an individual may have been subject to exploitation, coercion and intimidation.

For non-urgent safeguarding concerns around terrorism, extremism and radicalisation, contact the UHMBT Prevent Lead on ext 42426 for advice.

If the matter is urgent then contact the Police on 999 and ask police to contact the Counter Terrorism Branch.

PREVENT Strategy (see section 6)

4.3.16 Pressure Damage and Safeguarding

The presence of pressure damage causes harm to an adult and is seen as a sign of possible neglect in care. For this reason the Care Act, 2014[2] places a requirement on local authorities to investigate any possible neglect that has resulted in pressure damage occurring.

Any pressure damage that is assessed as being grade 3 or 4, ungradeable or is a deep tissue injury must be reported to the local authority safeguarding team for review by ward staff to comply with the Care Act, 2014[2]. This is a statutory requirement for all UHMBT staff.

Lancashire 0300 123 6721
Cumbria 0300 303 2704

In any situation where doubt exists as to the exact grading of pressure damage, the adult should be first referred to the tissue viability specialist service for advice. Any patient presenting with pressure damage from the community or hospital should be reported via the risk reporting system as a patient safety incident (PSI). It is especially important to note if the patient is admitted from a care home or from his or her own home but with a package of care in place as this information will be escalated by the safeguarding team to the Morecambe Bay CCG for ongoing monitoring of standards of care.

For further information see: http://www.epuap.org/

4.3.17 Falls and Safeguarding

Under the Care Act 2014[2], UHMBT has a legal responsibility to make safeguarding adult alerts where there is **a suspicion that abuse** of an adult has occurred which may be as a result of neglect or omission of care. Following a significant injury resulting in harm prior to internal review processes a safeguarding alert should be raised by the ward to Adult Social Care.

Examples of falls which may be considered appropriate for referring into Adult Social care includes:-

- Medication not being given on time resulting in a fall and injury.
- A fall as a result of safety equipment not in working order or not in place following an assessment of need causing harm.
- Environmental hazards, such as poor lighting or clutter, resulting in a fall and injury.
- Repeated falls despite preventative advice being given and a series of minor injuries.
- Members of staff not receiving training in falls management and/or not adhering to the falls policy and protocols following a fall.
- Supervision levels not being sufficient to ensure safety resulting in falls
- A fall resulting in harm where there is no risk assessment in place or where the risk assessment has not been reviewed or updated to mitigate the falls risk.

4.4 Safeguarding Adults Process – Raising a Concern

Safeguarding Adults - Who do I Tell?

4.4.1 What is a concern?

A concern, suspicion or allegation of abuse may arise from:

- A direct disclosure by a vulnerable adult
- A complaint or expression of concern by someone else
- An observation of abusive behaviour or an observation of the indicators of possible abuse.

4.4.2 Who is Responsible for Raising a Concern?

Absolutely **anyone** can raise a concern. Anyone who is concerned about the possibility of abuse of an adult at risk should raise a concern with an appropriate person. All staff have a **duty** to report any allegations, suspicions or concerns of abuse. Early sharing of information is the key to providing an effective response where there are emerging concerns. Less experienced staff may require guidance and support from more experienced staff but all staff should be able to raise a concern if they note something that puts an adult at risk of harm.

4.4.3 How do you Raise a Concern?

Please refer to appendix 1 for raising a concern process.

4.4.4 How do you Raise a Concern Out of Hours to Adult Social Care?

Adult Social Care are a 24 hour service seven days a week. They are available for advice at any time if this is required. Please refer to appendix 1 for the Safeguarding Adults referral process for recent and updated contact numbers for Adult Social Care out of hours service.

4.4.5 What Responsibilities Do You Have/or Your Manager Have?

At the alert stage, there are two people who have responsibilities: The person who is first made aware of the possible abuse and (if within an organisation or service), their line manager**.**

4.4.6 Responsibilities of the Person First Aware of Possible Abuse

The first person aware of possible abuse needs to consider the following issues.

Make safe

- Take reasonable steps to ensure the adult is in no immediate danger.

