Safeguarding Vulnerable Adults Policy

'Delivering Excellence in Healthcare through Innovation and Collaboration'

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Document Type:	**Policy**
Version:	**4**
Date of Issue:	**October 2019**
Review Date:	**October 2021**
Lead Director:	**Director of Nursing & Quality**
Post Responsible for Update:	**Dignity Matron**
Approving Committee:	**Executive Safeguarding Group**
Approved by them in the minutes of:	**16th August 2019**
Distribution to:	**All Trust staff via the Trust Intranet**

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1 Introduction / Purpose

This policy has been developed as part of a wider agenda that supports the fundamental right of every person to live a life that is free from harm and abuse.

Safeguarding adults encompasses six key principles: empowerment, protection, prevention, proportionate responses, partnership and accountability. Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) / Central Cheshire Integrated Care Partnership (CCICP) alongside other NHS bodies, play an important role in the protection of members of the public from harm. They are also responsible for ensuring the services and support they deliver are high quality, safe and reflect the six key principles of safeguarding.

This policy has been produced in accordance with the statutory legislation and good practice requirements of The Care Act (2014).

This policy concerns vulnerable adults at risk as defined in the 2014 Care Act:

The safeguarding duties apply to an adult who is aged 18 or above and

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The responsibility for co-ordinating Safeguarding Adults' arrangements lies with Adult Social Care. All agencies however, have a duty to follow these procedures, and are responsible and accountable for safeguarding adults.

Underpinning this Policy is the Human Rights Act (1998) and the protections it puts in place. These rights ensure everyone is treated equally, with fairness, dignity and respect. We must ensure these rights are protected and applied to our patients, when they may be at their most vulnerable:

- The right to life: protects your life, by law. The State is required to investigate suspicious deaths and deaths in custody
- The prohibition of torture and inhuman treatment: you should never be tortured or treated in an inhuman or degrading way, no matter what the situation
- Protection against slavery and forced labour: you should not be treated like a slave or subjected to forced labour
- The right to liberty and freedom: You have the right to be free and the State can only imprison you with very good reason – for example, if you are convicted of a crime
- The right to a fair trial and no punishment without law: you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you in a court of law
- Respect for privacy and family life and the right to marry: protects against unnecessary surveillance or intrusion into your life. You have the right to marry and enjoy family relationships
- Freedom of thought, religion and belief: you can believe what you like and practice your religion or beliefs
- Free speech and peaceful protest: you have a right to speak freely and join with others peacefully, to express your views

- No discrimination: everyone's rights are equal. You should not be treated unfairly because, for example of your gender, race, disability, sexuality, religion or age.
- Protection of property: protects against state interference with your possessions
- The right to an education: means that no child can be denied an education
- The right to free elections: elections must be free and fair

It is the policy of the Trust that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Trust will provide interpretation services or documentation in other mediums as requested and necessary to ensure natural justice and equality of access.

2 General Document Principles

In developing this policy, Mid Cheshire Hospitals NHS Foundation Trust / Central Cheshire Integrated Care Partnership recognises that in order to safeguard adults effectively, there is a need for joint working between agencies and a robust framework in place that enables staff to report and respond to situations where abuse of a vulnerable adult is suspected, alleged or known to have occurred.

Department of Health guidance (May 2011), highlighted the guiding principles for safeguarding:

Empowerment – presumption of person led decisions and informed consent.

In practice this means:

- Safeguarding adults is central to ensuring people receive a positive experience of the services offered by the organisation
- There are clear and accessible systems for individuals, users and carers voices/views to be heard and influence change
- The organisation gives individuals relevant information and support around recognising and reporting domestic abuse and the choices available to them.

Making Safeguarding Personal

Where is it appropriate and reasonable, establish the outcome wanted by the adult at risk, and that of their carers/family.

People should be able to say:

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens".

Protection – support and representation for those in greatest need.

In practice this means:

- The organisation has effective processes to enable it to identify and respond to concerns or emerging risks relating to adults at risk.
- The organisation has processes for quality assuring decisions relating to concerns, alerts and referrals
- The organisation can demonstrate that consideration of mental capacity is part of the safeguarding adults process and where people lack capacity decisions are always made in their best interests

- Safeguarding Awareness training delivered to all staff and volunteers and opportunities are available to develop enhanced skills for those with specific role/responsibilities.

Staff and volunteers should be able to say
"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able".

Prevention – it is better to take action before harm occurs.

Although agencies must work together to respond to potential abuse and provide protection to individuals, it is important to emphasise that prevention must always be the primary objective.

In practice this means:
- Organisations raise public awareness about safeguarding adults and how to avoid, identify and report it
- Robust procedures are followed to ensure that all staff and volunteers are safely recruited so that unsuitable people are prevented from working with adults at risk
- There is a system of leadership and accountability that monitors safeguarding systems
- All staff are clear about roles and responsibilities in respect of job requirements in relation to safeguarding adults at risk
- All staff have access to an appropriate "Whistle Blowing Policy" that enables concerns to be raised without fear of retribution
- Lead responsibility for safeguarding adults is delegated to an appropriate member of staff
- Safeguarding Adults is integrated into all the organisation's contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse of adults at risk
- The organisation has safeguarding adults procedures in place that staff understand and implement.

Staff should be able to say:
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".

Proportionality – proportionate and least intrusive.

In practice this means:
- The adult at risk is at the centre of all responses to allegations or disclosures of harm and all activity is based on their preferred outcomes or best interests where it is reasonable to do so and appropriate
- The organisation has an approach of positive risk taking and defensible decision making in which the adult at risk is fully involved.

People should be able to say:
"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed".

Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

In practice this means:

- Information is shared between organisations in a way that reflects its personal and sensitive nature. There are local information sharing agreements in place and staff understand and use them
- The organisation works with others in a 'one team' approach that places the welfare of adults at risk above organisation boundaries
- The organisation's representatives on LSAB are senior level, strategic officers and are accountable for Safeguarding activity and for updating and sharing policy, procedures and information throughout the organisation.

People should be able to say:
"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me".

Accountability – accountability and transparency in delivering safeguarding.

In practice this means:

- The roles, responsibilities and lines of accountability of the organisation are clear so that staff understand what is expected of them and others
- The organisation recognises and acts upon its responsibilities to the Board and partner agencies for safeguarding arrangement.

People should be able to say:
"Those involved in helping and supporting me, explain their role and talk to me in a way that I can understand".

Mid Cheshire Hospitals NHS Foundation Trust / CCICP has a duty to ensure these principles are part of a safeguarding culture within the organisation, and that as an organisation we commit to working together with other agencies to protect vulnerable adults.

The Trust is a member of the Local Adult Safeguarding Board (LSAB) and has adopted the Cheshire East/Cheshire West Multi-Agency Policy as part of its safeguarding framework.

