

# CP53

## Safeguarding Adults at Risk

Sections	Page
1.0 Policy Statement	2
2.0 Definitions	2
3.0 Accountabilities	5
4.0 Policy Detail	7
5.0 Financial Risk Assessment	17
6.0 Equality Impact Assessment	17
7.0 Maintenance	17
8.0 Communication and Training	17
9.0. Audit Process	18
10.0 References	18

### **Appendices**

[Appendix 1: Indicators of Abuse](#)

[Appendix 2: Flow chart Adult Disclosure](#)

[Appendix 3: Local Authority Social Care contact details](#)

[Appendix 4: Flowchart for Domestic and Sexual Abuse](#)

[Appendix 5: Section 42 Process](#)

[Appendix 6: Local Authority Designated Officer \(LADO\) Form](#)

[Appendix 7: Safeguarding Adults Review \(SAR\) referral form](#)

[Appendix 8: Safeguarding Escalation Pathway \(to be used Trust wide\)](#)

[Appendix 9: Safeguarding Escalation Pathway \(to be used within Safeguarding Team\)](#)

## 1.0 Policy Statement (Purpose / Objectives of the policy)

Every adult has the right to live their life free from harm and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of their service users. The NHS has a positive obligation to uphold these rights and protect patients who are unable to do so themselves as set out in the NHS Constitution (2015).

As a partner agency, The Royal Wolverhampton NHS Trust (RWT) is committed to the West Midlands Safeguarding Policy and Procedures (2019) in line with this multi-agency policy, the Trust has produced internal guidelines which set out the responsibilities for their staff regarding how they should respond to adult safeguarding concerns.

Every member of staff has a responsibility to prevent abuse and neglect of adults at risk and to act positively to report abuse where it is identified or suspected.

**Safeguarding is Everybody's responsibility.**

The policy applies to all staff employed by or working within the Trust, including volunteers, and will provide information regarding their duties and responsibilities in relation to responding to concerns.

- Provide guidelines to enable staff to recognise and understand how abuse can occur.
- Reduce the risk of abuse happening.
- Ensure consistent and effective response and reporting of adult safeguarding concerns.

This Policy can only be effective if all agencies share timely and relevant information.

The purpose of the Safeguarding Adults at Risk policy is to promote and develop a culture that values and protects the rights of RWT service users to live free from harm abuse or neglect. All aspects of this document regarding potential Conflicts of Interest should refer first to the [OP109 - Conflicts of Interest Policy](#). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

## 2.0 Definitions

<b>Abuse</b>	Is a violation of an individual's human and civil rights by any other person or persons which may result in significant harm. Abuse may consist of a single act or repeated acts.
<b>Adult with Safeguarding Concern</b>	Persons over 18yrs old who have care and support needs and are experiencing, or at risk of experiencing abuse or neglect and as a result of those care and support deficits are unable to protect themselves from abuse or neglect (Care Act 2014).
<b>Care Act (2014)</b>	Is the statutory framework to support vulnerable

	people over the age of 18 years old who have care and/or support needs, are at risk of or are experiencing abuse/neglect and are unable to protect themselves from the risk or the experience of abuse or neglect.
<b>DATIX</b>	This is the Trust Incident Reporting System.
<b>Deprivation of Liberty Safeguards (DoLS) (2009)</b>	Provides safeguards for people who lack mental capacity to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty.
<b>Domestic Homicide Review (DHR)</b>	A DHR is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related, or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.
<b>Electronic Multi Agency Referral Form (eMARF)</b>	An eMARF refers to an electronic multi agency referral form. This is used for both children and adults with care and support needs.  Within Wolverhampton local authority this is the reporting format which replaces the previous form known as an SA1.
<b>Exploitation</b>	An individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person (under the age of 18) or adult and exploits them a) through violence or threat of violence and/or b) for the financial or other advantage of the perpetrator or facilitator and/or c) in exchange for something the victim needs or wants. The victim may have been exploited even if the activity appears consensual. Exploitation does not always involve physical contact; it can also occur using technology. (Wolverhampton Safeguarding together, 2020)
<b>Independent Management Review</b>	Is a tool that can be used at any point in a program life cycle to provide insight into progress and risks. Frequently used as part of the Safeguarding Adults Review (SAR) DHR process.
<b>Local Authority Designated Officer (LADO)</b>	The LADO will be involved in the management and oversight of individual cases for dealing with allegations against people who work with children and adults at risk whether it is paid employment or as a voluntary capacity. The

	LADO will ensure that cases are dealt with as quickly as possible, in a consistent and fair manner.
<b>Multi-Agency Safeguarding Hub (MASH)</b>	Multi-Agency Safeguarding Hub hosted by Local Authority. This is the single point of contact for all professionals to report safeguarding concerns in Wolverhampton.
<b>Mental Capacity Act 2005 (MCA)</b>	The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems.
<b>Organisational Abuse</b>	Is the mistreatment, abuse, or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights (Care and Support Statutory Guidance, 2014).
<b>Over-Riding Public Interest</b>	Is made by balancing or assessing the rights of the individual to privacy, with the rights of others to protection.
<b>Persons In Positions of Trust (PIPOT)</b>	A term used to refer to individuals working in specific roles and settings, where an adult has regular and direct contact with adults with care and support needs.
<b>Safeguarding referral</b>	A Safeguarding referral is a way for professionals to report any concerns identified for both children and adults with care and support needs. Dependent on where the client lives or the alleged abuse/ risk takes place, will alter the way that a safeguarding referral is made. This alters between local authorities and further information can be found within appendix 3.
<b>Wolverhampton Safeguarding Together</b>	The overarching purpose of this is to help and safeguard adults with care and support needs. It does this by assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance, and that safeguarding practice is person-centred, and outcome focused
<b>Safeguarding Adults Review (SAR)</b>	Is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that may have prevented harm or death. The

	purpose of a SAR is not to apportion blame but to inform future practice.
<b>Think Family</b>	Securing better outcomes for adults, children, and families by coordinating the support and delivery of services from all organisations. Neither adults nor children exist in isolation and Think Family aims to promote the importance of a whole-family approach.
<b>Wilful Neglect</b>	It is an offence for an individual who cares for another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual. (DoH 2014)
<b>Whistleblowing</b>	Whistleblowing is the process whereby an employee raises a concern about malpractice, wrongdoing, risk, or illegal proceedings, which harms or creates a risk of harm to the people who use the service, employees, or the wider community, i.e., patients or service users, members of the public or their employer. This refers to when a worker has witnessed wrongdoing.
<b>Intercollegiate Document</b>	RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff. This document is concerned with the competencies required to support adult safeguarding. It focuses on the knowledge, skills, and training needed to undertake this core professional role.

### 3.0 Accountabilities

All staff working in the Trust must always act in the ‘best interests’ of the patient and have a role in preventing harm or abuse. They must ensure that they refer to this policy and take positive action where concerns arise.

**Chief Nursing Officer** is responsible for:

- Coordinating the management of safeguarding and is the nominated Director/Executive Lead.
- Ensures that the board receives sufficient assurance on the effectiveness of the service.

**Named Doctor for Adult Safeguarding** is responsible for:

- Providing expert medical review of cases as required.

**Head of Safeguarding** is responsible for:

- The overall management of the Safeguarding Service and providing expert leadership on all aspects of the safeguarding agenda.

- Ensuring that the Trust has robust systems and processes in place for the protection and on-going support of adults.
- Providing and monitoring compliance, ensuring risks to safeguarding functions and exceptions are appropriately raised in the relevant forum and to the Board where appropriate.
- Being the Deputy Chair for the Trust Safeguarding Group.
- Providing reports quarterly to the Quality and Safety Advisory Group (QSAG).
- Escalating cases of concern within the Trust, the police and social care where necessary.

**Safeguarding Adult Team Leader** is responsible for:

- The overall management of the Adult Safeguarding Service and providing expert leadership on all aspects of the safeguarding agenda.
- Supporting the Head of Safeguarding to ensure the Trust has a robust system and process in place for the protection and on-going support of adults.
- Being the Trust Prevent Lead, ensuring monitoring and compliance with training and referrals.
- Leading on Domestic Homicide Reviews and Safeguarding Adult Reviews.
- Ensuring Trust policies are up to date and are aligned with National, Regional and Local policies and procedures.
- Ensuring monthly reports are submitted on Adults Safeguarding Activity as required.

**Named Nurse for Safeguarding Adults** is responsible for:

- Acting as the immediate point of contact with the Local Authority to co-ordinate any investigations and referrals relating to any patients and those receiving community services at RWT as required.
- Reviewing all safeguarding referrals made by RWT and assuring that they adhere to Trust policy and procedures.
- Providing expert nursing advice and review of cases as required.
- Supporting professionals in the delivery of effective safeguarding practice by providing expert knowledge.
- Supporting the Adult Safeguarding Lead to undertake Domestic Homicide Reviews and Safeguarding Adult Reviews.
- Supporting the Adults Safeguarding Lead to ensure Trust policies are up to date and are align with National, Regional and Local policies and procedures.

**Safeguarding Adults Nurses** are responsible for:

- Working with the Named Nurse for Safeguarding Adults on cases of concern.
- The assessment of training needs, facilitation and evaluation of training and

education programs.