- Seek emergency help (first aid, medical treatment, police involvement) if there are immediate risks to health or safety.
- **DO NOT** confront the alleged abuser.
- **DO NOT** destroy or disturb articles that could be used in evidence (clothes, items, fingerprints, etc. If an assault is suspected do not wash the person unless necessary for first aid treatment).
- If the alleged abuser is another vulnerable adult, ensure their needs are attended to and that they and others are not put at risk.

Inform
- A line manager or other senior manager immediately.
- The police if a crime has been committed.

Record
- Details of the disclosure, concern or suspicion.
- The actions taken so far and the reasons for any decisions
- Follow your own organisational record keeping procedures

4.4.7 Section 42 enquiry/strategy meetings
Under Section 42 of the Care Act[2], the safeguarding duties apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs).
- is experiencing, or at risk of, abuse or neglect, as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

These are referred to as the 'three key tests'. If these tests are met the local authority has a legal duty to make enquiries or cause others to do so. Enquiries will always be undertaken using the six principles outlined in the Care Act, 2014[2] and using a Making Safeguarding Personal[1] approach.

UHMBT staff will be required to provide information for the safeguarding alert process once it has been stepped up to a section 42 enquiry under the Care Act, 2014[2]. This may involve: providing a written report, dialling in to a strategy meeting or attending in person. Any staff member requested to be involved in strategy/S42 meetings should seek support and advice from the safeguarding team.

4.4.8 How to manage allegations against staff
Managing Allegations against Staff and Volunteers (see section 6)

Disciplinary Policy (see section 6)

When it comes to raising concerns of adult abuse, no distinction should be made between staff and other persons. The adult at risks wellbeing is paramount.

If an allegation is made against a member of staff, their manager will need to clarify, when making a referral, what action he/she intends to take under the appropriate personnel procedures. It is important to ensure that any action:
- Protects the rights and wishes of the adult at risk
- Protects the rights of the member of staff concerned
- Enables managers to take appropriate action either on behalf of the vulnerable adult or

against the staff member where appropriate
- Does not compromise any criminal investigation.

4.4.9 Person in Position of Trust (PIPOT)

In relation to managing allegations against staff, the Trust has a duty to inform the local authority PIPOT. The PIPOT is responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

It is the responsibility of the PIPOT to monitor the progress of cases to ensure they are dealt with as quickly as possible, consistent and thorough fair process. They will work closely with the trust to ensure advice is provided throughout the process whilst the enquiry is undertaken.
There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work or continue to work with adults at risk, this information may be referred to the Local Authority Designated Officer (LADO).

There may also be occasions when a person's conduct towards an adult may impact on their suitability to work or continue to work with children. All these situations must be referred to the LADO.

4.4.10 The Role of the Police

The Police, as well as taking a lead in any criminal investigation, are available for advice and consultation at an early stage. It is important that police are able to gather forensic evidence immediately and therefore they should be contacted in any case where a serious incident and/or criminal offence may have occurred. A criminal investigation will take precedence over any safeguarding adults or disciplinary investigation.

In situations where the person is unwilling to make a formal complaint to the Police, the organisation in receipt of the alert should consider carefully whether it has a duty to report the matter to the Police directly. The decision should be based on the risk to the person, the risk to others and the seriousness of the allegation. If it is established a person lacks the capacity to consent, those involved with the individual should make a decision following the best interest principles in accordance with the Mental Capacity Act, 2005[3].

4.4.11 Role of the Local Authority

Local authorities must make enquiries, if they reasonably suspect an adult who meets the criteria of being at risk, being abused or neglected. An enquiry is the action taken by the local authority in response to a concern that abuse or neglect may be taking place. This enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry, through to a more formal multi-agency plan or course of action.

The overall aim of the enquiry is to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive. Therefore, the purpose of the enquiry is to decide whether or not action is required to protect the individual. What happens as a result of the enquiry should reflect where possible the adults wishes and views to ensure compliance with the philosophy of making safeguarding personal. The adult should always be involved from the beginning of the process, unless there are exceptional circumstances that would increase the risk of abuse.

