

Safeguarding Adults Policy and Procedure

This policy and procedure may evoke the need to link to the following policies:

Mental Capacity Act.
Deprivation of Liberty Guidance
Therapeutic Restriction policy

Please refer to the specific policy Guidance or contact the Trust Safeguarding Adults Team for guidance.

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Links to Organisational/Service Objectives, business plans or strategies	Trust Safeguarding Adults Strategy
Executive Summary	
This policy describes the process to safeguard adults at risk within the Trust's care	

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Version History Log

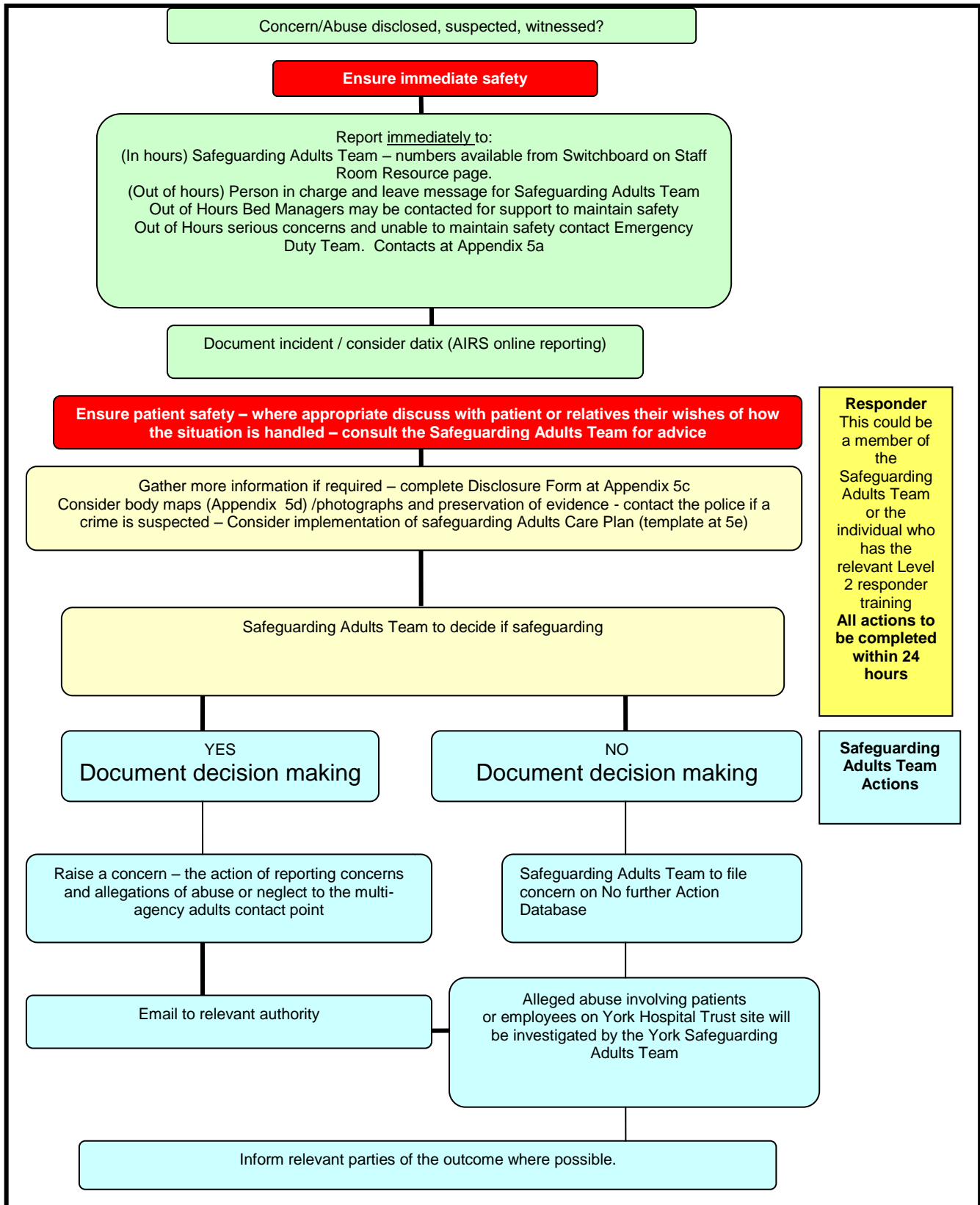
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	February 2008	Heather Sweetman/Joyce Sims		New Policy
2	April 2010	Lucy Connolly		Revision necessary to bring into line with multi-agency policy
3	February 2014	Claire Ramsay/Ben Haywood		Reviewed due to team personnel changes and for integration.
4	September 2015	Nicola Cowley	Staff Room	Amendments as per the Care Act

