

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# SAFEGUARDING ADULTS FROM ABUSE

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**2018 – Version 8**

**Striving for Perfect Care for  
the People We Serve**

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# SAFEGUARDING ADULTS FROM ABUSE

### Further information about this document:

Document name	<b>SAFEGUARDING ADULTS FROM ABUSE (SD17)</b>
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To be read in conjunction with	<b>To be read and applied in conjunction with the relevant multi-agency Safeguarding Adults Procedures developed by the Local Authorities of Sefton, Liverpool, St Helens, Knowsley and other relevant host Authorities and also Mersey Care NHS Foundation Trust Policy and Procedure for Safeguarding Vulnerable Adults in Secure Services HSS 34</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## 1. PURPOSE AND RATIONALE

- 1.1 Safeguarding Adults is everyone's business. Employees need to know the appropriate actions to take in order to protect and safeguard adults from abuse. This policy has been developed to describe the responsibilities of employees and organisation for the recognition and prevention of abuse and clarify the actions to take when abuse is suspected or identified.
- 1.2 The policy also recognises the risk to Mersey Care NHS Foundation Trust if employees do not demonstrate appropriate actions are taken in response to safeguarding. The revised policy takes into account changes in legislation and terminology that recent legislation primarily Care Act 2014 has introduced.

## 2. KEY PRINCIPLES

- 2.1 This policy is based on the following key principles:
- (a) everyone has the right to live their life free from violence, fear and abuse;
  - (b) all adults have the right to be protected from harm and exploitation:
    - (i) empowerment - People being supported and encouraged to make their own decisions and informed consent,
    - (ii) prevention - It is better to take action before harm occurs,
    - (iii) proportionality - the least intrusive response appropriate to the risk presented,
    - (iv) protection - Support and representation for those in greatest need,
    - (v) partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse,
    - (vi) accountability - Accountability and transparency in delivering safeguarding.
- 2.2 Effective inter-agency working is crucial for effective safeguarding and protection of adults from abuse. Although Social Services are the lead agency in working with those vulnerable to abuse, protecting adults from harm is not the sole responsibility of any one agency.
- 2.3 **Making Safeguarding Personal** is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

- 2.4 All agencies and professionals are required to:
- (a) Be alert to potential indicators of abuse and neglect;
  - (b) Alert other agencies to adults who they feel they are risk;
  - (c) Share and assist in analysing information to enable a comprehensive assessment to occur.
  - (d) Contribute to whatever actions are needed to safeguard any individual at risk;
- 2.5 To act in a way which supports the rights of an individual to lead an independent life based on self-determination and personal choice.
- 2.6 To recognise that the right to self-determination can involve risk, and that such risks are recognised and understood by all stakeholders and that this risk is reduced to a minimum as far as possible.
- 2.7 To where possible to support individuals to regain the ability to make their own decisions. But when they can't to recognise their previous wishes in line with best practices relating to Mental Capacity Act and Mental Health Act.
- 2.8 To ensure that lessons from scrutiny reports or Serious Case Reviews/Safeguarding Adult Reviews/Domestic Homicide Reviews are adopted into practice.

### **3. SCOPE**

- 3.1 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 and Protection of Adult Policy and Procedure. These procedures are for all staff working within Mersey Care NHS Foundation Trust. Staff seconded to Mersey Care NHS Foundation Trust, are expected to follow these procedures. Any volunteers, students / trainees employed by Mersey Care NHS Foundation Trust must identify their status when talking about clients to professionals in other agencies.

### **4. DEFINITIONS**

#### **4.1 Definition of Adult Safeguarding**

Safeguarding adults means to protect and promote wellbeing, prevent and reduce the risk of harm, abuse or neglect and to support the adult's right to live in safety and free from abuse and neglect.

- 4.2 The Care Act 2014 defines safeguarding duties as applying to an adult who:

- (a) has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- (b) is experiencing, or at risk of, abuse or neglect; and
- (c) 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.

#### **4.3 The Definition of National Eligibility Threshold**

The regulations say an adult's needs meet the eligibility criteria if:

- (a) the adult's needs arise from or are related to a physical or mental impairment or illness;
- (b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
- (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being;
- (d) The specified outcomes are:
  - (i) managing and maintaining nutrition,
  - (ii) maintaining personal hygiene,
  - (iii) managing toilet needs,
  - (iv) being appropriately clothed,
  - (v) being able to make use of the adult's home safely,
  - (vi) maintaining a habitable home environment,
  - (vii) developing and maintaining family or other personal relationships,
  - (viii) accessing and engaging in work, training, education or volunteering;
  - (ix) making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
  - (x) carrying out any caring responsibilities the adult has for a child.

- 4.4 Trust services which work directly with children and adolescents who require input because of their mental health needs (e.g. the Early Interventions in Psychosis Team) will report all concerns related to this client group through the usual child protection channels in relation to young people under the age of 18 years. If such services have concerns about an adult they are in contact with as a carer or parent this would need to be viewed on a case-by-case basis in relation to which individual (i.e. carer or service user) was considered to be at be risk from abuse.

#### 4.5 **Definitions Of Abuse:**

The Council of Europe defines abuse as:

“Any act, or failure to act, which results in a significant breach of a vulnerable person’s human rights, civil liberties, bodily integrity, dignity or general wellbeing; whether intended or inadvertent; including sexual relationships or financial transactions to which a person has not or cannot validly consent, or which are deliberately exploitative”. Safeguarding adults & children with disabilities against abuse, **(Council of Europe, 2002)**.

#### 4.6 **The Care Act 2014 Broadens the Definition to:**

- (a) physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- (b) domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence and Female Genital Mutilation (or cutting);
- (c) 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, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;
- (d) 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;
- (e) 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;
- (f) modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;
- (g) discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;
- (h) organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization;
- (i) neglect and acts of omission – including ignoring medical, emotional 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;

- (j) self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding;
- (k) it is important to remember that these categories of abuse are not mutually exclusive and many situations contain a combination of different kinds of abuse. The Equalities Act 2010 defines certain protective characteristics (see Section 1.3.8). In dealing with potential adult abuse, practitioners should be aware that some individuals, for example pregnant women, transgender individuals and gay men and women, may on occasions be subject to targeted abuse;
- (l) a new offence of coercive and controlling behaviour in intimate and familial relationships was introduced to the Serious Crime Act 2015 which can impose a maximum 5 years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members,

The trust has developed a discrete policy related to domestic abuse (SA12 Domestic Abuse Policy) and further information in relation to the awareness, reduction and management of domestic abuse can be found within this policy;

Incidents of domestic abuse should be reported on the day they are observed. Incidents of this nature may need to be escalated to the Family Crime Investigation Unit (FCIU)/Vulnerable Persons Unit (VPU) by the practitioner directly or through the Trust's Safeguarding Team. The requirements and thresholds in relation to referrals to the Unit and any requirements to undertake a Multi-Agency Risk Assessment Conference (MARAC) are detailed within Policy (SA 12) referred to above.

#### 4.7 Definition of Significant Harm

In determining how serious the degree of abuse must be to justify intervention, it is helpful to consider whether the person has suffered, or is likely to suffer, significant harm.

The Law Commission defines significant harm as:

"Harm should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) but also the impairment of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development" (Who Decides? Law Commission - 1997).

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

- (a) vulnerability of the individual;
- (b) nature and extent of the abuse;

- (c) length of time that it has been occurring;
- (d) impact on the individual;
- (e) risk of repeated acts involving this or other vulnerable people.

#### 4.8 **Definition of Hate Crime or Incident**

Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's:

- (a) disability;
- (b) race or ethnicity;
- (c) religion or belief;
- (d) sexual orientation;
- (e) transgender identity;

this can be committed against a person or property.

A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime.

Hate Incidents can feel like crimes to those who suffer them and often escalate to crimes or tension in a community.

#### 4.9 **Definition of Female Genital Mutilation (or Cutting)**

Female Genital Mutilation (or cutting) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. If this practice is disclosed to any trust staff, then advice and guidance should be sought from the Trust safeguarding ambassadors, or Trust Safeguarding Team for further direction:

[http://content.digital.nhs.uk/isce/publication/scci2112tp://liverpoolscb.proceduresonline.com/chapters/p\\_fem\\_gen\\_mut.html](http://content.digital.nhs.uk/isce/publication/scci2112tp://liverpoolscb.proceduresonline.com/chapters/p_fem_gen_mut.html)

#### 4.10 Use of Restraints

Mersey Care NHS Foundation Trust is committed to a process, 'No Force First' by which the use of physical intervention to support a person who may be challenging is minimised and ultimately eliminated. This is embedded in Mersey Care's Perfect Care commitment to Zero Restraint'. Where physical intervention is used there is clear policy guidance as set out within the trust policy for the recognition, prevention and therapeutic management of aggression and violence.