- Providing training to support adult safeguarding and providing specialist advice to staff.
- Escalating cases of concern within the Trust to the Named Nurse for Safeguarding Adults and/or Lead for Safeguarding Adults.
- Facilitating referrals from the Trust and Local Authorities.
- Providing an advisory service to empower RWT staff to make decisions to safeguard the patients and staff.

**All RWT Managers** are responsible for:

- Ensuring that staff are aware of the Trust Safeguarding Adults at Risk Policy.
- Ensuring that relevant staff complete Safeguarding Adults mandatory training.
- Supporting staff in raising a safeguarding concern
- Departmental Managers and Senior Sisters/Charge Nurses will undertake initial investigations where allegations are made against the Trust.
- Ensuring that concerns about individual cases are escalated to the Safeguarding Team

**All RWT Trust Staff** are responsible for:

- Ensuring that they are aware of the relevant policies and procedures and undertake mandatory training when required.
- Escalating concerns and making referrals to the Multi-Agency Safeguarding Hub (MASH) using the appropriate refer Forms.
- Reporting any safeguarding incidents on Datix where it is alleged that the incidents have been caused by RWT employees or volunteers and following the HR Process.
- Responding sensitively to a disclosure of abuse and acting in a professional manner and taking appropriate action.
- Supporting with information gathering in cases of Safeguarding Adult Reviews and Domestic Homicide Reviews and undertaking Independent Management Reviews.

**Trust Safeguarding Group** is responsible for:

- Acting on behalf of the Trust Board of Directors to ensure that vulnerable adults with care and support needs are protected from harm.
- Identifying concerns to escalate to the Trust Executive Lead for Safeguarding.
- Reviewing and monitoring safeguarding training compliance.
- Reviewing, monitoring, and ensuring actions are concluded following Safeguarding Adult Reviews.
- Ensuring that any actions for the Directorate arising from the meeting are Communicated effectively to the Directorate management teams.

## 4.0 Policy Detail

### 4.1 Identifying Adults at Risk

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 years of age or over, who:



- Has needs for care and support (whether 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.
- Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent.

#### 4.1.1 An adult at risk may be a person who:

- Is an older person who is frail due to ill health, physical disability, or cognitive impairment.
- Has a learning disability.
- Has a physical disability and/or a sensory impairment.
- Has a long-term illness/condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.
- Lacks mental capacity to make decisions and has care and support needs.
- An adult who presents to be neglected.
- Someone with mental health needs, including dementia or a personality disorder.  
(Social Care Institute for Excellence (SCIE) 2018).

#### 4.2 Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is a national approach to promote responses to safeguarding situations in a way that enhances involvement, choice, and control as well as improving quality of life, wellbeing, and safety. This can be achieved by ensuring their beliefs and values are sought at the earliest opportunity. This will help adults at risk to have more control over the safeguarding process. Making Safeguarding personal emphasises the importance of person-centred approach, adopting the principle 'no decision without me' (Care Act 2014).

When addressing the needs of adults who are at risk it is important to have a conversation with the adult about the concerns/incident and any potential safeguarding referrals to discuss with them what they need or would like to happen next. This should be reflected clearly in both patients notes and in any referrals that are made.

It is important to remember that an individual that has capacity should be supported to report any concerns for themselves however as a practitioner if it within public interest due to the severity of injury or risk to client, or other referrals can be made without consent.

Please ensure that documentation with rational supports any decisions that have been or not taken to safeguard a client. If advice or support is required contact the adult safeguarding team. Outside of the safeguarding team working hours it may be appropriate to contact MASH who can advise on hypothetical situations. (Please see [Appendix 3](#) for MASH and safeguarding team contact details.)



### 4.3 Think Family Approach to Safeguarding

RWT staff have a responsibility to take a 'Think Family' approach to safeguarding enquiries.

'Think Family' is an approach that requires all agencies to consider the needs of the whole family which extends beyond the individual they are supporting considering the welfare and needs of others who may be living in the household such as children or vulnerable adults who may also be at risk of abuse, harm, or neglect. (Wolverhampton Safeguarding Together 2020).

This policy should be read in conjunction with the [Safeguarding Childrens Policy CP41](#).

The RWT NHS Trust Safeguarding Team comprises of the Adult safeguarding team, Children's Safeguarding team, Safeguarding midwifery team and Learning disability team. By contacting a member of the safeguarding team, they can ensure that the safest practice is followed by accessing the appropriate team to manage your concerns (Please see [appendix 3](#) for contact details).

### 4.4 Key principles of adult safeguarding

- **Empowerment:** presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process in line with making safeguarding personal.
- **Protection:** ensuring that people are safe and that they have support and representation as necessary during the process.
- **Prevention:** minimising the likelihood of repeated abuse and recognising the person's contribution to this in safeguarding plans.
- **Proportionality:** the ways in which the safeguarding procedure is used are proportionate, as unobtrusive as possible and appropriate to the risk presented.
- **Partnership:** people can be satisfied that agencies are working constructively with them to make them safe.
- **Accountability:** the way in which the safeguarding process is conducted must be transparent and consistent; it must be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g. the courts) (Care Act 2014).

### 4.5 Categories of Abuse

It is essential that RWT staff are aware of the 10 types of abuse (Care Act 2014): physical abuse, sexual abuse, psychological abuse, financial abuse, neglect and acts of omission, discriminatory abuse, organisational abuse, domestic abuse, self-neglect and modern slavery (see [appendix 1](#)).

Suspected abuse or mistreatment of an adult at risk may come to the attention of staff in several ways:

- Abuse or mistreatment is disclosed by the service user or a third party.
- There is evidence to suggest that abuse / neglect is taking place.
- Abuse / neglect that is directly observed by a member of staff.

## 4.6 Abuse Related Issues

### 4.6.1 Domestic Abuse

Domestic abuse also referred to as domestic violence or intimate partner violence is an incident or a pattern of behaviour that is used by someone to control or obtain power over their partner or ex-partner. It is never the fault of the person who is experiencing it, and it is a crime.

Domestic abuse can involve:

- Emotional abuse, including gaslighting.
- Coercive control
- Physical abuse
- Technology abuse
- Economic abuse
- Sexual abuse

If Domestic Abuse is disclosed or suspected follow [appendix 4](#) Domestic Abuse Support Flowchart from the Trust [OP108 Domestic Abuse Policy](#) and contact the safeguarding team for advice and support on telephone number 01902695163 or email: [rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net).

Staff as well as patients can be at risk of Domestic Abuse. If this is disclosed or suspected follow the Trust [OP107 Safeguarding Staff Experiencing Domestic Abuse Policy](#).

### 4.6.2 Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls. It should be dealt with as part of existing child and adult protection structures, policies, and procedures. A mandatory reporting duty for FGM was introduced via the Serious Crime Act (2015). Any disclosure or concern disclosed to staff regarding a female at immediate risk of, or who has undergone FGM should result in a safeguarding referral. See:

[CP67 Identification and management of Female Genital Mutilation Policy \(FGM\)](#) .

### 4.6.3 Forced Marriage

Is a term used to describe a marriage in which one or both of the parties are 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.

### 4.6.4 Honour-Based Violence (HBV)

Is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives, and females who do not abide by the 'rules' are then punished for bringing "shame" on the family. This is inclusive of same sex relationships. Women are predominantly the victims, and the violence is often committed with a degree of collusion from family members and/or the community.

#### 4.6.5 Human Trafficking

Human Trafficking involves an act of recruiting, transporting, transferring, harbouring and/or receiving a person using force and coercion for the purpose of exploiting them.

#### 4.6.6 Modern Day Slavery

Modern Slavery encompasses slavery, human trafficking, forced and compulsory 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.

#### 4.7 Adult Safeguarding Concern – Responding & Reporting

Responding effectively requires a non-judgmental and supportive attitude, knowledge of the effects of abuse, and an understanding of appropriate responses and local services/agencies are important. Not all victims of abuse will disclose information, however staff may suspect that abuse is happening based on potential indicators. For information detailing indicators of abuse see ([appendix 1](#)) which includes disclosure of the above definitions.

On identification of any safeguarding concerns contact the safeguarding team for advice on telephone number 01902 695163 between the hours of 9.00-16.30 Monday to Friday. If the incident takes place outside of these hours, please refer to the actions detailed within policy and access the toolkits on the trust intranet. In the safeguarding team's absence or out of hours please contact the appropriate Local Authority (see [appendix 3](#)).

**Consider immediate risks e.g. whether the victim is in immediate danger of serious injury or death, if there is concern for someone's immediate safety emergency services (e.g. police or ambulance service) should be contacted on 999.**

When a member of staff is first alerted to a concern that indicates an adult with care and support needs are experiencing or at risk of abuse, follow the flowchart in [appendix 2](#) and complete an adult safeguarding referral if it is identified to do so by the flowchart. Adult Safeguarding referrals should be completed and submitted on the same day that you become aware of the safeguarding concern and must be sent to the local Authority in which the safeguarding concerns were raised (Please see [appendix 3](#)).

If the abuse occurred in Wolverhampton, and the adult victim is identified as having care and support needs, RWT staff must complete an adult safeguarding referral. The completed adult safeguarding referral should be securely emailed to the appropriate Local Authority and the Safeguarding Adult's Team inbox: [rwh-tr.safeguardingteam@nhs.net](mailto:rwh-tr.safeguardingteam@nhs.net).