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Process flowchart



1 Introduction & Scope

Section 42 – 46 of The Care Act 2014 has replaced the ‘No secrets’ guidance.

The policy and procedures for safeguarding adults under the Care Act are founded on 6 principles and values that govern how the safeguarding procedures should be implemented (at appendix 1)

There are key changes in terminology, abuse definitions and process, the main theme being Making Safeguarding Personal.

Key changes in terminology following the Care Act are shown at Appendix 2.

Section 42 outlines the duties following the legislation of Adult Safeguarding processes and the Trust has a legal duty to safeguard an adult who:

- 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

This is known as the Section 42 criteria.

Within this policy, an adult at risk is someone who falls within this description. An adult at risk may therefore be a person who, for example:

- Is an older person who is frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability or sensory impairment
- Has mental health needs including dementia and personality disorder
- Has a long term condition/illness
- Misuses alcohol or substances
- Is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse

- Lacks mental capacity to make particular decisions and is in need of care (see the Trust Mental Capacity Act Guidance)

This policy reflects the expectations as detailed in the Local Authorities Multi-agency Policy and Procedures for North Yorkshire County Council, City of York County Council and East Riding County Council. This policy must be used in conjunction with the Multi Agency Policies to understand the wider responsibilities of the Trust): see link as follows:

https://www.google.co.uk/search?safe=strict&q=cyc+safeguarding+adults&oq=cyc+safeguarding+adults&gs_l=serp.3...3261.6052.0.6203.20.16.0.2.2.0.247.1742.0j12j1.13.0....0...1c.1.64.serp..5.13.1472. hvD5GtBwJI

Section 6 of the Care Act outlines an organisation's general duties of cooperation, which includes the duty upon all organisation's to work together to safeguard adults who are experiencing, or at risk of abuse and neglect;

Therefore the Trust has a legal duty of care to protect patients from abuse, take a zero tolerance approach towards abuse and contribute to resolving safeguarding concerns.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action..

The Trust should always promote the adult's wellbeing in their safeguarding arrangements and should work with the adult to establish what being safe means to them and how that can be best achieved.

This policy has been developed to safeguard adults within the Trusts' care. The policy applies to adults aged 18 years or older.

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and

complex needs continues to be supported in a residential educational setting until the age of 25 (see also chapter 16 of the Care Act 2014). Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding

colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case.

When an adult safeguarding situation arises and there is a person under 18 involved, consideration must be given as to how the situation impacts upon a child or young person to ensure an appropriate referral is made.

The policy applies to all employees of the Trust and any volunteers or contractors working within the Trust. The procedures detail what action individuals should take if abuse has occurred, is suspected or disclosed. In addition this process should also be followed where there may be instances where safeguarding adults concerns arise regarding a visitor, relative or carer.

2 Definitions / Terms used in policy

(A more detailed glossary of all terms can be found at Appendix 3)

Abuse

Abuse is a violation of an individuals' human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts, abuse may happen intentionally or unintentionally and can take place in any relationship or setting.

These are the forms of abuse;

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- 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.
- 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
- 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.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
 - Organisational abuse (formerly institutional)– 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 organisation.
 - 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
 - Other types of abuse – The Care Act acknowledges the wider aspect of adult safeguarding and makes links with self-neglect, human trafficking/modern slavery and domestic abuse.

PREVENT Strategy

Prevent is part of the government’s strategy relating to international terrorism. The Prevent Strategy aims to stop people from becoming terrorists or supporting terrorism. This agenda is expanded upon in the Trust PREVENT Strategy – Staff Guidance and the Trust Strategy is at Appendix 4.