Where a member of staff is involved in, or witnesses, a physical intervention where the legal and ethical parameters of policy for the recognition, prevention and therapeutic management of aggression and violence are exceeded in terms of the nature of interventions used or their duration, then staff should act in accordance with safeguarding procedure.

### 5. DUTIES

#### 5.1 Board of Directors

The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding adults exists within the Trust and that all staff working in the Trust are aware of, and operate within the policy. The Board will assure itself of compliance with this policy through the accountability arrangements delegated to the Quality Assurance Committee and via consideration of an annual report prepared by the Safeguarding Adult Lead.

#### 5.2 Executive Director of Nursing and Operations

The Executive Director of Nursing is the Trust Board member with individual responsibility for ensuring that a policy and procedure for effective safeguarding of adults exists; that it is implemented effectively; that all staff are aware of and operate within the requirements of the policy and that systems are in place for the effective monitoring of the standards contained within the policy.

#### 5.3 Quality Assurance Committee

The Quality Assurance Committee is an established part of the governance structures of the Trust which has the responsibility to ensure that safeguarding of adults arrangements are managed appropriately across the organisation. The Committee ensures that the policy framework is appropriate and receives assurances in relation to compliance with the requirements of this policy through receipt of reports, audit activity and from the review mechanisms established by the Executive Director of Nursing and Operations.

#### 5.4 Safeguarding Strategy Group

The Group will support the Executive responsible for Safeguarding in providing assurance to the Board or one of its committees on all matters relating to Safeguarding within the trust. In particular the Group will:

- (a) support the generation of the annual reports to the Board (or delegated committee) in relation to safeguarding both children and adults;
- (b) make recommendations to the Board on safeguarding issues;

- (c) ensure compliance with safeguarding/protection of children and vulnerable adults, standards for OFSTED, Care Quality Commission, Local Safeguarding Children's Boards, Safeguarding Adult Boards and any other inspectorate;
- (d) ensure the production, implementation and review of LSCB and LSAB action plans devised as a result of Serious Case Reviews/Safeguarding Adult Reviews and internal Serious Untoward Incidents when there is a safeguarding dimension.

#### **5.5 Long Term Segregation**

Under the Revised Mental Health Act Code of Practice 2015 Long Term Segregation falls under the safeguarding remit. This requires the Trust to notify the Local Authority of any service users who are being nursed in Long Term Segregation. It is the responsibility of the Clinical team to forward details of the segregation, including segregation support plan and reintegration plan, to the Safeguarding Team at the Trust. Please refer to procedure 7.22 Procedure for seclusion and Long Term Segregation SD28.

#### **5.6 Local Adult Safeguarding Boards**

The Local Authorities covered by Mersey Care's services have established Local Adult Safeguarding Boards which have responsibility to ensure effective multiagency arrangements are established within their geographical area. Mersey Care has a duty to co-operate with these arrangements. The respective Boards have the responsibility to commission Serious Case Reviews where appropriate which the Trust is fully committed to support.

#### **5.7 Deputy Director of Nursing & Quality**

The Deputy Director of Nursing & Quality reports directly to the Executive Director of Nursing and Operations who has overall responsibility for the strategic delivery of these policy arrangements within the Trust with the exception of High Secure Services. This post holder is the Trust's link to the respective Adult Safeguarding Boards and ensures that the strategic direction provided by the Boards is translated into practice in the form of effective multi-agency working and strong local procedural arrangements. Any allegations against professionals relating to children and adults must be reported to the Deputy Director of Nursing & Quality.

#### **5.8 Head of Safeguarding**

The Head of Safeguarding has responsibility to ensure the effective, efficient and safe operational delivery of safeguarding arrangements for adults and children across the trust. Assurances are provided via the monthly Safeguarding Operational Group which the post holder will Chair and have overall responsibility for. Reporting to the Deputy Director of Nursing & Quality the post holder will oversee the line management arrangements of each of the key Safeguarding leads across the Divisions.

#### **5.9 Safeguarding Adult Lead x 2**

The Safeguarding Adult Lead(s) holds responsibility to lead on all aspects of the health service contribution to the safeguarding of adults and the promotion of their

welfare within Mersey Care NHS Foundation Trust. The Lead is responsible for assuring the Board of Mersey Care NHS Foundation Trust that a high quality evidence-based safeguarding service is being provided within Mersey Care NHS Foundation Trust. They will provide professional and clinical leadership and be a source of expertise on matters relating to safeguarding adults for the Trust, local healthcare providers and other local agencies and organisations. They have the day-to-day operational responsibility for safeguarding adults. The Named Nurse for Safeguarding Children is the Trust's lead for dealing with any allegations against professionals relating to children and is the nominated link for all formal contacts with the respective Designated Officer Local Authority (DOLA)

**5.10 Safeguarding Adult & Prevent Lead and Named Nurse for Safeguarding Children – Trust-Wide**

The Safeguarding Team provide training, consultancy and advice on all matters related to adult and children's safeguarding issues and members of the Team are available as a Trust resource for practitioners, service users and their carers, Monday to Friday 9am-5pm.

**5.11 Specialist Practitioner for Safeguarding**

The Safeguarding Team provide training, consultancy and advice on all matters related to adult and children's safeguarding issues and members of the Team are available as a Trust resource for practitioners, service users and their carers, Monday to Friday 9am-5pm.

**5.12 Associate Director of Social Care**

In the Secure Division the Head of Forensic Social Care is appointed, "Nominated Officer" under The High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013. The Head of Forensic Social Care has operational responsibility to deliver effective safeguarding arrangements for adults detained in the Trust's Secure Service's. In High Secure Services this is in line with the established performance arrangements for High Secure Services. Specific procedural arrangements have been established within High Secure Services in conjunction with Sefton Local Authority which are commensurate with the principles of HSS 34 Policy and Procedure for Safeguarding Adults. This position also oversees the Safeguarding responsibilities at the Specialist Learning Disability Division.

### 5.13 **Mersey Care Safeguarding Team**

The Safeguarding Team provide training, consultancy and advice on all matters related to adult and children's safeguarding issues and members of the Team are available as a Trust resource for practitioners, service users and their carers, Monday to Friday 9am-5pm.

### 5.14 **Registered Social Work Staff**

Safeguarding referrals will be received and dealt with by the respective Local Authorities established referral units. On receipt of a referral by the Local Authority, arrangements will be determined as to how the referral should be dealt with and whether an investigation is required. On occasions therefore seconded social care staff working within Mersey Care will be expected to co-ordinate agreed action plans which may include a requirement to undertake a formal investigation.

### 5.15 **Divisional Leads**

Division Leads have a responsibility to ensure that all staff employed within their service are familiar with the provisions and procedures associated with this policy and that staff have attended training identified as being commensurate with their role.

### 5.16 **All Staff**

The duties contained within this policy apply to contracted, substantive, temporary, seconded and volunteer staff. All members of staff have a duty and a personal responsibility to share concerns of a safeguarding nature in relation to the abuse of children and adults. The trust is operating a zero tolerance approach in relation to the abuse of children and adults and as such doing nothing about such concerns is not acceptable. Staff have a duty to protect adults from significant harm and abuse including knowing how to recognise abuse and to understand how to bring any concerns to the attention of professional staff or the appropriate agencies.

Produce a written record of any allegation of abuse or concern as soon as possible. This should be clear, factual and relevant containing what information is required to describe what you have been told or seen including any observed or reported injuries.

Ensure all actions, phone calls and discussions are fully documented.

### 5.17 **Divisional Leads**

All professional staff have a duty to report abuse and to act on complaints of abuse (e.g. Nursing and Midwifery Council Code of Conduct; Royal College of Nursing and Health Care Professionals Council Code of Conduct, General Medical Council). It is the responsibility of all professional staff to be aware of, and be working within, the guidance laid down within the relevant multi-agency procedures for safeguarding adults established in the local authorities of St Helen's, Knowsley, Sefton, Liverpool, Wirral, Lancashire and Rochdale (or responsible local authority where individual resides) referred to within this policy.

All professional staff have a duty to work in partnership with service users and carers in order to meet their identified needs and ensure service users are protected from harm.

All staff, volunteers and representatives of agencies undertaking work on behalf or within buildings of Mersey Care NHS Foundation Trust has a duty to accept the principle that agencies work together in order to ensure health and social care is appropriately co-ordinated and people are protected from potential or actual abuse. Staff are expected to maintain close links with all relevant statutory and voluntary bodies in the pursuit of achieving prevention and protection of abuse of adults and children. All staff also have a duty to alert the school nurses as well as health visitors in all cases where service users are parents or carers of children.

#### 5.19 **Raising Concerns at Work (Whistleblowing)**

- (a) all staff with Mersey Care NHS Foundation Trust will adhere to the NHS Constitution and its principles and values;
- (b) all staff will act consistently with the Statutory Duty of Candour contained within regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular, they must be open and honest during their employment and if you see something wrong such as a safety; incident, you must raise it in order to ensure that the Trust can deal with it appropriately;
- (c) Mersey Care NHS Foundation Trust is committed to running the Trust with honesty and integrity, with the goal being provision of perfect care;
- (d) all members of staff have a duty and a personal responsibility to share concerns of a safeguarding nature in relation to the abuse of children and vulnerable adults. The Trust operates a zero tolerance approach in relation to the abuse of children and adults and as such doing nothing about such concerns is not acceptable.

