

Safeguarding Adults Policy

Version No: 2

Document Summary:

The Policy details the responsibilities of staff members to be alert to the possibility of adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the adult at risk and support staff to know how to deal with a disclosure of allegation of adult abuse and sets out the responsibility of staff to undertake training as appropriate for their role and keeping themselves updated.

Document status	Approved	
Document type	Policy	Trust wide
Document number	PD0302	
Approving body	Patient Safety Council	
Date approved	13/03/2024	
Date implemented	13/03/2024	
Review date	31/03/2027	
Accountable Director	Director of Nursing, Midwifery & Governance	
Policy Author	Named Nurse Safeguarding Adults	
Target audience	All staff	

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Document Control

Section 1 – Document Information	
Title	Safeguarding Adults Policy
Directorate	Quality & Risk
Brief Description of amendments	
Minor amendments for the purpose of harmonisation <i>Please state if a document has been superseded. V1 superseded by V2</i>	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes
Data Protection Impact Analysis completed?	Yes

Section 2 – Consultation Information*	
*Please remember to consult with all services provided by the Trust, including Community & Primary Care	
Consultation Completed	<input type="checkbox"/> Trust wide <input type="checkbox"/> Local <input type="checkbox"/> Specific staff group
Consultation start date	Click here to enter a date.
Consultation end date	Click here to enter a date.

Section 3 – Version Control		
Version	Date Approved	Brief Summary of Changes
1	02/10/2023	Policy harmonisation due to Trust transaction
2	13/03/2024	Policy reviewed – no amendments made
	Click here to enter a date.	
	Click here to enter a date.	

Section 4 – Approval – <i>To be completed by Document Control</i>	
Document Approved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with minor amendments
Assurance provided by Author & Chair	<input checked="" type="checkbox"/> Minutes of Meeting <input type="checkbox"/> Email with Chairs approval
Date approved	13/03/2024
Review date	13/03/2024

Section 5 – Withdrawal – <i>To be completed by Document Control</i>	
Reason for withdrawal	<input type="checkbox"/> No longer required <input type="checkbox"/> Superseded
Assurance provided by Author & Chair	<input type="checkbox"/> Minutes of Meeting <input type="checkbox"/> Email with Chairs approval
Date Withdrawn:	Click here to enter a date.

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1. Scope

This policy applies to all staff Trust Staff including volunteers and students in managing safeguarding concerns about adults at risk. The policy reflects national and local Multi agency Safeguarding Adult polices and legislation.

Every member of staff has an individual responsibility for the protection and safeguarding of adults. All levels of management must understand and implement the Trust Safeguarding Adult Policy and Procedure

2. Introduction

The Care Act 2014 sets out the statutory framework for the identification and management of adults who are at risk and who require protection.

The identification, investigation and management of such concerns requires a multi-agency approach to make the necessary contribution to achieving the best outcomes possible for each individual where concerns have been identified.

This policy is designed to explain what is expected of Trust staff including volunteers and how they should respond to concerns raised about an adult at risk.

3. Statement of Intent

Living a life that is free from harm and abuse is a fundamental right of every person. When abuse does occur, it needs to be dealt with in a timely and effective way, proportionate to the issues enabling the person at risk to be at the centre of the process with as much control as is possible for them to have.

For the purposes of this policy the Trust is an **ALERTER** Organisation with the responsibility to notify any patient’s respective local authority of any safeguarding concern.

4. Definitions

Definition	Meaning
Adult at Risk	The safeguarding duties of the Care Act 2014 apply to an adult who: <ul style="list-style-type: none"> • has needs for care and support (whether or not the local authority is meeting any of those needs) and; • is experiencing, or is at risk of, abuse or neglect; and