3 Policy Statement

The Trust has a duty to ensure appropriate action is taken when abuse is disclosed, suspected or witnessed. Safeguarding Adults team contact numbers can be found at appendix 5b.

The Safeguarding Adults team are responsible for supporting Trust staff to discharge their duties appropriately in relation to this agenda as per the Multi-agency Policy.

The Team are responsible for ensuring staff respond to abuse appropriately, determine the most appropriate course of action,

manage referrals, co-ordinate investigations and provide training to Trust staff.

When an adult safeguarding situation arises and there is a person under 18 involved, consideration must be given as to how the situation impacts upon a child or young person to ensure an appropriate assessment is made. Staff must discuss the case with the Child Protection Team.

4 Impact Upon Individuals with Protected Characteristics

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

5 Accountability

Operational implementation, delivery and monitoring of the policy resides with:-

- The Lead Nurse for Safeguarding Adults

The success of this policy is dependent on a range of individuals being involved in the implementation of this document. The responsibilities on individuals in ensuring compliance with this document are detailed below:-

Appendices

Appendix 1	Key Principles of Section 42-46 of the Care Act 2014
Appendix 2	Key changes in terminology
Appendix 3	Glossary of Terms
Appendix 4	Trust PREVENT Strategy
Appendix 5a	Useful contacts
Appendix 5b	Safeguarding Adults Team Process
Appendix 5c	Disclosure Report Form
Appendix 5d	Body Map Form
Appendix 5e	Safeguarding Adults Care Plan
Appendix 6	List of Crimes
Appendix 7	Policy Management
Appendix 8	Dissemination and Implementation Plan

Appendix 1 - Key Principles of Section 42 – 46 Care Act 2014

The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help SABs, and organisations more widely, by using them to examine and improve their local arrangements.

Six key principles underpin all adult safeguarding work:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent.

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

- Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

- Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

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

“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 and with me to get the best result for me.”

- Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Making safeguarding personal

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals.

We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

Appendix 2 – Key Changes in Terminology

Safeguarding Adults Multi Agency Policy and Procedure 2015	North Yorkshire Multi-agency Policy and Procedures 2009
Raising a concern – the action of reporting concerns and allegations of abuse or neglect to the multi-agency safeguarding adults contact point.	Safeguarding alert or referral.
Person raising a concern – a person who reports a concern to the multi-agency safeguarding adults contact point.	Alerter or Referrer (In North Yorkshire also referred to as Responder)
Initial Enquiry – initial response of local authority after a concern has been raised. Involves gathering information to determine what action, if any should be taken.	Initial information gathering, making a decision whether a safeguarding investigation is required. Designated Safeguarding Managers use the SARA and Risk Support Tool.
Formal Enquiry – process of establishing the facts	Strategy Meeting/Investigation/Case Conference/Developing a safeguarding (protection) plan
Safeguarding Concerns manager – the person within an organisation to whom any member of staff (or volunteer) should report their concerns.	Referrer or Responder (a role often taken by Safeguarding Adult lead in an organisation)
Safeguarding Co-ordinator – professionals within adult social care with overall responsibility for managing the safeguarding arrangements.	Safeguarding Manager – referred to as Designated Safeguarding Manager (DSM) – professionals within adult social care.
Safeguarding Enquiry Officer – member of staff who makes formal enquiries into the safeguarding concern. In North Yorkshire the Safeguarding Enquiry Officer is a nominated person from adult social care.	Investigator – relevant practitioner who will co-ordinate the collection of information about the alleged abuse or neglect.