To ensure this, the Trust has a policy on raising concerns/whistleblowing. For more information, please consult Trust Policy HR06: Raising Concerns at Work (Whistleblowing) Concerns can also be raised via Merseycare NHS Foundation Trusts' "**Freedom To Speak Up Guardian**".

## 6. PROCESS

### 6.1 **Recording and Reporting Arrangements**

Staff (or volunteers and representatives of other organisations working on behalf of or for Mersey Care NHS Foundation Trust) within the Trust must work in partnership with service users, carers, Social Services and other agencies to safeguard adults. Multi-agency procedures have been developed in conjunction with the four primary host local Authority areas that exist in the geographic area related to the work of the Trust. (i.e. St Helens, Knowsley, Sefton, Liverpool, Lancashire and Rochdale).

- 6.2 **Duties of Staff to Report/Alert** - Where a member of staff has a cause for concern that an adult is suffering or at risk of suffering significant harm through abuse they must ensure that all concerns are discussed with their manager or through the Concerns at Work Policy (Whistle Blowing) No. 9.16. Alerting is the first stage in the safeguarding adult process. They must also ensure that the adult is kept safe – this

may mean moving the adult rather than the abuser, this will depend on individual circumstances.

- 6.3 Tell the adult 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.
- 6.4 Be aware that medical and forensic evidence may be required by the police in cases of physical or sexual abuse.
- 6.5 Enquiries into all allegations should be undertaken by managers and staff in line with the trust Incident Reporting Procedure 27.5 in accordance with Local Authority Procedural Frameworks which takes account of the Social Services Care Act reporting requirements and CQC reporting requirements.
- 6.6 Staff within Local Division usually make an alert directly to the Local Authority if they have concerns, but within the secure and specialist learning disability divisions, staff would be encouraged to seek advice from other senior professionals within the organisation. (Line manager usually in the first instance, but any other manager if they felt they could not raise the issue with their manager.)
- 6.7 All incidents of alleged or suspected abuse will be taken seriously by the Trust. In Specialist Learning disability the decision will be made by the Senior Manager, where appropriate in consultation with the Safeguarding Leads regarding the appropriateness of referring the incident/allegation to external agencies. This may include Social Services and the Public Protection Team, Care Quality Commission (CQC) and National Patient Safety Agency (NPSAH) (See Procedure No. 27.5 – Incident/Accident Reporting [incorporating Serious Untoward Incident Reporting]).
- 6.8 The designated manager will contact the appropriate Local Authority of where the abuse occurred. For example for the Specialist Learning Disability Division Lancashire County Council Customer Services Offices (between 09.00 – 17.00 hours) or out of hours (including weekends and Public Holidays) the contact will be via the Emergency Duty Team (EDT). Both teams can be contacted on the following telephone number:

0300 1236721

- 6.9 If the abuse occurred at Scott House, you must make the safeguarding adult alert to Rochdale County Council (between 09.00 – 17.00 hours) or out of hours (including weekends and Public Holidays) via the Emergency Duty Team (EDT) on:

0300 3038886

If the abuse occurred in a locality not specified above, then you must contact the Local Authority specific to the location where the abuse occurred.

- 6.10 Each Authority has its own Local Adult Safeguarding Boards (LSAB) that oversee the Safeguarding Adults process to ensure a consistent approach is adopted by all professionals whether from a social care or health background. These procedures can be accessed directly by following the web links of this policy or from the Safeguarding Team web page on the Trust's web-site by following the web links highlighted below.



- (a) **Sefton Local Authority:**  
[http://nww.portal.merseyscare.nhs.uk/Corporate/Safeguarding/Shared%20Documents/sab\\_framework-for-action-2015.pdf](http://nww.portal.merseyscare.nhs.uk/Corporate/Safeguarding/Shared%20Documents/sab_framework-for-action-2015.pdf)
- (b) **Liverpool City Council - Liverpool Safeguarding Adult Board:** <http://nww.portal.merseyscare.nhs.uk/Corporate/Safeguarding/Shared%20Documents/Liverpool%20Inter-agency%20safeguarding%20adults%20policy%20and%20procedure.doc>
- (c) **Knowsley Metropolitan Council – Knowsley Safeguarding Adult Board:**  
[knowsley.accessTeam@knowsley.gov.uk](mailto:knowsley.accessTeam@knowsley.gov.uk)  
<http://www.knowsley.gov.uk/residents/care/safeguarding-adults>
- (d) **Lancashire County Council:**  
<http://www.lancashire.gov.uk/health-and-social-care/adult-social-care.aspx>
- (e) **Rochdale Council:**  
<http://www.rochdale.gov.uk/social-care-and-support/Pages/safeguarding-adults-at-risk.aspx>

6.11 Trust staff who do not have investigatory responsibility or training should be aware that it is not their responsibility to investigate mistreatment or abuse, but to gather information and work closely with any 'strategy group' constituted to oversee any investigation authorised through the multi-agency procedures.

6.12 Trust staff where they have identified possible mistreatment or abuse should record information on Trust systems e.g. DATIX, ULYSSES, Carenotes EPEX (or other authorised recording system). and update risk assessments or alert staff responsible for care coordination and risk assessment that documents need to be updated. Staff should also update warnings, on computer systems and were appropriate share with police to enable update of PNC (Police national computer) markers.

6.13 Modern Slavery Reporting - The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. We have a duty to report on this and further information can be sought at:  
<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>

6.14 **Contacting the Mersey Care Safeguarding Team**

If staff have adult safeguarding concerns they must follow multi-agency procedures. The trust's Safeguarding Team are available to provide advice, consultancy and support in relation to expected practice and contacts with the Local Authority Safeguarding Officers. The Mersey Care Safeguarding Team can be contacted on the numbers listed at Appendix 1.

6.15 **Alerters**

Alerting occurs when a member of staff is informed, or has concerns, that abuse or neglect has occurred, or is suspected. The member of staff becomes the Alerter. Alerters could therefore be any member of staff such as: care assistants, support workers, community nurses. Alerters have a duty to share the information with their

line manager (or with the Deputy Director of Nursing & Quality if the concern is about their manager, or they feel the concern has not been addressed). An Alerter should not discuss their concerns with anyone else but having a duty to share information' means that the alerter is not at liberty to keep concerns to themselves and staff should never promise to keep secrets.

#### 6.16 **Care Quality Commission (CQC)**

The CQC are the independent regulator of health and social care in England. The CQC regulate care provided by the NHS, local authorities, private companies and voluntary organisations. The Commission's aim is to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The Commission also seek to protect the interests of people whose rights are restricted under the Mental Health Act.

#### 6.17 **Datix / Ulysses**

Datix/Ulysses are the Trust's supplier of patient safety systems for reporting incidents and managing adverse incidents.

#### 6.18 **Directions from the Secretary of State**

NHS Directions are instructions issued by the Secretary of State who has powers under NHS primary legislation to give directions to health authorities, special health authorities and NHS trusts. These are legally binding and must be complied with by the recipient.

#### 6.19 **The Disclosure and Barring Service (DBS)**

The Criminal Records Bureau (CRB) has merged with the Independent Safeguarding Authority (ISA) to become the Disclosure and Barring Service (DBS). From 1st December 2012 (DBS) role is to help prevent unsuitable people from working with children and adults. The (DBS) assess those individuals working or wishing to work in regulated activity that are referred to it on the grounds that they pose a possible risk of harm to vulnerable groups. The DBS has four key areas of activity:

- (a) **Processing Disclosures** - The checking service currently offers two levels of DBS check; standard and enhanced;
- (b) **Accepting Referrals** - Referrals are made to the DBS when an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a future risk of harm to vulnerable groups including children. In these circumstances the employer legally must or regulatory body may, make a referral to the DBS;
- (c) **Barring Unsuitable People** - A new test for regulated activity has been introduced which means the DBS can only bar a person from working within regulated activity with children or adults if we believe the person is or has been, or might in the future be, engaged in regulated activity. The only exception to this is where a person is cautioned or convicted for a relevant (automatic barring) offence and is not eligible to submit representations against their inclusion in a barred list;