	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.
Abuse	<p>Abuse may be:</p> <ul style="list-style-type: none"> • A single act or repeated acts (which could affect more than one person). • It may occur as a result of failure to undertake action or appropriate care tasks. • An act of neglect or a failure to act. • May occur where an adult at risk is persuaded to enter into a financial, sexual or physical transaction to which they do not or cannot consent. • Multiple acts, for example, an adult at risk may be neglected and also being financially abused. <p>Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of the individual. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the risk of harm to that individual. In many cases abuse can be a criminal offence.</p>
Cuckooing / Invasion	Criminal exploitation of vulnerable people involving the use of their homes as a base for criminal activities, through intimidation or in exchange for drugs. Victims are often lonely, isolated and vulnerable. The term is used after the invading tendencies of cuckoo birds
Discriminatory Abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation or political views. Along with racist, sexist, homophobic or ageist comments or jokes or comments or jokes based on a person's disability or any other form or harassment, slur or similar treatment.
Domestic Abuse	<p>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.</p> <p>The abuse can encompass but is not limited to:</p> <ul style="list-style-type: none"> • Psychological • Sexual - Including female genital mutilation (FGM) • Honour Based Violence
Financial or Material Abuse	Including 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.
Honour Based Violence	<p>'Honour based violence' is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</p> <p>'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women</p>

	<p>who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.</p> <p>HBV can exist in any culture or community where males are able to establish and enforce women's conduct.</p> <p>Males can also be victims, sometimes because of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim. In addition, the Forced Marriage Unit have issued guidance on Forced Marriage and vulnerable adults due to an emerging trend of cases where such marriages involving people with learning difficulties.</p> <p>This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed.</p>
Mate Crime	<p>The term is generally understood to refer to the befriending of people, who are perceived by perpetrators to be vulnerable, for the purposes of taking advantage of, exploiting and/or abusing them. This can strongly be associated, but not exclusively associated, with people with a learning disability, learning difficulties or mental health conditions.</p>
Modern slavery	<p>There are many different characteristics that distinguish slavery from other Human Rights violations.</p> <p>Someone is in slavery if they are:</p> <ul style="list-style-type: none"> • Forced to work through mental or physical threat • Owned or controlled by an employer usually through mental or physical abuse or threat of abuse • Dehumanised, treated as a commodity or bought or sold as property • Physically restrained or restrictions placed on their freedom of movement • Subject to human trafficking <p>It is possible the individual may not recognise themselves as a victim</p>
Neglect and acts of omission	<p>Ignoring medical or physical care needs, failure to provide access to appropriate health, care, and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating. Neglect also included 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.</p>
Organisational Abuse	<p>Is the mistreatment, abuse or neglect of an adult by a regime or people in a setting or service that they use. Such abuse violates the person's dignity and represents the lack of respect for their human rights.</p>

Physical Abuse	Includes hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions; physical abuse may or may not cause injury and is physical ill treatment, causing unjustifiable physical discomfort.
Psychological Abuse	Including 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.
Radicalisation	Is comparable to other forms of exploitation such as grooming. It is the process by which an individual has their vulnerabilities exploited by another person toward crime or terrorism.
Safeguarding Adults	Safeguarding is defined as: protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.
Serious Adult Reviews (SAR's)	Undertaken when an individual with care and support needs dies or suffers unnecessarily as result of abuse or neglect and there is a concern that Multi-Agency partners or Organisations could have done more to protect them. It looks at learning to improve how agencies can work together more effectively.
Sexual Abuse	Including rape indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Self-Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. An assessment of whether a person needs a safeguarding intervention will be made based on the person's ability to protect themselves. However, there may also be a wider public interest in this due to safety concerns.

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

- Ensures that all staff in contact with adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and knows how to act on those concerns in line with local guidance. It includes ensuring that governance arrangements are in place to set, monitor and where appropriate act upon safeguarding standards, and that appropriate lead roles are in place and underpinned by adequate resources, authority, and clarity of responsibility.
- This role ensures that the organisation participates as an active member of Local Safeguarding Adults Boards and works in partnership with other agencies in accordance with locally agreed protocols and procedures.

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5.2 Director of Nursing, Midwifery and Governance

- Has delegated executive accountability for Safeguarding in the Trust including the effective implementation of this policy.
- The Director of Nursing, Midwifery and Governance has the responsibility to report any serious incidents to the Trust Board.

