# Safeguarding Adults at Risk

## Policy and Procedure

*If being read as a paper copy, please refer to LHnet to ensure this is the current version*

<table>
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<th>Version:</th>
<th>2</th>
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<td>Date effective:</td>
<td>October 2012</td>
</tr>
<tr>
<td>Author:</td>
<td>Paul Hodson: Adult Safeguarding Lead</td>
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<tr>
<td>Equality Impact Assessment:</td>
<td>Undertaken: no inequalities highlighted. Impact positive</td>
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<tr>
<td>Consultation:</td>
<td>All Lewisham Healthcare NHS Trust staff. Adult and Children &amp; Young People Safeguarding Committee.</td>
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<tr>
<td>Approved by and date:</td>
<td>Safeguarding Committee 04/08/2012</td>
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<td>Ratified by and date:</td>
<td>Integrated Governance Committee</td>
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<tr>
<td>Target audience:</td>
<td>All Lewisham Healthcare NHS Trust Staff. Public.</td>
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<td>Next review due:</td>
<td>October 2013 (yearly)</td>
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<tr>
<td>Responsible for review</td>
<td>Adult Safeguarding Lead</td>
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## Review and Amendment Log

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<td>Adult Safeguarding Lead - Paul Hodson</td>
<td>Update to comply with National Guidance and Organisational process.</td>
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1.0 Introduction

1.1 Lewisham Healthcare NHS Trust is committed to safeguarding adults at risk and achieving and maintaining high quality of care across its services, and preventing abuse / harm in all its potential forms. To achieve this it is vital that all staff are aware of the risks some adults face and to know what to do if they believe an individual has been abused or is at risk of abuse.

Lewisham Healthcare is working in partnership with Lewisham Local Authority to ensure multi-agency safeguarding procedures are in place and functioning. Each Local Authority has approved and are working within, the ‘Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse’ (2011). This procedure is also in line with the London multi-agency guidance.

These policy and procedures set out our joint responsibilities towards protecting adults at risk, complying with the Mental Capacity Act and Deprivation of Liberty Safeguards, caring for vulnerable adults and protecting people exposed to domestic violence.

The policy has been approved by the Lewisham Healthcare NHS Trust Safeguarding Committee; ratified by the Integrated Governance Committee and written to support an integrated organisation. This is the revised second version of the policy. The 2011 version was ratified by the Trust Board.

Safeguarding adults at risk is everyone’s business and I commend this policy to you.

Joy Ellery Lewisham Healthcare Executive Lead for Safeguarding

1.2 The Department of Health guidance (“No Secrets” March 2000) sets out the requirement for multi-agency codes of practice to be developed and implemented that ensure the early detection and protection of adults at risk. This policy provides guidance on the roles and responsibilities of staff employed by Lewisham Healthcare NHS Trust (“the Trust”) to ensure that adults are protected from abuse / harm and multi-agency working takes place in an efficient and coordinated way.

2.0 Purpose

2.1 This document will provide a framework for the safeguarding of adults at risk by providing guidance on the following factors:

- Which adults are vulnerable or at risk?
- What actions or omissions constitute abuse?
- Who may be the abuser(s)?
- In what circumstances may abuse occur?
- Patterns of abuse
- Recognising abuse
- What degree of abuse justifies intervention?
- Mental capacity on an individual
- The deprivation of a person’s liberty to allow provision of care / treatment
2.2 This document is the Trust’s commitment to ensure that the welfare of adults at risk is promoted and safeguarded. It will ensure that all adults at risk are safe and protected by effective intervention if they are thought to be suffering or likely to suffer significant harm through neglect, abuse, exploitation, harassment or discrimination.

2.3 This document aims to protect adults at risk from all forms of abuse, and to enable them to receive safe and supportive care through the process of identifying, investigating, managing and preventing such abuse. This applies to all adult service users within the care of the Lewisham Healthcare NHS Trust.

2.4 The policy is accessible to all staff and it is each individual member of staff’s responsibility to take action within the guidance of this policy if they suspect an adult in their care is being abused, or is at a risk of abuse - whatever form this abuse may take. All staff that work for the Trust have a duty to adhere to this policy and procedure even if the abuse / harm has occurred within another non health service or home environment.

2.5 This policy includes guidance on abuse / harm in all its forms, including intentional and non intentional abuse.

3.0 Roles and Responsibilities

3.1 Adult Safeguarding sits within a governance reporting structure (Appendix 2) and has an Executive Lead, Non-Executive Lead and a Medical Lead. Roles and responsibilities are:

Safeguarding Committee (Adults and Children and Young People)
Chair - Non Executive Director
The purpose of the committee is to:

- Implement, scrutinise and maintain systems and procedures for safeguarding children & young people and adults at risk. To assess the effectiveness of those systems and procedures and to seek their continuous improvement.
- Monitor the performance of the Trust to ensure that the necessary governance processes are in place to provide assurance to the Trust Board.
- Ensure the organisation works within the Lewisham whole system Safeguarding framework for adults and children and young people.

Trust Board and Chief Executive ensure:

- The overall implementation, monitoring and effectiveness of this policy.
- The allocation of resources to ensure compliance with this policy.
- Managers and staff are aware of their responsibilities and implement this policy.

Executive Director with responsibility for implementation of this policy
The Chief Executive has delegated the overall responsibility for implementing this policy to the Director of Knowledge & Governance, as executive lead for safeguarding within the Trust and to ensure that:
The Trust Board is advised of the effectiveness of this policy via the Safeguarding Committee and the Integrated Governance Committee.

The Trust is represented on the Multi Agency Safeguarding Adults Board and in serious case reviews.

The Trust is represented in sub groups of the Multi-Agency Safeguarding Adults Board.

**Directors should ensure that:**

- Effective practice and adherence to the policy is in place in all areas throughout their areas of responsibility.
- The operational responsibility for the implementation of this policy is delegated to Directors of Service, Directorate General Managers and Deputy General Managers.
- Medical leadership is provided by the Director of Services, Acute and Elderly Medicine.

**Lewisham Healthcare NHS Trust Adult Safeguarding Operational Group**

The Trust’s Adult Safeguarding Operational Group (chaired by the Lead Nurse for Acute and Elderly Medicine) will take the lead for the development and management of the policies and procedures for safeguarding vulnerable adults within the organisation, advising the Safeguarding Committee.

- To lead the development of local policy and to ensure representation from the Trust on committees in relation to Safeguarding Vulnerable Adults.
- To lead the Implementation of this policy and the Interagency Safeguarding Vulnerable Adults Procedure within the organisation.
- To lead the development of training on this policy within the Trust, ensuring that the training emphasises legislative requirements, and that it is developed in partnership with the core lead members represented on the above committee.
- To ensure appropriate response to serious case reviews.
- To review all adult safeguarding related matters and take appropriate action as necessary.

**Directorate General Managers**

Ensure:
The promotion of a culture of learning and developing services that take into account the needs of adults at risk.
Leadership and guidance for all staff within the directorate on reporting and managing adults at risk and all staff comply with the policy and attend relevant training.
Safeguarding is a standing item on directorate meetings, which include the review of all safeguarding incidents and actions.