- (d) **Making Barring Decisions** - The DBS makes its decisions using barring decision-making processes specifically developed for this use and approved by the DBS Board. The DBS Board is ultimately responsible for all the decisions made by the DBS.
- 6.19 **The Mental Capacity Act (MCA 2005)** has been developed to bring together existing legal requirements and provide consistency in decision making about the care and treatment of people who lack capacity to make a decision. Much of the Act builds on existing common law, but also encompasses important changes, including new criminal offences, IMCAs, a new Court of Protection and The Office of the Public Guardian.
- 6.20 Health & Social Care professionals working within the frame work of the Mental Capacity Act must Pay due regard' to both the Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards - Code of Practice. Comply with guidance provided in the Trust's over-arching Mental Capacity Act policy (MH01) which may be accessed from The Trust website at: <http://www.merseycare.nhs.uk/about-us/policies-and-procedures/>
- 6.21 Health & Social Care professionals working within the frame work of the Mental Capacity Act must pay due regard to both the Mental Capacity Act at all times and without exception apply the 5 statutory key principles of the Act:
- (a) presumption of Capacity Principle – Any person 18 years or older will always be presumed to have the mental capacity to make an informed decision unless and until proven otherwise;
  - (b) practicable Steps Principle – A person cannot be said to lack the capacity to make a given informed decision unless and until all practicable steps have been taken to help her/him achieve this;
  - (c) unwise Decisions Principle – A person cannot be said to lack the capacity to make a given informed decision solely on the grounds that the decision in question is seen to be unwise or eccentric;
  - (d) best Interests Principle – Once it is confirmed that a person lacks the mental capacity to make a given informed decision then... any decision made on her/his behalf must be one that meets her/his best interests;
  - (e) least Restrictive Principle - Once it is confirmed that a person lacks the mental capacity to make a given informed decision then... any decision made on her/his behalf must be considered to be the least restrictive option likely to achieve the required outcome.
- 6.22 **The Deprivation of Liberty Safeguards (DoLS)**
- 6.23 Where it is considered that the care and treatment of a person is such that it either breaches (or may breach) Article 5 of the European Convention on Human Rights (No person may be deprived of their liberty unless authorised in law) then this would ordinarily be unlawful.
- 6.24 However, where a person with an identified mental disorder lacks the capacity to make an informed decision about receipt of care and treatment AND where that care and treatment is considered necessary, appropriate, proportionate and in their best interests THEN this may be sanctioned under the Mental Capacity Act 2005

through the formal application for an Urgent and/or Standard Authorisation of Deprivation.

- 6.25 Practitioners should be fully conversant with the Mental Capacity Act 2005, its Code of Practice (and particularly the Deprivation of Liberty Safeguards Addendum to the Code) and the Trust's Deprivation of Liberty Safeguards Policy. Where the person does not have a mental disorder (within the meaning of section 1 of the Mental Health Act 1983) then the Deprivation of Liberty Safeguards cannot apply:
- (a) consequently, if there is no mental disorder present AND if the existing or subsequent care and treatment package for that person deprives (or is considered likely to deprive) that person of her/his liberty THEN authority to care and treat accordingly must be sought by way of application to the Court of Protection.
- 6.26 To help decide if given interventions amount to a deprivation of liberty (and, where they do, what actions must be taken) Health care must:
- (a) at all times and without exception apply the 5 statutory key principles of the Mental Capacity Act;
  - (b) pay due regard to both the Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards Code of Practice;
  - (c) comply with guidance provided in the Trust's Deprivation of Liberty Safeguards policy which may be accessed via Trust Policy MC04.
- 6.27 If staff suspect an unauthorised Deprivation of Liberty, they must make appropriate efforts to alert the Managing Authority which in most cases will be the managers of the hospital or care home. This should be where possible verbally and in writing.
- 6.28 If staff, after contacting the Managing Authority still believe an unauthorised deprivation of liberty is taking place they must follow Safeguarding procedures to make a safeguarding alert, and record actions using EPEX and DATIX/Ulysses.
- 6.29 **Independent Mental Capacity Advocates (IMCAs)**

The role of the Independent Mental Capacity Advocate (IMCA) service is to help particularly people who lack the capacity to make important decisions about the serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions.

IMCAs work with, and support, people who lack capacity, and represent their views to those who are working out their best interests. Chapter 10 of the Mental Capacity Act 2005 Code of Practice provides guidance for both IMCAs and for everyone who may need to instruct an IMCA.

IMCAs provide advocacy to people aged 16+ who lack capacity to make a particular decision. Additionally, Local Authorities may request that an IMCA is involved with a decision related to Adult Protection Proceedings or a Care/Accommodation Review.

When related to an Adult Protection Review or conference, an IMCA request must be considered irrespective of whether the client has family or remunerated carers.

### 6.30 **DOLA**

The role of the DOLA (Designated Officer Local Authority) is set out in the HM Government guidance: "Working Together to Safeguard Children" (2015) which outlines the procedures for managing allegations against people who work with children, for example, those in a position of Trust.

The DOLA role applies to paid, unpaid, volunteers, casual, agency or anyone self employed and includes concerns, allegations or offences emanating from outside of work. The DOLA is involved from the initial phase of any allegation through to the conclusion of the case.

They will provide advice and guidance and help determine that the allegation sits within the scope of the procedures. The DOLA helps co-ordinate information sharing with the right people. They will also monitor and track any investigation with the expectation that it is resolved as quickly as possible.

### 6.31 **Multi-Agency Risk Assessment Conference (MARAC)**

MARAC is a forum where multiple agencies get together to provide a co-ordinated response for those at the highest risk of domestic abuse. The MARAC model of intervention involves undertaking a risk assessment in all reported cases of domestic abuse to identify those at highest risk so that a multi-agency approach may be taken. Evidence suggests that this reduces recidivism even among those most at risk. This is an intervention that combines risk assessment and a multi-agency approach to help very high risk victims of domestic abuse.

### 6.32 **Multi-Agency Safeguarding Conference**

A safeguarding case conference is a multi-agency meeting, usually planned as an outcome from a safeguarding strategy meeting. The purpose of case conferences is to agree on a course of action and to ensure the agreed plan is monitored and reviewed. Unlike the strategy meeting, the adult must be invited and enabled to attend if they so wish. The outcome of a case conference is likely to be:

- (a) further investigation by a named agency or agencies;
- (b) implementation of the action plan;
- (c) implementation of the action plan;
- (d) agreement about monitoring arrangements;
- (e) agreement about each agency's responsibilities;
- (f) no further action and case closed to Safeguarding Adults.

### 6.33 **Referrers**

Referring is the responsibility of the nominated person who receives information from the Alerter, (usually senior or line manager). This member of staff becomes the 'Referrer'. For example, referrers might be; Ward Managers, Managers of Services,

or Social Workers. It is important to note that Referrers are not a separate type of staff – referring in this context is simply an aspect of the manager’s overall responsibilities.

#### 6.34 **Safeguarding Adult Strategy Meeting**

Where an allegation or disclosure of abuse has been made, a Safeguarding Strategy Meeting may be called by the relevant Local Authority Officer. This decision will be based on information/evidence available.

The outcome of such a Strategy Meeting will be either:

- (a) to call a multi-agency adult protection Case Conference;
- (b) agree which agency is to undertake any required investigation;
- (c) that no further action is required under these procedures.

**Everyone:** Staff, volunteers, service users all have a responsibility to be observant about abuse. The responsibility for reporting abuse, is "every body’s business their should be no secrets". For staff there is often a legal and professional requirement to report.

**Safeguarding Adult Boards:** Safeguarding Boards are now on a statutory footing. With the introduction of Care Act 2014, each local authority is required to setup a Safeguarding Adult Board. The Safeguarding Adult Boards are responsible for ensuring in that local authority area, enquires are made if it is believed an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

The Boards are also responsible for, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has substantial difficulty in being involved in the process and where there is no other suitable person to represent and support them.

Requests for reports for cases which fall into the criteria for a SAR are managed via the safeguarding team. See appendices

Mersey Care NHS Foundation Trust’s five primary Safeguarding Adult Boards are:

- (a) Liverpool Safeguarding Adult Board;
- (b) Knowsley Safeguarding Adult Board;
- (c) Rochdale Safeguarding Adult Board;
- (d) Lancashire Safeguarding Adult Board;
- (e) Sefton Safeguarding Adult Board.

#### 6.35 **Lead Co-ordinating Agency**

**Local authorities:** have the lead role in co-ordinating the multi-agency approach to safeguard adults at risk. This includes the co-ordination of the application of this policy and procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

In addition to this strategic co-ordinating role, the local authority adult social care department, joint health and social care teams and mental health teams also have responsibility for co-ordinating the action taken by organisations in response to concerns that an adult at risk is being, or is at risk of being, abused or neglected.

The local authority should:

- (a) ensure that any Safeguarding Adults concern is acted on in line with this policy and procedure;
- (b) coordinate the actions that relevant organisations take in accordance with their own duties and responsibilities. This does not mean that local authorities undertake all activities under Safeguarding Adults – relevant organisations have their own roles and responsibilities;
- (c) ensure a continued focus on the adult at risk and due consideration to other adults or children;
- (d) ensure that key decisions are made to an agreed timescale;
- (e) ensure that an interim and a final protection plan are put in place with adequate arrangements for review and monitoring;
- (f) ensure that actions leading from investigation/assessment are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case;
- (g) ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work
- (h) facilitate learning lessons from practice and communicating these to partners.