Wolverhampton Local Authority require safeguarding referrals to be completed electronically via an electronic Multi Agency referral form (eMARF).

Once referral has submitted you will be able to save PDF version of your submitted form. A copy of this PDF should be stored in the patient's records and emailed to the RWT Safeguarding Team inbox [rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net).

eMARF referral can be accessed here: [eMARF](#). Wolverhampton MASH can be contacted on 01902 551199 during office hours and 01902 552999 out of office hours for any safeguarding concerns or enquiries.

For concerns related to children and young people see [CP41 Safeguarding Children Policy](#) for further guidance or contact the children's safeguarding team (See [Appendix 3](#) for contact details)

#### 4.8 Safeguarding Alerts against the Trust

Occasionally third parties such as nursing homes, other hospitals, or RWT itself may raise concerns of abuse or neglect perpetrated at the Trust. It's important that all staff dealing with a safeguarding concern are open and transparent and carry out enquiries accordingly.

When the concern meets the criteria for a Section 42 Enquiry this will follow a process detailed in ([appendix 5](#)). A DATIX incident form is required once a safeguarding concern has been raised against the trust.

Those safeguards against the Trust that do not meet the criteria for Section 42 Enquiry will be investigated and managed by the Patient Advice and Liaison Service (PALS) and health records department within RWT services therefore it is advised that you contact Pals/complaints department has first point of contact if a section 42 has not been met against RWT. Please see [SOP22 Safeguarding Team Process for Managing Section 42 Enquires](#) for further guidance.

#### 4.9 Dispute from the outcome of Section 42 Enquiries

If the injured party, i.e. abuse victim, or their family members do not agree with the outcome of safeguarding alerts against the Trust they have the right to escalate their concerns via PALS.

#### 4.10 Person in Position of Trust (PIPOT)

All allegations of abuse, neglect, or maltreatment of adults with care and support needs by a person in a position of trust must be taken seriously and reported using the referral form in ([appendix 6](#)) this is in line with the [West Midlands Adult Position of Trust Framework](#).

If an allegation is against a member of staff at RWT then the HR process needs to be followed as detailed in the [HR10 Dealing with a Disclosure Against Staff Indicating Unsuitability To Work With Children or Adults With Needs of Care And Support Policy](#).

#### 4.11 Consent

If there is an over-riding public interest, or if gaining consent would put the adult at further risk, the concern can be reported without consent. This includes situations where:

- There is a risk or harm to the wellbeing and safety of the adults or others,
- Other adults or children could be at risk from the person causing harm,
- It is necessary to prevent crime or if a crime may have been committed,

Refer to [CP06 Consent to Treatment and Investigation Policy](#).

#### 4.12 Mental Capacity

The Mental Capacity Act (2005) is designed to protect and empower people aged 16 years

and over who may lack the mental capacity to make decisions about their own care, treatment and/or discharge plans. It details the circumstances where a decision should be made in the best interests of someone who has been assessed as lacking the mental capacity to make the decision themselves, and how best interest decisions should be made. Read in conjunction with policy [CP19 Mental Capacity Act \(2005\) Policy](#).

#### 4.13 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an addendum to the Mental Capacity Act that came into force in 2009. It ensures that any Best Interests decision that deprives someone of their article 5 right to liberty (European Convention of Human Rights) is made according to defined processes and in consultation with specific authorities. It applies where a person needs to be accommodated in a hospital or a care home to receive care or treatment for which they cannot consent. The DoLS were introduced to protect an individual's rights under such circumstances and ensure that any care or treatment that they receive, including where this involves the use of restraint or restrictions, is proportionate to the risk of harm they would otherwise, be at and in their best interests.

When concerned that a Deprivation of Liberty may be occurring the "acid test" should be considered:

- Does the patient lack mental capacity for care and/or treatment?
- Is the patient suffering from a mental disorder?
- Is the patient subject to continuous supervision and control?
- Would the patient be free to leave (whether they are objecting or not)?

This is detailed in the Trust CP02 Deprivation of Liberty Safeguards (DoLS) Policy [Deprivation of liberty CP02](#).

#### 4.14 Prevent

Prevent is part of the Government counter-terrorism CONTEST strategy. It aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. Where there are concerns that the behaviour or views of an individual indicate that they are vulnerable or susceptible to radicalization, follow the [OP110 Prevent Policy](#).

The safeguarding team are available for advice and support in completing the referral process. If the referral has been completed and requires escalation, the Safeguarding Team are available to support you via the Trust Prevent Lead. (See [Appendix 3](#) for safeguarding team contact details). In the team's absence if you believe that there is a serious risk identified regarding terrorism, please call 999.

#### 4.15 Safeguarding Adult Review (SAR)

When an adult with care and support needs dies or is seriously injured, and abuse or neglect is known or suspected to be a factor in the death, local organisations will consider immediately whether there are other adults in the same situation who are at risk of harm and need to be safeguarded. Once this has been done, Wolverhampton Safeguarding Together will gather initial evidence to see if it is likely that lessons could be learned from how the organisations, services, and professionals supported the adult who was seriously injured/died. If there is sufficient evidence, a Safeguarding Adult Review (SAR) will be commissioned by Wolverhampton Safeguarding Together to:

- Establish whether there are lessons to be learned from the case regarding how professionals and agencies work together to safeguard and promote the welfare of adults with care and support needs,
- Identify clearly what those lessons are, how they will be actioned, and what is expected to change as a result,
- Improve inter-agency working to better safeguard and promote the welfare of adults with care and support needs in the future.

Contact the RWT safeguarding team for further guidance on Safeguarding Adult Reviews. If there is reason to believe that a case meets the criteria for a SAR a SAR referral form must be completed (See [appendix 7](#)).

#### 4.16 Domestic Homicide Reviews (DHR)

This is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship or a member of the same household as themselves. DHR'S are a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria. The purpose of the DHR is to make recommendations to help multi-agencies and professionals to work better together and to identify and implement changes within policies and procedures to promote the welfare and wellbeing of victims experiencing domestic abuse.

#### 4.17 Did Not Attend (DNA)

Where a patient fails to attend or are not brought to their outpatient appointment they must be recorded as a DNA on Patient Access System (PAS). If the patient is on a Referral to Treatment (RTT) pathway, their RTT clock should be reset to reflect that by not attending the appointment the patient has nullified the referral pathway. However, this should not be done if the nullification of the referral pathway would not be in the patient's best interests and/or has the potential to cause harm.

Considerations should be given to patients who may have additional vulnerabilities. This includes homeless patients, patients with complex needs (learning disabilities, multiple health care needs), those patients who cannot read, and those who rely on others to bring them to their appointments or make appointments for them.

All Did not attend (DNA's) should be regarded as a potentially serious matter and the lead responsible clinician should consider an assessment of any potential risk of harm. This is detailed further in the Trust [OP39 Patients Access Policy](#).

For advice or support regarding concerns that patients are not attending appointments, contact the adult safeguarding team (See [Appendix 3](#)).

#### 4.18 Homelessness

##### **Partnership Working and Duty to Refer**

Everyone has a role to play in preventing homelessness and the Homeless Reduction Act 2017 provides an opportunity for RWT staff to work more closely with partners to provide a joined-up approach to homelessness prevention. As a stakeholder, it essential for RWT



staff to understand the importance of their role in identifying people at risk of homelessness at an early stage, referring them to Wolverhampton Homes' Homeless Services Team.

### What is the Duty to Refer?

From the 1 October 2018, under the Homeless Reduction Act, public bodies have had a duty to refer households who may be homeless or at risk of homelessness within the next 56 days, where the individual has given consent for them to do so.

Wolverhampton Homes' Homeless Services Team will work closely with the named public bodies to implement the Duty to Refer. As a stakeholder within Wolverhampton, it is important that client's accessing care from RWT are referred to appropriate services if they disclose being homeless.

Referrals can be completed for clients within the Wolverhampton area by using the following link: [Duty to refer](#). Or contact P3 Housing charity for support 01902 490050.

The safeguarding team are also available to provide advice and support regarding safeguarding concerns about homelessness (See [Appendix 3](#)).

## 4.19 Adult Safeguarding Supervision

Supervision is a term that is used to describe a formal and agreed process of professional support and learning which enables staff to develop their capacity to use their experiences to review practice, receive feedback on their performance, build emotional resilience and think reflectively about the effectiveness of the professional relationships they have formed with patients and their families.

Adult safeguarding can be a rare occurrence for some staff, although some staff will work regularly manage complex safeguarding cases. Working with people at risk of harm, abuse and neglect can be emotionally draining therefore it is important that RWT staff are provided with access to appropriate advice and support.

Adult safeguarding supervision is available to all RWT staff and can be:

- 1:1 Supervision
- Group Supervision.
- The Adult safeguarding team can be contacted if adult Safeguarding supervision is required (See [Appendix 3](#) for contact details).

The Care Act 2014 Support and Guidance advises that regular face-to-face supervision and reflective practice is key when supporting staff to work confidently and competently when identifying and dealing with safeguarding situations. Safeguarding supervision is a mechanism to facilitate this support. To be read in conjunction with: [OP05 Adult Safeguarding Supervision Policy](#) .

## 4.20 Missing persons

Patients under the care of RWT may attempt to leave the ward/ department responsible for their care, either through conscious decision or due to impaired mental capacity. It is the responsibility of the Trust to minimise the risk of patients leaving the ward/department.