**Adult Safeguarding Lead**

- The Adult Safeguarding Lead is the named nurse and operational lead for adult safeguarding within the Trust and will provide a Trust wide overview of all adult safeguarding matters, co-ordinating all adult safeguarding. The post
holder will provide strategic and operational expert specialist advice and support across the organisation on all adult safeguarding matters.

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The Adult Safeguarding Lead will:

- Assist the Trust in meeting its statutory duties and responsibilities relating to adult safeguarding.
- Interpret national and local policy and best practice and advise the Trust accordingly.
- Contribute to the strategic planning of the Trust safeguarding arrangements.
- Be responsible for the delivery of the adult safeguarding strategic action plan, which will be regularly updated to comply with national and local strategies and policies.
- Be the Trust lead for all matters relating to the Mental Capacity Act and Deprivation of Liberty, ensuring knowledge and compliance across the organisation.
- Ensure the Trust can provide rigorous evidence that demonstrates compliance with CQC standards.
- Be responsible for overseeing the investigating and response to serious Incidents that relate to safeguarding, ensuring timescales are met and learning is cascaded.
- Lead and co-ordinate safeguarding case management and internal Management Reviews.
- Provide individual or group supervision if requested by service managers (Supervision should be service led in the first instance).

**Service Managers**

Service managers are responsible for:

- Implementation of the policy within the Trust’s operational services and ensuring that staff are able to identify adults at risk of abuse or adults whom they suspect are being abused / harmed, assess the situation and take appropriate actions, relevant to their roles.
- Ensuring that a training needs analysis is conducted for all staff as part of the appraisal process, in order to identify which level of training staff should receive so that they are appropriately prepared for implementing the policy.
- Ensuring all staff attend relevant training.
- Assessing learning from training.
- Ensuring appropriate service led supervision is in place for staff where staff can take safeguarding issues if required. The Adult Safeguarding Lead can provide safeguarding specific supervision (individual or group) if requested by service manager or staff member.
- Ensuring appropriate staff are trained and competent to undertake investigations and produce robust reports.
- Providing staff with support through managerial and clinical supervision and debriefing following the process of investigation and case reviews.
- Ensuring attendance at case conferences when required.
- Ensuring that all cases of adults at risk are reported to the correct place and actions are followed up.
• Ensuring learning from cases and incidents is cascaded throughout areas of responsibility.
• Ensuring that health care records meet the standards set out in the Health Records Policy and Interagency Safeguarding Adults at Risk Procedures. Records will withstand the rigor of legal scrutiny, be factual, confidential and legible and are dated and signed.
• Monitoring reported cases.
• Ensuring that all Trust individual cases that are logged onto the adults at risk database are brought forward for discussion at the adult safeguarding operational group and staff within services are kept involved and informed of actions taken.

Service Leads / Ward Managers / Matrons
Service Leads / Ward Managers / Matrons are the leads for safeguarding adults within their areas. They must ensure that:
• All members of staff within their department/ ward are aware of their individual responsibilities towards their patients and are aware of what to do if they suspect a patient within their care is a victim of abuse.
• Guidance and support is provided for staff who report any incident relating to the abuse of adults at risk.
• Monitor reported cases.
• The staff co-operate with and assist inter-agency communication whilst recognising their duty of confidentiality.
• Comprehensive reports are completed and ratified by their respective deputy general manager and submitted to the adult at risk sub group cases committee within the timeframes set within the London multiagency guidance.
• All safeguarding reports must be discussed and approved by the Trust’s Safeguarding Lead.
• All Trust individual cases that are logged onto the database are brought forward by the responsible departmental Matron / Manager to the adult safeguarding operational group.
• Appropriate attendance is arranged to multi-agency case conferences.

This is outlined in the Lewisham Hospital NHS Trust Nursing and Midwifery Operational Responsibility cascade.

All staff
All members of staff will have an understanding of this policy, other related policies and procedures, and understand their role in ensuring the safety of all persons in their care:
• All members of staff will receive mandatory training, relevant to their role, in safeguarding adults at risk.
• All members of staff have a duty of care to ensure they act professionally and in confidence when concerns are raised regarding individuals who are recognised as adults at risk and where there is evidence of potential abuse.
• Health care staff need high levels of awareness to understand the implications of identifying people at risk, how to manage each case individually and professionally, seeking appropriate levels of consent and respecting the person’s confidentiality and dignity when managing cases of concern.
All members of staff need to be aware of the referral and reporting lines; to ensure that the case is reported and investigated.

All staff must refer to this procedure to ensure the correct actions are being taken and when referral is made to the police that the staff’s actions do not compromise the case of concern and destroy evidence.

All staff have a responsibility to seek support through their line management when there are difficulties with a case or they need to seek advice in the management of a case.

All staff have a responsibility to ensure they inform their line managers when they feel they do not have the necessary skills to identify potential abuse and the reporting mechanisms so that appropriate training and support can be offered.

All staff members have a responsibility to complete an incident form using the Trust incident reporting procedure (Safeguard).

All staff should ensure that medical evidence is preserved and a senior Manager / Matron/site manager is alerted immediately if abuse is suspected.

The Clinical Site Managers Team must be informed in every case of suspected abuse arising during evenings, nights weekends and bank holidays.

4.0 Definitions

4.1 Abuse is a violation of an individual’s human or civil rights by any other person or persons. This may consist of a single act or repeated acts.

4.2 The term ‘adult at risk’ has been used to replace ‘vulnerable adult’. This is because the term ‘vulnerable adult’ may wrongly imply that some of the fault for the abuse lies with the adult abused.

4.3 Significant harm is 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.

4.4 MARAC is a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and “honour” based violence. MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children and adults safeguarding, housing, substance misuse services, independent domestic violence advisors and other specialists from statutory and voluntary sectors.

4.5 A vulnerable adult is defined as a person aged 18 years or over whom is or may be in need of Community Care Services * by reason of mental or other disability, age or illness and is or may be unable to take care of himself or herself or is unable to protect him/herself against significant harm or exploitation.

‘No Secrets, Department of Health’ (2000).

Community Care Services is defined as all care services in any context or setting
4.6 ‘Prevent’ is one strand of the UK’s Counter Terrorism Strategy known as CONTEST. The aim of the strategy is to stop individuals becoming terrorists or supporting terrorist activity. The strategy promotes collaboration and co-operation among public sector organisations. ‘Prevent’ operates within the pre-criminal space and is about supporting individuals and redirecting them. It is not about criminalising them.

5.0 Adults at risk

5.1.1 When considering if an individual requires protection under the safeguarding adults at risk procedures an understanding of the individual’s vulnerability / risk status should be sought. This will help the staff member to understand if the individual requires intervention to ensure they are protecting from harm.