5.3 Assistant Director of Safeguarding

- Supports the Director of Nursing Midwifery and Governance to carry out their responsibilities
- Provides leadership and guidance to staff directly or via the Named Nurse Safeguarding Adults
- Ensure the appropriate Policies are in place to support staff
- Ensures training is fit for purpose and provided to meet Trust need and meets the required national and local standards
- Supports the Safeguarding Adults Team in carrying out their responsibilities.
- Providing an assurance framework around adult safeguarding through the Trust's Governance framework.
- Partnership working with the multi-agency partners as per Board requirements

5.4 Named Nurse Safeguarding Adults

- Support staff in carrying out their duties ensuring the safeguarding of all adults in the Trust.
- Advises and assists in identifying and investigating safeguarding alerts and working closely with other agencies in the provision of training for staff to heighten awareness in adult safeguarding.
- Supports ADO Safeguarding in partner agency working, including Local Safeguarding Adult Partnership Board subgroup attendance.
- To ensure that lessons from scrutiny reports or Serious Case Reviews / Safeguarding Adult Reviews / Domestic Homicide Reviews are adopted into practice.

5.5 Trust Safeguarding Adults Team

- The Trust 's Safeguarding Team are available to provide safeguarding support and advice to staff and managers, in relation to expected practice and requirements for referrals, risk assessments, capacity assessments etc.
- The safeguarding team will provide training to staff as part of mandatory training or in bespoke sessions as required.

5.6 Senior Managers/Line Managers

- Ensure that staff in contact with adults at risk in the course of their normal duties is trained and competent to be alert to the potential indicators of abuse or neglect,

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know how to act on those concerns in line with local procedures and can work with colleagues in a multi-disciplinary manner.

- Line Managers must always take seriously any allegation of abuse that is reported to them; this includes allegations of abuse that are reported through the Trust Managing Concerns and Complaints Policy, the Raising Concerns Policy and through managing any Human Resource process.
- Where the allegation is against a member of staff employed by the Trust, managers must follow the Managing Allegations against Professionals Policy however, this must not interfere with the need to make an immediate referral to the police or Local Authority where required.
- Line Managers must report all suspicion, allegation, observation and disclosure of abuse to the Trust safeguarding team.
- Line Manager must follow the reporting process described in Section 5 below. Staff must also attend training commensurate with their individual responsibilities, and in line with the requirements identified through the Trust's Training Needs Analysis.

5.7 The Trust Board

- The Trust Board are responsible for monitoring the effective implementation of this Policy and thus assuring the safeguarding of all adults including patients and staff who come to the Trust.

5.8 The Patient Safety Council /Safeguarding Assurance Group

- The Patient Safety Council is responsible for providing assurance to the Trust Governance Board of the effective implementation of this Policy and where deficits are identified to monitor action plans until all actions are completed. The Patient Safety Council reports to the Trust Quality Council thus providing assurance to the Board.

5.9 All staff

All staff are required to:

- Undertake mandatory safeguarding training
- Be alert to potential indicators of abuse and neglect.
- Alert Line Manager / Safeguarding team to adults who they feel they are risk.
- Contribute to whatever actions are needed to safeguard any individual at risk.
- Support individuals to make their own decisions, however if they lack capacity to recognise their previous wishes in line with best practices relating to Mental Capacity Act and Mental Health Act.

6. Process

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6.1 Six Key Principles of Safeguarding

There are six principles that need to be considered and evidenced with any safeguarding concerns:

Empowerment	Adults are encouraged to make their own decisions and are provided with information and support;
Prevention	Strategies are developed to prevent abuse and neglect and that promote resilience and self-determination
Proportionate	A proportionate and least intrusive response is made balanced against the level of risk;
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding
Partnership	The Trust will work with our local partners to find solutions
Accountability	Accountability and transparency in delivering a safeguarding response

6.2 Making Safeguarding Personal

Making Safeguarding Personal is about having conversations with people who have capacity about how we might respond in safeguarding situations in a way that enhances their involvement, choice and control as well as improving quality of life, wellbeing and safety. For those patients who have been deemed to lack capacity the thoughts and views of relevant persons such as Lasting Power of Attorney must be sought unless the concerns relate to these individuals. It is about recognising people as experts in their own lives and working alongside them, ensuring a proportionate response.