4.4.12 Role of the Safeguarding Adults Board (SAB)

The SAB has a strategic role which oversees and leads adult safeguarding across the locality, and are interested in a range of matters that contribute to the prevention of abuse and neglect. The SAB has to establish ways of analysing data on safeguarding regarding the locality to gain an understanding of prevalence of abuse and neglect locally; and develop preventative strategies to tackle this. The SAB have a duty to also conduct Safeguarding Adults Reviews (SARs)

The Adult safeguarding Boards for both Lancashire and Cumbria have useful information on their websites and these can be accessed on:

http://www.lancashiresafeguarding.org.uk or http://www.cumbria.gov.uk

4.4.13 Safeguarding Adults Review (SAR)

A SAR is required 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 a SAR may also be required if an adult has not died, but where there is suspicion that the adult has experienced serious abuse or neglect, and has suffered permanent harm or has reduced capacity or quality of life as a result of the abuse or neglect.

The purpose of the SAR is to review the case to promote effective learning and improvements to prevent future deaths or serious harm occurring again. Within this process, there is opportunity to share examples of good practice that can also be applied to future cases.

4.4.14 Role of Commissioners

Commissioners from the Clinical Commissioning Groups (CCG) are vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with to ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

4.4.15 Contact Details

Refer to the Safeguarding Intranet Page for all up to date contact details for all the Local Authorities.

Lancashire Adult Social Care is 0300 123 6721
Cumbria Adult Social care is 0300 303 2704

4.5 Others at Risk of Harm

When admitting patients, nursing staff should routinely ask about any dependents or caring responsibilities. This information may prove to be key in preventing harm to others at risk should a safeguarding concern be raised. A patient's right to make choices about their own safety has to be balanced with the rights of others to be safe.

4.5.1 Parental Responsibility & Children

Health Service Workers have duties under the Children Act 1989[17] to identify and respond where children may be at risk from harm. 'Working Together to Safeguard Children, 2018[18] sets out the roles and responsibilities of agencies to safeguard children.

Health workers must routinely ask if any children live with any adults who attend ED with physical injuries which are suspected to be inflicted personally or by another person and consider the implications for children when responding to all safeguarding adults concerns.

For example:

- A person who is causing harm to an adult may also present a risk to a child
- Adults' parenting capacity may be adversely affected by the stress of abuse they are experiencing.
- The choices an adult makes about their own protection may adversely affect a child.

The Trust has a separate Safeguarding Children Policy and procedure which is available on the Trust intranet. Advice on safeguarding children is available from the Named Nurse for Children and/or Named Midwife. Should these staff not be available the advice of the clinical site manager should be sought. They will advise or seek a further opinion.

4.5.2 Adults with a Disability

Where adults have a disability and safeguarding processes are being considered or invoked those involved in leading the safeguarding processes must ensure the engagement of appropriate support services and patient representatives to facilitate communication and ensure that the person is given every opportunity to participate in the process and make decisions about their wellbeing.

Where the person has a learning disability, consideration must be given to supporting the person in his or her choices and of assessment of that person's capacity to understand and retain information and consent to specific intervention at the time it is required.

Mental Capacity Act[3] (see section 6)

Joint Care Policy for Patients with Physical, Mental or Learning Disability Needs (Cumbria Partnership) (see section 6)

Any death of Adults with Learning Disability in UHMBT care will be referred to The Learning Disabilities Mortality Review (LeDeR) Programme (LeDeR) by the safeguarding team. This was set up as a result of one of the key recommendations of the Confidential Inquiry into Premature Deaths Of People with Learning Disabilities (CIPOLD)[19]. CIPOLD reported that people with learning disabilities are three times more likely to die from causes of death amenable to good quality healthcare than people in the general population.

Adults known to be dependent on others to access healthcare who are not brought for appointments to UHMBT, safeguarding must be considered and a patient safety incident (PSI) be completed.

4.5.3 Provision for Adults Who do Not Speak English

The Trust is committed to ensuring that people whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use family members as interpretors for people that do not speak English.