In order to work collaboratively to protect adults from harm we must:

- Hold a position of zero tolerance in respect of abuse against vulnerable adults.
- Work co-operatively with each other and with users and carers within a framework for action aimed at prevention, identification, investigation and resolution of the abuse of vulnerable adults.
- Promote individuals to report any concerns they have about abuse
- Carry out all assessments, enquiries and investigations in a setting and manner appropriate to the levels of understanding, degree of disability, and cultural background of the person concerned.
- Adopt a partnership approach with all those involved with the vulnerable adult, sharing information within legal and professional constraints.
- Ensure that relevant legislation and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

- Have robust Human Resources policy and practice to effectively safeguard against complacency or lack of direction with regard to reporting and investigating abuse by having:
    - Effective recruitment and selection process.
    - Good induction and training.
    - Effective supervision and appraisal.
    - Clear, accurate and up to date record management.
    - Workplace counselling and support schemes.
    - Whistle Blowing policy.
    - Disciplinary, Grievance and Complaints procedures.
    - Data Protection/Confidentiality policies.
    - Information sharing protocols.
    - Health and Safety policies.
- Recognise the vital role that unpaid carers and families can make in protecting vulnerable adults, whilst acknowledging that those same family members could sometimes be perpetrators or victims of abuse.
- Ensure that equality of opportunity will be available to all vulnerable adults regardless of their race, gender, class, religion, culture, disability, lifestyle, sexual orientation or age.

2.1 The Care Act (2014): safeguarding adults

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them,** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed

Making a Safeguarding Enquiry – Section 42

Section 42 means that the Local Authority (often referred to as Adult Services, Adult Social Services, or Social Work teams) **must:**

- make enquiries, or cause others to do so;
- an enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by who.
- the Local Authority is the lead agency for making enquiries, however it may require others to undertake them.
- in many cases a professional who already knows the adult will be the best person to undertake the enquiry.
- this may be a social worker, a housing support worker, a GP or other health worker such as a community nurse.

Enquiry Checklist:

The objectives of any enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect

- Enable the adult to achieve resolution and recovery.

- **establish Safeguarding Adults Boards,** including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

2.1.1 Safeguarding Allegations Against Staff or Volunteers

All allegations of abuse against vulnerable adults by those who work with them; whether in a paid, unpaid or voluntary capacity must be taken seriously. This includes anyone who has:

- Behaved in a way that has harmed a vulnerable adult;
- Committed a criminal offence against or related to a vulnerable adult
- Behaved in a way that indicates he or she may pose a risk of harm to a vulnerable adult.

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) has a statutory duty to identify a Named Senior Officer (Director of Nursing & Quality), who holds overall responsibility for the escalation of any concerns relating to their employees. The Director of Nursing & Quality will be supported by the Adult Safeguarding Lead in the escalation of these concerns.

All Local Authorities should have a LADO (Local Authority Designated Officer) who maintains the management and oversight of these concerns. The LADO will provide advice and guidance to concerns identified and ensure they are dealt with in a timely manner.

Any concerns identified by practitioners should be immediately escalated to the Adult Safeguarding Lead and / or Named Senior Officer to ensure appropriate escalation to LADO.

2.1.2 Care Act (2014) Guidance in relation to care providers completing a Safeguarding enquiry.

In line with the Care Act 2014, the Local Authority is required to act as the lead agency in all allegations of abuse against adults at risk. This means that the Local Authority conducts enquiries or can cause others to do so, dependant on who is the most appropriate to undertake the enquiry. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. The nature and the timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances.

Wherever a care provider (or partner agency), is requested to undertake an internal safeguarding enquiry it is with the understanding that all findings will be shared with the Local Authority. The Care Act 2014 states that service providers 'need to share information with relevant partners such as the Local Authority even where they are taking action themselves'. If there is reticence from providers or partners to share

information, the Local Authority will refer this matter to the Cheshire East Adults Safeguarding Board, who will decide on a course of action including if the concern warrants a request, under Section 45 of the Care Act 2014 for the 'supply of information'.

If a care provider (or partner agency) is asked to undertake an internal safeguarding enquiry, they will be provided with the name of a Lead Social Worker/Manager with whom to correspond. The Local Authority will then review the internal safeguarding enquiry report as soon as possible and make a determination as to whether it is satisfactory to ensure appropriate learning has taken place and action is taken to ensure a similar incident does not happen again.

Where an internal safeguarding enquiry is found to be unsatisfactory the Local Authority may request the investigator to make further enquiries or seek alternative, more robust method of enquiry. The Local Authority has to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue and if not to undertake any enquiry of it's own and any appropriate follow up action. This is because the Local Authority in its lead role, should assure itself that the enquiry satisfies its duty under s42 and thus is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The Local Authority delegates responsibility to external providers on the premise that they have a duty to protect vulnerable people in their care and to satisfactory investigate any instances of abuse that may occur within the service, 'The employer should investigate any concern unless there is compelling reason why it is inappropriate or unsafe to do this' (Care Act 2014 Statutory Guidance: para 14.70). Such a process also complies with the Care Quality Commission's fundamental standard in safeguarding which requires care providers to identify and respond effectively to abuse in their establishments, investigating allegations of abuse and learning from events/acting on recommendations.

The decision to request that a care provider or partner conducts an internal safeguarding enquiry into their own service will be a decision made during a planning meeting/discussion which is held within the front line team. It is essential therefore that all concerns of abuse are reported to the Local Authority and only action that is essential to ensure the immediate safety of service users takes place prior to the strategy discussion.

Safeguarding referral received involving members of staff

Referral sent to Social Care

Strategy meeting to be held between all parties (including HR Rep)

Police to be notified as appropriate. They will inform the Trust and Social care if they will be investigation the incident

Police will be responsible for updating the Trust and Social Care when their investigations are concluded

Further strategy meeting to share Terms of Reference

Trust led investigation

Outcome and update to Social Care

2.2 Developing a Safeguarding Culture: Making Safeguarding Personal (MSP)

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. Making safeguarding personal means it should be person-led and outcomes focussed. It engages a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement.

2.2.1 Information Sharing

Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. It is important that frontline practitioners understand when, why and how they should share information.

2.2.2 Sharing Information as Part of Preventative Services

Explain to the vulnerable adult and their family at the outset, openly and honestly, what and how information will, or could be shared and why. And seek their agreement if possible. Information must be accurate and up to date, necessary for the purpose for which it is being shared and only shared with those people who need to see it.

2.2.4 Sharing information about a vulnerable adult

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about a living person is shared appropriately.

In some circumstances the sharing of confidential information without consent would be justified in the public interest. These circumstances would be:

- When there is evidence that the adult is suffering or is at risk of suffering significant harm.
- Where there is justifiable cause to believe that an adult may be suffering or at risk of significant harm.
- To prevent significant harm arising to the adult including through the prevention, detection and prosecution of serious crime likely to cause significant harm to that adult.

Information could also be shared without consent in the following circumstances:

- If the adult is at greater risk
- If you or another health care professional is at risk
- If it would alert the perpetrator (in cases of sexual abuse)
- If specific forensic evidence is needed

Consider the likely outcome of sharing or not sharing information.

At all times the safety and wellbeing of the adult is paramount.

Reasons for decisions to share, or not share must be recorded. Decisions require professional, informed judgement.

If in doubt this should be discussed with the Lead Nurse Adult Safeguarding, Senior Manager or you may need to seek advice from the Trust's legal or Information Governance (IG) department.

Before you share information you need to ask yourself the following questions:

- Do I have the permission of the vulnerable adult to disclose personal information? If not:
- Do I have the legal power to disclose this information?
- Is there a duty to protect the wider public interest, are other people at risk?
- Am I proposing to share information with due regard to both common and statute law?
- Do I have the correct level of seniority to disclose this information?
- Should I consult with legal services first?