6.3 Harm Level

In determining what justifies intervention and what sort of intervention is required it is useful to consider whether the person has suffered or is likely to suffer significant harm. The impact of harm upon a person will be individual and depend upon each person's circumstances and the severity, degree and impact or effect of this upon that person. In deciding what action to take; consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm, neglect or exploitation.

It may be difficult at the point of referral to ascertain the seriousness or extent of the abuse. In order to assess seriousness, it is useful to consider and collate:

- Vulnerability of the individual
- Nature and extent of the abuse
- Length of time that it has been occurring
- Impact on the individual

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- Risk of repeated acts involving this or other vulnerable people
- The actual or likelihood of harm may impact upon the person in one or more areas of their life.

Staff must follow the Trust Incident Reporting and Management of Serious Incidents Policy for all clinical incidents as well as considering safeguarding.

All safeguarding actions taken must be recorded in the patient record.

6.4 Reporting and Recording Process

- Staff witnessing abuse must firstly ensure that the patient is safe.
- Staff hearing of/receiving concerns, allegations or disclosures must tell the adult at risk about any action that they intend to make, and that information provided will be handled on a strictly confidential basis but that there is a duty to report abuse to a manager and if necessary other relevant services.
- Be aware that medical and forensic evidence may be required by the police in cases of physical or sexual abuse and if so, evidence should not be disturbed.
- Staff must report any allegation or suspicions of abuse or potential abuse of an adult at risk to the person in charge or line manager immediately. This is to ensure that the correct procedure will then be followed.
- If, however the person in charge or line manager is implicated in the allegation, suspicion or disclosure, the staff member must report the matter to another manager.
- An internal safeguarding adult's referral must be made in accordance with local arrangements.
- Immediate concerns should be discussed with the safeguarding adults' team during usual working hours
- Following discussion with the line manager, concerns requiring an urgent response out of hours should be raised with the Local Authority/Police by phone and followed up with completion of a Trust safeguarding referral in accordance with Local arrangements
- The person in charge or line manager must ensure that all safeguarding concerns and any actions taken are documented in the patient record; this must be information and not opinion.
- Where the allegation is against a member of staff employed by the Trust the Trust Managing Allegations against Professionals Policy must be followed **however** this must not interfere with the need to make an immediate referral to the Police or Local Authority if that is required.
- **Please see appendix 1 for those staff based at St Helens or Knowsley sites**
- **Please see appendix 2 for those staff based at Southport Hospital and Ormskirk sites**
- **Please see appendix 3 for a full list of contact numbers**

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6.5 Trafficking

For support and advice contact the safeguarding team. Key concerns may be no access to personal identification, unable to give address, attends with another person who speaks for the patient, poor access to previous healthcare. For patients who may want support with seeking asylum status a National Referral Mechanism (NRM) form is required and this will need to be completed by external agencies. Trust employees cannot complete the NRM, therefore unless the police are in attendance if the patient wishes to engage in the process the Salvation Army should be called via the National Helpline – 0800 808 3733. The line is available 24 / 7. The NRM grants a minimum 45-day reflection and recovery period for victims of human trafficking. Trained case owners at UKHTC decide whether individuals referred to them are considered to be victims of trafficking according to the definition in the Council of Europe Convention. Please discuss with the patient and refer to the National Helpline as required. Inform the Safeguarding Team to ensure data is captured of activity. Any additional support and advice for safeguarding is available from the Safeguarding Team.

6.6 Prevent

The Counter Terrorism and Security Act 2015 placed a duty on all organisations which deliver services to the public to have in place systems and processes to recognise those at risk of being radicalised and being drawn into terrorism and to make the appropriate referrals.