4.5.4 Local Service Information

In order to minimise misunderstanding and ensure that the person is satisfied with the

information being offered please follow the guidance below.

- Ensure that the correct language is identified in order to provide information in the appropriate language.
- Ensure that information about safeguarding is given to person in appropriate language prior to seeking consent.
- If an independent interpreter is not available consideration should be given to make audio/video recording of consent.
- Under no circumstances should children under the age of 16 or family members be used as interpreters.
- Consideration should be given to the involvement of interpreter/link worker if they have been consistently involved in interpreting as this person may have useful information and be able to offer support to the person without English.

Accessing Telephone and Face-to-Face Interpretation Services (see section 6)

4.5.5 Transition

The Children and Families Act, 2014[20] and the Care Act, 2014[2] together create a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies when a person is 16). The duties in both Acts are primarily for the local authority, but there is also a need for UHMBT to work together to ensure that the safeguarding adult at risk policy works in conjunction with the children and young people policies.

Safeguarding Children (see section 6)

Where it is anticipated that on reaching 18 the young person is likely to require adult safeguarding, arrangements should be discussed as part of transition support planning and protection. If the young person is not subject to a child protection plan, it would be best practice to hold a safeguarding strategy meeting.

Clarification should be sought on:

- What information the young person has received about adult safeguarding.
- The need for advocacy and support.
- Consider if a mental capacity assessment is required and who will complete this.
- Consider best interest decisions.
- Consider if a court of protection application is required.

4.5.6 Carers and Safeguarding

Circumstances in which a carer could be involved in a situation that may require a safeguarding response include when a carer may:

- Witness or speak up about abuse or neglect.
- Experience intentional or unintentional harm from the adult they are trying to support; or from professionals and organisations they are in contact with.
- Unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Where there is intentional abuse, adult safeguarding under Section 42 of the Care Act, should always be considered by the local authority and UHMBT staff would need to participate in that process.

4.5.7 Support for Staff and Employees Who Are Victims of Abuse

With consent please liaise with:

- Human Resources
- Occupational Health
- Line manager

4.6 Working with Partners

Multi-Agency Safeguarding Hub (MASH)

The MASH concept is the co-locating of safeguarding agencies and their data into a secure assessment, research and decision making unit that is inclusive of all notifications relating to safeguarding adult welfare in a Local Authority area. The co-location of agencies builds trust and confidence and speeds up the process of information sharing and decision-making. The added value of MASH is that it provides for a fuller, more informative intelligence product with a risk assessment supported by a clearly recorded rational for operational use at the earliest stage.Referrals generated by UHMB are risk assessed through the MASH process.

Safeguarding Teleconference

The concept of Safeguarding Teleconferences are an established part of provision of high quality clinical care within UHMB NHS FT. The Trust is committed to continuous learning and service improvement and acknowledges that systematic review of safeguarding incidents reported by frontline teams is crucial in delivering public protection within the Morecambe Bay heath footprint. This also facilitates and provides assurance of quality public protection. This operating procedure focuses on ensuring that the mechanisms for reviewing safeguarding incidents are effective in protecting patients from harm and promotes partnership working with other statutory and voluntary agencies that UHMB NHS FT engages with.

Safeguarding Safety Huddle Teleconference (see section 6)

4.7 Discharge Subject to Safeguarding Procedures

There will be certain circumstances where the patient may be medically fit for discharge when the actual discharge will be delayed until safeguarding procedures are in place. Please liaise with the allocated social worker to ensure the patient is safe for discharge.

4.8 Differences of Opinion Between Professionals

Safeguarding is everyone's business so if any member of staff still feels there is a safeguarding concern after discussing with a senior colleague who does not feel the same way, the member of staff is still entitled to make a referral and should be supported to do so. Referral is not solely a senior management decision or responsibility. Advice can be sought from the Safeguarding Team, and/or from the Local Authority at any time of the day.

In addition both Lancashire and Cumbria Safeguarding Adult Boards have useful information on their websites.

should consider the most relevant courses in discussion with their line manager.