Safeguarding Adults Multi Agency Policy and Procedure 2015	North Yorkshire Multi-agency Policy and Procedures 2009
Person alleged to have caused harm (sometimes referred to as PATCH)	Alleged perpetrator
Safeguarding Plan – record of the arrangements to safeguard an adult at risk within a Formal Enquiry.	Protection Plan
Organisational abuse	Institutional abuse

Appendix 3 - Glossary of Terms

Deprivation of Liberty Safeguards	Safeguards to ensure that a patient lacking capacity is detained in hospital with the appropriate authorisation from the Supervising bodies (Local authorities)
Information Sharing	The Protocol is the high level document setting out the general reasons and principles for sharing data. The Protocol will show that all signatory agencies are committed to maintaining agreed standards on handling information and will publish a list of senior signatories. It should be underpinned by information sharing agreements between the organisations who are actually sharing the information.
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference led by the Domestic Violence Unit to monitor cases of domestic violence in the community.
Mental Capacity Act	Mental Capacity Act aims to protect people who cannot make decisions for themselves due to a learning disability or a mental health condition, for example Alzheimer's disease, or for any other reason. It provides clear guidelines for carers and professionals about who can take decisions in which situations.
Pressure Ulcers	<p>Category 3 or above pressure ulcers should be referred to Safeguarding if there is evidence of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor practice, neglect or acts of omission <input type="checkbox"/> Deliberate harm <p>Consideration of patient's medical condition, prognosis, and any skin condition's should be given before referral to Safeguarding.</p>
Significant Harm	Not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.
Zero Tolerance	Non-acceptance of anti-social, especially criminal behaviour, with an emphasis on dealing effectively with the behaviour however large or small.

Appendix 4 – Trust PREVENT Strategy

Prevent' is part of the government's strategy relating to international terrorism. The Prevent Strategy aims to stop people from becoming terrorists or supporting terrorism.

The strategy is about preventing the radicalisation of vulnerable individuals from being recruited by violent extremists. As the strategy is not about the response to terrorism, but is about protecting vulnerable people, most health organisations sit this agenda under the 'Safeguarding' umbrella.

The Department of Health Document; "Building Partnerships, Staying Safe, the health sector contribution to HM Governments Prevent strategy: guidance for healthcare organisations" publication describes the role of health as;

"Making sure staff know how they can support vulnerable individuals who may be at risk of being recruited by violent extremists; that appropriate systems are in place for staff to raise concerns. Health professionals are well placed to recognise individuals who may be vulnerable and therefore more susceptible to radicalisation and recruitment into terrorist organisations, whether patients or staff. It is fundamental to our duty of care and falls within our safeguarding responsibilities".

Regional Context

The Department of Health have recruited regional Prevent Coordinators, the NHS North Yorkshire and Humber Coordinator.

The Prevent Implementation Board (Gold) meets on a quarterly basis and is attended by all partner organisations and is chaired by the Chief Executive of City of York Council.

Minimum Expectations

The DOH have developed a self assessment tool kit for all health providers and this is detailed within the "Building Partnerships, Staying Safe" guidance.

As a minimum we are expected to provide a quarterly return to the Regional Prevent Lead detailing the following information;

- Nominated Executive Lead
- Nominated Operational Lead
- Whether the Trust has an Internal Prevent Group

- Confirmation that the relevant policies and procedures have been reviewed to incorporate the Prevent agenda
- Confirmation of the inclusion of Prevent on Statutory and Mandatory training/induction programmes
- The number of Health WRAP (Workshop to Raise awareness of PREVENT) training sessions delivered to front line staff and the number of attendees as a proportion of those where the training is mandatory. (The health WRAP is a 3 hour face to face training session that can only be delivered by approved trainers and should be delivered to all front line staff; clinical and non clinical)
- Referral statistics
- Confirmation of attendance at the Prevent Gold Meeting
- Document any concerns via the Datix system

Local Context

The Prevent agenda transferred to the Adult Safeguarding portfolio.

The Chief Nurse is the nominated Executive Lead, with the Safeguarding Adults Team taking operational responsibility. The Safeguarding Adults Group has incorporated matters relating to this agenda within its meeting structure. The self assessment criteria and minimum expectations are incorporated into the Safeguarding Adults Integrated Action Plan.