It is recognised that some adults can be at risk of radicalisation and need support and protection. Radicalisation is a form of abuse and must be dealt with in the same way as any other form of abuse.

The Trust provides training to all staff on Prevent which includes identifying the indicators of radicalisation and knowing how to raise a safeguarding concern.

The Safeguarding Team are available for support and advice, and also attend / share information to local Channel Panel Meetings. The Trust Safeguarding Team attend local Channel panels.

Please see the Trust Prevent Policy for further information.

6.7 Online Safety

Children, young people and adults at risk need to be protected from the risk of online abuse; the risks can be classified into 3 areas:

- Risk of exposure to illegal, harmful, or inappropriate material.
 - Risk of being subjected to harmful online interactions with others.
 - Risk from personal online behaviour that increases the likelihood of or caused harm
- Staff within the trust should be vigilant when patients are accessing online services /material.

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Any concerns regarding inappropriate site access, possible online abuse / risk taking behaviour should be reported to the Safeguarding Team.

6.8 Raising a Concern at Work/Freedom to Speak up (Whistleblowing)

All staff have a duty and a personal responsibility to share concerns of a safeguarding nature in relation to the abuse of children and adults at risk. The Trust operates a zero-tolerance approach in relation to the abuse of children and adults and doing nothing about such concerns is not acceptable.

To ensure this, the Trust has a suite of policies including a policy on raising concerns/whistleblowing. For more information, please consult the Raising Concerns Policy and/or Managing Allegations against Professionals Policy. Concerns can also be raised via the Trust's 'Freedom to Speak Up Guardian', details of which are on the Trust intranet.

6.9 Multi-Agency Risk Assessment Meeting (MARAM)

This Guidance was initially issued following several serious incidents locally which raised issues in relation to mental capacity, vulnerability and risk-taking behaviour in respect of adults with care and support needs.

Specific issues in relation to the following areas were identified:

- Fire Safety
- Alcohol/drug dependence
- Non-compliant or challenging behaviour
- Medical Intervention and Medication
- Self-neglect
- Refusal of access to an adult with care and support needs.

This process mirrors the existing safeguarding process, which ensures that information on adults at risk is shared between agencies and enables the widest range of expertise and resources to come together to deal with instances of abuse or neglect in a timely manner. Staff should discuss concerns about patients who are at risk and would benefit from coordination of resources with the Trust Safeguarding Team to see if a referral under MARAM arrangements is required to support the individual.

6.10 Advocacy

Care Act advocates support people to understand their rights under the Care Act and to be fully involved in a local authority assessment, care review, care and support planning or safeguarding process.

Social Care professionals can request Care Act advocates to support an individual when all 3 conditions apply:

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1. A social care needs assessment, carers assessment, care planning, care review or s42 safeguarding investigation is taking place.
2. Without support the individual will have substantial difficulty being involved.
3. There are no appropriate family members or friends to support the individual's active involvement.

6.11 Office of the Public Guardian (OPG)

The Office of the Public Guardian is authorised to investigate allegations of abuse by Court Appointed Deputies and Attorneys who are acting under a registered lasting/enduring power of attorney or court order. Therefore, the Safeguarding Team will report any safeguarding concerns regarding a deputy or attorney to the OPG in addition to the local authority.

6.12 Confidentiality and Information Sharing

All staff should be aware of their responsibility to understand and respect confidentiality and comply with the law and the Trust Policy. Consent should always be sought to share personal information. Individuals with capacity have the right to refuse or withhold consent for Trust staff to share information in relation to suspected abuse. Wherever possible the views and wishes of the adult in safeguarding will be respected. However, if it is thought that they are in a situation that results in their abuse, or if they are abusing another person(s), or there are others at risk, the duty of care overrides the individual's refusal and the need to protect the individual or wider public outweighs their rights to confidentiality.

If a person lacks capacity, where appropriate, those providing a service should consider the views of the person's carer or nominated representative/advocate, if they are not implicated, prior to deciding as to whether information can be shared in accordance with the best interests of the individual.