Where community staff are unable to gain entry at a planned home visit, staff must take action to establish that the patient is safe.

RWT staff have a responsibility to maintain safety for patients who are at risk of absconding. Identify patients at risk of absconding early by completing risk assessments. If a patient does leave RWT premises it is the duty of RWT staff to follow the [OP53 Missing Patients Policy](#), to manage the situation and the patients safety accordingly.

If support is required when supporting individuals who are homeless, please contact the safeguarding team (See [Appendix 3](#)).

Out of these hours please contact RWT On call manger and refer to the [OP53 Missing Patients Policy](#) for guidance.

#### 4.21 Record Keeping

Good record keeping is essential component of professional practice. To be able to protect vulnerable adults at risk it is essential that RWT staff keep robust, clear, and accurate records to ensure the safety and wellbeing of vulnerable adults at risk of abuse, harm, or neglect. If records are inaccurate or incomplete, future decisions may be fatally flawed. When identifying or logging a safeguarding concern evidence of this must be documented immediately and appropriately in the service user's healthcare records. Read in conjunction with [OP07 Health Records Policy](#).

#### 4.22 Information sharing

Sharing the right information, at the right time, with the right people, is fundamental to good practice in adult safeguarding. Information sharing between services and organisations is considered a vital component in safeguarding adults. Sharing information facilitates professionals to fully understand and assess risks exposed and make informed decisions about interventions required to protect adults at risk of abuse. It is important that information is only shared with other services and organisations on a need-to-know basis and in the adult's best interest. It is always good practice to obtain informed consent from the person who you are sharing information about first. There may be situations where consent is withheld, or the adult is unable to give informed consent. At times it may also be in the best interest of the individual to share information such as if someone else may be at risk. Instances such as a child or vulnerable adult is at risk. Information can also be shared without consent if a crime has taken place or to prevent serious harm to an individual. Read in conjunction with policy [OP85 Information Sharing Policy](#) .

## 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	NA

## 6.0 Equality Impact Assessment

The trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. An Equality Impact Assessment Screening has been undertaken and there are no adverse or positive impacts.

## 7.0 Maintenance

The Head of Safeguarding and Safeguarding team will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance, and local arrangements for safeguarding. It will be reviewed in line with Trust Policy OP01 every 3 years or following any legislative changes.

## 8.0 Communication and Training

Safeguarding Adults training is part of the Trust's Mandatory Training Plan. Read in conjunction with OP41 Induction and Mandatory Training Policy. [OP41 Induction and Mandatory Training Policy](#).

This training is based on a training needs analysis which outlines the levels of training available to staff and stipulates which staff are to complete each level of training dependent upon their role within the Trust. All staff are required to complete safeguarding training as part of their Trust Induction Programme and attend any further safeguarding training in relation to their role.

The safeguarding training needs analysis utilises the Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (Royal College of Nursing, 2018). Senior Sisters and Line Managers are responsible for ensuring that their staff receive appropriate Adult Safeguarding Training. The Trust training databases will provide training compliance reports:

- New staff members will be made aware of the policy during the corporate induction

to the Trust and local induction process.

- Awareness of the policy will be raised by discussion at staff forums, Trust governance forums, E-bulletins, and Safeguarding Service intranet page and via the Champions programme. This should also be highlighted.
- The policy is located on the Trust intranet under Policies and Procedures.
- Staff can access this policy and general information on the Trust Safeguarding Adults Intranet page.

The document will be included in The Royal Wolverhampton NHS Trust publication scheme in compliance with the Freedom of Information Act 2000.

### 9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance Mandatory Training	Safeguarding Adults Team	Training Database reported to Trust Safeguarding Group (TSG) and Corporate Education Steering Group (CESG) monthly.	Monthly	TSG / CESG
Compliance of policy	Trust Safeguarding Group	Monthly data reports presented to TSG.  Monitor Section 42 notifications  Monitor Safeguarding Datix's daily.  Monthly report into Integrated Care Board (ICB).	Monthly	TSG

### 10.0 References

- Equality Act 2010.
- Department of Health (2014) New offences of ill-treatment or wilful neglect.
- Freedom of information Act 2000.
- Home Office Domestic Abuse Act 2021.
- Homeless Reduction Act 2017.
- Human Rights Act (1998).
- Mental Capacity Act (2005).

- Multi-Agency policy & procedures (2019) for the protection of adults with care & support needs in the West Midlands.
- NHS constitution (2015) The NHS belongs to us all.
- Royal College of Nursing Adult Safeguarding Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018, updated 2022.
- Serious Crimes Act 2015.
- Social Care Institute for excellence (2018) Adult Safeguarding Practice questions.
- Statutory Guidance to the Care Act 2014 (Chapter 14) Safeguarding Adults.
- Wolverhampton Safeguarding together 2020.

**Part A - Document Control**

<b>Policy number and Policy version:</b>  <b>CP53</b> <b>Version: 6.0</b>	<b>Policy Title</b>  <b>Safeguarding Adults at Risk</b>	<b>Status:</b>  Final		<b>Author: Named Nurse Adult Safeguarding</b>  <b>Chief Officer Sponsor: Chief Nursing Officer</b>
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	November 2009	Named Nurse for Safeguarding Adults	Initial Document
	2	September 2011	Named Nurse for Safeguarding Adults	Scheduled Update
	3	April 2015	Head of Safeguarding	Update due to National and Regional Changes The Care Act 2014
	4	April 2018	Safeguarding Adults Nurse	Scheduled Update
	4.1.	November 2019	Named Nurse for Safeguarding Adults	Update to include Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)
	5.	July 2021	Named Nurse for Safeguarding Adults	Scheduled update
	5.1	September 2021	Named Nurse for Safeguarding Adults	Update to Appendix 3, Adult Safeguarding Concern & Notification Referral Form – SA1

5.2	October 2021	Named Nurse for Safeguarding Adults	Updates to Appendix 3, Adult Safeguarding Concern & Notification Referral Form – SA1 and Appendix 6, LADO Form
5.3	July 2023	Named Nurse for Safeguarding Adults	Inclusion of Appendices 8 and 9
6.0	June 2024	Named Nurse for Safeguarding Adults	3 yearly policy review.

Intended Recipients: Intended Recipients: Trust Wide: This policy applies to all employees who are directly employed by RWT and for whom RWT have a legal responsibility. This includes clinical and non-clinical employees, students, and temporary workers, who have contact with children, adult service users, carer's, families, and local communities.

<b>Consultation Group / Role Titles and Date:</b> Trust Safeguarding Group (TSG)	
<b>Name and date of Trust level group where reviewed</b>	<b>Sent to TSG on 20/05/2024 for comments and review.</b>  <b>Trust Policy Group – July 2024</b>
<b>Name and date of final approval committee</b>	Trust Management Committee – July 2024
<b>Date of Policy issue</b>	July 2024
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	July 2027 every 3 years
<b>Training and Dissemination:</b> Delivered as mandatory training- every three years in addition to bespoke face to face training and e-learning package.	
<b>To be read in conjunction with:</b> <u>CP02 Deprivation of Liberty Safeguards (DoLS) Policy</u> <u>CP06 Consent to Treatment and Investigation Policy</u> <u>CP19 Mental Capacity Act (2005) Policy</u> <u>CP41 Safeguarding Children</u> <u>CP67 Identification and Management of Female Genital Mutilation Policy (FGM)</u> <u>HR10 Managing Allegations of Behaviour Indicating Unsuitability to Work with Children and Adults with Needs for Care and Support</u> <u>OP05 Adult Safeguarding Supervision Policy</u> <u>OP07 Health Records Policy</u> <u>OP39 Patient Access Policy</u> <u>OP41 Induction and Mandatory Training Policy</u> <u>OP53 Missing Patients Policy</u>	

<p><u>OP85 Information Sharing Policy</u>  <u>OP107 Safeguarding Employees Experiencing Domestic Abuse</u>  <u>OP108 Domestic Abuse Policy</u>  <u>OP109 - Conflicts of Interest Policy</u>  <u>OP110 - PREVENT Policy</u>  <u>SOP22 Safeguarding Team Process for Managing Section 42 Enquires.</u>  Home Office Domestic Abuse Act 2021.  Homeless Reduction Act 2017.  Human Rights Act (1998).  Mental Capacity Act (2005).  <u>Royal College of Nursing Adult Safeguarding Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff First Published August 2018, updated 2022.</u>  Statutory Guidance to the Care Act 2014 (Chapter 14) Safeguarding Adults.  <u>West Midlands Adult Safeguarding Policy and Procedures.</u></p>	
<p><b>Initial Equality Impact Assessment (all policies):</b> Completed Yes  <b>Impact assessment (as required):</b> NA</p>	
<p><b>Monitoring arrangements and Committee</b></p>	<p>Training compliance monitored via Corporate Education Steering Group (CESG) and Trust Safeguarding Group (TSG). Annual trust audit of Mental Capacity Act (2005) compliance reported via Trust Safeguarding Group, Divisional Leads and Corporate Governance meetings.</p>
<p><b>Document summary/key issues covered.</b> This policy demonstrates that Safeguarding is everyone's responsibility and that everyone has a right to live free from harm, abuse, or neglect. This policy provides updated and current guidance to support safe and effective practice for RWT employees when Safeguarding, concerns are raised and identified.</p>	
<p><b>Key words for intranet searching purposes</b></p>	<p>Safeguarding Adults, eMARF Abuse, Harm Neglect, Safeguarding referrals, Domestic abuse, Making Safeguarding Personal, Think family.</p>
<p><b>High Risk Policy?</b>  <b>Definition:</b></p> <ul style="list-style-type: none"> <li>Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>References to individually identifiable cases.</li> <li>References to commercially sensitive or confidential systems.</li> </ul> <p>If a policy is considered to be high risk, it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.</p>	<p>No</p>



## Appendix 1

### Indicators of Abuse

Signs of abuse can often be difficult to detect. This at a glance briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may be subject to a number of abuse types at the same time.