Appendix 5a– Useful Contacts

Safeguarding Adults Team

Safeguarding Adults Operational Lead - 07795126588

Lead Nurse for Safeguarding Adults – 07795126677

Learning Disability Liaison – 07795126473

External

City of York Council - 01904 554643

<http://www.safeguardingadultsyork.org.uk/>

City of York OUT OF HOURS Emergency Duty Team - 0845 034 9417

North Yorkshire County Council - 08450349410

<http://www.northyorks.gov.uk/article/24309/Safeguarding-vulnerable-adults>

North Yorkshire County Council OUT OF HOURS Emergency Duty Team 0845 034 9417

East Riding of Yorkshire Council - 01482 393939

<http://www2.eastriding.gov.uk/living/care-and-support-for-adults/safeguarding-vulnerable-adults/>

East Riding of Yorkshire Emergency Duty Team 0845 034 9417

Appendix 5b - Safeguarding Adults Process

(A flow Chart summarising this process is shown at the beginning of this policy)

Raising concerns (level 1 training, all patient contact staff)

If staff have concerns that an adult is or has been the victim of abuse there is a duty to bring this to the attention of:

- 1) Safeguarding Adults
- 2) Person in charge and/or Line Manager
- 3) Bed Manager if out of office hours
- 4) Emergency Duty Teams if appropriate (Contacts shown above)

Priority must be given to ensuring patient safety.

When abuse is witnessed, suspected or someone discloses abuse, it is essential that this information is shared. Staff should ensure that any concerns are documented and include action taken.

Person raising the concern (managerial level) (Level 2 training, staff at band 6 and above)

Upon receipt of the concerns the responder is responsible for:

Immediately

- Ensuring steps have been taken to safeguard the adult at risk in partnership with the person at risk (if they are have capacity) or in best interests (if a patient lacks capacity) A checklist care plan is at Appendix 5e.
- Preserving evidence – if you suspect a crime contact the police immediately. (CPS 2008 List of Crimes at Appendix 6)
- Consideration should be given to the completion of a body map (attached at Appendix 5d); photos may need to be taken (if the person has physical signs). You must seek consent for this if the adult at risk has capacity.
- Ensuring Safeguarding Adults Team is aware.
- Completion of the Disclosure Form – see appendix 5c. A copy should be sent to the Safeguarding Adults Team. This can be done via email to the Safeguarding Adult Team inbox.

If staff are unable to carry out the above please contact the Safeguarding Adults Team urgently. If out of hours then Bed Managers or the Emergency Duty Team should be contacted for advice.

A patient who it is suspected has suffered abuse should not be discharged back to the location where the alleged abuse took place without consultation with the Safeguarding Adult Team

The Role of the Safeguarding Adults Team (More detail within the Safeguarding Adults Service Specification found on Staff Room)

The Safeguarding Adults Team is responsible for processing and reporting concerns to the multi-agency contact point and assisting with ensuring safety.

The team will consider:

- a) Is there concern that harm has occurred or likely to occur
- b) Is immediate protection needed
- c) Is the patient vulnerable (Meets Section 42 criteria)
- d) Alternative responses
 - a. Information and advice
 - b. Referrals to other services
- e) Mental Capacity and issues around consent*.

*Please refer to the Trust Mental Capacity Act Guidance

Where a safeguarding concern arises out of office hours Bed Managers may be called upon to support staff to consider the above.

Additionally the Trust Safeguarding Adults Team has the following responsibilities

- a) Managing safeguarding adult concerns administratively (database)
- b) Subsequent investigations (As per Section 6 Duties)
- c) Training strategy/Needs analysis and delivery on:
 - Safeguarding Adults
 - MCA
 - DOLs

- Therapeutic Restriction awareness
 - Learning Disabilities
- d) Audit
- e) Quarterly/annual reporting
- f) Policy development/monitoring
- g) Day to day Staff support for:
 - Safeguarding Adults
 - MCA
 - DOLs
 - Therapeutic Restrictions awareness
 - Learning Disabilities
 - Prevent Strategy
- h) Learning Disability Liaison – supporting patients with LD to access acute services
- i) MARAC/MAPPA research and meeting attendance/contribution
- j) Risk Management of patients/visitors who may present a risk to themselves and others.
- k) Lead Agency Board Meetings and sub group attendance and contribution
 - CYC
 - NYCC
 - East Riding

Appendix 5c - Disclosure form
Concern Disclosure Form



Safeguarding Adults

Your name	
Your position	
Your work area	
Date of completion	
Who are you concerned about?	
Name	
Date of Birth	
Hospital Number	
Where are they currently	
Date you were told/witnessed/suspected abuse	
Time you were told/witnessed/suspected abuse	
<p>Give as much detail of the incident including names, dates, times, place and body map.</p> <p style="text-align: right;"><i>PTO</i></p>	