4.9 Safeguarding the Adult at Risk & Training Requirements

All UHMBT staff are expected to undertake adult safeguarding training dependent on their roles and responsibilities within the organisation. A training matrix is available to provide guidance and the safeguarding team can be contacted for detailed advice and guidance.

Safeguarding training is available via e-learning and face to face workshops and staff

5 ATTACHMENTS	
Number	**Title**
1	Safeguarding Adults Referral Flowchart
2	Guideline: Domestic violence- including the child behind the adult (concern for the unseen child)
3	Guideline: Female Genital Mutilation (FGM)
4	Guideline: Parental substance misuse- including child behind the adult (Concern for the unseen child)
5	Guideline: Information Sharing
6	Guideline: Parental mental health concerns – including child behind the adult (concern for the unseen child)
7	Equality and Diversity Impact Assessment Tool

6 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
Corp/Pol/092	Clinical Supervision http://uhmb/cs/tpdl/Documents/CORP-POL-092.docx
Corp/Pol/021	Safeguarding children policy UHMB http://uhmb/cs/tpdl/Documents/CORP-POL-021.docx
Corp/Proc/061	Adult Mental Health Liaison Team Operating Procedures (Lancashire Care) http://uhmb/cs/tpdl/Documents/CORP-PROC-061.pdf
Corp/Pol/033	Mental Capacity Act (2005 http://uhmb/cs/tpdl/Documents/CORP-POL-033.docx
Corp/Pol/034	Deprivation of Liberty Safeguards http://uhmb/cs/tpdl/Documents/CORP-POL-034.docx
Corp/Proc/015	Managing Allegations against Staff and Volunteers http://uhmb/cs/tpdl/Documents/CORP-PROC-015.docx
Corp/Pol/112	Freedom to Speak Up – Raising Concerns http://uhmb/cs/tpdl/Documents/CORP-POL-112.docx
Corp/Pol/048	Disciplinary Policy http://uhmb/cs/tpdl/Documents/CORP-POL-048.docx
Corp/Strat/103	PREVENT Strategy http://uhmb/cs/tpdl/Documents/CORP-STRAT-103.docx
Corp/Link/001	Joint Care Policy for Patients with Physical, Mental or Learning Disability Needs (Cumbria Partnership) http://uhmb/cs/tpdl/Documents/CORP-LINK-001.docx
Corp/Guid/001	Accessing Telephone and Face-to-Face Interpretation Services http://uhmb/cs/tpdl/Documents/CORP-GUID-001.docx
Corp/Pol/021	Safeguarding Children http://uhmb/cs/tpdl/Documents/CORP-POL-021.docx
Sguard/Sop/001	Safeguarding Safety Huddle Teleconference

6 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
	http://uhmb/cs/tpdl/Documents/SGUARD-SOP-001.docx

7 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS **References in full**	
No.	**References**
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3	Great Britain (2005) Mental Capacity Act 2005. Available from: http://www.legislation.gov.uk/ukpga/2005/9/contents (accessed 14.9.18)
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8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
Adult at Risk	is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them and because of those needs are unable to protect themselves against abuse or neglect.
Adult Safeguarding	means protecting a person's right to live in safety, free from abuse and neglect.
Advocacy	means taking action to help people that experience substantial difficulty in contributing to the safeguarding process. The advocate will determine what the person wants, secure his/her rights, represent his/her interests and