#### **Physical Abuse**

<b>Types of Physical Abuse</b>
Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
Rough handling
Scalding and burning
Physical punishments
Inappropriate or unlawful use of restraint
Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
Involuntary isolation or confinement
Misuse of medication (e.g. over-sedation)
Forcible feeding or withholding food
Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

<b>Possible Indicators of Physical Abuse</b>
No explanation for injuries or inconsistency with the account of what happened
Injuries are inconsistent with the person's lifestyle
Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
Frequent injuries
Unexplained falls
Subdued or changed behaviour in the presence of a particular person
Signs of malnutrition
Failure to seek medical treatment or frequent changes of GP
Flinching

#### **Sexual Abuse**

<b>Types of sexual abuse</b>
Rape, attempted rape or sexual assault
Inappropriate touch anywhere
Non- consensual masturbation of either or both persons
Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
Any sexual activity that the person lacks the capacity to consent to
Inappropriate looking, sexual teasing or innuendo or sexual harassment
Sexual photography or forced use of pornography or witnessing of sexual acts

Possible indicators of sexual abuse
Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
Torn, stained or bloody underclothing
Bleeding, pain or itching in the genital area
Unusual difficulty in walking or sitting
Foreign bodies in genital or rectal openings
Infections, unexplained genital discharge, or sexually transmitted diseases
Pregnancy in a woman who is unable to consent to sexual intercourse
Self-harming
Poor concentration, withdrawal, sleep disturbance
Excessive fear/apprehension of, or withdrawal from, relationships
Fear of receiving help with personal care
Reluctance to be alone with a particular person

### Domestic Violence or Abuse

Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over (Home Office 2013) that are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Types of domestic violence or abuse
Psychological
Physical
Sexual
Financial
Emotional/Psychological
Coercive or Controlling Behaviour
Modern Slavery
Discriminatory
Organisational

Possible indicators of domestic violence or abuse
Low self-esteem
Feeling that the abuse is their fault when it is not
Physical evidence of violence such as bruising, cuts, broken bones
Verbal abuse and humiliation in front of others
Fear of outside intervention
Damage to home or property
Isolation – not seeing friends and family
Gastrointestinal Symptoms
Depression
Suicidal thoughts
Sleep difficulties
Chronic Pain
Post Traumatic Stress Disorder

<b>Coercive behaviour can include</b>
Acts of assault, threats, humiliation, and intimidation
Harming, punishing, or frightening the person
Isolating the person from sources of support
Exploitation of resources or money
Preventing the person from escaping abuse
Regulating everyday behaviour.

### Psychological or Emotional Abuse

<b>Types of Psychological or Emotional Abuse</b>
Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
Preventing someone from meeting their religious and cultural needs
Preventing the expression of choice and opinion
Failure to respect privacy
Preventing stimulation, meaningful occupation, or activities
Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
Addressing a person in a patronising or infantilising way
Threats of harm or abandonment
Cyber bullying
Stalking

<b>Possible indicators of psychological or emotional abuse</b>
An air of silence when a particular person is present
Withdrawal or change in the psychological state of the person
Insomnia
Low self-esteem
Uncooperative and aggressive behaviour
A change of appetite, weight loss/gain
Signs of distress: tearfulness, anger
Apparent false claims, by someone involved with the person, to attract unnecessary treatment
An air of silence when a particular person is present
Withdrawal or change in the psychological state of the person

### Financial or Material Abuse

<b>Types of financial or material abuse</b>
Theft of money or possessions
Fraud, scamming
Preventing a person from accessing their own money, benefits or assets
Employees taking a loan from a person using the service
Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
Arranging less care than is needed to save money to maximise inheritance
Denying assistance to manage/monitor financial affairs
Denying assistance to access benefits

Misuse of personal allowance in a care home
Misuse of benefits or direct payments in a family home
Someone moving into a person's home and living rent free without agreement or under duress
False representation, using another person's bank account, cards, or documents
Exploitation of a person's money or assets, e.g. unauthorised use of a car
Misuse of a power of attorney, deputy, or other legal authority
Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship
<b>Possible indicators of financial or material abuse</b>
Missing personal possessions
Unexplained lack of money or inability to maintain lifestyle
Unexplained withdrawal of funds from accounts
Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
The person allocated to manage financial affairs is evasive or uncooperative
The family or others show unusual interest in the assets of the person
Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney, or LPA
Recent changes in deeds or title to property
Rent arrears and eviction notices
A lack of clear financial accounts held by a care home or service
Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
Unnecessary property repairs
Unexplained lack of money or inability to maintain lifestyle

## Modern Slavery

<b>Types of modern slavery</b>
Human trafficking
Forced labour
Domestic servitude
Sexual exploitation, such as escort work, prostitution and pornography
Criminal exploitation
Debt bondage – being forced to work to pay off debts that realistically they never will be able to

<b>Possible indicators of modern slavery</b>
Signs of physical or emotional abuse
Appearing to be malnourished, unkempt or withdrawn
Isolation from the community, seeming under the control or influence of others
Living in dirty, cramped, or overcrowded accommodation and or living and working at the same address
Lack of personal effects or identification documents
Always wearing the same clothes
Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
Recurring Urinary Tract Infections
Pregnancies

Drug misuse
Poor mental health
Self-harm
Suicidal thoughts
Fear of law enforcers

### Discriminatory Abuse

<b>Types of discriminatory abuse</b>
Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
Harassment or deliberate exclusion on the grounds of a protected characteristic
Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic
Substandard service provision relating to a protected characteristic

<b>Possible indicators of discriminatory abuse</b>
The person appears withdrawn and isolated
Expressions of anger, frustration, fear or anxiety
The support on offer does not take account of the person's individual needs in terms of a protected characteristic

### Organisational or Institutional Abuse

<b>Types of organisational or institutional abuse</b>
Discouraging visits or the involvement of relatives or friends
Run-down or overcrowded establishment
Authoritarian management or rigid regimes
Lack of leadership and supervision
Insufficient staff or high turnover resulting in poor quality care
Abusive and disrespectful attitudes towards people using the service
Inappropriate use of restraints
Lack of respect for dignity and privacy
Failure to manage residents with abusive behaviour
Not providing adequate food and drink, or assistance with eating
Not offering choice or promoting independence
Misuse of medication
Failure to provide care with dentures, spectacles or hearing aids
Not taking account of individuals' cultural, religious, or ethnic needs
Failure to respond to abuse appropriately
Interference with personal correspondence or communication
Failure to respond to complaints

Possible indicators of organisational or institutional abuse
Lack of flexibility and choice for people using the service
Inadequate staffing levels
People being hungry or dehydrated
Poor standards of care
Lack of personal clothing and possessions and communal use of personal items
Lack of adequate procedures
Poor record-keeping and missing documents
Absence of visitors
Few social, recreational, and educational activities
Public discussion of personal matters
Unnecessary exposure during bathing or using the toilet
Absence of individual care plans
Lack of management overview and support
Possible indicators of organisational or institutional abuse

### Neglect and acts of omission

Types of neglect and acts of omission
Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
Providing care in a way that the person dislikes
Failure to administer medication as prescribed
Refusal of access to visitors
Not taking account of individuals' cultural, religious or ethnic needs
Not taking account of educational, social and recreational needs
Ignoring or isolating the person
Preventing the person from making their own decisions
Preventing access to glasses, hearing aids, dentures, etc.
Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission
Poor environment – dirty or unhygienic
Poor physical condition and/or personal hygiene
Pressure sores or ulcers
Malnutrition or unexplained weight loss
Untreated injuries and medical problems
Inconsistent or reluctant contact with medical and social care organisations
Accumulation of untaken medication
Uncharacteristic failure to engage in social interaction
Inappropriate or inadequate clothing