5.1.2 Adults at risk who may require protection from abuse / harm are:
- People with learning difficulties
- People with physical disabilities
- People with sensory impairment
- People with mental health needs
- People with a long term illness
- People who misuse substances or alcohol
- People who are physically or mentally frail and/or
- People with dementia

5.2 Type of abuse

5.2.1 Abuse is a violation of an individual’s human or civil rights by any other person or persons. This may consist of a single act or repeated acts.

5.2.2 Suspicions of adult abuse, harm or neglect can arise in a number of ways. The clearest indicator is a statement or comment by the adult themselves, by a carer or by others that discloses or suggests abuse, harm or neglect. These statements need further action whether they relate to a specific incident, a pattern of events or a situation in general.

5.2.3 Abuse can be defined as:
- Physical abuse
- Sexual abuse
- Financial abuse
- Psychological or emotional abuse
- Neglect, and wilful acts of omission
- Discriminatory abuse
- Institutional abuse

5.2.4 Definitions, examples and indicators of the seven types of abuse:

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<tr>
<th>TYPE AND DEFINITION</th>
<th>EXAMPLES</th>
<th>POSSIBLE INDICATORS</th>
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| **Physical:**       | The use of force that results in pain, injury or a deterioration in the person’s physical state | 1) Punching, Hitting, Pinching  
2) Misuse of Medication  
3) Excessive Restraint  
4) Forced Feeding | a) Disclosure  
b) Fractures Sprains  
c) Burns scalds  
d) Pressure marks  
e) Bruises  
f) Flinching |
| **Sexual:**         | Involving an adult who is vulnerable in sexual activities when one or more of the following apply: | 1) Sexual teasing or Innuendo, Indecent exposure  
2) Enforced witness of sexual activity via various media, Indecent exposure  
3) Taking/Showing pornographic photographs  
4) Masturbation  
5) Penetration or attempted penetration of vagina anus mouth by finger penis or objects | a) Disclosure  
b) Mood changes  
c) Sexualised statements or behaviour  
d) Bruising/bleeding pain or itching from genitalia, vagina or anal areas  
e) Venereal diseases |
| **Psychological:**  | Has a harmful effect on the emotional, health and/or development of an adult who is vulnerable. | 1) Threats  
2) Deprivation of Contact | a) Disclosure  
b) Change in mood and behaviour  
c) Depression, withdrawal, anger |
| **Financial:**      | Using property, assets, Income of adults who are vulnerable without their | 1) Taking or abusing possessions and property  
2) Stealing or misappropriating | a) Disclosure  
b) Sudden changes in adults who are vulnerable finances |
consent. Making financial transactions adults who are vulnerable do not understand.

<table>
<thead>
<tr>
<th>Money</th>
<th>that cannot be accounted for</th>
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<td>3) Using pressure or deceit to obtain rights money or property</td>
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<tr>
<td>4) Exerting pressure to give money or possessions away.</td>
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discriminatory:

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<th>Service or care given influenced negatively by an aspect of the individuality of the adult who is vulnerable.</th>
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<tbody>
<tr>
<td>1) Harassment on the basis of age, race, gender, disability, religious belief or sexuality.</td>
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<td>2) Failing to meet religious or cultural needs</td>
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<table>
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<tbody>
<tr>
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<td>b) Cultural or religious needs not provided</td>
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<tr>
<td>c) Name calling</td>
</tr>
<tr>
<td>d) Hate Crime</td>
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<td>e) Identified by group</td>
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neglect and acts of omission:

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<tr>
<th>Not meeting basic or specific social and medical needs</th>
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<tr>
<td>1) Ignoring Medical and Physical Needs</td>
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<td>2) Failure to provide for medical/social educational needs</td>
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<tr>
<td>3) Withholding the necessities Food, drink warmth</td>
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<table>
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<tbody>
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<td>b) Dehydration</td>
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<td>c) Pressure Sores</td>
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<td>d) Malnutrition</td>
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<td>e) Inadequate Clothing</td>
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<tr>
<td>f) Infection</td>
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5.2.5 Safeguarding Adults and Skin Damage.

Neglect is a form of abuse which involves the intentional or unintentional failure to provide appropriate and adequate care and support, where this has resulted in or is highly likely to result in significant and preventable skin damage. It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis before a safeguarding referral is considered. When considering a safeguarding referral for skin damage the following should be considered to help inform the referrer if neglect / omission is suspected:

- If the skin damage is significant (Grade 3 or 4, or multiple sores).
- If there are reasonable grounds to believe that the pressure sore/sores were preventable.
- There is evidence to suggest that sufficient measures had not been taken to prevent the problem.
- If an aspect of care has been omitted, and if that aspect of care had been in place, then the sores could have been prevented.
If omission / neglect is suspected then the case should be referred to the Adult Safeguarding Lead using a safeguarding alert form, referred to the Tissue Viability Nurse and also raised as an incident on Safeguard. Photographic evidence should be taken as a record of the sore / sores as soon as possible. Photographic evidence should be in line with the Trust policy for medical photography.

5.2.6 No Abuse is acceptable and some abuse is a criminal offence and must be reported to the police as soon as possible either directly or through a senior staff member.

The investigation of crimes against adults at risk is undertaken by the Metropolitan Police Service.

The aims of the Metropolitan Police Service are safeguarding Adults are:

- To hold people causing abuse accountable for their actions where criminal proceedings are deemed inappropriate, to work with partnership agencies and to identify causes of action.
- To work in effective partnership with other agencies to safeguard adults at risk.
- Where a criminal offence appears to have been committed, the police will be the lead investigating agency and will direct investigations in line with legal and other procedural protocols. A police investigation will be initiated at the outset and a comprehensive initial risk assessment undertaken.

If a criminal act is suspected then care must be taken not to contaminate potential evidence.

5.3 Potential Abusers
5.3.1 Adults at risk may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

5.3.2 Abuse may take place when a vulnerable adult lives alone or with a relative, within nursing, residential or day care environments, in hospitals, support services into people’s homes or any other place previously assumed to be safe, or, in public places.
5.4 Allegations against staff

5.4.1 Where allegations of abuse are made against a staff member or volunteer, whether contemporary in nature, historical or both, the matter should be referred in the same way as any other incident or allegation of abuse.

5.4.2 The General Manager and/or Clinical Site Manager must be informed immediately. It is essential that all allegations are examined objectively by staff who are independent of the service where the alleged abuser works. In line with the Trust Suspension policy the suspension of the individual should be considered. Suspension itself is a neutral act and allows a full investigation of the facts to take place.

5.4.3 It is important that when allegations are made that early consideration is given to the distinction between an allegation and a complaint. Where doubt exists as to the nature of what is being referred, appropriate multi-agency consultation is essential so that accuracy, transparency and integrity of the process are safeguarded and any doubt clarified.

5.4.4 It has to be acknowledged that all staff may be vulnerable to malicious or mischievous allegations or complaints, therefore objectivity and a balanced approach to information received are essential.

5.4.5 The investigation may have three related, but independent strands:

- Adult protection enquiries relating to the safety and welfare of any adult at risk who is ,or who may have been ,involved.
- A police investigation into a possible offence.
- Referral to the Executive Lead, Adult Safeguarding Lead and General Manager in order to ensure appropriate actions are instigated.