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**
	obtain the services the person needs.
Best Interest	The Mental Capacity Act, 2005 (MCA) states that if a person lacks mental capacity to make a specific decision at a specific time then whoever makes the decision takes action on the person's behalf must do so in the person's best interest. This is one of the five key principles of the MCA.
Carer	The Association of Directors of Social Services defines a carer as someone who '*spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.'*
Concern	is the term used to describe when there is, or might be, an incident of abuse or neglect and it replaces the previously used term of 'alert.'
Enquiry	establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. This is known as a Section 42 enquiry.
Equality Act 2010	legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.
Independent Mental Capacity Advocate (IMCA)	was established under the Mental Capacity Act, 2005. IMCA's are mainly instructed to represent someone where there is no-one independent of services, such as family or friends, who is able to represent the person. IMCA's are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care review of adult safeguarding concerns.
Making Safeguarding Personal	is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference by taking action on what matters to people, is personal and meaningful to the person and listens to the voice of the adult.
MARAC	Multi Agency Risk Assessment Conference
Person / Organisation alleged to have caused harm	is the person or organisation suspected of causing harm or presenting a risk to an adult at risk.
Position of Trust	refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or intentionally abuse or neglect a person that is vulnerable and unable to protect his/herself.
Person in a Position of Trust (PIPOT)	is the person within an organisation that has responsibility for investigating allegations of harm caused by a staff member or the organisation. In Lancashire the PIPOT is located within Lancashire Social Services Multi-Agency Safeguarding Hub (MASH).

9. CONSULTATION WITH STAFF AND PATIENTS Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	**Job Title**	**Date Consulted**
Gillian Graham	Named Nurse Safeguarding Adults	August 2018
Liz Thompson	Interim Deputy Safeguarding Lead	August 2018

10. DISTRIBUTION PLAN	
Dissemination lead:	Gillian Graham
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	• Replace document on the Trust Intranet – Policy Library. • Email key staff to remove or update any printed copies.
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup or Weekly News. New documents uploaded to the Document Library.

11. TRAINING Is training required to be given due to the introduction of this procedural document? *Yes		
Action by	**Action required**	**Implementation Date**
	Updated training for staff due to changes in legislation and internal procedures	Ongoing

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
1			Complete revision due to changes in national and local safeguarding procedures	28/02/2017
2.1	04/10/2017	Page 4	BSF page added	01/07/2018
2.2	16/03/2018	Section 4.1.6	Added details for staff dealing with patient who attends Emergency Dept with signs of mental illness – completed risk assessment at triage needed via Lorenzo	01/07/2018
2.3	18/04/2018	Section 4.1.6	Links added for Lancashire / Cumbria referrals	01/07/2018
2.4	01/08/2018	Review Date	Review date extended – form no. 106/2018	01/10/2018
2.5	05/09/2018	Section 1 Section 7	Reference to Data Protection Act updated	01/10/2018
3	18/08//2018	Whole	Document reviewed and	01/09/2021

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
		document	amended due to changes in national and local safeguarding policies	

Appendix 1 – Raising a Safeguarding Concern?

When making an adult safeguarding alert, please ensure the alert is documented within the patient electronic record, noting time and date of referral, patient safety incident number and any police log number if applicable.

Contact numbers: Cumbria Adult Social Care 0300 303 2704
Lancashire Adult Social Care 0300 123 6721

Safeguarding Adults - Who do I Tell?

Appendix 2: Guideline: Domestic Violence – including the Child behind the Adult (Concern for the Unseen Child)

Guideline: Domestic violence- including the child behind the adult (concern for the unseen child)

Domestic abuse – "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

This can encompass but is not limited to the following types of abuse:

- Psychological.
- Physical.
- Sexual.
- Financial.
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." (Home Office[10])

Working Together 2018[18] clearly states that when domestic violence is identified in families with a child under 12 months (including an unborn child) even if the child was not present, professionals should make a referral to Children's Social Care.

YOUR ROLE:

- Focusing on the individuals safety and that of their children
- Giving information and referring to relevant agencies
- Considering an adult referral
- Making it easy for them to talk about their experiences
- Supporting and reassuring, providing discrete local and national support information
- Being non-judgemental

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Appendix 3: Guideline: Female Genital Mutilation (FGM)

Guideline: Female Genital Mutilation (FGM)

What is FGM?

The term FGM comprises all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons.