6.36 **Family, Friends and Carers:** who are not implicated in the allegation of abuse often have an important part to play in the Safeguarding Adults process, and can provide valuable support to the individual. In some cases they can also assist in managing the risk.

If appropriate and possible, and where the adult at risk has mental capacity and gives their consent, and there are no evidential constraints, family and friends should be consulted.

If the adult does not have mental capacity, family and friends must be consulted in accordance with the principles of the MCA 2005.

A record should be made of the decision to consult or not to consult family and friends with reasons being given and recorded.

6.37 **Advocates:** As part of the safeguarding process consideration should be given to whether an adult at risk may benefit from the support of an independent advocate. There are two distinct types of advocacy – instructed and non-instructed– and it is important that people involved in the Safeguarding Adults process are aware of which type of advocate is representing the person and supporting them to express their views.

Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person. Non-instructed advocates (IMCAs) work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person.

Advocates should be invited to the case conference (other than in exceptional circumstances e.g. where the relationship between the adult at risk and the advocate is considered abusive), either accompanying the adult at risk or attending on their behalf, to represent the person's views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

The managing officer has overall responsibility to ensure that:

- (a) the action being taken by organisations is co-ordinated and monitored;
- (b) the adult at risk is involved in all decisions that affect their daily life as far as possible;
- (c) those who need to know are kept informed;
- (d) a decision is made in consultation with other relevant organisations to instigate the Safeguarding Adults process;
- (e) a multi-agency strategy meeting or discussion is held to determine how the Safeguarding Adults process will be conducted and who will conduct any investigation, and that decisions are recorded and copied to relevant organisations;
- (f) the response of the organisations involved in the Safeguarding Adults process is co-ordinated: the aim is to agree that where indicated a joint investigation will take place with agreement to share information in line with the information-sharing protocol;
- (g) if required a multi-agency case conference is convened and chaired, a record made of the decisions taken and this information circulated to all relevant organisations;
- (h) if required a protection plan is agreed with the adult at risk if they have mental capacity to participate in this, or in the best interests of the person if they have been assessed not to have mental capacity. All safeguarding documentation is completed including monitoring information.

6.38 **Police:** Every member of the community deserves protection from exploitation and abuse by those entrusted with their care and the people they should be able to rely on to keep them safe. The police should take any crime against an adult at risk seriously, and will investigate it thoroughly, professionally and empathetically. The police work very closely with partner agencies to ensure effective information



sharing, risk assessment and decision-making takes place every time an incident of abuse is reported.

- (a) the police will hold people causing abuse accountable for their actions;
- (b) where criminal proceedings are deemed inappropriate the police will work closely with partners to identify the most suitable course of action;
- (c) the police will work in effective partnership with other agencies to safeguard adults at risk;
- (d) where a criminal offence appears to have been committed, the police will be the lead investigating agency and will direct investigations in line with legal and other procedural protocols. A police investigation will be initiated at the outset and a comprehensive initial risk assessment undertaken;
- (e) it is the responsibility of the police to secure and preserve evidence. The police will interview the alleged victim, the alleged person causing harm and any witnesses. Where the police are the lead investigating agency they will work closely with the local authority and other partner agencies in line with the Safeguarding Adults policy and procedures to ensure that the identified risks are acted on and a risk management or protection plan is agreed at an early stage;
- (f) there are now special measures that can be put into place to help vulnerable people through the court process. These measures have allowed many people who may once have been denied access to the criminal justice system the opportunity to give their evidence in court. The police will discuss these special measures with victims at the earliest stage possible in the investigation;
- (g) some adults at risk can be abused by strangers and the role of the police is to work in partnership with key agencies where a potential crime has been committed and on the development of a protection plan.

#### **6.39 Confidentiality and Information Sharing**

“Safeguarding Adults”: Association of Directors of Social Services, (2005) states:

Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive. Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding duty such as a danger to life and limb, or risk to others. These exceptions are described in the Data Protection Act (1998); Caldicott Guidance (DoH 1997), and case law in relation to human rights legislation. However, any information about an adult who may be at risk of abuse or neglect must be shared only within the framework of an appropriate information-sharing protocol.

#### **6.40 Making Decisions about Confidentiality and Information Sharing**

Staff are required to adhere to the NHS Constitution and the Statutory Duty of Candour.

Staff must act consistently with the Statutory Duty of Candour contained within regulation 20 of The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. In particular, you must be open and honest during your employment and if you see something wrong such as a safety or safeguarding incident, you must raise it in order to ensure that the Trust can deal with it appropriately

6.41 In making decisions with regard to confidentiality, staff should always:

- (a) take advice from their Line Manager;
- (b) ensure that they are working within agreed information-sharing protocols;
- (c) ensure that their decisions are in line with current legislation (e.g. Data Protection Act 1998) and Caldicott Guidance;
- (d) consider seeking advice on complex information-sharing issues from the Caldicott Guardian.

#### 6.42 **Basic Principles of Confidentiality**

All staff should be aware of their responsibility to understand and respect confidentiality and comply with the law:

- (a) the basic principle is that a person's consent should always be sought (apart from in exceptional circumstances), prior to information about them being discussed or disclosed to another party;
- (b) This consent should always be recorded together with the purpose for which staff intend to use or transfer personally identifiable information.
- (c) Information given for one purpose should not be disclosed to a third party or used for different purposes without the person's consent.
- (d) Access to personally identifiable information should be on a strict need to know basis and it is the responsibility of staff to relay information to other agencies on this basis.
- (e) Clear documentation and record-keeping must support these communications.
- (f) None adherence to legal requirements of protecting personal information of service users and patients must be consider as a Safeguarding matter.

#### 6.43 **Incapacity to Give Consent to Share Information**

Where appropriate, if an individual is not considered to have the capacity to give consent, those providing a service should take into account the views of the person's carer or nominated representative/advocate prior to making a decision as to whether information can be shared in accordance with the best interests of the individual.

#### 6.44 **Carers**

There is no legal duty to share information with carers, but carers should wherever possible be listened to and supported:

- (a) staff should always seek the service user's consent to share information with his/her carer, if they are able to give it;
- (b) where appropriate, information should only be shared with carers on a need to know basis with service users' consent.
- (c) when a Service User identifies themselves as a carer, consideration should be given to the appropriateness of this arrangement taking into consideration the presentation of the Service User and person they are providing care to.

#### 6.45 **Disclosing without Consent**

Consent should always be sought to share personal information. Individuals have the right to refuse or withhold consent for Mersey Care practitioners 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) the duty of care overrides the individual's refusal and the need to protect the individual or wider public outweighs their rights to confidentiality. Why a disclosure in these circumstances has been made should be explained to the adult concerned unless this act by itself increases the risk of harm.

6.46 Any decisions made in this regard must be fully recorded but decisions made to share information without consent must not interfere with that individual's human rights. In addition, circumstances in which consent to share information may not be sought, or may be deferred, include those in which a person does not have capacity and a decision is made to share the information in that person's best interests.

6.47 There are a number of other circumstances in which disclosure can take place with or without the consent of the service user:

These include:

- (a) where an individual presents a serious risk of harm to an adult;
- (b) where there is no other practical, less intrusive means of protecting the adult, and failure to disclose would put them in danger.

N.B. Staff responsible for referring an allegation of abuse are accountable for their decision and should use their professional judgment when deciding whether an incident should be referred to Adult Social Care. If in doubt practitioners should **SEEK FURTHER ADVICE** but this should not result in a delay in making a referral if significant concerns exist. (Within the Specialist LD Division, Safeguarding Practitioners make the decisions and the referrals when required to local authorities).

#### 6.48 **Professional Abuse**

Abuse occurs when a professional takes advantage of their client or patient's trust, exploits their vulnerability, does not act in their best interest and fails to keep professional boundaries. Professional trust is vital due to the degree of intimacy involved in providing a therapeutic relationship and the inherent power difference between a professional and the person seeking help. Such relationships are open to exploitation so it is imperative that any episodes or alleged incidents of professional abuse are reported immediately to the Deputy Director of Nursing & Quality, (or in

the post holder's absence, the Safeguarding Adult Lead or the Named Nurse for Safeguarding Children) as soon as this situation becomes known. The police will always be the lead agency in dealing with any criminal allegations against Trust staff. The Deputy Director of Nursing & Quality will, if required, liaise with the police to confirm that all interagency contacts and any agreed actions are appropriately responded to unless this responsibility is formally assigned by the Trust Lead to a nominated senior manager in the respective Division.

In all cases where the suspected abuse involves a member of staff then a referral should be made.

6.49 In the event that a professional is considered to be perpetrating abuse then consideration needs to be given to making a referral to the Disclosure and Barring Service (DBS). This public body is part of The Home Office and became fully operational on 01/12/12. The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). Further advice and guidance on this issue can be sought from the Deputy Director of Nursing & Quality. The Director of Workforce will consider and will act on any potential referral to the DBS on behalf of the Trust. The Executive Directors accountable for professionally registered staff, (i.e. Medical, Nursing, AMHP's and Social Workers) will ultimately determine whether any referrals to professional bodies will be made by the Trust. Please refer to Trust Policy Disclosure and Barring Service Checks' (HR16).