5.4.6 The following Trust policies can be found on the Trust intranet site (LHnet) and should be referred to when dealing with allegations about staff:

- Incident Reporting Policy & Procedure
- Raising Concerns (Whistle blowing) Policy & Procedure
- Disciplinary Policy & Procedure
- Complaints Policy
- Serious Incident Policy & Procedure

5.5 Raising an alert

5.5.1 If abuse / harm is suspected the member of staff should:

IDENTIFY: If abuse of an adult at risk is suspected, advice should be sought from the senior manager, Matron, Adult Safeguard Lead or senior member of staff. The aim is to identify individuals who are at risk of significant harm by an individual(s) and who are unable to protect themselves from harm.
ASSESS: An immediate assessment of the individual’s safety should be made. This should include a risk assessment of the situation to ensure the immediate safety / protection of the individual.

REPORT: As the lead agency for safeguarding adults at risk, Social Services must be alerted to the concern as soon as possible. The Trust has a Social Services Team on the hospital site for acute based patients, and they should be contacted in the first instance. For individuals in the community the Social Care, Advice and Liaison Team (SCAIT) should be contacted.

5.5.2 Useful telephone and fax numbers for Community Staff:

Social Care Advise & Information Service: 0208 314 7766 (Mon – Fri 9am – 5pm)
Fax: 0208 314 3014
Emergency Duty Social Worker: 0208 314 6000
Adult Safeguarding Lead fax: 020 8333 3125
Adult Safeguard Lead: Bleep 1923

5.5.3 Useful telephone and fax numbers for Hospital Staff:

Hospital Social Work Team tel: Ext 6229
Hospital Social Work Team fax: 020 8333 3056
Adult Safeguarding Lead fax: 020 8333 3125
Emergency Duty Social Worker: 0208 314 6000
Adult Safeguard Lead: Bleep 1923

For outside normal working hours advise should be sought from the Duty Social Worker (both inpatient and community). A delay in escalation could cause further harm to the individual.

5.5.4 An ‘Adults at Risk Alert form must be completed and sent by fax (Appendix 4). The staff member sending the form is responsible for ensuring the form has been received and actioned. Urgent phone advice may be required before the alert form is sent. The alert form should be sent to the following numbers:

Community Staff:
Social Services fax: 0208 314 3014
Adult Safeguarding Lead fax: 020 8333 3125

Hospital Staff:
Hospital Social Work Team fax: 020 8333 3056
Adult Safeguarding Lead fax: 020 8333 3125

5.5.5 Documentation should clearly identify the concerns that have been raised and any enquiries, consultations and referrals that have been made, and the outcome of the discussion. If an individual is at risk action may be required to ensure the individuals safety before completion of the alert form. Any action already taken should be specified on the alert form.
5.5.6 Organisational documentation guidelines must be followed (Clinical Documentation Policy - LHnet).

5.6 Patient Consent

5.6.1 The patient should give their consent to the referral being made as it is important to make them part of the process, including decision-making. It should be made clear to the patient that confidentiality may not be maintained as an investigation will need to be instigated and withholding of information may be detrimental to this investigation particularly when a crime is suspected or others are at risk (see section 5.7). If mental capacity is suspect, then referral is made to Social Services Community/Hospital immediately or out of hours to the Duty Social Worker.

5.6.2 If the patient refuses to give their consent for a referral to be made and has capacity to make this decision the ward/ departmental staff still have a duty to make a referral to social services. Seek advice from your line manager or Adult Safeguarding Lead. As an investigation develops, the patient may deny that any abuse has taken place but the initial referral should still be made.

5.6.3 Social Services (community / hospital team) can be contacted at any time to discuss concerns and provide advice and it is important that the purpose of contact is made clear whether it is based on consultation or referral.

5.6.4 In the community, all suspected cases of patients’ lacking mental capacity must be referred to social services immediately. In the hospital, in the event where the patient possibly lacks capacity and is being removed from the department against medical advice, Police and Social Services must be contacted immediately by the nurse in charge. They should then contact their manager and the Clinical Site Manager if out of hours, and the patient’s doctor on-call.

5.6.5 Unless admission is required for a patient who requires medical treatment then the hospital should not be used as a place of safety, e.g. vulnerable adults who you suspect are the victim of abuse or neglect should not be routinely admitted to a ward to facilitate management or investigation. In these circumstances Social Services should be contacted so that they can facilitate and assist with the process.

5.7 Disclosure

5.7.1 Patients have a right to expect that all staff will keep confidential any personal information that they acquire during the course of professional duties, unless permission to disclose is given. They also have a right to know that in exceptional defined circumstances this duty of confidentiality may be overridden.

5.7.2 There may be situations where disclosure is deemed necessary without consent. There are exceptions to the duty of confidence that may make the use or disclosure of confidential information appropriate. Where there is a statutory duty defined by Act of parliament, NHS England national policy (e.g. the reporting of Knife wounds) or where a Court orders the disclosure of information the healthcare professional has a responsibility to disclose the information. It may sometimes be
justifiable for a healthcare professional to pass on patient information without consent where:

- Serious harm may occur to third party.
- A healthcare professional believes a patient to be the victim of abuse, when, without disclosure the task of preventing or detecting a serious crime by the police would be prejudiced or delayed.

5.7.3 In all cases where judgement is involved, staff are urged to discuss the case with colleagues and if necessary, to seek legal or other specialist advice. It is stressed that any staff that decide to disclose confidential information should be prepared to explain and justify their decision to disclose information to an outside authority. Therefore, staff should record in the clinical notes details of all conversations, meetings and appointments involved in the decision to disclose or not to disclose such information.

5.7.4 Staff are reminded on their duties of confidentiality as outlined in the Trust Information Disclosure Guidelines which can be found on the Trust Intranet site (LHnet).

5.7.5 Safeguarding investigations may require the sharing of information across agencies. For advice the member of staff should refer to a senior manager, The Trust Information Sharing Protocol (LHnet) or speak to a member of the Information Governance Team.

5.8 The Multi Agency Adult Safeguarding Process

5.8.1 Lewisham Healthcare NHS Trust work in partnership with Social Services and other Multi Agency Partners to adhere to the seven stages specified within the London Multi Agency Policy and Procedures to Safeguard Adults from Abuse (2011).

5.8.2 The seven key stages of the Safeguarding Adults process are:

Stage 1: Raising an alert
Stage 2: Making a referral
Stage 3: Strategy discussion or meeting
Stage 4: Investigation
Stage 5: Case conference and Protection Plan.
Stage 6: Review of the Protection plan
Stage 7: Closing the safeguarding process


5.9 Documentation

5.9.1 Organisational documentation guidelines and best practice must be adhered to.
5.9.2 Staff must maintain legible chronological notes, written, signed and dated, that document the events and all details, decision and actions taken with regards to the referral to social services.

5.9.3 Full details of the concern or injury, action taken, other professionals involved and any relevant history should be documented.