Please refer to the Cheshire East Multi-Agency Information Sharing Agreement for further guidance (Intranet, Policies and Procedures).

2.2.5 Recording and Sharing of Information

It is extremely important that the recording of information about adult concerns is written in a legible chronological order that reflect discussions with other professionals and agencies and complies with Mid Cheshire Hospitals NHS Foundation Trust / CCICP record keeping policies.

2.2.6 Interpreter

Please ensure that for all safeguarding enquiries involving vulnerable adults whose first language is not English, an official interpreter MUST be utilised. Family members should NOT be used.

2.3 Confidentiality

All staff who have contact with adults who may be at risk of harm have a responsibility to refer concerns or any disclosures made to them to an appropriate person or agency. At times this may pose a dilemma to staff who may feel that by doing so this could alienate the adult at risk and/or the family.

Nonetheless:

- To do nothing is not acceptable
- To promise confidentiality is not acceptable.

Staff will need to be supported through the process and obtain guidance locally from the Adult Safeguarding Team and Legal Services, as well as wider experts such as the LSAB.

The principles set out in the Caldecott Committee's report should be applied:

- Information will only be shared on a need to know basis when it is in the best interests of the service user.
- Confidentiality must never be confused with secrecy. Informed consent should be obtained but if this is not possible, and others are at risk, it may be necessary to override this requirement.
- It is inappropriate for agencies to give assurances of absolute confidentiality where there are concerns around abuse, particularly in situations where other people may be at risk.

2.4 Disagreement Between Professionals or Agencies

Designated professionals should be made aware of any professional or interagency disagreements. A multi professionals/agency meeting may be required to discuss the issues collectively.

2.5 Mental Capacity Act (MCA) 2005

The Act's starting point is to confirm in legislation the assumption that adults have full legal capacity to make their own decisions unless it is shown that they do not. The Act is intended to assist and support people who might lack capacity and to discourage those who care for them from being overly restrictive or controlling. It also aims to provide an appropriate balance between an individual's right to autonomy and self-determination with the right to safeguards and protection from harm where that person lacks capacity to make decisions to protect him or herself. Any decisions made on behalf of the person who lacks capacity must be done in their best interests.

5 Key Principles of the MCA:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him (or her) to do so have been taken without success.
3. A person is not treated as unable to make a decision merely because he (or she) makes an unwise decision.
4. An act done, or decision made, under this Act on behalf of a person who lacks capacity must be done, or made, in his (or her) best interests.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

All decisions taken in the Safeguarding Adults process must comply with the Act. (see Appendices 1 and 2)

Further information:
Trust intranet site – frequently used forms – L – Legal Services
Legal Services
MCA Trust Lead – Dignity Matron.
Mental Capacity Assessment Process and Deprivation of Liberty Safeguarding (DoLs) Policy.

2.6 Independent Mental Capacity Advocates (IMCA)

IMCA stands for Independent Mental Capacity Advocate (IMCA). IMCA is a type of statutory advocacy introduced by the MCA 2005. The Act gives some people who lack capacity a right to receive support from an IMCA.

An IMCA safeguards the rights of people who lack capacity and:

- Are facing a decision about a long term move or about serious medical treatment;
- Lack capacity to make a specified decision at the time it needs to be made; and
- Have nobody else who is willing and able to represent them or be consulted in the process of working out their best interests, other than paid staff.

Regulations under the MCA give local authorities and NHS bodies powers to involve IMCA's in other decisions concerning:

- A care review; and
- Adult protection procedures (even in situations where there may be family or fiends to consult).

Further information:
Trust intranet site – Advocacy Referral Form (Appendix 3)
Legal Services
MCA Trust Lead – Dignity Matron.

2.7 Deprivation of Liberty Safeguards (DoLS)

The DoLS are part of the Mental Capacity Act (MCA) and the MCA Code of Practice is the foundation for all DoLS work. The five statutory principles remain very important. Staff are expected to be confident and competent in assessing capacity; in carrying out Best Interests decisions with considerable input from family and friends; and understanding the practical meaning of the MCA requirement that all acts and decisions need to be done in ways that are less "restrictive of a person's rights and freedom of action".

Mid Cheshire Hospitals NHS Foundation Trust / CCICP remains responsible for being compliant with and having a good understanding of their statutory responsibilities in the MCA and DoLS, including making relevant and timely referrals to Supervisory Bodies for the DoLS and adhering to any DoLS conditions set.

Further information:
Trust intranet site – frequently used forms – L – Legal Services

Legal Services
MCA Trust Lead – Dignity Matron

Mental Capacity Assessment Process and Deprivation of Liberty Safeguarding (DoLs) policy.

2.8 Assessment under the Mental Health Act (MHA) 1983

The Mental Health Act 1983 Code of Practice (1999) sets out the guiding principles which underpin the administration of the Act which state that people should:

- Receive recognition for their basic human rights under the European Convention of Human Rights.
- Be given respect for their qualities, abilities and diverse backgrounds as individuals.
- Have their needs taken fully into account, though it is recognised that, within available resources, it may not always be practicable to meet them in full.
- Be given any necessary treatment or care in the least controlled and segregated facilities compatible with ensuring their own health or safety or the safety of other people.
- Be treated and cared for in such a way as to promote the greatest practicable degree their self determination and personal responsibility, consistent with their own needs and wishes.

Further information: **www.dh.gov.uk/en/Publicationsandstatistics/Legislation**

In some cases the vulnerable adult or the alleged abuser may have a mental disorder that may require assessment or treatment under the MHA. Where it is felt that this may be the case the matter should be referred to the Liaison Psychiatry Service.

2.9 Female Genital Mutilation

Female genital mutilation (FGM), commonly referred to as female circumcision comprises all procedures that involve partial or total removal of the external female genitalia for non-medical reasons.

Due to migration, health care professionals in the UK are encountering increasing numbers of patients who have undergone FGM.

Adult services need to provide support to females who may have long standing complications secondary to FGM.

Anyone knowing or suspecting that a female is to be subjected to, or who has been subjected to FGM, must make an immediate referral to Children's Social Care, the Midwifery Safeguarding Team or the Adult Safeguarding Team.

Further information:
Female Genital Mutilation
Maternity Manual Guideline – policies/procedures
Trust intranet

2.10 Hate Crime

Hate crime is defined as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence.

Apart from individually charged offences under the Crime and Disorder Act 1988, local crime reduction partnerships can prioritise action where there is persistent antisocial behaviour that amounts to hate crime.

The police and other organisations should work together to intervene under Safeguarding Adults policy and procedures to ensure a robust, co-ordinated and timely response to situations where adults at risk become a target for hate crime. Co-ordinated action will aim to ensure that victims are offered support and protection, and action is taken to identify and prosecute those responsible.

For further information go to:
http://www.homeoffice.gov.uk/crim/hate-crime

2.11 Human Trafficking

If an identified victim of human trafficking is also an adult at risk, the response will be co-ordinated under the Safeguarding Adults process. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services including those in the voluntary sector. The police are the lead agency in managing responses to adults who are the victims of human trafficking. The early identification of victims of human trafficking is key to ending the abuse they suffer and to providing the assistance necessary. Front-line staff need to be able to identify the signs that someone has been trafficked. There is a national framework to assist in the formal identification and help to co-ordinate the referral of victims to appropriate services.