6.50 It is recognised that allegations of this type can be particularly stressful for the staff directly affected by the allegation. In the event that professional abuse is suspected and an investigation is commissioned, Deputy Director of Nursing & Quality will maintain contact with the investigating body with a view to supporting a timely but thorough review. Agreed protocols with the Local Authorities exist to ensure that no undue delay in completing any investigation occurs. If necessary, any breach to the agreed timescales will be escalated to the Head of HR who will help facilitate a timely resolution to any allegations or concerns raised.

#### 6.51 **Prevent**

Prevent is the Government counter terrorism strategy (CONTEST) which aims to reduce the risks the UK faces from terrorism. This strategy aims to stop people becoming involved in or supporting terrorist activity. **The Counter-Terrorism and Security Act 2015** requires specified authorities, in the exercise of their functions to have due regard to the need to prevent people being drawn into terrorism. The support available for individuals at risk of being radicalised is called Channel.

**For further information please access Trust Implementation Policy SD43.**

# Safeguarding Adults from Abuse

## Reporting Arrangements of Suspected or Actual Abuse

Trust staff (Alerter) has concerns that suspected/actual abuse or harm has occurred to a service user/patient

Inform service user of concerns. Ensure safety of service user and staff if appropriate. Seek advice where necessary.

Discuss concerns with safeguarding ambassador/line manager/safeguarding team/Named Dr/Nominated Officer.

Trust staff remains concerned. Contact relevant Local Authority Adult Safeguarding Team/Unit and complete appropriate safeguarding adult referral. All verbal referrals must be confirmed in writing within 24 hours

In High Secure Services PACIS Incident form completed and a Safeguarding Strategy meeting will be convened as per Policy & Procedure, HSS 34; Safeguarding Vulnerable Adults

Inform line manager of referral and document in service user records using appropriate safeguarding intervention codes. Complete IR1 Datix incident form and forward to Datix Team

In High Secure Services PACIS Incident form completed and a Safeguarding Strategy meeting will be convened as per Policy & Procedure, HSS 34; Safeguarding Vulnerable Adults

Where there is a difference of opinion between Mersey Care NHS Foundation Trust and the Local Authority, this must be escalated to the attention of the **Trust Adult Safeguarding Lead**

### Contact Numbers for Safeguarding

Safeguarding Office – Broadoak 0151 250 5203  
Safeguarding Office – V7 0151 471 2380

### Named Doctor For Safeguarding Children

Dr Sakib Shamas-Ud-Din 0151 737 4800  
Email: [Sakib.Shamas-UD-Din@merseycare.nhs.uk](mailto:Sakib.Shamas-UD-Din@merseycare.nhs.uk)

### Nominated Officer for High Secure Services

Robert McLean 0151 473 2808  
Email: [Robert.mclean@merseycare.nhs.uk](mailto:Robert.mclean@merseycare.nhs.uk)

### Safeguarding Adult Lead (SpLD Division)

Philippa Riding 01254 821281  
Email: [Philippa.riding@merseycare.nhs.uk](mailto:Philippa.riding@merseycare.nhs.uk)

Concerns alleviated - document initial concerns/discussions held and decisions made with relevant rationale for outcome taken. Document in service user records using correct safeguarding intervention codes.

If service user known to social care services, inform allocated social worker of concerns and referral.

Police may need to be contacted depending on the allegation. Seek advice from line manager/safeguarding ambassador/safeguarding team/Named Dr

All Datix incident notifications from Local Division and South Sefton Division will be quality assured by **Adult Safeguarding Lead**. Secure Division (including 'The Beacon' @ HMP Garth) to be quality assured by the **Associate Director of Social Care** for governance oversight.

## Reporting Arrangements Of Suspected Or Actual Abuse

Action by Staff (Alerter) supporting the client/patient.

Suspected/ actual Abuse of Client:

Physical abuse; Domestic violence; Sexual abuse; Psychological abuse;  
Financial or material abuse; Modern slavery; Discriminatory abuse;  
Organisational abuse; Neglect and acts of omission ; Self- neglect.

Immediate Action:

Ensure safety of staff,

Ensure alleged victim(s) are comfortable and safe.

Inform Line or Senior Manager

Within an hour:

Complete description and make a record of alleged abuse. If  
required seek advice from, Safeguarding Ambassadors,  
Safeguarding Team or the Local Authority  
Safeguarding Unit

Provide full report to appropriate Line/senior manager and  
receive instructions.

Complete IR1 Datix incident form.

Line/Senior Manager (Referrer):

- Police if appropriate
- Local Authority Adult safeguarding Unit (within 24 hours).
- Next of kin (unless they are the suspect/actual perpetrator or Honour Based or FGM
- (Out of Hours): Bronze Command will consult with Silver on call as to further actions..

**Flow chart for the Line/Senior Manager on Duty/Bronze Command (Referrer)**

**Manager on Duty  
&/or Bronze  
Commander  
(Referrer)  
Responsibilities**

If applicable, ensure alleged perpetrators are removed from unit, or are unable to make contact with victim after receiving advice from HR/ Police/ Social Services/ Silver-on-Call (Preserve potential 'crime scene' if appropriate)

Ensure that any alleged perpetrators (if they are staff) are informed of their rights and advised of where they may obtain support (Unions/ HR/staff support).

Act on evidence if clear (refer to Policy for Disciplinary and Grievance, Serious Incidents, Whistle blowing)

Arrange visits from Responsible Clinician, GP /Dr, Police as appropriate

Arrange alternative staff cover

Collect relevant reports from staff

Notify relevant Local Authority Adult Safeguarding Unit.

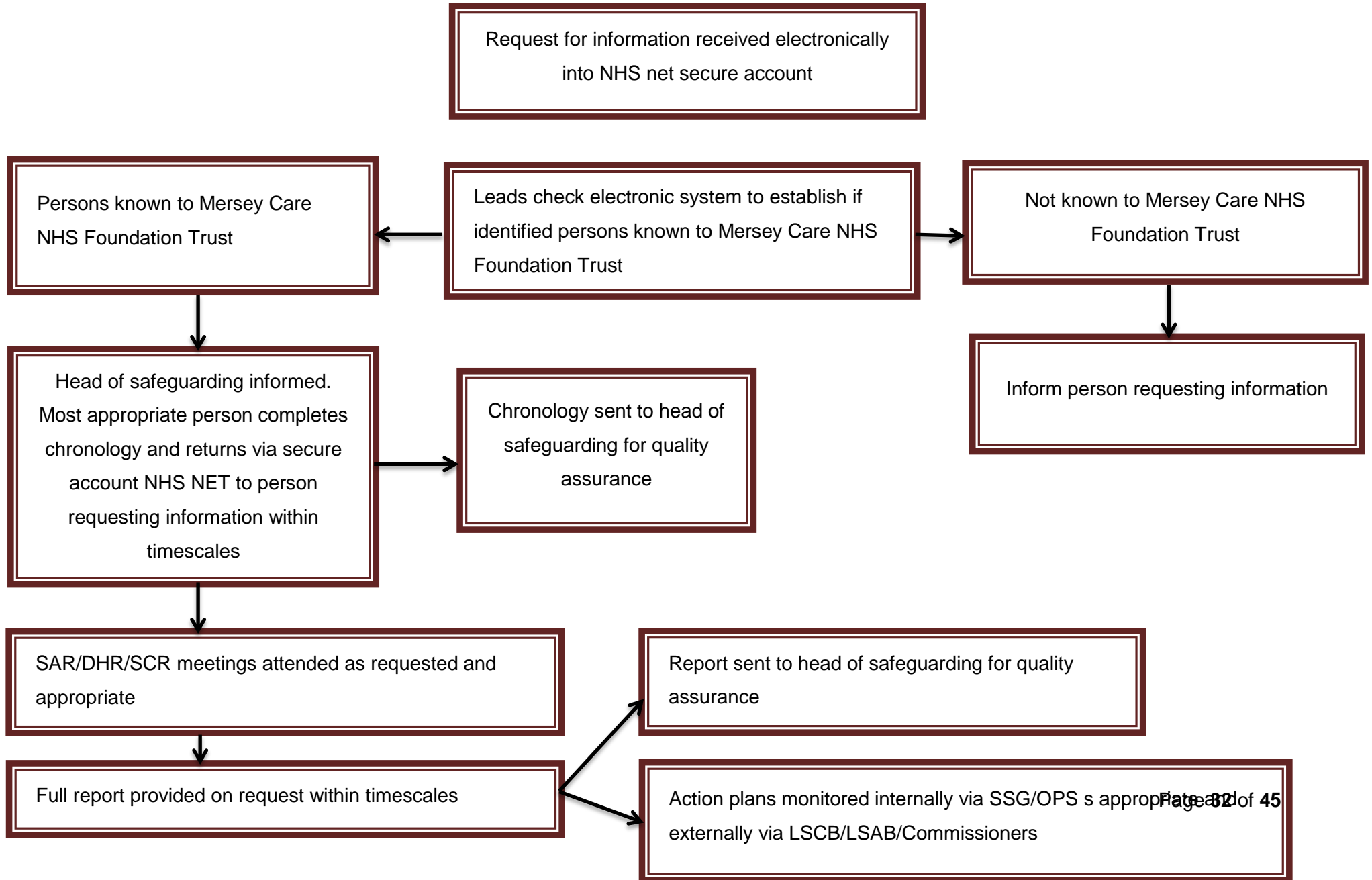
- Ensure all relevant information is available to any potential Investigating Officer.
- Facilitate information to other agencies involved e.g. Police, GP /Dr, Social Worker.
- Ensure all formal Incident reporting forms have been completed appropriately