5.9.4 It is important to remember that records can be used as evidence if a case is taken to court.

5.9.5 It is imperative that records are accurate and differentiate between what is an opinion, judgment or hypothesis.

5.9.6 It is important to document all verbal and written referrals and discussions that have been with the patient and other agencies.

5.10 Education and Training

5.10.1 Safeguarding Adults training is mandatory for all staff. For level and frequency of training, the staff member should refer to the Safeguarding Training Strategy available on the Trust intranet site (LHnet) or contact the Adult Safeguarding Lead.

5.10.2 It is the responsibility of managers of services to ensure all their staff are up to date with adult safeguarding training.

5.10.3 Bespoke service specific training sessions can be provided on request by Service Managers.

5.11 Domestic Violence: Recognition & Reporting

5.11.1 Domestic violence or abuse is defined as:

*Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality* (Home Office 2010).

5.11.2 Previous guidance should be followed for individuals who may be at risk of domestic violence. The process of identify, assess and report should be followed.

5.11.3 Staff member should refer to the organisation policy and procedure for domestic violence.

5.11.4 In cases of domestic violence referral to domestic violence services should be considered as well as to Social Services. If a criminal act is suspected then this should be reported to the police. Refer to guidance on confidentiality and safeguarding in section 5.5.

5.11.5 Useful telephone numbers:
5.11.6 The Multi Agency Risk Assessment Conferences (MARAC) is a coordinated multi agency response to those domestic violence cases considered of highest risk. Referrals to MARAC should be submitted to the MARAC lead for A&E / urgent care, Maternity services, Children’s Services or the Adult Safeguarding Lead. Referrals should be accompanied by a risk assessment (appendix 7).

5.11.7 MARAC leads are responsible for the following:

- Receive notification of the cases for discussion prior to the conference.
- Ensure referrals are appropriate and the alert form is correctly completed.
- Check for relevant information.
- Share information with the conference members.
- Record outcome and plan from the conference.

5.11.8 Referral to MARAC should be by the referral form (appendix 5)

5.12 The Mental Capacity Act 2005

5.12.1 The Mental Capacity Act for England and Wales provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. It makes it clear who can take decisions, in which situation, and how they should go about this. It also allows people to plan ahead for a time when they may lack capacity. It covers major decisions about somebody’s property and affairs, healthcare treatment and where the person lives, as well as everyday decisions about personal care (such as where the person eats) where the person lacks capacity to make those decisions.

5.12.2 There are 5 key principles in the act:

- Every Adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as being unable to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

5.12.3 IMCA’s (Independent Mental Capacity Advisors): IMCA’s were established by the Mental Capacity Act 2005. IMCA’s are a legal safeguard for people who lack capacity to make specific important decisions including decisions about where they
live and about serious medical options. IMCA’s are mainly instructed to represent people where there is no one independent of services, such as family member or friend, who is able to represent the person. If the patient is unable to give their consent, has been assessed as lacking capacity and has no relatives or other suitable person to make decisions within their best interests, the Directorate General Manager or deputy should be informed and an IMCA requested. In this instance the IMCA will support and represent the patient with the decision making process.

5.12.4 In order to ensure that the IMCA Service is targeted for those in most need, it is recommended that, in relation to safeguarding vulnerable adults, referrals to the IMCA Service are only made in cases where one of the following applies:

- For somebody who may have been abused or neglected where there is a serious exposure to risk.
- Risk of death.
- Risk of serious physical injury or illness.
- Risk of serious deterioration in physical or mental health.
- Risk of serious emotional distress.
- Risk of financial abuse.
- Where a life changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not act in the person’s best interests.
- Where there is a conflict of views between the decision makers regarding the best interests of the person.

5.12.5 It should be noted that in some situations a case may start out as a safeguarding adults case, where consideration is given whether or not to involve an IMCA under the set criteria – but may then become a case where the allegations or evidence give rise to the question of whether the person should be moved in their best interests. In these situations the case has become one where an IMCA must be involved if there is no one else appropriate to support and represent the person in this decision.

5.12.6 Where the decision-maker believes an IMCA should be instructed, they should first gain approval from their line manager.

5.12.7 If approval is granted by the relevant manager, the decision maker should complete a referral form and send this to the IMCA provider. Referral process and form can be located in the ‘Independent Mental Capacity Advocates Guidance’ on the Trust intranet (LHnet).

5.12.8 The referral must be made by the decision-maker (Directorate General Manager or deputy). Where the referrer is not the decision-maker, the IMCA provider may contact the decision maker to get an instruction to work with the client. A referral form would need to be completed, containing a signed authority to proceed from the decision maker.

Service Provider: POhWER (for Bexley, Bromley, Lewisham & Greenwich)
5.13 Deprivation of Liberty Safeguards (DOLS)

5.13.1 The Mental Capacity Act Deprivation of Liberty Safeguards were introduced to the Mental Capacity Act 2005 through the Mental Health Act 2007.

5.13.2 The MCA DOL safeguards apply to anyone over the age of 18 years:

- Who suffers from a mental disorder or disability of mind – such as dementia or a profound learning disability
- Who lacks the capacity to give informed consent to the arrangements made for their care and/or treatment and
- For whom after an independent assessment the deprivation of liberty is considered to be necessary in their best interest to protect them from harm.

5.13.3 The Safeguards cover patients in hospital and people in care homes registered under the Care Standards Act (2000) whether placed under Public or Private arrangements. The aim is to implement the Safeguards to protect the interests of an extremely vulnerable group of service users and to:

- Ensure people can be given the care they need in the least restrictive regimes.
- Prevent arbitrary decisions that deprive vulnerable people of their liberty.
- Provide safeguards for vulnerable people.
- Provide them with rights of challenge against unlawful detention.
- Avoid unnecessary bureaucracy.

5.13.4 Staff should refer to the Lewisham Healthcare NHS Trust ‘Therapeutic Restraint Policy’ and the ‘Best Interest / Mental Capacity Policy’ (LHnet) for further advice on DOLS and mental capacity.

5.13.5 If it is thought that an individual may be deprived of their liberty then advice should be sought from Social Services or the Adult Safeguard Lead.

5.13.6 The decision to issue an urgent Deprivation of Liberty Safeguard should be made by Director Level or the Manager on call.

5.13.7 DOLS applications should be made using the agreed forms available of the Trust intranet site (LHnet).

5.14 ‘Prevent’

5.14.1 ‘Prevent’ is one strand of the UK’s Counter Terrorism Strategy known as CONTEST. The aim of the strategy is to stop people becoming terrorists or supporting terrorist activity. The strategy promotes collaboration and co-operation among public sector organisations. ‘Prevent’ operates within the pre-criminal space
and is about supporting individuals and redirecting them. It is not about criminalising them.

5.14.2 All staff have a responsibility to:

- Know what ‘Prevent’ is.
- Know what their role in ‘Prevent’ is.
- Know who the ‘Prevent’ lead is and the reporting procedure.
- To attend ‘Prevent’ training.