Date:

Signature:

(continue on another sheet if required)

Escalation Actions (tick appropriate action)

In office hours

Inform Safeguarding Adults Team

Tick

If out of hours

Leave message for Safeguarding Adults Team

Tick

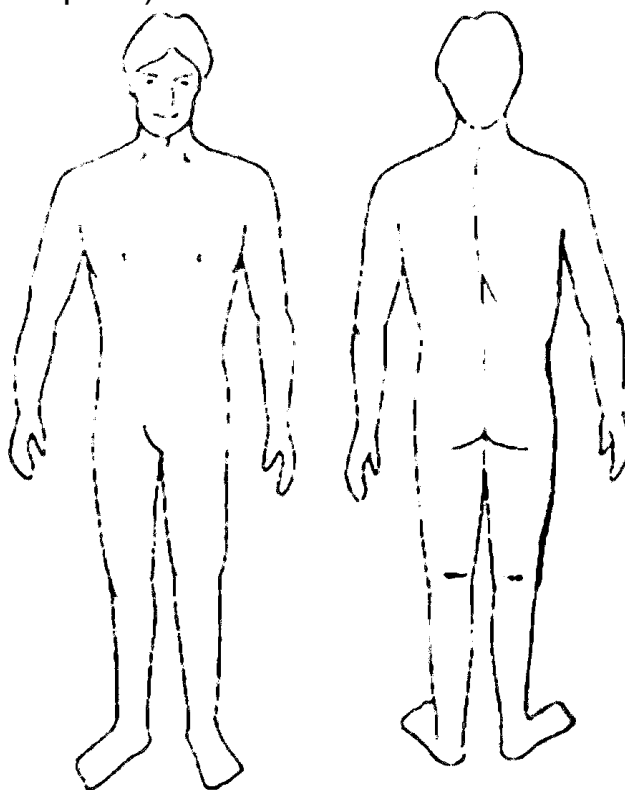
Signature

Appendix 5d - Body Map – To be used in conjunction with raising safeguarding adult concerns.

Please give a detailed description of any cuts, bruising or other injuries

Body Marking / Injuries Observed

(Please indicate by drawing and numbering on Body Map any cuts, bruising or other injuries including the colour of bruises and give a brief description)



Photographs Taken Yes No

If yes by whom _____

Number of Photographs taken _____

Please note: - Photographs will only be released if and when the undersigned gives written permission to release the Medical Records.

Signed:

CONFIDENTIAL: Please retain in Medical and Psychiatric Notes

Appendix 5e - Safeguarding Adults Checklist/ Care Plan

Vulnerable Adult Details				
Name				
Date of Birth				
Hospital Number				
Safeguarding Concern Identified				
Details:				
Initial actions Completed		Date	Time	Sign
Safeguarding Adults Team informed 07795126588 07829085021				
Other people informed	Details:			
Safety Ensured	Discharge Delayed			
	Security Informed			
	Perpetrator removed			
	Police Informed			
Other	Details:			
Body Map				
Photographs (with consent)				
Documentation				
Other	Details:			
Consent to pass on information	Yes <input type="checkbox"/> No <input type="checkbox"/> Unable <input type="checkbox"/>			
Capacity assessment completed				

Risk Identified	Support/ Action required	Date	Sign
Risk Identified	Support /Action required	Date	Sign

Does the person agree to the care plan	Yes <input type="checkbox"/> No <input type="checkbox"/> Unable <input type="checkbox"/>		
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Appendix 6 - CPS List of Crimes 2008