Seven golden rules for information-sharing:

- **Remember that the Data Protection Act (DPA) is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately
- **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement unless it is unsafe or inappropriate to do so unless it is unsafe or inappropriate to do so
- **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible
- **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share

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information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case

- **Consider safety and wellbeing:** base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions
- **Necessary, proportionate, relevant, accurate, timely and secure:** ensure that information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely
- **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

6.13 Support for Staff

There are times when staff may require support and advice in their own lives or if they are involved in a complex and upsetting case and the Safeguarding Team will support in accordance with Trust policies. In addition, the Trust provides support to staff in the following ways:

- Line manager
- Open access to Health Work and Wellbeing Department
- Counselling Services Available
- Policies in place to support staff involved in incidents
- Safeguarding Supervision available through the Safeguarding Adults Named Nurse

These services can be accessed through the line manager or through the Safeguarding Team.

7. Training

All staff will receive safeguarding adults training at induction. Further training is provided commensurate with roles and responsibilities and is outlined within the Trust 's Safeguarding Adults Training Strategy and Training Needs Analysis 2023-2026 and the overarching Trust Training Needs Analysis. Training needs analysis is carried out on a regular basis and the feedback from these reviews help inform safeguarding training updates.

The Safeguarding Adult team will ensure that all staff involved in safeguarding issues are provided with adequate training and support. Staff can contact the Safeguarding Team for support and advice and request face to face meetings should they feel this necessary. The Trust recognises that identifying and managing a safeguarding alert can potentially cause distress to all parties and will be influenced by the individual's perception of the event, coping strategies and support network.

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What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
Recognising and reporting abuse	All trust staff are identified as requiring a differed level of training	Yes, and safeguarding has its own training strategy		E-learning and classroom delivered by the safeguarding team	3 yearly	Reported through the Trust training report and submitted in the Key Performance Indicators (KPI's) to the relevant ICB Place

8. Monitoring Compliance

8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Quarterly KPI reporting to Trust and ICB's
2	Yearly Commissioning Standards audit to ICB's
3	Quarterly PREVENT NHSE Dataset submission
4	
5	
6	

8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Training compliance and	ADO Safeguarding	KPI's and Quarterly reports	Quarterly	Quality Committee	ADO Safeguarding

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safeguarding activity				Safeguarding Assurance Group KPI data submitted in relation to safeguarding training & referrals	ADO Safeguarding Named Nurse Safeguarding Adults
Quality of Referrals to Local Authority	ADO Safeguarding	Audit	Yearly	Reported as part of KPI submission to ICB	Named Nurse Safeguarding Adults

9. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1	Care Act 2014
2	Domestic abuse Act 2021
3	Revised Prevent duty guidance: for England and Wales 2019
4	Northwest Safeguarding Adults Policy V5.2
5	Cheshire and Merseyside Integrated Health Board
6	Mental Capacity Act 2005

10. Related Trust Documents

No	Related Document
1	Domestic Abuse Policy
2	Safeguarding Children and Young People Policy
3	Management of Allegations against People in Positions of Trust
4	Incident Reporting and Management Policy
5	Managing Concerns and Complaints Policy
6	Induction Mandatory Training Policy
7	Mental Capacity Act 2005 and DoLS Policy

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8	PREVENT Policy
9	Raising Concerns Policy
10	Recruitment and Selection Policy
11	Disciplinary Policy

11. Equality Analysis Form

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion for workforce_equality&diversity@sthk.nhs.uk.

If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or Head of Equality, Diversity (Workforce) and Inclusion.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Title of function	Safeguarding Adult Policy
Brief description of function to be assessed	Trust responsibility to ensure there is a process in place to support Vulnerable Adults as per the Care Act 2014
Date of assessment	13/03/2024
Lead Executive Director	Sue Redfern Director of Nursing, Midwifery & Governance
Name of assessor	Anne Monteith
Job title of assessor	Assistant Director Safeguarding

Equality, Diversity & Inclusion

Does the policy/proposal:

- 1) Have the potential to or will in practice, discriminate against equality groups
- 2) Promote equality of opportunity, or foster good relations between equality groups?
- 3) Where there is potential unlawful discrimination, is this justifiable?