5.14.3 The three objectives of ‘Prevent’ are:

- Respond to the ideological challenge of terrorism and the threat from those who promote it.
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with sectors and institutions where there are risks of radicalisation that we need to address.

The health sector’s contribution focuses on objectives 2 and 3.

5.14.4 Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism. The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support.

5.14.5 Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

5.14.6 The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame. Given this, it is important that awareness, sensitivity and expertise are developed within all contexts to recognise signs and indications of radicalisation.

5.14.7 Prevent has been identified as the only long term solution we currently face from terrorism. Its aim is to divert individuals at risk at the earliest opportunity, assess the nature and extent of the risk and where necessary provide an appropriate support package tailored to their needs. A multi-agency panel chaired by the local authority decides on the most appropriate action to support the individual after considering their circumstances.

5.14.8 ‘Prevent’ is an ongoing initiative and doesn’t require a staff member to do anything in addition to their normal duties. What is important is that if staff are concerned that that a vulnerable individual is being exploited in this way, concerns can be raised in accordance with the local safeguarding policy and procedures.
5.14.9 Delivery on ‘Prevent’ requires a multi-agency approach to provide the necessary specialist expertise, and the incorporation of existing projects and interventions (e.g. Channel).

5.14.10 HealthWRAP sessions (Workshops to raise awareness on Prevent) are provided at a Borough based/organisational level.

5.14.11 Staff should refer to the Adult Safeguarding Lead for advice and guidance with ‘Prevent’.

6.0 Consultation, Approval and Ratification Process including Equality Impact Assessment

This policy has been discussed and agreed with the following:

- Safeguarding Adult Operational group
- Adults and Children & Young People Safeguarding Committee
- Directorate General Managers
- Directorate Deputy Managers
- Service Leads
- Integrated Governance Committee

7.0 Review and Revision Arrangements including Version Control

7.1 This policy will be reviewed yearly in line with legislation

7.1.1 Position of person responsible for review: Adult Safeguarding Lead

8.0 Dissemination and Implementation

8.1 This policy has been disseminated to the following:

- All Lewisham Healthcare Trust staff and members of the public.
- This policy is kept electronically on the Trust intranet and internet site.

8.1.1 The policy will be disseminated to all trust staff through management team meetings, Trust e-mail, safeguarding training and LHnet.

8.1.2 The policy will be implemented through mandatory training. The document will be accessible through Lewinet or upon request from ward/divisional managers.
9.0 Document Control including Archiving Arrangements

9.1 This document is placed on the Trust Intranet (LHnet) which send automatic electronic messages to the Bookshelf owner when a document is overdue for review. It will be automatically archived when superseded by subsequent versions placed on the Lewinet bookshelf. Access to archived versions is via the Bookshelf Owner or via the Webmaster.
10.0 Monitoring Compliance With and the Effectiveness of This Policy

Compliance with this policy will be monitored in the following ways:

- The Safeguarding Adult Operational group will initiate yearly audits of awareness of Adult Safeguarding process in the Trust and make recommendations for improvements / changes.
- Attendance at all levels of training against target.
- Audits to assess staffs’ knowledge of safeguarding post training will be undertaken.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool / Methodology</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Action Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to policy by staff</td>
<td>Adult Safeguarding Lead</td>
<td>Bi monthly safeguarding reports.</td>
<td>Bi Monthly</td>
<td>Safeguarding Committee</td>
<td>Adult Safeguarding Lead</td>
<td>Changes to organisational process agreed</td>
</tr>
</tbody>
</table>

10.1 Key Performance Indicators

- Adult safeguarding alerts and outcomes.
- Training compliance.

11.0 References

- Guidance on the Use of Independent Mental Capacity Advocates in Lewisham, Lewisham Primary care trust and Lewisham PCT
- Making Decisions - The Independent Mental capacity Advocate services DOH (2007)
- Mental capacity Act (2005)
- No secrets - guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse: Department of Health March (2000)
- Responding to abuse, inadequate care of vulnerable adults- policy, practice guidance and procedures: Camden and Islington Mental Health Trust and Islington Primary care Trust
- Vulnerable Adults at risk of abuse: West Suffolk Hospital NHS Trust (2006)
- Safeguarding Adults Policy. Southwark Provider Services (2010)

12.0 Associated Documentation

- Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011)
- Lewisham Interagency Vulnerable Adults Protection Procedures 2008
• Lewisham Healthcare NHS Trust Confidentiality Policy
• Lewisham Healthcare NHS Trust Consent to Examination or Treatment Policy
• Lewisham Healthcare NHS Trust Consent to Clinical Photography Policy
• Lewisham Healthcare NHS Trust Sharing Information Guidance
• Lewisham Interagency Safeguarding Vulnerable Adults Committee - Strategy 2008-2011
• Human Rights Act 1998
• Data Protection Act 1998
• Building Partnerships, Staying Safe, Department of Health (2011)
• Lewisham Healthcare NHS Trust Domestic Violence Policy
• South East London PREVENT guidance
• Lewisham multiagency MARAC operational policy
• Lewisham Healthcare NHS Trust Independent mental Capacity Advocates (IMCA’s) – Guidance
• Safeguarding Training Strategy
• Lewisham Healthcare NHS Trust Clinical Documentation Policy
• Information Sharing Protocol
Appendix 1 – Equality Impact Assessment

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval. Authors are required to read the full *Equality Impact Assessments for Trust-wide and Departmental Policies* document at [http://lewnix3/bookshelf/documents/doc004069.1204211254.doc](http://lewnix3/bookshelf/documents/doc004069.1204211254.doc) before completing the following tabulate.

### INITIAL SCREENING

<table>
<thead>
<tr>
<th>Name of the policy being assessed</th>
<th>Safeguarding Adults at Risk Policy and Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of persons responsible for carrying out the assessment</td>
<td>Paul Hodson</td>
</tr>
<tr>
<td>Describe the main aim, objective and intended outcomes of the policy</td>
<td>To provide guidance on the identification of adults at risk of harm / abuse and the action required to protect the individual from harm / abuse. To promote process that is in compliance with the London multi agency procedures and the No Secrets guidance. To offer guidance to ensure that all victims and perpetrators of abuse are treated fairly with a positive outcome of prevention for the individual at risk.</td>
</tr>
</tbody>
</table>

| Is there reason to believe that the policy could have a negative impact on a group or groups? | NO |

<table>
<thead>
<tr>
<th>Which equality groups may be disadvantaged / experience negative impact?</th>
<th>Equality Group</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / belief</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g. refugees, behavioural difficulties)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What evidence do you have and how has this been collected?</th>
<th>NHS guidance documents. Review of policy at Safeguarding Operational meeting and safeguarding Committee – policy circulated for review and feedback. Current policy available to public on the Trust internet site with contact name and number for questions / feedback. Multiagency working. Referral to process / systems at multiagency meetings. Safeguarding activity reports that are used to influence policy / procedure. Hospital ethnicity coding system (nursing documentation). The policy is equally applicable for use by all Trust employees and can be considered in the care of all patients / individuals that come into contact with the organisation or its services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td></td>
</tr>
<tr>
<td>Is the evidence reliable? Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you explained your policy to people who might be affected by it?</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding process explained on a case by case basis to all involved. Feedback from any safeguarding activity is used to influence / impact revised policy / future safeguarding process.</td>
<td></td>
</tr>
</tbody>
</table>

| If the policy positively promotes equality please explain how? | Provides guidance that can be used in the identification of harm / abuse and actions required to protect that individual for any client group. Policy recognises fair and equal treatment for all individuals involved in safeguarding situation, including the alleged victim and the alleged perpetrator. Also recognises that harm can be intentional or non intentional but with the same outcome of |

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_Lewisham Healthcare NHS Trust_  
Page 28 of 43
From the screening process do you consider the policy will have a positive or negative impact on equality groups? Please rate the level of impact* and summarise the reason for your decision.