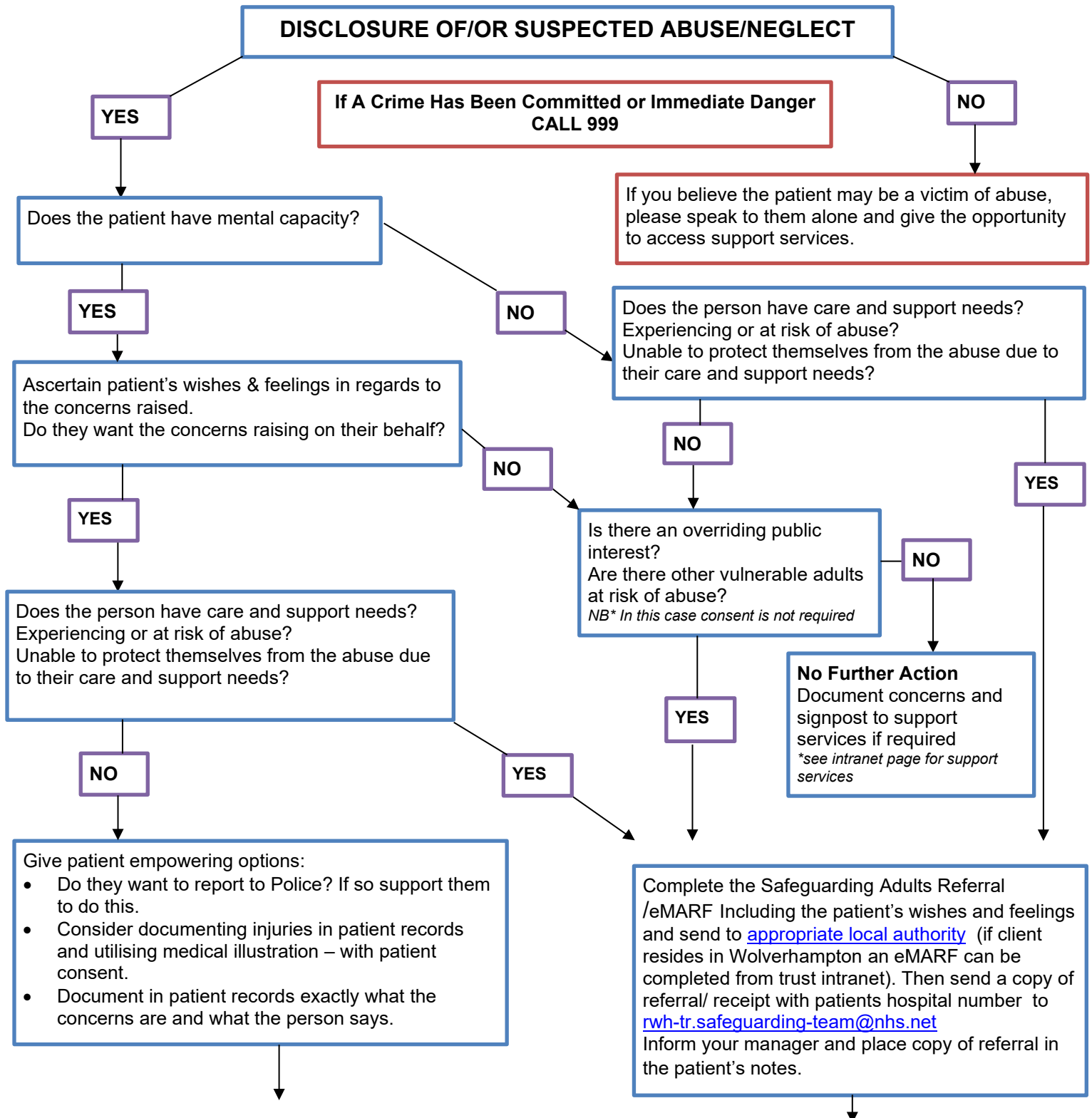
### Self-neglect

Types of self-neglect
Lack of self-care to an extent that it threatens personal health and safety
Neglecting to care for one's personal hygiene, health or surroundings
Inability to avoid self-harm
Failure to seek help or access services to meet health and social care needs
Inability or unwillingness to manage one's personal affairs

<b>Indicators of self-neglect</b>
Very poor personal hygiene
Unkempt appearance
Lack of essential food, clothing, or shelter
Malnutrition and/or dehydration
Living in squalid or unsanitary conditions
Neglecting household maintenance
Hoarding
Collecting a large number of animals in inappropriate conditions
Non-compliance with health or care services
Inability or unwillingness to take medication or treat illness or injury



\* All appropriate forms are available on Safeguarding Service Page Adults Safeguarding  
 \* Document disclosure and advice/referrals given  
 \* See Intranet page for out of area emails for safeguarding referral/eMARF for Wolverhampton



**If A Crime Has Been Committed or Immediate Danger CALL 999**

If you believe the patient may be a victim of abuse, please speak to them alone and give the opportunity to access support services.

Does the person have care and support needs? Experiencing or at risk of abuse? Unable to protect themselves from the abuse due to their care and support needs?

Is there an overriding public interest? Are there other vulnerable adults at risk of abuse? NB\* In this case consent is not required

**No Further Action**  
Document concerns and signpost to support services if required  
\*see intranet page for support services

- Give patient empowering options:
- Do they want to report to Police? If so support them to do this.
  - Consider documenting injuries in patient records and utilising medical illustration – with patient consent.
  - Document in patient records exactly what the concerns are and what the person says.

Complete the Safeguarding Adults Referral /eMARF Including the patient's wishes and feelings and send to [appropriate local authority](#) (if client resides in Wolverhampton an eMARF can be completed from trust intranet). Then send a copy of referral/ receipt with patients hospital number to [rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net) Inform your manager and place copy of referral in the patient's notes.

**DOES PATIENT OR PERTPETRATOR HAVE ACCESS TO ANY CHILDREN UNDER 18?**  
**YES:** Complete **electronic MARF** referral to Children's Services, and sends a copy to: [rwh-tr.safeguarding-childrens@nhs.net](mailto:rwh-tr.safeguarding-childrens@nhs.net)  
 NB\*\* Consent is not required, but preferable.

Interim Group Chief Executive: Caroline Walker  
 Chair of the Board: Sir David Nicholson KCB CBE  
 Preventing Infection - Protecting Patients



## Appendix 3

### Contact Details

#### Safeguarding team contact details:

The Safeguarding Team consist of the adult, Children, Midwifery and Learning Disability teams.

The safeguarding team can be contacted on **01902 695163 Monday to Friday between 9.00-16.30** or via Safeguarding team email address: [rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net).

The team do not work weekends or bank holidays. In the team's absence or out of hours please contact the appropriate Local Authority.

**If there is concern for someone's immediate safety emergency services (e.g police or ambulance service) should be contacted on 999.**

#### Homeless contact details:

P3 Housing Charity contact number: 01902 490050.

#### Local Authority Designated Officer (LADO) contact details:

Kenny Edgar

Local Authority Designated Officer (LADO)

City of Wolverhampton Council.

Office Tel – 01902 550661

In terms of new referrals to the LADO and sending information for the LADO:

- **Secure email: [LADO@secure.wolverhampton.gov.uk](mailto:LADO@secure.wolverhampton.gov.uk)** - when personal or confidential information inc. names of individuals) needs to be sent to the Designated Officer (LADO) or new referrals/information.
- **Non-secure email: [LADO@wolverhampton.gov.uk](mailto:LADO@wolverhampton.gov.uk)** when no confidential information is being sent / general enquiries.

**Local Authority Social Care contact details**

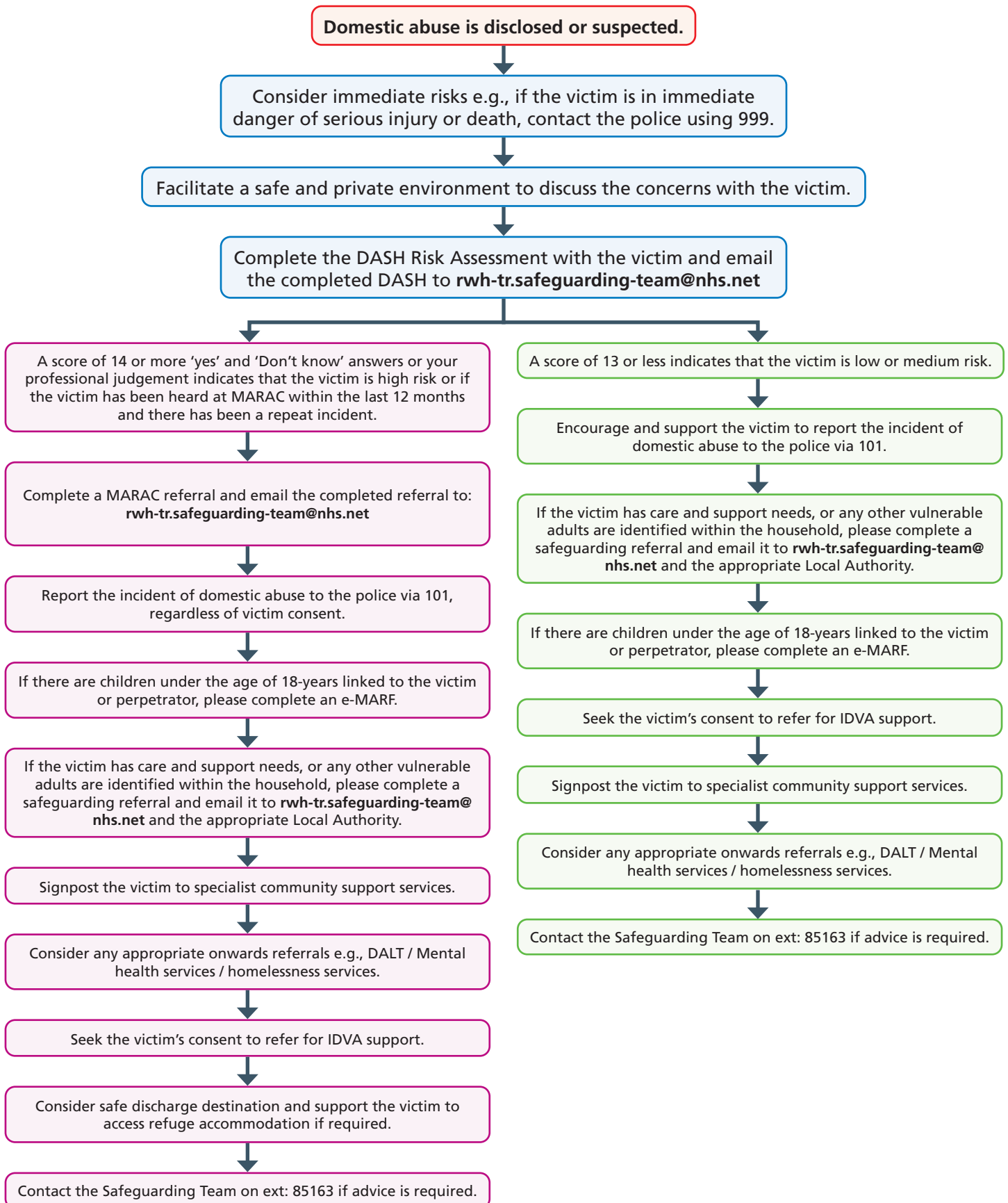
**Please complete safeguarding referrals to the local authority in which the safeguarding concern was raised.**