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	Negative Impact	Positive Impact	Justification/ evidence and data source
Age	No	Yes - Positive Action	Protection of abuse under the guidance of the Care Act 2014
Disability	No	Yes - Positive Action	As Above
Gender reassignment	No	Yes - Positive Action	As Above
Pregnancy or maternity	No	Yes - Positive Action	As Above
Race	No	Yes - Positive Action	As Above
Religion or belief	No	Yes - Positive Action	As Above
Sex	No	Yes - Positive Action	As Above
Sexual orientation	No	Yes - Positive Action	As Above

Human Rights

Is the policy/proposal infringing on the Human Rights of individuals or groups?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to life	No	Yes	Protection of abuse under the guidance of the Care Act 2014
Right to be free from inhumane or degrading treatment	No	Yes	As Above
Right to liberty/security	No	Yes	As Above
Right to privacy/family life, home and correspondence	No	Yes	Consideration of Making Safeguarding Personal as per the Care Act 2014
Right to freedom of thought/conscience	No	Yes	As above
Right to freedom of expression	No	Yes	As above
Right to a fair trial	No	Neutral	

Health Inequalities

Is the policy/proposal addressing health inequalities and are there potential or actual negative impact on health inequality groups, or positive impacts? Where there is potential unlawful impacts is this justifiable.

	Negative Impact	Positive Impact	Justification/ evidence and data source
Deprived populations	No	Yes - Positive Action	Protection of abuse under the guidance of the Care Act 2014
Inclusion health groups	No	Yes - Positive Action	As above
5 child clinical areas	Yes - Justifiable	No	Policy not applicable to children
5 adult clinical areas	No	No	

Outcome

After completing all of the above sections, please review the responses and consider the outcome.

Is a full EIA required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Please include rationale:
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Sign off

Name of approving manager	Anne Monteith
Job title of approving manager	AD Safeguarding
Date approved	13/03/2024

12. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?	YES			Information may be shared when necessary with other agencies such as the police and local authority
Will the procedural document lead to the collection of new information about individuals?		NO		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		NO		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive ¹ ?		NO		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	YES			Information may be shared when necessary with other agencies such as the police and local authority
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		NO		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		NO		
Will the implementation of the procedural document compel individuals to provide information about themselves?		NO		

Sign off if no requirement to continue with Data Protection Impact Assessment:
Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

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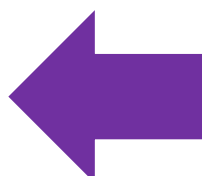
Policy author Anne Monteith Date 13/03/2024

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13. Appendix 1 - St Helens and Knowsley Sites Flow Charts

1 DECIDE

- If the individual is in immediate danger or there is a crime in progress - Dial 999
- If a crime has been alleged or committed and the individual is safe with consent? Dial 101 to report
- If an incident has involved (Guns/knives) Report via 101
- If you have concerns regarding your patient's welfare or safety, follow the flowchart.



Individual Lacks

Capacity & you have safeguarding concerns (Ensure 2 stage capacity is completed and consider DoLS).
Continue with flowchart

Individual Has Capacity & you have safeguarding concerns **Individual consents** to referral - follow flowchart

Individual Has Capacity & Does Not Consent To referral "Make Safeguarding Personal"
Contact Safeguarding Team
(Ext 4944) for advice or document clearly in notes and on safeguarding referral

Further guidance in relation to Mental Capacity and Deprivation of Liberty Safeguards (DoLS) can be found in the Trust policy

2 ACTION TO TAKE

- Complete referral to Trust Adult Safeguarding Team via Careflow Workspace or via Email Monday-Friday 9am-5pm (Excluding bank holidays)
- Report concerns to your line manager or person in charge Immediately
- Where the allegation is against a member of staff employed by the Trust, please follow the Managing Allegations against Professionals Policy

If Out of Hours or in an Emergency, please contact the Local Authority in which the abuse was alleged to of occurred
(See appendix 3 for contact details)

3 DOCUMENT

- Your findings including as much evidence as you have available and provide clear facts.
- Complete relevant body maps, clinical photography or risk assessments as appropriate completed if relevant.