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Impact*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>High Positive</td>
</tr>
<tr>
<td>Disability</td>
<td>High Positive</td>
</tr>
<tr>
<td>Gender</td>
<td>High Positive</td>
</tr>
<tr>
<td>Age</td>
<td>High Positive</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>High Positive</td>
</tr>
<tr>
<td>Religion</td>
<td>High Positive</td>
</tr>
<tr>
<td>Other (eg: refugees / behavioural difficulties)</td>
<td>High Positive</td>
</tr>
</tbody>
</table>

*Positive: High/Medium/Low
(High - highly likely to promote equality of opportunity and good relations; Medium - moderately likely to promote; Low - unlikely to promote)

*Negative: High/Medium/Low
(High - highly likely to have a negative impact on equality of opportunity and good relations; Medium - moderately likely to have; Low – likely to have little impact)

*Neutral: High - highly likely to have neither a positive nor a negative impact.

Date Completed: 17/10/2012
Signed: Paul Hodson
PRINT name: Paul Hodson – Adult Safeguarding Lead

*If the screening process has shown potential for a high negative impact you will need to carry out a full equality impact assessment - see: [http://lewnix3/bookshelf/documents/doc004069.1204211254.doc](http://lewnix3/bookshelf/documents/doc004069.1204211254.doc) Please send an electronic copy of the completed assessment, action plan (if required), any relevant monitoring reports used and a summary of replies received from people you have consulted, to Fay Blackwood - Head of Workforce Devel
Appendix 2 – Governance Reporting Structure

LEWISHAM SAFEGUARDING ADULT BOARD
(Multi agency)

LEWISHAM HEALTHCARE NHS TRUST BOARD

LEWISHAM SAFEGUARDING CHILDREN BOARD
(Multi agency)

INTEGRATED GOVERNANCE COMMITTEE

INTEGRATED ADULT & CYP SAFEGUARDING COMMITTEE

C&YP INTEGRATED ACUTE & COMMUNITY SAFEGUARDING OPERATIONAL GROUP

ADULT AT RISK SAFEGUARDING OPERATIONAL SAFEGUARDING GROUP
Appendix 3: Alert Process

**IDENTIFY:** Is abuse / harm suspected or has the individual made a disclosure of abuse / harm?

Yes → **ASSESS:** Assess situation and gather evidence to enable you to make an informed “alert” decision.

**RISK ASSESS SITUATION:** Consider immediate action required to ensure the immediate safety / protection of the individual.

**IMMEDIATE PROTECTION:** Is the individual in a place of safety?

Yes → Complete and fax a Safeguarding Adults Alert Form. CONFIRM RECEIPT

No → **REPORT:** Gain consent to raise a safeguarding alert. If individual does not consent, explain the actions you are taking and why (refer to section 5.6 and 5.7). Report to Social Services and Adult Safeguarding Lead (Clinical Site Team if out of hours).

**REPORT:** Escalate concern and contact Social Services and Adult Safeguarding Lead (Clinical Site Team if out of hours). **Individual may need protection from further abuse / harm, or a place of safety / protection.** If individual does not consent, explain the actions you are taking and why (refer to section 5.6 and 5.7).

Complete and fax a Safeguarding Adults Alert Form. CONFIRM RECEIPT

**Contact numbers and fax numbers**

Community staff should send alert to:
Social Care Advise & Information Team
Fax: 0208 314 3014
AND
Adult Safeguarding Lead
Fax: 020 8333 3125

For telephone advise:
Social Care Advise & Information Team:
0208 314 7766 (Mon – Fri 9am – 5pm)
Emergency Duty Social Worker: 0208 314 6000 (6pm onwards and weekends)
Adult Safeguard Lead: Bleep 1923

Hospital staff should send alert to:
Hospital Social Work Team
Fax: 020 8333 3056
AND
Adult Safeguarding Lead
Fax: 020 8333 3125

For telephone advise:
Hospital Social Work Team Ext. 6229
Emergency duty social worker: 0208 314 6000 (6pm onwards and weekends)
Adult Safeguard Lead: Bleep 1923

If a criminal act is suspected, the Police must be promptly notified and care taken not contaminate any potential evidence (See section 5.2.6)
Appendix 4

**PRIVATE & CONFIDENTIAL**

Safeguarding Adults at Risk Alert Form

*Safeguarding Adults at Risk Policy and Procedure can be found on LHnet*

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Ward:</th>
<th>Extn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Consultant:</td>
<td>Date of Admission:</td>
</tr>
<tr>
<td>NHS No:</td>
<td>Does patient have learning disabilities?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Address:</td>
<td>GP Name:</td>
<td>Address:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>Patient’s Next of Kin:</td>
<td>Responsible PCT: Lewisham</td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td>Social Services:</td>
<td></td>
</tr>
<tr>
<td>Contact Tel No:</td>
<td>Contact Tel No:</td>
<td></td>
</tr>
<tr>
<td>Past Medical Diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Hospital Admission Diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Physical Condition on Admission:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas of Concern</td>
<td>Action</td>
<td></td>
</tr>
<tr>
<td>Signature of Person Completing Form:</td>
<td>Is patient or next of kin aware of alert? <em>(May not be appropriate in all cases)</em></td>
<td></td>
</tr>
<tr>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Job Title:</td>
<td>Date Completed:</td>
</tr>
<tr>
<td>Administration:</td>
<td>Telephone:</td>
<td>Date SVA Alert Form Faxed:</td>
</tr>
<tr>
<td>Date received:</td>
<td>Date and time of review:</td>
<td>Action required:</td>
</tr>
</tbody>
</table>
- HOSPITAL STAFF: Fax completed alert form to Adult Safeguarding Lead fax: 020 8333 3125 and to Social Services Department fax: 020 8333 3056.
- COMMUNITY STAFF: Fax completed alert form to Adult Safeguarding Lead fax: 020 8333 3125 and Social Care Advice and Liaison Team fax: 020 8 314 3014
- Discuss safeguarding alert with your ward Manager and Matron. File a copy into patient's notes.
- For safeguarding advice contact Adult Safeguarding Lead on Bleep 1923.
- For out of hour's referral advice please refer to the Safeguarding Adults at Risk Policy
## Confidential - Lewisham Borough MARAC Referral Form

This document contains restricted information. It is circulated in accordance with Section 115 Crime & Disorder Act 1998 and Lewisham MARAC Information Sharing Protocol. No action should be taken in relation to this information without referring to the originator who may hold additional information. No part of the following material should be further disseminated or disclosed without prior consultation with the originator.