The Law:

FGM has been a specific criminal offence since 1985 (Prohibition of Female Circumcision Act) which was replaced by the Female Genital Mutilation Act 2003[14]. Under the terms of these Acts it is criminal to :

- Excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora or clitoris of any other person
- Aid, abet, counsel or procure a girl to mutilate her own genitalia
- Aid, abet, counsel or procure another person who is not a UK National to mutilate a girls genitalia outside the UK

What to do in a case of FGM

- Any suspicion of intended or actual FGM must be immediately referred to Children's Social Care
- Police should be contacted if child is at imminent risk
- Inform Named Nurse and/or Named Dr
- Although it is usual to discuss concerns with parents and carers in cases of FGM this may put the child at increased risk
- Document all information clearly and accurately

Appendix 4: Guideline: Parental Substance Misuse – including Child behind the Adult (Concern for the Unseen Child)

Guideline: Parental substance misuse- including child behind the adult (Concern for the unseen child)

Parental substance misuse can cause significant harm to children at all stages of development. The potential risks to a child's health and wellbeing include:

- Neglect of parental responsibilities leading to physical, emotional and psychological harm
- Family resources used to finance dependency resulting in inadequate food, heating and clothing for the child
- Presence of unsuitable care givers or visitors in the home
- Exposure to criminal and other inappropriate adult behaviour
- Chaotic drug use can lead to increased irritability, emotional unavailability, irrational behaviour, and reduced parental vigilance. This can be particularly acute when the parent is experiencing withdrawal symptoms
- Unsafe storage of drugs and other paraphernalia, thereby exposing children to risk of overdose and/or blood borne viruses
- Delayed growth and development of the unborn child if mother misuses during pregnancy. This can cause permanent dysfunction of the brain and central nervous system

Identification:

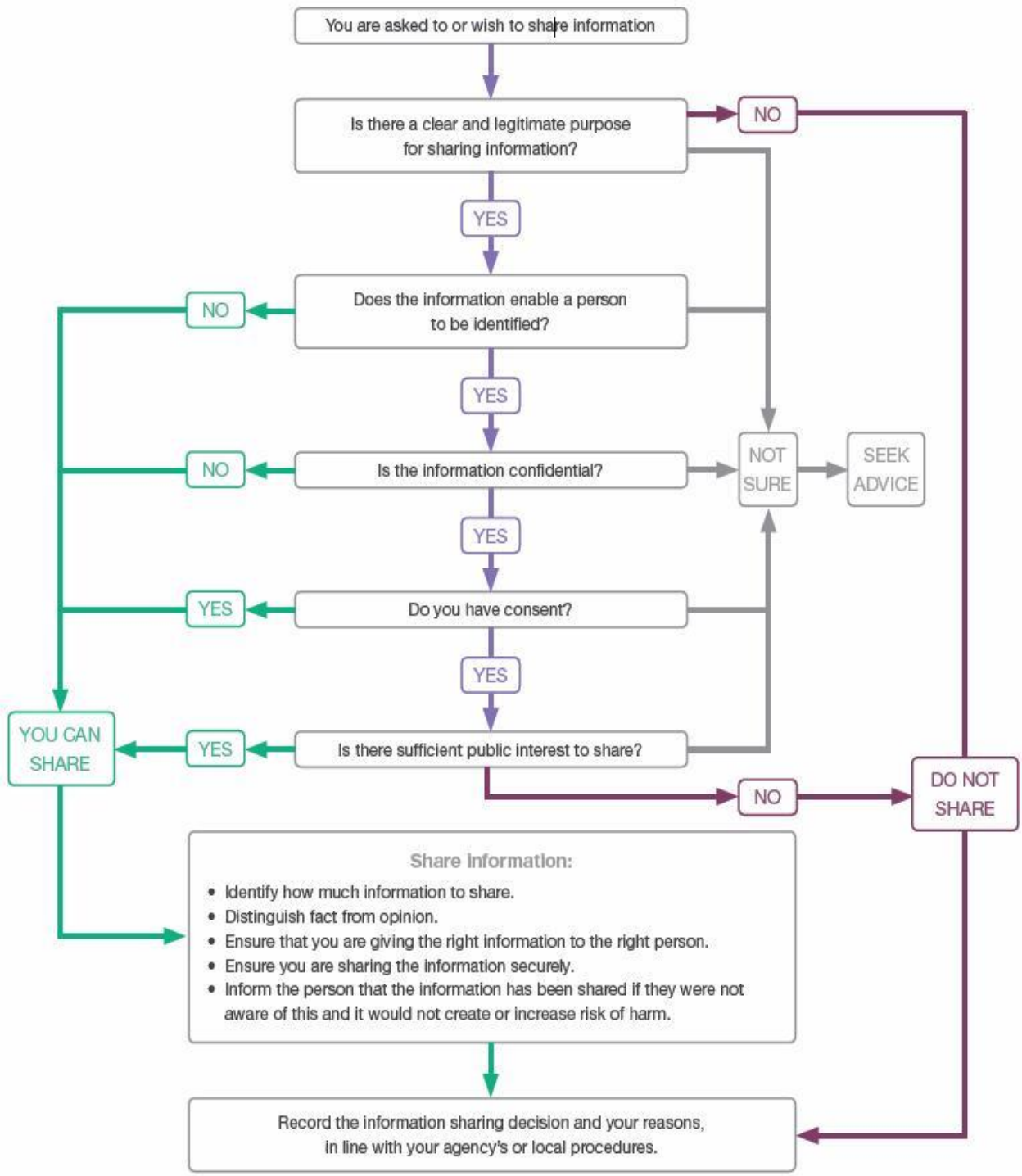
Professionals in drug and alcohol services must identify those adults who are parents or carers and share this information with Children's Social Care, GPs, Health Visitors, midwives and School nurses. Adult substance misuse workers should take part in strategy meetings, child protection conferences and core group meetings.