For further information go to:
http://www.homeoffice.gov.uk/publications/crime/referral-forms-human-trafficking/

2.12 Modern Slavery

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.

2.13 Exploitation by radicalisers who promote violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

The Home Office leads on the anti-terrorism strategy, CONTEST, and PREVENT is part of the overall CONTEST strategy, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for adult protection. Contact the Adult Safeguarding Unit if local concerns arise for advice and consideration of referral to the Channel Project. The Channel Project is co-ordinated by the Local Authority and is a mechanism for individuals vulnerable to violent extremism to be referred to and assessed by a multi-

agency safeguarding panel to decide on the most appropriate support for that person. Please refer to the PREVENT policy for further information.

2.14 Forced Marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

The guidance contained in the multi-agency practice guidelines, *Handling cases of forced marriage* (Home Office, 2009), recommends that cases involving forced marriage are best dealt with by child protection or "adult protection" specialists. In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

For further information go to:
http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/

2.15 Honour-based violence

Honour-based violence is a crime, and referring to the police should always be considered. It has or may have been committed when families feel that dishonour has been brought to the family. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community. Many are so isolated and controlled that they are unable to contact the police. Alerts that may indicate honour-based violence include domestic violence, concerns about forced marriage or enforced house arrest and missing person reports. If a concern is raised through a Safeguarding Adults referral, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police should always be considered as they have the necessary expertise to manage risk.

For further information go to:
http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/

2.16 Domestic Abuse

The majority of adults who experience domestic abuse are not "vulnerable" in terms of needing or receiving community services but where adults "at risk" are being abused by a family member they may need domestic abuse risk assessment and support.

MCHFT / CCICP now has an Independent Domestic Abuse Advisor (IDVA) working for the organisation. This pivotal role is a key resource for staff working within the Trust, and an excellent support for victims of domestic abuse.

The IDVA can support with interviews, completion of risk assessments and ongoing safety planning for our patients.
Risk Assessment Checklists (RIC) together with referral pathways are available on the intranet – frequently used forms – safeguarding. (see Appendices 3 and 4).

Completion of the RIC will help practitioners identify the key risks and support their client to be safe.

Where high risk is identified a referral should be made to the Domestic Abuse Family Safety Unit to discuss the appropriateness of Multi-Agency Risk Assessment Conference. This can take place with or without client consent. The hospital IDVA will support this referral process.

The Domestic Abuse Family Safety Unit will also provide information and advice to practitioners responding to domestic abuse. The contact number is 0300 123 5101 Cheshire East, or Cheshire West on 01606 364234.

2.17 County Lines

'County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs.

The dealers will frequently target children and adults- often with mental health or addiction problems – to act as drug runners or move cash so they can stay under the radar of law enforcement.
In some cases the dealers will take over a local property, normally belonging to vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing.

People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

If you have any suspicions that a patient may be under the influence of County Lines gangs, a Safeguarding referral should be made.

2.18 Principles of Safeguarding

These are the principles that you should follow as part of your responsibility in safeguarding adults

- Vulnerable adults are listened to and what they say is taken seriously and acted upon in an appropriate manner.
- Adults have a right to privacy, to be treated with dignity and to be enabled to live an independent life.
- Adults should have choice about how they lead their lives and have their rights upheld, regardless of ethnic origins, gender, sexuality, disability, age, religious or cultural background and beliefs.
- You should assume an adult has capacity (in accordance with the Mental Capacity Act 2005) unless an assessment of capacity shows otherwise.
- Adults who have capacity have a right to make their own choices irrespective of how unwise their decision is construed.
- Where adults lack the capacity to safeguard themselves, other people will need to make those decisions and should do so in their best interest.
- Ensure that professional interpreters are used wherever there are safeguarding concerns and English is not the adult's first language. Family members /carers must NOT be used.

2.19. The Safeguarding Process

The Safeguarding Alert – This is when someone becomes aware of suspicion of abuse. It could be a member of Adult Services, someone from a partner agency, or a member of the public. Following consultation with the patient, and respecting their

wishes in line with making safeguarding personal, the concern should be reported within one working day. Complete a Safeguarding Adult Trigger Form on the incident reporting system using SA Code. This applies to historical abuse; it does not matter when the abuse took place.

The Safeguarding Referral – This is the point at which an alert is referred to Adult Social Care Services. The decision to investigate must be made within one working day of the referral.

The Safeguarding Strategy – This is a multi-agency agreement of how to proceed with the safeguarding process. The strategy meeting/discussion must be held within five working days of the referral.

The Safeguarding Investigation – This takes place to clarify the facts of an allegation of abuse and is undertaken by the appropriate agency, usually Adult Services or the Police. The investigation must take place within six weeks of the referral. A Section 42 Enquiry Report will be completed by the lead agency.

The Safeguarding Case Conference – This is a multi agency meeting to make joint agreements and a safeguarding plan to safeguard a person or people who are being abused or are at risk of abuse. The case conference and production of the safeguarding plan must take place within six weeks of the referral.

What to do if you suspect abuse

Who should take action? – staff in all health care settings have a duty of care to respond to concerns of abuse or neglect towards vulnerable adults.

Step 1 What action should you take? – Assess what type of service someone needs eg crisis, medium or long term support. For those who need immediate support consider referral to social care. You can discuss you concerns with your line manager or Lead Nurse Adult Safeguarding.

Professional interpreters maybe required: **DO NOT** rely on the use of family or friends to undertake interpretation this should be done by someone who is independent to ensure all relevant information is translated accurately to and from the vulnerable adult.

The vulnerable adult should be seen on their own if at all possible, as they may have multiple abusers and family member's maybe colluding in the abuse.

You should report concerns to your manager or Lead Nurse Adult Safeguarding during normal working hours. Out of Hours please refer to the Adult Safeguarding flowchart (see appendix 4)

Allegations of abuse made against a work colleague and any serious untoward incident against an adult
All allegations against a worker or any serious untoward incident against an adult should be reported to the Matron/Manager of the service area concerned. Inform the Adult Safeguarding Team. Out of hours refer to adult safeguarding flowchart.

Mid Cheshire NHS Foundation Trust / CCICP Disciplinary Procedures must be followed and Social Care must be notified by phone and a safeguarding trigger form must be completed.

Step 2 Complete the safeguarding adult trigger form via the incident reporting system using the SA code.

Contracted workers, RVS and volunteers should speak to either their designated contact in the Trust, the Lead Nurse Adult Safeguarding (in working hours) or on-site manager (out of hours). Refer to Adult Safeguarding Flowchart Out of Hours.

What happens when the referral has been made?

Once the referral has been received the priority will always be the safety of the vulnerable adult and any others who may be at risk eg children. Make sure any potential evidence is not disturbed, if appropriate.

The relevant Social Services, Intermediate Social Worker or SMART team will make a decision as to whether or not the multi agency safeguarding adult's procedures will be used to address the concern.

Social Services will co-ordinate a strategy meeting which must be held within five working days of the referral. The investigation, case conference and safeguarding plan must be completed within six weeks of the referral.