<table>
<thead>
<tr>
<th>Referred By:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Referring Agency</td>
<td></td>
</tr>
<tr>
<td>Date of Referral</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Victim</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Dob</td>
<td></td>
</tr>
<tr>
<td>Ethnic Origin</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Contact Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Housing provider.</td>
<td></td>
</tr>
<tr>
<td>Mental Health Issues?</td>
<td></td>
</tr>
<tr>
<td>Drink/Drugs Issues?</td>
<td></td>
</tr>
<tr>
<td>Disability? (Please state)</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Any Other Information</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Dob</td>
<td></td>
</tr>
<tr>
<td>Ethnic Origin</td>
<td></td>
</tr>
<tr>
<td>Relationship to perpetrator</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Health Visitor (if known)</td>
<td></td>
</tr>
</tbody>
</table>
### Child 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Dob</th>
<th>Ethnic Origin</th>
<th>Relationship to perpetrator</th>
<th>Address</th>
<th>Health Visitor (if known)</th>
<th>School Details (if known)</th>
<th>Any Other Information</th>
</tr>
</thead>
</table>

### Child 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Dob</th>
<th>Ethnic Origin</th>
<th>Relationship to perpetrator</th>
<th>Address</th>
<th>Health Visitor (if known)</th>
<th>School Details (if known)</th>
<th>Any Other Information</th>
</tr>
</thead>
</table>

### Perpetrator 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Dob</th>
<th>Ethnic Origin</th>
<th>Relationship to victim</th>
<th>Address</th>
<th>Housing provider.</th>
<th>Mental Health Issues?</th>
<th>Drink/Drugs Issues?</th>
<th>Any Other Information</th>
</tr>
</thead>
</table>

### Perpetrator 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Dob</th>
<th>Ethnic Origin</th>
</tr>
</thead>
</table>
Relationship to victim
Address
Mental Health Issues?
Drink/Drugs Issues?
Any Other Information

Referral Details

Crime Reference Number: (if known)

Reasons for Referral:

☐ 14 or more ticks on the Risk Indicator Checklist (RIC) (____ number of ticks.)

☐ 4 police crimes in the past 12 months

☐ Professional judgement (Please state clearly reasons for professional judgement)

☐ Honour based violence

☐ Repeat referral To meet this criteria, the answer to the following 2 questions must be YES.

1. Has there been a further incident involving violence, threats of violence, pattern of stalking or harassment or rape or sexual abuse?
2. Are Perpetrator and Victim details the same from previous MARAC case?

Please provide details in next section.

Background & Risk Issues – Please provide summary of reasons for referral. If a RIC was used, or referral made on Professional Judgement, please state clearly the risk factors:

All victims should be contacted and informed of their MARAC referral. If this
<table>
<thead>
<tr>
<th>has not happened please give detailed reasons why not.</th>
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</table>

<table>
<thead>
<tr>
<th>What outcome is the VICTIM (and/or the referrer) hoping to achieve for the victim through the MARAC?</th>
</tr>
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<table>
<thead>
<tr>
<th>Has the victim indicated to you what would make them feel most safe?</th>
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</table>

Please complete this form in full and send securely to alfene.rhodes@lewisham.cjsm.net
Appendix 6 – ‘Prevent’ referral

Email referral to SO15mailbox-.channelproject@met.police.uk and provide an anonymised version to Prevent@london.nhs.uk for information

**Restricted and confidential**

### Details of the individual being referred

<table>
<thead>
<tr>
<th>Name of the individual being referred</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of birth</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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</table>

### Details of the referring agency

<table>
<thead>
<tr>
<th>Name of the organisation making the referral</th>
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</table>

<table>
<thead>
<tr>
<th>Name of staff contact</th>
<th>Contact number</th>
<th>Email address</th>
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### Referral details

Please give a short description on why the referral is being made

<p>| |</p>
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</table>
Appendix 7

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies\(^1\) for MARAC case identification when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present ✅. Please use the comment box at the end of the form to expand on any answer.

It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (tick)</th>
<th>No</th>
<th>Don’t Know</th>
<th>State source of info if not the victim e.g. police officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)</td>
<td></td>
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<tr>
<td>2. Are you very frightened? Comment:</td>
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<tr>
<td>3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)…) might do and to whom, including children). Comment:</td>
<td></td>
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</tr>
<tr>
<td>4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ………….) try to stop you from seeing friends/family/doctor or others? Comment:</td>
<td></td>
<td></td>
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<tr>
<td>5. Are you feeling depressed or having suicidal thoughts?</td>
<td></td>
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<tr>
<td>6. Have you separated or tried to separate from (name of abuser(s),….) within the past year?</td>
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<tr>
<td>7. Is there conflict over child contact?</td>
<td></td>
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</tr>
</tbody>
</table>

\(^1\) Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>State source of info if not the victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Does (……) constantly text, call, contact, follow, stalk or harass you?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)</td>
<td></td>
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</tr>
<tr>
<td>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</td>
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<tr>
<td>10. Is the abuse happening more often?</td>
<td></td>
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<tr>
<td>11. Is the abuse getting worse?</td>
<td></td>
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</tr>
<tr>
<td>12. Does (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider ‘honour’-based violence and specify behaviour.)</td>
<td></td>
<td></td>
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<tr>
<td>13. Has (……) ever used weapons or objects to hurt you?</td>
<td></td>
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</tr>
<tr>
<td>14. Has (……) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You ☐ Children ☐ Other (please specify) ☐</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15. Has (……) ever attempted to strangle/choke/suffocate/drown you?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16. Does (……) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)

18. Do you know if (………) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)
   - Children □
   - Another family member □
   - Someone from a previous relationship □
   - Other (please specify) □

19. Has (………) ever mistreated an animal or the family pet?

20. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?

21. Has (……..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)
   - Drugs □
   - Alcohol □
   - Mental Health □

22. Has (……) ever threatened or attempted suicide?

23. Has (………) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)
   - Bail conditions □
   - Non Molestation/Occupation Order □
   - Child Contact arrangements □
   - Forced Marriage Protection Order □
   - Other □

24. Do you know if (………) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)
   - DV □
   - Sexual violence □
   - Other violence □
   - Other □

| Total 'yes' responses | □ | □ | □ |
For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems and minimisation. Are they willing to engage with your service? Describe:

Consider abuser’s occupation/interests - could this give them unique access to weapons? Describe:

What are the victim’s greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No
If yes, have you made a referral? Yes/No

Signed: Date:

Do you believe that there are risks facing the children in the family? Yes / No
If yes, please confirm if you have made a referral to safeguard the children: Yes / No
Date referral made ..................................................

Signed: Date:

Name:

Practitioner’s Notes