Local Authority	Tel No	Out of Hours No	Email
Dudley	0300 555 0055	0300 555 8574	<a href="mailto:Accessteam.dachs@dudley.gov.uk">Accessteam.dachs@dudley.gov.uk</a>
Sandwell SS	0121 569 2355	0121 569 2355	<a href="mailto:sandwellassist@sandwell.gov.uk">sandwellassist@sandwell.gov.uk</a>
Staffordshire	0345 604 2719	0345 604 2719	<a href="mailto:VASstaffordshire@staffordshire.gov.uk">VASstaffordshire@staffordshire.gov.uk</a>
Telford	01952 385385		<a href="mailto:partnerships@telford.gov.uk">partnerships@telford.gov.uk</a>
Walsall SS	0300 555 2922	0300 555 2922	<a href="mailto:initialintake@walsall.gov.uk">initialintake@walsall.gov.uk</a>
Wolverhampton	01902 551199	01902 552999	<a href="mailto:adultcare@secure.wolverhampton.gov.uk">adultcare@secure.wolverhampton.gov.uk</a>

- Wolverhampton electronic Multi-Agency Referral Form (eMARF) can be accessed via link:  
<https://emarf.wolverhampton.gov.uk/>
  - Walsall safeguarding concerns form:  
[http://intranet.xrwh.nhs.uk/pdf/departments/safeguarding/adults/Walsall\\_Adult\\_Safeguarding\\_Concern\\_Form.docx](http://intranet.xrwh.nhs.uk/pdf/departments/safeguarding/adults/Walsall_Adult_Safeguarding_Concern_Form.docx)
- Form to be completed and sent to [initialintake@walsall.gov.uk](mailto:initialintake@walsall.gov.uk)

**The adult safeguarding team must be copied into any safeguarding referral completed. Safeguarding email address: [rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net) .**

# Domestic Abuse Support Flowchart



## Adult Safeguarding Section 42 Enquiry against the trust (requirement of the Care Act 2014)

All safeguarding adult concerns / notifications against the trust will be sent from the Multi-Agency Safeguarding Hub (MASH) or local authority to the safeguarding adult team email address:

[rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net)

The safeguarding team will complete an incident form (Datix) and inform the area that this has been completed with the Datix reference number.



Description of the concern raised from the safeguarding concern/notification raised will be emailed to the Ward Manager, with a [Section 42 Blank Report](#) (Concise report) will be requested.

Matron and Division Lead/ Head of Nursing and Chief Nursing Officer to be copied into emails.



Ward Manager to complete and send the [Section 42 Blank Report](#) (Concise report) to their matron for scrutiny and approval by the Head of Division, prior to being shared outside of the Trust.

Return the approved Section 42 report (Concise report) within 10 working days to the Safeguarding Team from when you receive the concern.

[rwh-tr.safeguarding-team@nhs.net](mailto:rwh-tr.safeguarding-team@nhs.net)

Copy relevant Divisional Lead / Head of Nursing into any correspondence.



The safeguarding team will send the Section 42 report (Concise report) to the Multi Agency Safeguarding Hub (MASH) / local authority.

The local authority will review the concise report and share any outcomes / actions required with the Safeguarding Adults Team and the Ward area / Department manager.

## **REFERRAL OF AN ALLEGATION AGAINST AN ADULT WHO WORKS WITH ADULTS WITH CARE AND SUPPORT NEEDS**

### **TO BE COMPLETED WITHIN 24 HOURS OF BECOMING AWARE OF THE CONCERN**

A Person in a Position of Trust is anyone who carries out work, be that paid or unpaid, on behalf of an agency which has access to children or adults with care and support needs or has access to privileged information about children or adults with care and support needs as part of their work.

#### **The criteria:**

A person who works with adults with care and support needs in a position of trust, whether an employee, volunteer, or student (paid and unpaid) and

Where those concerns or allegations indicate that a person in a position of trust poses a risk of harm to adults with care and support needs. These concerns or allegations could include, for example that the person in a position of trust has:

- **behaved in a way that has harmed, or may have harmed, a child and/or adult with care and support needs**
- **possibly committed a criminal offence against children, or related to a child, or and/or adult with care and support needs**
- **behaved towards a child/children/ and/or adult with care and support needs in a way that indicates s/he may pose a risk to children/adult with care and support needs .**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children and/or adult with care and support needs**

When making a referral ***you must make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint*** - this is helpful as we just want the allegations that highlight those incidents where there is a risk of harm.

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

#### **Adult at risk definition**

'an adult at risk.' An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves. All partners should be using this definition when raising a concern about abuse/neglect of an adult.

#### **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.

Decisions on sharing information **must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.**

If a local authority is given information about such concerns, they should give careful consideration to what information should be shared with employers (or student body or voluntary organisation) to enable risk assessment.

When sharing information about adults, children, and young people at risk between agencies it should only be shared:

- where relevant and necessary, not simply all the information held
- with the relevant people who need all or some of the information
- when there is a specific need for the information to be shared at that time

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

<b>Is the person aware of the referral?</b>
<b>If not, why?</b>
<b>What are their views about this being shared with their employer?</b>

Title	Miss/Mr/Mrs/Ms	First Name	
Middle Name		Surname	
Date of Birth		Ethnicity	
Home Address			
Current Job role and brief description of responsibilities			
Employing Agency			
Length of Service			
Previous Employment & Job Roles			
Have allegations been made against this individual previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		
If Yes – please specify here			

**Details of adult with care and support needs – to whom the allegation relates**

	Adult at risk	Adult at risk	Adult at risk
Name			
Date of Birth			
Ethnicity			
Eclipse Care first PER number			

Home Address			
Care home address (if applicable)			
Relationship to Adult			

**Details of other child(ren) and/or adults with care and support needs who live in the same household as Person in Position of Trust**

	Child	Child/Adult 2	Child/Adult 3*
Name			
Date of Birth			
Ethnicity			
Eclipse PER number			
Home Address			
Care home address (if applicable)			
Relationship to Adult			

\*\* (If there are more than 3 children/adults – please add details below)

**Details of the allegation**

Please explain how the referral meets the criteria and the key principles as identified above?	
Date of Alleged Incident	
Date of when the referrer became aware of the incident	
Date of Referral made to LADO	

Details of <u>Referrer</u>	Name	
	Job Title	
	Contacts Details - Mobile number Email address	
	Has this allegation been referred through MASH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<b>Description of allegation/details of concerns</b> <i>(Please provide full names of any person referenced within this referral, not initials)</i>		
<b>Any other known positions of trust held?</b> <i>(Please include paid and voluntary roles)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		
<b>Other agencies involved and contact details</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		
<b>Action taken by Organisation/Employer to date:</b>		
<b>Which section of the criteria does the concerns fall under and why?</b>		

Thank you for completing the form, please email your completed form to  
[LADO@wolverhampton.gov.uk](mailto:LADO@wolverhampton.gov.uk) / 01902 550661.