A 'Think Family' approach should be taken when dealing with all Safeguarding referrals.

The 'Think Family' agenda recognises and promotes the importance of a whole family approach which is built on the principles of 'Reaching out: think family' (2004).

3 Definitions

Vulnerable Adult: The safeguarding duties apply to an adult who is aged 18 or above and

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is expressing, or at risk of, abuse or neglect and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.1 **Abuse:** "…a violation of an individual's human and civil rights by any other person or persons which results in significant harm"

H, 2000

3.2 **Significant Harm:**

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.

DH, 2000

3.3 Types of Abuse

- **Physical Abuse**
  Includes hitting, slapping, pushing, kicking, misuse of medication, restraint.
- **Sexual Abuse**
  Includes rape and sexual assault or sexual acts to which a vulnerable adult has not consented, or could not consent, or was pressured into consenting.
- **Psychological Abuse**
  Includes emotional abuse, threats of harm or abandonment, ie unlawful deprivation of liberty, restriction of lifestyle and contact with others, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation.

- **Financial or Material Abuse**
  Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or the misappropriation of property, possessions or benefits.
- **Neglect or Acts of Omission**
  Includes ignoring medical or physical care, failure to provide appropriate health, social care, the withholding of the necessities of life such as medication, heating, adequate nutrition.
- **Discriminatory Abuse and Hate Crime**
  Treating a person which does not respect their race, religion, age, gender, disability, culture, ethnicity or sexual orientation.
- **Institutional Abuse**
  Where routines and rules make a person alter their lifestyle and culture to fit in with the institution. The collective failure of an organisation to provide appropriate care and services to vulnerable individuals.

3 additional types of abuse are now recognised following the implementation of The Care Act (2014) – Domestic Violence, Self-Neglect and Modern Slavery.

- **Domestic Violence**
  Domestic violence is now recognised as the jurisdiction of the Safeguarding Adults Boards across the country when it is committed against an adult in need of care services.
- **Modern Slavery**
  The use of individuals working for little or no wages is now the business of the Safeguarding Adults Boards across the country. This could be perpetrated by care service employers, the adult in need of care themselves, or someone connected to that person.
- **Self-Neglect**
  A newly defined form of abuse, self-neglect is a condition affecting behaviour, where the individual refuses to attend to their person care and hygiene, their environment or even refusal of care services offered to them. Care workers should be educated on this condition and prepared to work with the individual to improve their situation.

4 Associated Documents

This policy should be read in conjunction with the following other MCHFT documents:

- Confidentiality Policy
- Whistle blowing Policy
- Being open Policy
- Patient Placement Policy (not bed management)
- Bed Management Policy

- Bereavement Policy
- Chaperone Guidelines
- Prognostic Indicator Guidance Policy
- Protected Mealtimes Policy
- Managing Aggressive Behaviour Policy
- Eliminating Mixed Sex Accommodation Policy
- Equality, Diversity and Human Rights Policy
- MCHFT Safeguarding Children Policy
- MCHFT Policy for Consent to Examination, Treatment or Autopsy
- Complaints and PALS policies
- MCHFT Infection Prevention and Control Policies
- MCHFT Dementia Care Guidelines
- MCHFT Learning Disability Guidelines
- Mental Capacity Act 2005 Guidance and Code of Practice
- Restraint Policy
- Prevent Policy
- Female Genital Mutilation Guideline
- Cheshire East Multi-Agency Policy
- Mental Capacity Assessment Process and Deprivation of Liberty (DoLS) Policy

5 Duties

5.1 Duties within the Organisation

In developing this policy, Mid Cheshire Hospitals Foundation Trust (MCHFT) / CCICP recognises that safeguarding adults is a shared responsibility. There is the need for effective joint working promoted and supported by:

- The commitment of all employees; including Board members to effectively safeguard adults;
- Clear lines of accountability within the organisation for work on safeguarding;
- Service developments that safeguard all service users and where possible; is informed by the views of service users;
- Staff training and continuing professional development; so that staff have a clear understanding of their roles and responsibilities; in relation to safeguarding adults;
- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing.

5.2 Executive Lead for Safeguarding; as the named individual responsible for all aspects of safeguarding including PREVENT and Forced Marriage:

- Ensures that the health contribution to safeguarding and promoting the welfare of adults is discharged effectively across the organisation;
- ensures that the organisation exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse;
- ensures that safeguarding adults is identified as a key priority area in all strategic processes;

- ensures that safeguarding adults is integral to governance and audit arrangements;
- ensures that the organisation has policies and procedures for safeguarding adults; which are in line with Local Safeguarding Adult Board procedures, and are easily accessible for staff at all levels;
- has assurance from the Named Professionals that all staff are trained and competent to be alert to the potential indicators of abuse or neglect for adults, know how to act on those concerns in line with local guidance;
- ensures the organisation co-operates with the Local Authority in the operation of the Local Safeguarding Adult Board (LSAB).

5.3 Lead Nurse – Adult Safeguarding (Strategic)

- Assume responsibility for taking a strategic lead of the health service contribution to safeguarding and promoting the welfare of adults across the CCG economy.
- Provide expert advice on health matters relevant to safeguarding adults to other statutory and voluntary agencies.
- Provide specialist knowledge, support and supervision to the Safeguarding Team within the Trust.
- Promote, influence and develop relevant training on both single and inter-agency basis.

5.4 Lead Nurse – Adult Safeguarding (Operational) – MCHFT and CCICP

- The focus of the Operational Lead's role is safeguarding adults within their own organisation.
- The Operational Lead has a key role in promoting safe, effective and professional practice within their own organisation.
- To provide safeguarding advice and expertise for fellow professionals within their own organisation.
- The Operational Lead has a key role in providing supervision/peer support to those staff involved in safeguarding duties.
- The Operational Lead should support the Trust in its clinical governance agenda; for example by ensuring audits on safeguarding duties and process are regularly undertaken.

5.5 Senior Managers / Ward Managers / Matrons.

- Ensure that service plans include reference to the standards expected for safeguarding adults.
- Ensure that on recruitment of staff working with adults or handling information on adults, that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure checks are undertaken in line with national and local guidance;

- Ensure that staff in contact with adults; in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect, know how to act on those concerns in line with local guidance;
- Ensure safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework (KSF) relevant to the job role.