YOUR ROLE:

If a patient presents with a potential or identified substance misuse problem and they are a parent or carer of a child under 18yrs, a referral to Children's Social Care must be considered. If possible consult with any substance misuse professionals who may be involved and make a joint referral. Always inform the Named Nurse and/or Named Doctor. In every case, assess the likely impact on the child.

Appendix 5: Guideline: Information Sharing

Guideline: Information Sharing



Appendix 6: Guideline: Parental Mental Health Concerns – including Child behind the Adult (Concern for the Unseen Child)

Guideline: Parental mental health concerns – including child behind the adult (concern for the unseen child)

The majority of parents who suffer significant mental ill-health are able to care for and safeguard their children and/or unborn child, but it is essential always to assess the implications for each child in the family. In some cases, the parent's condition may seriously affect the safety, health and development of children particularly when subjected to known stressors or alcohol/substance misuse.

Consider a referral to children's social care:

- As soon as a problem, suspicion or concern about a child becomes apparent, or if the child's needs are not being met
- If service users express delusional beliefs or any psychotic ideation involving their child
- If service users may harm their child as part of a suicide plan
- When considering whether a child is at risk, the following risk factors must be considered and justify a referral to children's social care:
- Previous history of mental health disorder especially if severe and/or enduring, e.g. previous diagnosis of bipolar disorder, schizoaffective disorder
- Predisposition or previous diagnosis of severe post natal illness
- Self-harming behaviour and suicide attempts
- Altered states of consciousness e.g. dissociation, drug misuse, alcohol misuse
- Obsessional compulsive behaviours involving the child
- Non-compliance with treatment, reluctance or difficulty engaging with necessary services, lack of insight into illness and impact on child
- Disorders designated "untreatable" either totally or within the timescales compatible with the child's best interests
- Mental health problems combined with domestic violence and/or relationship difficulties
- Unsupported and/or isolated parents with mental health problems
- Parental inability to meet the needs of the child

Appendix 7: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Safeguarding			
Lead Assessor	Liz Thompson			
What is being assessed?	Adults at Risk Policy			
Date of assessment	13/09/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	☐	Staff Side Colleagues	☐
	Service Users	☐	Staff Inclusion Network/s	☐
	Personal Fair Diverse Champions	☐	Other (Inc. external orgs)	☒
	Please give details:			

1) What is the impact on the following equality groups?

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Positive	The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions due to illness, dementia, learning disability, mental health, brain injury or stroke
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.