## REFERRAL REQUESTING A SAFEGUARDING ADULTS REVIEW (SAR)

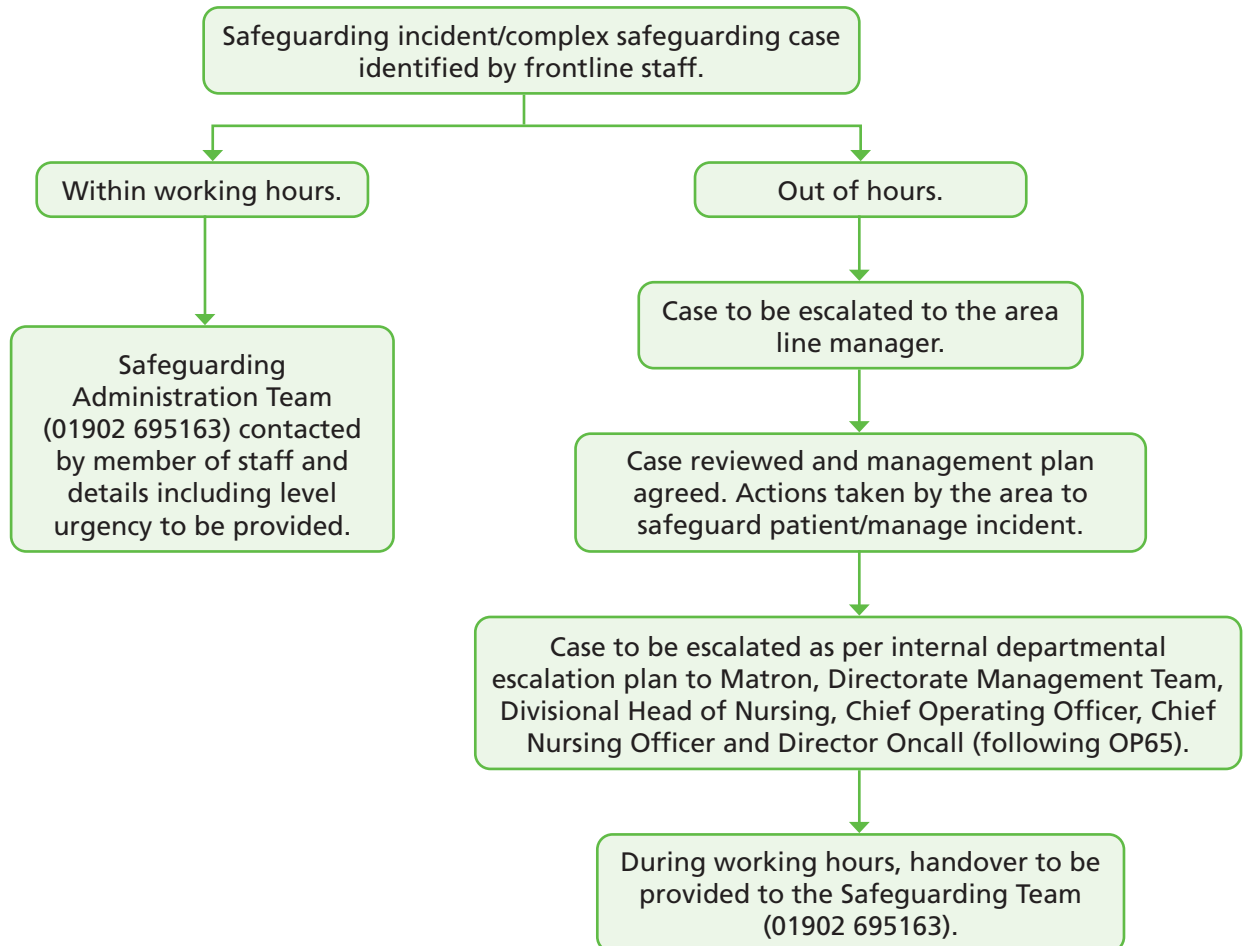
<b>Name of adult with care and support needs:</b>	
<b>Address of adult with care and support needs (including postcode):</b>	
<b>Ethnicity of adult:</b>	
<b>Name and address of G.P:</b>	
<b>Names and addresses of family/advocates/representatives/next of kin:</b>	
<b>Location and date of death/serious incident:</b>	
<b>Cause of death (if relevant): Is there to be an Inquest?</b>	
<b>List other agencies/services/providers involved:</b>	
<b>Brief Summary of case including details of any safeguarding referrals and meetings:</b>	

<b>Explain why you think this case meets the SAR criteria:</b>	
<b>Name of referrer:</b>	
<b>Contact details of referrer:</b>	
<b>Date of referral:</b>	

Once completed please forward the form to the Adult Safeguarding Board manager at [WSAB@wolverhampton.gov.uk](mailto:WSAB@wolverhampton.gov.uk)

<b>FOR OFFICE USE ONLY</b>	
<b>Date of notification to Panel:</b>	
<b>Date considered by Panel:</b>	
<b>Decision/Action taken:</b>	

# Safeguarding Escalation Pathway (to be used Trust wide)



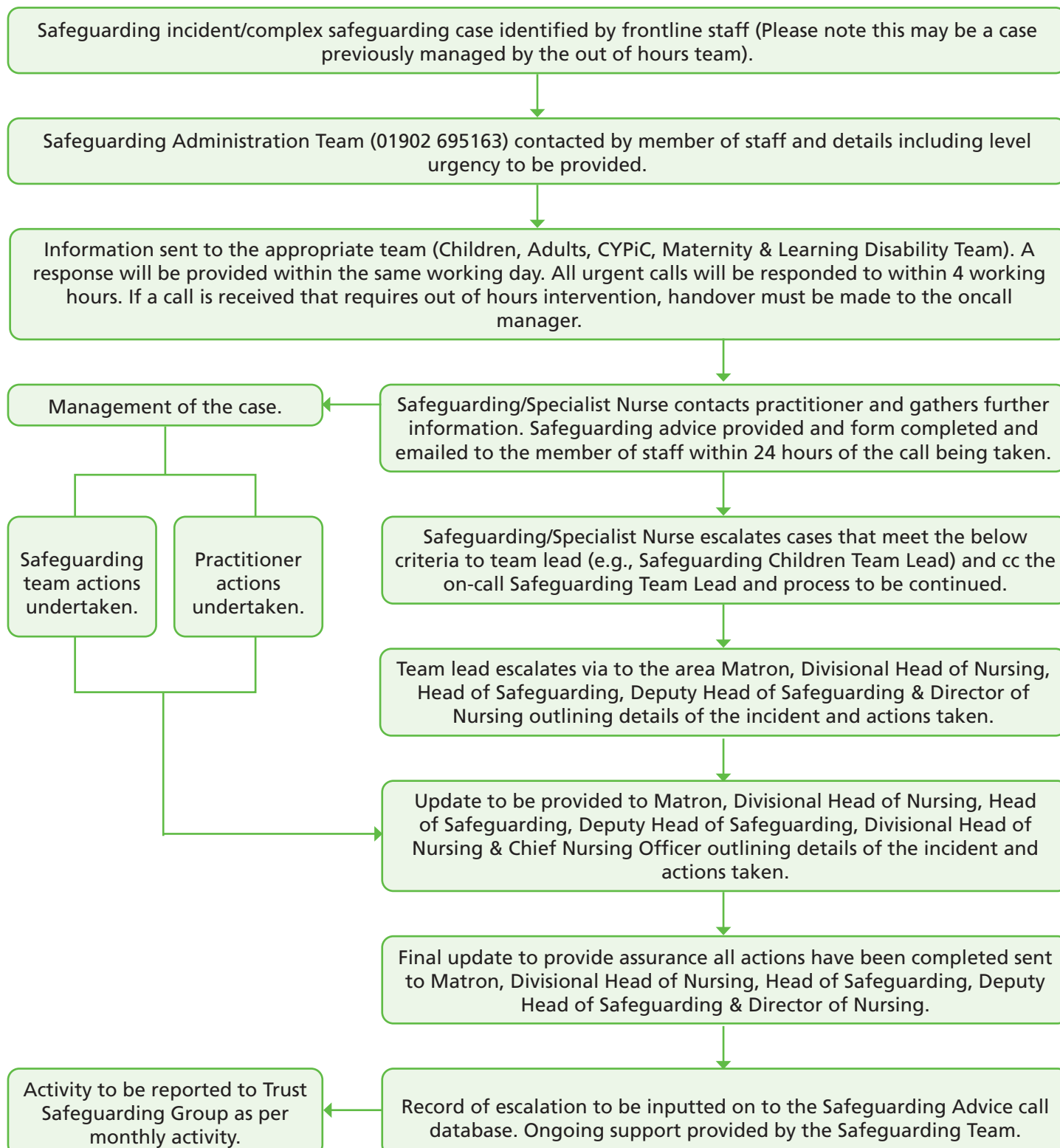
## Cases to be escalated

- Delay in discharge/incident related to discharge
- Failure of process/policy/procedure
- Behavioural issues raising risk to the patient/patients or staff
- Concerns raised around environmental factors that poses a risk to the patient/ staff
- High profile cases
- Unexpected death
- Any child death
- Any potential/expected media attention
- Any physical injuries that have occurred onsite in relation to safeguarding
- Any staff related incidents including allegations of abuse
- Patient attendance who are known to MAPPA
- Cases not progressing as expected
- Staff requiring additional support from Senior Management
- Concerns raised by the Safeguarding Team
- Mental Health concerns posing risk to patient or others
- Patient with Learning Disability or Autism requiring additional support from specialist service
- Cases requiring security intervention ie: restraint



# Safeguarding Escalation Pathway (to be used within Safeguarding Team)

Pathway applicable Monday to Friday 09:00 – 17:00 excluding bank holidays. Out of hours, all cases are to be escalated to the Local Authority 01902 552999.



## Cases to be escalated

- Delay in discharge/incident related to discharge
- Failure of process/policy/procedure
- Behavioural issues raising risk to the patient/patients or staff
- Concerns raised around environmental factors that poses a risk to the patient/staff
- High profile cases
- Unexpected death
- Any child death
- Any potential/expected media attention
- Any physical injuries that have occurred on site in relation to safeguarding
- Any staff related incidents including allegations of abuse
- Patient attendance who are known to MAPPA
- Cases not progressing as expected
- Staff requiring additional support from Senior Management
- Concerns raised by the Safeguarding Team
- Mental Health concerns posing risk to patient or others
- Patient with Learning Disability or Autism requiring additional support from specialist service
- Cases requiring security intervention ie: restraint