5.6 Individual Staff Members / Employees of the organisation

- To be alert to the potential indicators of abuse or neglect for adults and know how to act on those concerns in line with local guidance;
- Trust employees are responsible for having knowledge of their localities LSAB Procedures and should be familiar with and follow the policies/procedures for promoting and safeguarding the welfare of adults in their organisation and locality.
- They should know how to contact Named Professionals for guidance and support.
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults;
- All staff should contribute, when requested to do so, to multi-agency meetings established to safeguard and protect vulnerable adults;
- All health employees must keep comprehensive and contemporaneous records of all concerns, discussions and decisions made including telephone conversations.
- Understand the principles of confidentiality and information sharing in line with local and government guidance;
- **Safeguarding is 'Everybody's Business'.**

6 Consultation and Communication with Stakeholders

This document has been developed in consultation with:

- Director of Nursing & Quality (Executive Lead for Safeguarding)
- Deputy Director of Nursing & Quality
- Names Nurse for Safeguarding Children
- Named Midwife for Safeguarding
- Safeguarding Committee
- CCG Safeguarding Lead Nurse – Vale Royal and South Cheshire
- Lead Nurse Adult Safeguarding – Operational
- Lead Nurse Adult Safeguarding – East Cheshire
- Legal Services Manager
- Matrons
- Divisional Heads of Nursing Nurse
- Patient Safety Lead
- Divisional Head of Nursing for CCICP
- LSMS

7 Implementation

- A policy announcement flier will be issued to Divisional Clinical Directors, Heads of Nurses, Matrons, Risk and Governance Managers and Ward Managers. A copy will also be placed on the Mid Cheshire Hospitals NHS Foundation Trust /CCICP intranet site.
- A copy of this policy will be placed on the Mid Cheshire Hospitals NHS Foundation Trust / CCICP intranet policy site.
- Via educational events particularly Induction and TriStat.

8 Education and Training

The content of the policy and its significance is included in mandatory safeguarding training; to inform staff of its importance and format.

As a minimum requirement all staff will receive safeguarding training as a mandatory requirement within Induction and TriStat. Bespoke training will be completed, dependent on individual roles and responsibilities, as identified in the training matrix.

9 Monitoring and Review

It is important to monitor and assess the extent to which the Safeguarding Adults Policy has achieved its objectives; namely to develop and maintain high standards of care in practice.

The Adult Safeguarding Strategic and Operational Leads are responsible for this by auditing:

- Number of DoLS referrals
- Number of referrals to the IMCA service
- Training figures.

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11 Appendices

1 Assessment of Capacity Form
2 Best Interests Checklist
3 Advocacy Referral Form
4 Safeguarding Flowchart

A Version Control Document
B Communication / Training plan
C Equality Impact and Assessment Tool

Appendix 1

MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST
ASSESSMENT OF CAPACITY FORM

***Please ensure that capacity assessments are also completed for those found to have capacity to make the decision, where there may be concerns raised as to the cognitive abilities of the person**

Patient Name: _____ DOB: _____ NHS No: _____

Address: _____

Clinician(s) Completing Assessment of Capacity:

Name	Job Title	Date of Assessment

What Are The Reasons That Lead You To Think The Person Has Impaired Capacity?

Reason for Assessment of Capacity:

Enhancing Capacity:

Where did this assessment take place? Please specify:

Was the environment free from noise and other distractions? Please specify:

Have issues relating to timing of the assessment been considered e.g. first thing in the morning or at lunchtime when hungry? Please specify:

Are there any recent life events that may contribute to the person's capacity? Please specify:

Has the person recently taken any form of medication that is likely to impact on their capacity? Please specify:

Have relevant health and social care professionals, families and carers been consulted regarding this person's capacity? Please specify:

Assessment of Capacity:

Stage 1 – Diagnosis:

Does the patient have an impairment of, or disturbance in, the functioning of the mind or brain?

❑ Yes ❑ No

If yes, is the impairment: ❑ Temporary ❑ Fluctuating ❑ Permanent

If temporary/fluctuating, can the decision wait until capacity returns? If not please provide details:

Stage 2 – Functioning:

If yes to the above question, is the patient able to:

Understand the information relevant to the decision? ❑ Yes ❑ No

Evidence – include the actions taken to enhance capacity:

AND

Retain that information? ❑ Yes ❑ No

Please provide details/further information if appropriate/necessary:

AND

Use or weigh that information as part of the process of making the decision? ❑ Yes ❑ No

Please provide details/further information if appropriate/necessary:

AND/OR
Is the patient able to communicate their decision whether by talking, using sign language or other means? ❑ Yes ❑ No
Please provide details/further information if appropriate/necessary:

Decision Regarding Capacity:
As a result of the above, I consider the patient has* or does not have* capacity to make this decision. (* Delete as appropriate)

Decision Maker:
Signed: _____ Job Title: _____
Name (in capitals): _____ Date: _____

*If the patient is assessed as **not having capacity to make this decision**, you must consider the Best Interest's Checklist before deciding what is in the patient's best interests.*

Summary:

Appendix 2

BEST INTERESTS CHECKLIST

Patient Name: _____ DOB: _____ NHS No: _____

Address: _____

(Patient Name) ……..…..…… was assessed on (date) …… by (clinician) …… as not having capacity in relation to making a decision about …… The Best Interests Checklist will now be completed before deciding what is in the person's best interest.

Best Interests Checklist:	
1. I have encouraged and assisted the patient to participate in the decision.	❑
2. I have considered all factors relevant to the decision.	❑
3. I have attempted to find out the views of the patient, including their past and present wishes and feelings and taken these into account.	❑
4. I have not based my assessment solely on the patient's age, appearance, condition or behaviour.	❑
5. I have considered whether the patient might regain capacity and if so whether the decision can be delayed.	❑
6. If physical intervention is required use GP letter to clarify underlying physical conditions.	
Please provide details of how you have applied factors 1-6 and what factors have been taken into account:	
7. Has the patient made a relevant applicable Lasting Power of Attorney? If yes, the attorney may be able to provide consent. ❑ Yes ❑ No	
8. Has the patient made a valid applicable Advance Decision refusing the treatment concerned? If yes, the Advance Decision should be respected (in case of uncertainty, further guidance should be sought). ❑ Yes ❑ No	
Details:	

9. I have consulted the patient and the relevant individuals in coming to my decision and their views are:

Name	Title/Role	Views

10. For the following reason(s) it was not practicable/appropriate* (*delete as appropriate) to consult:

Name	Title/Role	Reason(s)

11. Any Dissenting opinion(s) are shown below.

Name	Title/Role	Dissenting Opinion	Action to Resolve

Independent Mental Capacity Advocate Service:

- A referral to the IMCA Service is not necessary as:
  - I have been able to consult relevant individuals under the Best Interests Checklist. ❑
  - The decision needs to be taken on an urgent basis. ❑

  Reason for urgency:

- A referral has been made to the IMCA Service and I have taken the IMCA's view into account (attach the IMCA's written view). ❑

Life Sustaining Treatment:

My decision is not motivated by a desire to bring about the patient's death.

Deprivation of Liberty Safeguards (DOLS):

Due consideration has been given regarding restrictions and deprivation. ❑

All Options Considered:				
Option	Benefits	Risks	Rationale	Accepted/ Rejected
1.				
2.				
3.				

Decision Regarding Best Interests:
Taking into account all of the above, I have decided that it is in the patient's best interests to:

Reasonable Adjustments
Please document reasonable adjustments to be made (i.e. double appointment, first on the list, carer involvement, environmental changes needed)

Decision Maker:
Signed: _____ Job Title: _____
Name (in capitals): _____ Date: _____

Appendix 3

Independent Mental Capacity Advocate (IMCA)
Referral Information and Form

The IMCA Service is a statutory advocacy service introduced by the Mental Capacity Act 2005, which aims to empower and protect people who lack capacity to make decisions for themselves. For example, people with learning disabilities, dementia, mental health problems, stroke or head injuries may lack capacity to make certain decisions.