4 CONSULT SAFEGUARDING INTRANET PAGE IN YOUR WORK AREA FOR ADVICE/SUPPORT & GUIDANCE IN RELATION TO OTHER FORMS OF CONCERNS

Contact Your Trust Adult Safeguarding Team

TELEPHONE: 0151 290 4944/4945/1314 Mon – Fr 0900 – 1700hrs (Excluding Bank Holidays)

EMAIL: sthk.safeguardingadults@sthk.nhs.uk

14. Appendix 2 – Southport and Ormskirk Sites Adult Flow Chart

1 DECIDE

- If the individual is in immediate danger or there is a crime in progress - Dial 999
- If a crime has been alleged or committed and the individual is safe with consent? Dial 101 to report
- If an incident has involved (Guns/knives) Report via 101
- Rape – anonymous without consent report via 101
- If you have concerns regarding your patient's welfare or safety, follow the flowchart.

2 ACTION TO TAKE

- Complete referral to Trust Adult Safeguarding Team (on intranet)
- Complete DATIX and attach referral form

SEFTON Out of hours emergencies only –
0151 934 3555

LANCASHIRE Out of hours emergencies only–
0300 123 6722

3 DATIX

- Complete after you have completed referrals and ensured your patient is safe
- Provide clear, detailed facts including referrals made and attach any relevant documentation

4 DOCUMENT

- Your findings including as much evidence as you have available and provide clear facts.
- Attach body maps and risk assessments completed if relevant.

5 CONSULT SAFEGUARDING FOLDER IN YOUR WORK AREA OR TRUST INTRANET FOR ADVICE/SUPPORT & GUIDANCE IN RELATION TO OTHER FORMS OF CONCERNS SUCH AS: SELF NEGLECT, HOMELESSNESS, FGM, HBV, TRAFFICKING & PREVENT

Contact Your Trust Adult Safeguarding Team

TELEPHONE: Ext. 5248 Mon – Fr 0900 – 1700hrs

EMAIL: soh-tr.safeguardingadults@nhs.net

Individual Lacks

Capacity & you have safeguarding concerns (Ensure 2 stage capacity is completed and consider DoLS).
Continue with flowchart

Individual Has Capacity

& you have safeguarding concerns **Individual consents** to referral - follow flowchart

Individual Has Capacity & Does Not Consent To referral

"Make Safeguarding Personal"
Contact Trust Safeguarding Team (Ext 5248) for advice or document clearly in notes and DATIX

DOMESTIC ABUSE

- Complete Domestic Abuse Risk. Assessment including body map (on intranet)
- Clearly document any signposting to support services & **Think Family** making appropriate referrals for adults and children.
- Ensure you obtain safe contact details for the victim
- DATIX incident.

15. Appendix 3 – Contact Details

Decide where the incident occurred and contact the relevant Local Authority (if Out of Hours or in an Emergency as below)

Knowsley Council 0151 443 2600 or **Out of Hours:** 07659590081

St Helens Council: 01744 676767 or **Out of Hours:** 0845 050 0148

Halton: 0151 907 8306 or **Out of Hours:** 0845 907 8306

Liverpool: 0151 233 3800 or **Out of Hours:** 0151 233 3800

Sefton: 0345 140 0845 or **Out of hours:** 0151 934 3555

Lancashire: 0300 123 6720 or **Out of hours:** 0300 123 6722

The Safeguarding Adults Team can be contacted on the following:

St Helens and Knowsley Sites:

0151 290 1314/4945/1332 or via email: sthk.safeguardingadults@sthk.nhs.uk

Southport and Ormskirk Sites:

01704 705 248 or via email soh-tr.safeguardingadults@nhs.net