Behaviour	Crime & Legislation
<i>Hitting, slapping, pushing, kicking</i>	Common assault under Section 39 of the Criminal Justice Act 1988
	Actual bodily harm under Section 47 of the Offences Against the Person Act (OAPA) 1861
	Grievous bodily harm/with intent in Sections 20 and 18 of the OAPA 1861
<i>Misuse of medication to manage behaviour</i>	Assault, false imprisonment, application of stupefying over-powering drugs with intent to commit indictable offence under Section 22 of the OAPA 1861
	Poisoning with intent to injure, aggrieve or annoy under Sections 23 and 24 of the OAPA 1861
	Administering medication under Section 58 of the Medicines Act 1968
	Unlawfully, failure to comply with conditions for medication under the Care Standards Act 2000 (now, the Health and Social Care Act 2008)
<i>Inappropriate restraint</i>	Imprisonment, common assault, aggravated or grievous bodily harm under the OAPA 1861
	False, kidnapping, contravention of care standards regulations, choking under Section 21 of the OAPA 1861
<i>Inappropriate sanctions</i>	False imprisonment, assault, ill treatment/wilful neglect under Section 44 of the Mental Capacity Act 2005
	Section 127 of the Mental Health Act 1983
	Breach of care standards regulations
<i>Sexual offences</i>	Sexual Offences Act 2003
<i>Threats of harm or abandonment</i>	Threats to kill under Section 16 of the OAPA 1861
	Blackmail under Section 21 of the Theft Act 1968
	Common assault, ill treatment/wilful neglect under Section 44 of Mental Capacity Act 2005 or Section 127 of the Mental Health Act 1983.
<i>Deprivation of contact, isolation or withdrawal from services or supportive networks</i>	False imprisonment, ill treatment/wilful neglect under Section 44 of the Mental Capacity Act 2005 or Section 127 of the Mental Health Act 1983
	Breach of care standards regulations

<i>Humiliation, intimidation, emotional blackmail, verbal abuse</i>	Being shouted or sworn at; fear of violence under Section 4 of the Public Order Act (POA) 1986
	Intentional harassment or alarm or distress under Section 4A of the POA 1986
	Harassment or alarm or distress under Section 5 of the POA 1986
	Course of conduct amounting to harassment/causing another to fear under Sections 1 and 4 of the Protection from Harassment Act 1997
	Harassment of a person in their home under Section 42A of the Criminal Justice and Police Act 2001
	Blackmail under Section 21 of the Theft Act 1968, common assault
<i>Theft, fraud, exploitation, pressure in connection with wills, powers of attorney, financial transactions, or the misuse or misappropriation of property, benefits or possessions</i>	Theft or robbery under Sections 1 and 8 of the Theft Act 1968
	Blackmail under Section 21 of the Theft Act
	Fraud under the Fraud Act 2006
	Forgery under Section 25 of Identity Cards Act 2006 and Forgery and Counterfeiting Act 1981
<i>Ignoring medical or physical care needs, failure to provide access to appropriate health services, withholding medication, adequate nutrition or heating, unmet physical needs such as bedding or clothing soaked in urine or faeces, decaying teeth, overgrown nails</i>	False imprisonment, wilful neglect or ill treatment of a person lacking mental capacity under Section 44 of the Mental Capacity Act or Section 127 of the Mental Health Act
	Breach of care standards regulations.

<i>Impairment of, or an avoidable deterioration in physical or mental health, the impairment of physical, intellectual, emotional, social or behavioural development</i>	Wilful neglect or ill treatment of a person lacking mental capacity under Section 44 of the Mental Capacity Act or Section 127 of the Mental Health Act
	Breach of care standards regulations
<i>Actions resulting in death</i>	Murder, manslaughter, corporate manslaughter, causing or allowing death of a vulnerable person in a domestic setting under the Domestic Violence, Victims and Crime Act 2004
	Aiding or abetting suicide under Section 2 of the Suicide Act 1961
	Breach of care standards regulations

Appendix 7- Policy Management

1 Consultation, Quality Assurance and Approval Process

Consultation Process

The Trust will involve stakeholders and service users in the development of its policies.

Consultation has taken place with the following stakeholders:

- Chief Nurse
- Safeguarding Adult Governance Group
- City of York, North Yorkshire and East Riding Safeguarding Adults Boards
- Clinical Commissioning Groups

Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:-

- Chief Nurse
- Safeguarding Adult Governance Group
- City of York, North Yorkshire and East Riding Safeguarding Adults Boards
- Clinical Commissioning Groups

The policy has also been proof read and the review checklist completed by the Policy Manager prior to being submitted for approval.