Under the Mental Capacity Act 2005 the Local Authority/ NHS body has a responsibility to instruct an IMCA when making best interest decisions for a person who lacks capacity and does not have friends or relatives appropriate to consult regarding the following decisions:

- From an NHS body in respect of decisions about providing, withholding or stopping serious medical treatment.
- From an NHS body in respect of a proposal to place the person in a hospital for a period likely to exceed 28 days or in a care home for a period likely to exceed 8 weeks.
- From an NHS body in respect of a proposal to move the person to another hospital for a period likely to exceed 28 days or to another care home for a period likely to exceed 8 weeks.
- From the Local Authority where following an assessment, it is proposed to place the person in a care home for a period likely to exceed 8 weeks or to move the person from one care home to another if the period is likely to exceed 8 weeks.

Under the Mental Capacity Act 2005 the Local Authority/NHS body may instruct an IMCA when making best interest decisions for a person who lacks capacity regarding the following:

- Care Reviews, but only where the Local Authority or NHS body have arranged the original accommodation and plan to review the arrangements (as part of a care plan or otherwise) and there are no family or friends appropriate to consult
- Adult Protection proceedings have been commenced and protective measures have already been taken or are being considered in relation to the protection of the potentially abused person or potential abuser and the Local Authority or the NHS body is satisfied that it is of particular benefit to the person for an IMCA to be appointed. Please note that there is no requirement under this provision for the person to have no appropriate family or friends.

The IMCA role is to:

- Support a person who lacks capacity
- Obtain and evaluate relevant information on behalf of the person
- Ascertain as far as possible the person's wishes and feelings
- Ascertain alternative courses of action
- Obtain a further medical opinion, where necessary
- Bring to the attention of the decision –maker all factors relevant to the decision

- Challenge the decision-maker where appropriate

Independent Mental Capacity Advocate Referral Form

In order to comply with data protection legislation please send completed referral forms electronically via egress to: **advocacy@ageukcheshire.org.uk**. If you do not have to access to egress please send them to the same email address but password protected. Please ensure the password is sent separately.

Contact details:

The Cheshire Advocacy Hub
Sension House
Denton Drive
Northwich
CW9 7LU

Telephone number: 0333 366 00 27

Upon receipt of the referral form the Cheshire Advocacy Hub will allocate this referral to an Advocate from Age UK Cheshire or Cheshire Centre for Independent Living.

This is the IMCA referral form for those seeking advocacy for anyone aged 18 and over.

Client Name	
Telephone number	
Current Address	
Permanent Address	
Age and Date of Birth	
Gender	
Ethnicity	
Religion	
GP Name & Practice	

Reason for Lack of Capacity

• Learning Disability	
• Dementia	
• Mental Health	
• Physical Disability	
• Acquired Brain Injury	
• Deaf, Blind – Deaf/Blind	

How does the person prefer to communicate?

Decision-maker (see information sheet)

The decision maker is the individual, within the Local Authority or the NHS body who has the responsibility for making the decisions on issues of change of accommodation, serious medical treatment, care review or adult protection on behalf of the client who has been assessed as lacking capacity on any stated issue*.

Name & Designation	
Address &Telephone	

Referrer (insert details only if different to decision maker)

Name	
Contact Address/Telephone	

***Issue (see information sheet)**

• Serious Medical Treatment	
• Change in Accommodation by NHS/LA	
• Care Review	
• Adult Protection	

All the following questions **must** be answered:-

I confirm that for the above issue I am the decision-maker on behalf of *(insert NHS body or Local Authority*)…… ☐

I confirm that I deem the client to be unbefriended, with no-one appropriate to consult regarding this issue. ☐

I also confirm that the client has been deemed to lack capacity to make a decision regarding the above issue and that the required (decision specific) capacity assessment has been carried out by (insert name and position of assessor)……. ……..... ☐

Please describe the decision that is to be made

Is there any information the advocate needs in order to keep the person and/or the advocate safe (e.g. health or behavioural issues?)

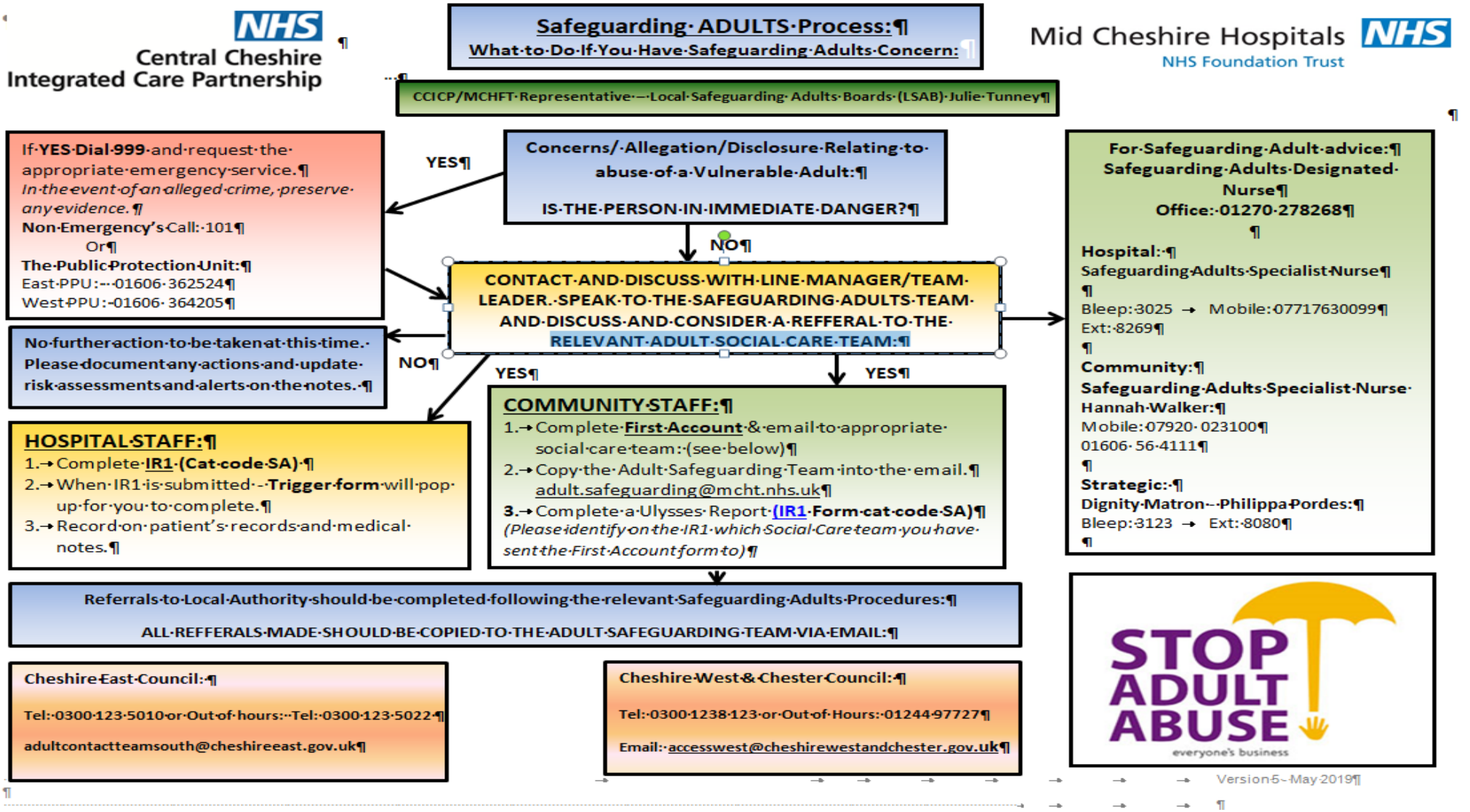
I confirm that I am the decision-maker for……

Signature …… … Date .....