[Empty box]

↑  
Within 3 hours  
the Line/Senior  
Manager will if  
required:

↑  
Within  
24hours the  
Line/Senior  
Manager will  
if required:  
↓

**Standard Operational Procedure for Management of Requests for information  
DHR's/SAR'S/SCR's**





## **7. CONSULTATION**

### **7.1 Lead coordinating Agency**

This policy has been developed with the consultation within the Safeguarding Adult Team, Associate Director of Social Care,(Secure Division), Specialist Safeguarding Practitioner, Head of Safeguarding / Strategic Lead and Operational Lead for Safeguarding and Deputy Director for Nursing and Quality.

## **8. TRAINING AND SUPPORT**

- 8.1 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 Training Strategy 2017-2019, and the overarching Trust Training Needs Analysis. Training needs analysis are carried out on a regular basis and the feedback from these reviews help inform Safeguarding training updates.
- 8.2 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 Training Strategy 2017-2019, and the overarching Trust Training Needs Analysis. Training needs analysis are carried out on a regular basis and the feedback from these reviews help inform Safeguarding training updates.
- 8.3 The Safeguarding Adult Lead will ensure that all staff involved in safeguarding issues are provided with adequate training and support. Staff can contact the Specialist Practitioner for Safeguarding for support and advice and also request face to face meetings should they feel this necessary.
- 8.4 All employees have access to the Trust's confidential Staff Support Service for support regarding stress related issues. Details are posted on notice boards and on all the usual communication channels e.g. Staff Newsletter and the Trust's website. Appointments can be made at any time, including during working hours. The service is free and confidential, and employees are encouraged to use this service, whatever the nature of the problem.

## **9. MONITORING**

- 9.1 The Deputy Director of Nursing & Quality is responsible for monitoring the effectiveness of this policy and will provide an annual report detailing compliance to the Trust Board. In addition, the team has established a number of reporting arrangements and data capture which will enable them to gauge activity in terms of referrals; the number of multi-agency conferences attended and referrals of professionals to the vetting and barring schemes. The Trust's Safeguarding Strategy Group will receive quarterly reports demonstrating activity and compliance with the policy arrangements which will include monitoring of activity in relation to protected groups as described within the Equalities Act 2010.
- 9.2 This policy should be used in conjunction with the Multi-Agency Procedures for Safeguarding Adults in Sefton, Liverpool, St Helens, Knowsley, Rochdale, Lancashire and other relevant host Authorities. (see links in Section 7 of this document). These documents mirror The Care Act (DoH 2014). This policy directs staff towards these multi-agency arrangements to ensure consistent and coherent responses to safeguarding adult issues.
- 9.3 The procedural framework within this policy indicates the fundamental steps that should be taken when any concerns are generated. In the first instance, staff to consult and inform their Line Manager where appropriate. The Trust Specialist Practitioner for Safeguarding is also available to provide advice and support in relation to any adult safeguarding issues or concerns,

and will use professional judgment in relation to escalation of cases. However, every Local Authority - due to their specific statutory responsibilities - has their own multiagency procedures which should be consulted to ascertain the necessary actions to be taken in each case. For all issues related to High Secure Service, the Head of Forensic Social Care & Nominated Officer for Safeguarding.

- 9.4 In all cases of concern an employee should inform their manager as soon as possible. If the concern involves the manager a report must be made to a senior manager or the Safeguarding Adult Leads.
- 9.5 If an individual is felt to be at risk or it is felt a crime has been committed, alerting staff have a duty to ensure any alleged victim(s) are comfortable and safe. In these circumstances the police should be contacted immediately and medical attention sought if appropriate.
- 9.6 The Care Quality Commission (CQC), as the independent regulator of health and social care in England, has statutory responsibilities to ensure incidents of abuse are investigated properly under their regulatory remit. As a registered provider of regulated services, the Trust must make the appropriate notification of any allegation of abuse to the National Patient Safety Agency through the incident reporting system and also promptly advise the relevant local safeguarding authorities about abuse and allegations of abuse as described in the CQC guidance about compliance with the regulatory framework. From the perspective of the Local Authority, all other agencies and organisations are considered to be referring agencies. When Trust managers have been notified of an incident of abuse they must then engage fully in the process of networking with other agencies established by the Local Authority to help determine whether an inter- agency investigation is required.
- 9.7 The multi-agency procedures provide full details of how managers should make a referral.
- 9.8 Consultation with the Police should be made at the earliest opportunity to ensure any contemporary evidence can be collated as soon as possible.
- 9.9 Under (PACE) the Police and Criminal Evidence Act, (1984) where an interview involves an abused person, witness or suspect, there is an obligation to provide an appropriate adult for any vulnerable or mentally disordered adult. The role of the appropriate adult is a specific responsibility and dedicated function and implies legal obligations which cannot be attributed to someone after any such interview. Trust staff will not therefore undertake this role unless they have received appropriate training to offer this support and provided it is described as being within their specific job role.
- 9.10 This policy should be read in conjunction with Mersey Care NHS Foundation Trust's Policy (HR 06) Policy for dealing with concerns at work about patient care or matters of business probity conduct' (Whistle-blowing) policy complements existing guidelines such as the NMC Code of Professional Conduct and GMC Guidance on Contractual Arrangements in Health Care, and registered staff with the HCPC. Staff have a duty under these arrangements to make known areas of concern or unsafe practice in relation to patient care. Concerns can also be raised via the Merseycare NHS Foundation Trust "Freedom To Speak Up Guardian".
- 9.11 This policy takes account of the Public Interest Disclosure Act 1998, which provides legal protection for workers who raise an issue or make what is known as a protected disclosure which, in the reasonable belief of the worker, refers to one or more of the following:
  - (a) that a criminal offence has been committed, is being committed or is likely to be committed;
  - (b) that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he/she is subject;

- (c) that a miscarriage of justice has occurred, is occurring or is likely to occur;
  - (d) that the health and safety of an individual has, may have been or is likely to be endangered; and/or
  - (e) That the environment has been, is being or is likely to be damaged.
- 9.12 The Trust Board recognises and encourages the contribution that issues raised by staff under this policy can have in improving services and will ensure that concerns raised are handled honestly, promptly and effectively.
- 9.13 In addition, cases where potential fraud or financial malpractice is indicated then appropriate reference should be made to the Trust's Financial Standing Instructions and counter fraud requirements.
- 9.14 Staff involved in safeguarding adults work can access support from the Trust staff counselling service, the Safeguarding Adult Leads, Named Nurse for Safeguarding Children and the Specialist Practitioners for Safeguarding.
- 9.15 Regular safeguarding audits will be undertaken to assure compliance with the Policy.

# 10 Equality and Human Rights Analysis

<b>Title:</b> Policy For Safeguarding Adults From Abuse( SD17)
<b>Area covered:</b> Trust Wide

## What are the intended outcomes of this work?

Safeguarding is everyone’s business. Employees need to know the appropriate action to take in order to protect and safeguard adults from abuse. This policy has been developed to describe the responsibilities of employees and organisation for the recognition and prevention of abuse and clarity the actions to take when abuse is suspected or identified. The policy also recognises the risk to Mersey Care NHS Foundation Trust if employees do not demonstrate appropriate actions are taken in response to safeguarding.

## Who will be affected?

Service Users/Carers/Staff/Volunteers/representatives of agencies undertaking work on behalf or within buildings of Mersey Care NHS FoundationTrust.

## Evidence

### What evidence have you considered?

The policy

### Disability inc. learning disability

This policy applies to all adults including: where an adult’s needs arise from or are related to a physical or mental impairment or illness.

### Sex

See cross cutting Safeguarding concerns re female Genital Mutilation Section 4.9 Page 10 included.

**Race**

The definition of abuse includes Racial abuse. Section 4.6 page 8.

**Age**

This policy relates to vulnerable adults over the age of 18.

Trust services which work directly with children and adolescents who require input because of their mental health (e.g. the early interventions in psychosis team) will report all concerns related to this client group through the usual child protection channels in relation to young people under the age of 18 years.