Approval Process

The approval process for this policy complies with that detailed in the Policy Guidance.

2 Review and Revision Arrangements

The Lead Nurse for Safeguarding Adults will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

Subsequent reviews of this policy will continue to require the approval of the Safeguarding Adults Governance Group.

3 Dissemination and Implementation

Register/Library of Policies/Archiving Arrangements/ Retrieval of Archived Policies

Please refer to the Policy Development Guideline for detail

4 Standards/Key Performance Indicators

All standards and key performance indicators are included in the Safeguarding Adults operational plan.

5 Training

Corporate Statutory or Mandatory nature will be outlined in the Statutory/Mandatory Training Brochure. This can be accessed via the link on Staff Room, the Q:\York Hospital Trust\Mandatory Training or the organisation's online learning platform.

These training requirements are used to develop the customised profiles that can be viewed by learners when they access their personal online learning account. It is then the learner's responsibility to undertake this learning with the support of their line manager and the line manager's responsibility to review this at annual KSF appraisal.

The Corporate Statutory and Mandatory Training Identification Policy and Procedure document describes the processes relating to the identification, review, delivery and monitoring of statutory and mandatory training including non-attendance

6 Trust Associated Documentation

Safeguarding Adults Service Specification

Mental Capacity Act Guidance

Deprivation of Liberty Safeguards guidance

Therapeutic Restrictions Guidance

Learning Disability Service Specification

Policy for placing Risk Alerts on Electronic Records (Draft)

Missing Persons Policy

Child Protection Policies

Substance Misuse Policy

Whistle Blowing Policy

Concerns and Complaints Policy

Serious Incident Policy

Security Policy

Discharge against Medical advice

Procedure for Lone Working Policy and Guidance

Exclusion Policy Guidance (under review)

Risk Identification and Management Staff Guidance (under review)

Allegations against Staff Policy and Procedures

Adverse Incident Reporting Policy

7 External References

Sections 42 – 46 Care Act 2015.

Care and Support under Statutory Guidance (DoH 2014)

Relevant Lead Agencies Multi Agency Policy and Procedures

Winterbourne Final Report (DoH 2012)

Mid Staffordshire NHS Foundation Trust Public Enquiry (Francis 2013)

Safeguarding Vulnerable Adults in NHS settings – Assurance Framework (NHS England 2013)

8 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Compliance with both Trust Safeguarding Adults Policy and procedures	1) Audit programmes (Compliance Review and Safeguarding Adult Team Audit Programme)	Safeguarding Adults Team	Quarterly	Lead Nurse for Safeguarding Adults	Area dependent	Safeguarding Adults Team Safeguarding Adults Governance Group Patient Safety Committee
b. Compliance with Multi-agency involvement to Safeguard Adults	1) Internal and External annual reporting a. progress, b. trends, c. activity 2) Self-declaration assurance to external	Safeguarding Adults Operational Lead	Annual Quarterly	Lead Nurse for Safeguarding Adults Safeguarding Adults Operational lead	Lead Nurse for Safeguarding Adults Safeguarding Adults Governance Group	Safeguarding Adults team Lead Nurse for Safeguarding Adults Safeguarding Adults Governance

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
	agencies including commissioners and Local Authority Safeguarding Adults Boards)					Group Patient Safety Committee

Appendix 8 - Dissemination and Implementation Plan

Title of document:	Safeguarding Adults Policy and Procedures
Date finalised:	13/10/2015
Previous document in use?	Version 4 of the above
Dissemination lead	Nicola Cowley
Implementation lead	Nicola Cowley
Which Strategy does it relate to?	Safeguarding Adults Strategy

Dissemination Plan	
Method(s) of dissemination	Electronic
Who will do this	Policy Management
Date of dissemination	
Format (i.e. paper or electronic)	electronic
Implementation Plan	
Name of individual with responsibility for operational implementation, monitoring etc	Nicola Cowley Lead Nurse for Safeguarding Adults
Brief description of evidence to be collated to demonstrate compliance	<ul style="list-style-type: none"> • Annual reports on Safeguarding Adults Activity (internally and externally) • Safeguarding Adults Team Audit Programme