Please print name …….

Age UK Cheshire registered charity number: 1091608
CCIL registered charity number: 1091744.

Appendix 4


NHS
Central Cheshire
Integrated Care Partnership
Safeguarding ADULTS Process:
What to Do If You Have Safeguarding Adults Concern:
Mid Cheshire Hospitals NHS
NHS Foundation Trust
CCICP/MCHFT Representative – Local Safeguarding Adults Boards (LSAB) Julie Tunney
If YES Dial 999 and request the appropriate emergency service.
In the event of an alleged crime, preserve any evidence.
Non Emergency's Call: 101
Or
The Public Protection Unit:
East PPU: - 01606 362524
West PPU: -01606 364205
YES
Concerns/ Allegation/Disclosure Relating to abuse of a Vulnerable Adult:
IS THE PERSON IN IMMEDIATE DANGER?
NO
CONTACT AND DISCUSS WITH LINE MANAGER/TEAM LEADER. SPEAK TO THE SAFEGUARDING ADULTS TEAM AND DISCUSS AND CONSIDER A REFFERAL TO THE RELEVANT ADULT SOCIAL CARE TEAM:
For Safeguarding Adult advice:
Safeguarding Adults Designated Nurse
Office: 01270 278268
Hospital:
Safeguarding Adults Specialist Nurse
Bleep: 3025 → Mobile: 07717630099
Ext: 8269
Community:
Safeguarding Adults Specialist Nurse
Hannah Walker:
Mobile: 07920 023100
01606 56 4111
Strategic:
Dignity Matron – Philippa Pordes:
Bleep: 3123 → Ext: 8080
No further action to be taken at this time. Please document any actions and update risk assessments and alerts on the notes.
NO
YES
YES
YES
HOSPITAL STAFF:
1. → Complete IR1 (Cat code SA)
2. → When IR1 is submitted – Trigger form will pop up for you to complete.
3. → Record on patient's records and medical notes.
COMMUNITY STAFF:
1. → Complete First Account & email to appropriate social care team: (see below)
2. → Copy the Adult Safeguarding Team into the email. adult.safeguarding@mcht.nhs.uk
3. → Complete a Ulysses Report (IR1 Form cat code SA)
(Please identify on the IR1 which Social Care team you have sent the First Account form to)
Referrals to Local Authority should be completed following the relevant Safeguarding Adults Procedures:
ALL REFFERALS MADE SHOULD BE COPIED TO THE ADULT SAFEGUARDING TEAM VIA EMAIL:
Cheshire East Council:
Tel: 0300 123 5010 or Out of hours: - Tel: 0300 123 5022
adultcontactteamsouth@cheshireeast.gov.uk
Cheshire West & Chester Council:
Tel: 0300 1238 123 or Out of Hours: 01244 97727
Email: accesswest@cheshirewestandchester.gov.uk
STOP ADULT ABUSE
everyone's business
Version 5 – May 2019

APPENIDX A - Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved.

VERSION CONTROL SHEET			
Date dd/mm/yy	**Version**	**Author**	**Reason for changes**
09/12/13	1	Philippa Pordes	New Policy
01/05/2015	2	Philippa Pordes	Review of Policy
08/08/2017	3	Philippa Pordes	Review of Policy
15.7.2019	4	Philippa Pordes	Review of Policy

APPENDIX B - Training needs analysis

Communication/Training Plan (for all new / reviewed documents)	
Goal/purpose of the communication/training plan	Impact on patient care; increase staff confidence & competence in the recognition & response to safeguarding issues. Compliance with national guidelines / recommendations for Safeguarding Supervision. Ensure compliance with MCHFT / CCICP policy
Target groups for the communication/training plan	Nurses & midwives Allied health professionals Trust employees
Target numbers	All eligible/identified staff
Methodology – how will the communication or training be carried out?	Staff inductions Mandatory training programme
Communication/training delivery	Adult Safeguarding Leads – Strategic & Operational
Funding	N/A
Measurement of success. Learning outcomes and/or objectives	Ensure compliance with wider safeguarding policies. Number of staff attending for Safeguarding training/evaluations.
Review effectiveness – learning outputs	Number of staff attending for Safeguarding training/evaluations. IR1 reports – number of.
Issue date of Document	October 2019
Start and completion date of communication/training plan	From issue of policy
Support from Learning & Development Services	Induction TriStat

APPENDIX C - Form 1

Equality Impact Screening Assessment

Please read the Guide to Equality Impact Assessment before completing this form. To be completed and form part of the policy or other document appendices when submitted to governance-policies@mcht.nhs.uk for consideration and approval or to be completed and form part of the appendices for proposals/business cases to amend, introduce or discontinue services.

POLICY/DOCUMENT/SERVICE……

		Yes/ No	Justification and Data Sources
A	**Does the document, proposal or service affect one group less or more favourably than another on the basis of:**		
1	Race, ethnic origins (including gypsies and travellers) or nationality	**No**	**Where there are safeguarding concerns, please use an interpreter and not rely on family members to interpret.**
2	Sex	**No**	**The Trust has a separate Female Genital Mutilation policy.**
3	Transgender	**No**	**No specific issues identified.**
4	Pregnancy or maternity	**No**	**Staff need to be aware that the potential for escalation in domestic violence increases with pregnancy.**
5	Marriage or civil partnership	**No**	**No specific issues identified.**
6	Sexual orientation including lesbian, gay and bisexual people	**No**	**No specific issues identified.**
7	Religion or belief	**No**	**Female Genital Mutilation (FGM) is mostly carried out on females for social, cultural or religious reasons. It is mainly practised in Africa, but due to migration, healthcare professionals in the UK are encountering increasing numbers of patients who have undergone FGM.**
8	Age	**No**	**The policy provides adult safeguarding advice for people aged 18 and above.**
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	**No**	**The policy supports sound application of the Mental Capacity and Mental Health Acts. It also highlights the importance of appropriate referral to the advocacy services.**
10	Economic/social background	**No**	**No specific issues identified.**
B	**Human Rights – are there any issues which may affect human rights**		

1	Right to Life	**No**	**The purpose of the policy is to promote safeguarding for all adults**
2	Freedom from Degrading Treatment	**No**	**The purpose of the policy is to promote safeguarding for all adults**
3	Right to Privacy or Family Life	**No**	**The purpose of the policy is to promote safeguarding for all adults**
4	Other Human Rights (see guidance note)	**No**	**The purpose of the policy is to promote safeguarding for all adults**

NOTES

If you have identified a potential discriminatory impact of this document, proposal or service, please complete form 2 or 3 as appropriate.

Date: 08 August 2019 **Name: Philippa Pordes**

Signature: …… **Job Title: Dignity Matron**

Date: …….. **Name: ……..**

Signature: …… **Job Title: ..……**