There is a separate Trust policy that has been written with children/younger people.

**Gender reassignment (including transgender)**

See cross cutting

**Sexual orientation**

See cross cutting

**Religion or belief**

See cross cutting

**Pregnancy and maternity**

See cross cutting

**Carers**

Incapacity to give consent to share information.

Where appropriate , if an individual is not considered to have the capacity to give consent , those providing a service should take account the views of the person's carer or nominated representative /advocate prior to making a decision as to whether information can be shared in accordance with the best interests of the individual.

There is no legal duty to share information with carers, but carers should wherever possible be listened to and supported.

Staff should always seek the service users consent to share information with his/her carer, if they are able to give it.

**Other identified groups**

See cross cutting

## **Cross cutting**

This policy applies to all adults over the age of 18.

The categories of abuse are defined in The Care Act 2014. See Sections 4.6 page 8.

In dealing with potential adult abuse, practitioners should be aware that some individuals, for example pregnant woman, transgender individuals and gay men and women, may on occasions be subjected to targeted abuse.

### **Hate crime definition**

Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that persons

- Disability
- Race or ethnicity
- Religion or belief
- Sexual Orientation
- Transgender identity

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>This section must not be left blank. If the Article is not engaged then this must be stated.</b>	
<b>Right to life (Article 2)</b>	Disclosure of information Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive. Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding danger to life and limb, or risk to others. These exceptions are described in the Data Protection Act 1998 and Caldicott Guidance (DOH 1977) and Case law in relation to human rights legislation. .

<p><b>Right of freedom from inhuman and degrading treatment (Article 3)</b></p>	<p>The definition of abuse is as follows:          "Any act , or failure to act, which results in a significant breach of a person's human rights, civil liberties, bodily integrity, dignity or general well being: whether intended or inadvertent; including sexual relationships or financial transactions to which a person has not or cannot validly consent , or which are deliberately exploitative. Safeguarding adults and children with disabilities against abuse (Council Of Europe, 2002) Section 4.5 Page 8.</p> <p>Use of restraints within Trust services Considered.          Clear guidance in place where physical intervention is used.          The Trust has developed the process' No Force First'.</p>
<p><b>Right to liberty (Article 5)</b></p>	<p>No issues identified within discussions.</p>
<p><b>Right to a fair trial (Article 6)</b></p>	<p>Under PACE The Police and Criminal Evidence Act (1984) Where the police are to interview an abused person , witness or suspect there is an obligation to provide an appropriate adult for any vulnerable or mentally disordered adult. The role of the 'appropriate adult' is a specific responsibility and dedicated function and implies legal responsibilities which cannot be attributed to someone after any such interview.</p> <p><b><u>Trust staff will not therefore undertake this role unless they have received appropriate training to</u></b></p>

	<p><b><u>offer this support and provided it is described as being within their specific job role.</u></b>  <b><u>Section 9.9 pages 34.</u></b></p>
<p><b>Right to private and family life (Article 8)</b></p>	<p>Whistleblowing and organisational abuse</p> <p>All staff have a duty and a personal responsibility to share concerns of a safeguarding nature in relation to the abuse of children and vulnerable adults. The operates a Zero tolerance approach in relation to the abuse of children and adults as such as doing nothing about such concerns is not acceptable. Section 5.20. Page 15.</p> <p>Reporting abuse</p> <p>Staff have to report abuse. Where it is disclosed staff need to follow the procedure laid out on pages 16 section 6.3.</p> <p>Tell the adult about any action 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.</p> <p>Confidentiality All staff should be aware of their responsibility to understand and respect confidentiality and comply with the law.</p> <p>Professional Abuse</p>



	Abuse occurs when a professional takes advantage of their client or patients trust, exploits their vulnerability, does not act in their best interest and fails to keep professional boundaries. Section 6.36 Page 28
<b>Right of freedom of religion or belief (Article 9)</b>	No issues identified within discussions.
<b>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</b>	No issues identified within discussions.
<b>Right freedom from discrimination (Article 14)</b>	No issues identified within discussions.

## Engagement and involvement

This policy was developed in consultation in three stages.

- A. Trust reference/Safeguarding strategy group.
- B. External stakeholders including local adult safeguarding boards.
- C. Input from the Trust's local and secure divisions.

No 'People Participation' input.

## Summary of Analysis

### Eliminate discrimination, harassment and victimisation

This is the Trust safeguarding policy.

It is designed to safeguard all adults who come into contact with the Trust. The policy makes explicit reference to equality issues re capacity as well as gender issues and age.

Also references hate crime for all protected groups.

**Advance equality of opportunity**

N/A

**Promote good relations between groups**

N/A

**What is the overall impact?**

This policy intended to have a positive impact on the safeguarding of adults.

**Addressing the impact on equalities**

As part of reporting there should be monitoring in relation to equality issues.

**Action planning for improvement**

See below in action plan.

**For the record**

**Name of persons who carried out this assessment (Min of 3 ):**

Leigh Tindsley Adult Safeguarding Lead/Prevent Lead

Angela Lacy Head of Safeguarding/Strategic Lead and Operational Lead for Safeguarding.

Lindsey Devine Specialist Safeguarding Practitioner/Prevent

**Date assessment completed:** 13<sup>th</sup> March 2018.

**Name of responsible Director:** Executive Director Of Nursing.

**Date assessment was signed:** 13<sup>th</sup> March 2018

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	When the policy is due for review consultation to be made with the People Participation group.	2021	Safeguarding Team
Monitoring	Monitor for equality issues in relation to the Protected characteristics.	Bi - annually	Safeguarding Team Corporate Division
Transparency (including publication)	This policy and the equality and human rights analysis to be placed within the public domain (Via website).	2018	Safeguarding Team

## 11. REFERENCE DOCUMENTS

- Association of Directors of Social Services (2005) “A National Framework of Standards for good practice and outcomes in adult protection work”.
- Care Standards Act (2000)
- Care Act (2014)
- Serious Crime Bill (2015)
- Data Protection Act (1998).
- Equalities Act (2010)
- Home Office (1999) “Youth and Criminal Evidence Act”
- Home Office (1984) “Police and Criminal Evidence Act (PACE)”
- Mental Capacity Act (2005)
- Council of Europe, (2002) “Safeguarding adults & children with disabilities against abuse.
- Mental Health Act Code of Practice (2015) (26.153)
- Mersey Care NHS Foundation Trust Policy and Procedure for Safeguarding Vulnerable Adults in High Secure Settings **HSS34**
- Making Safeguarding Personal Guide 2014
- Department of Health, (1997).The Caldicott Committee: Report on the Review of Patient-Identifiable Information
- Disclosure and Barring Service (2012) What we do
- Health Professionals Council, (2003) “Standards of conduct performance & ethics
- Multi-agency Adult Protection Procedures produced by the respective Adult Safeguarding Boards.

Liverpool Safeguarding Adults Board, Inter Agency Safeguarding Adults Policy and Procedures (2015):

- Sefton Council (2015): Sefton Adults Executive Board “Sefton Safeguarding Adults Framework for Action”
- Practitioners working for the Trust in Knowsley need to ensure that they follow the agreed local arrangements in relation to the Multi-Agency Risk Assessment Guidance’.
- Practitioners working in the Trust covered by the Boroughs of St Helens & Knowsley need to be aware of the local authority safeguarding procedures operated by these authorities
- Practitioners working in the Trust covered by the Borough of Rochdale need to be aware of the local authority safeguarding procedures operated by these authorities:  
<http://www.rochdale.gov.uk/social-care-and-support/Pages/safeguarding-adults-at-risk.aspx>
- Practitioners working in the Trust covered by Lancashire County Council need to be aware of the local authority safeguarding procedures operated by these authorities
- Mersey Care NHS Foundation Trust’s “Policy & procedure for the management of domestic violence & abuse” SA 12.

- Mersey Care NHS Foundation Trust’s Finance Policies: “Standing Financial Instructions”
- Mersey Care NHS Foundation Trust’s Policy: “Concerns at work about patient care or matters of business probity/conduct:(Whistle blowing)” HR 06.
- Mersey Care NHS Foundation Trust’s Policy: “Policy and procedure for the reporting, management and review of adverse incidents” (SA03)
- Merseycare NHS Foundation Trust Safeguarding Policy and Procedure for High Secure Services **HSS34**.
- Nursing and Midwifery Council, (2004) Code of Professional Conduct.
- Lord Chancellor’s Department, (1997) “Who decides? Making decisions on behalf of mentally incapacitated adults. ll London: HMSO.
- Law Commission, (1995) Mental incapacity.” London: HMSO
- Hate Crime- True Vision ACPO Guidance around hate crime .
- SOP SAR Requests

## 12. Bibliography

- Department of Health, (2009) “Clinical Governance and Adult Safeguarding: An Integrated Process”
- HM Government, (2015) ”Working together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children”
- DoH (October 2014) Care and Support Statutory, Guidance Issued under the Care Act 2014