

Safeguarding Vulnerable Adults Policy & Local Guidance Referral Pathway	
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This Trust-wide CBR has been developed / reviewed in accordance with the Trust approved ' <i>Development & Management of Trust-wide Corporate Business Records Procedure (Clinical and Non-clinical strategies, policies and procedures)</i> '	Version 2.0
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Summary of Trust-wide CBR:	The local guidance – referral pathway has been developed to address the requirement for a local pathway based on the multi-agency policies & procedures Visit www.coventry.gov.uk and follow the Social Care Health and Safeguarding Adults links
Purpose of Trust-wide CBR:	It has been designed in a format that provides step by step instruction to support and encourage staff to raise their concerns through the appropriate channels.
Trust-wide CBR to be read in conjunction with:	Coventry City Council Safeguarding Adults Multiagency Policies and Procedures 2009 UHCW Mandatory Training Policy UHCW Incident Management Policy 2010
Relevance:	Governance
Superseded CBRs (if applicable):	Safeguarding Vulnerable Adults Policy & Local Guidance Referral Pathway, Version 2

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Version	Title of Trust Committee/Forum/Body/Group consulted during the development stages of this Trust-wide CBR	Date
2.0	The Safeguarding Adults and Children's Committee	October 2014
2.0	Corporate Business Records Committee	January 2014

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1.0 SCOPE

This policy and associated procedures are applicable to individuals who have passed their 18th birthday, and meet the threshold for safeguarding as set out in “No secrets” (DoH 2000) and the Care Act 2014.

This policy applies to all employees of the Trust, including staff seconded to this Trust;

- Agency
- Locum
- Contract
- Voluntary staff

All levels of management must understand and implement the policy. This policy will enable Staff employed by University Hospital Coventry and Warwickshire NHS Trust (UHCW), to demonstrate its commitment to keeping vulnerable adults in their care safe. UHCW acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

The Policy and Procedures have been developed to enable UHCW staff to:

- Promote good practice, which prevents harm, abuse and coercion from occurring.
- Ensure any suspicions or allegations of abuse are responded to appropriately and that support is given to the victim.

2.0 INTRODUCTION

Safeguarding adults is the responsibility of all professionals who deliver health care and social care services; it is an integral part of patient care. Professional regulators, service regulators, require care providers to be duty bound to safeguard patients in their care (Care Act July 2014). Health services are expected to provide additional measures which protect patients who are less able to protect themselves from harm or abuse.

Patients, carers and the public have a right to expect to be protected from abuse. Wherever possible the adult at risk, and or their named advocate, should be included in the decision making process developed by professionals dealing with the protection of a vulnerable adult.

There are 6 principles which underpin the Safeguarding of Vulnerable Adults:

Principle 1 – Empowerment – Presumption of person led decisions and consent

Principle 2 – Protection – Representation and support for individuals in greatest need

Principle 3 – Prevention – The primary objective is to prevent harm and abuse

Principle 4 – Proportionality – Response to the risk presented should be proportionate, and be the least intrusive approach possible

Principle 5 – Partnership – Local solutions, with the partner agencies working with local communities

Principle 6 – Accountability – Accountability and Duty of Candour evident in the delivery of safeguarding

There are also a number of local policies which will support staff put in place the safeguards and measures to reduce the likelihood of abuse within UHCW, and ensure that vulnerable individuals are treated with the dignity and respect they deserve, these include:

- Equality, Diversity & Human Rights Policy
- Volunteer Involvement Policy
- Complaints Policy
- Whistle Blowing Policy
- Data Protection Act 1998 Handling Subject Access Requests Policy & Procedure
- Recruitment and Selection

(NB – this is not an exhaustive list, but provides a useful selection of supplementary information staff can access on e – Library)

3.0 STATEMENT OF INTENT

The Coventry Safeguarding Adults Multi-agency Policies and Procedures document (2011) (www.coventry.gov.uk) provides a significant amount of detailed information related to every aspect of safeguarding adults.

In addition to this the Human Rights Act 1998, The Equality Act 2010, The Mental Capacity Act (MCA) 2005 and The Deprivation of Liberty Safeguards (DoLS) (Addendum to the MCA in 2009), ensures that individuals receiving care and treatment are empowered to make informed decisions, and remain in control of their choices in respect of this. The Mental Capacity of an individual, is a key component in safeguarding, and needs to be considered throughout the process. This includes taking reasonable steps to reduce identified risks while respecting the individual's right to make choices.

The purpose of developing the UHCW local guidance referral pathway for safeguarding adults is to support staff respond appropriately to safeguarding related concerns, in accordance with the 6 principles which underpin the Safeguarding of Vulnerable Adults in their care. (Ref: How to Report a Safeguarding Adult Concern Flow Chart - section 6.1).

4.0 DEFINITIONS

Recognising the signs and symptoms of abuse is fundamental requirement for all staff if they are to protect vulnerable adults in their care. Safeguarding Adult Procedures relates to persons over the age of 18 years.

A vulnerable adult is defined as an individual who:

“is or may be in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation” .

The Department of Health (2000)

UHCW is committed to ensuring that staff are trained to recognise the signs and symptoms that might indicate an individual in their care is or has been experiencing abuse.

No Secrets : Department of Health 2000 defined abuse as follows:

“Abuse is a violation of an individuals` human and civil rights by any person or persons”

Abuse can present in a number of forms:

Physical abuse - Including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions;

Sexual abuse - Including rape and indecent assault or sexual acts to which the vulnerable adult has not consented to, or could not consent to, or was coerced into consenting to;

Psychological abuse - Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, belittling, blaming, controlling, intimidation, threats to harm, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

Financial or material abuse - Including theft, fraud, selling assets, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Institutional Abuse, Neglect and Acts of omission - Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. The Trust requires staff to make a referral for safeguarding, for all patients who present with or develop multiple areas of grade 2 tissue damage, a grade 3 or 4 pressure ulcer on admission, or during their hospital admission, in accordance

with the UHCW and Coventry Wide Tissue Viability Policy Guidance.

Discriminatory abuse - Including racist, sexist, ageist, and abuse based on a person's disability, and other forms of harassment, slurs or similar treatment.

Radicalisation - Where vulnerable adults are drawn into violent extremism, such as:

- Speeches or essays calling for racial or religious violence.
- Messages intended to stir up hatred against any religious or ethnic group.

Domestic violence and abuse - Any incident or pattern of incidents of controlling, coercion, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. People who abuse others can come from any background or walk of life. Professional status or position of Trust does not preclude an individual from abusing a vulnerable person.

5.0 DUTIES / RESPONSIBILITIES

5.1 Executive Lead

The Chief Nurse is the executive lead for the safeguarding of adult and children agendas. As the executive lead the post holder has corporate responsibility for ensuring the Trust is fully compliant with meeting the national and local standards for safeguarding adults.

5.2 Operational Management Lead

The Associate Director of Nursing (AND) – Women & Children's and Safeguarding, has operational/line management lead responsibility for the safeguarding team and for the implementation of the Safeguarding Adult agenda within the Trust. The post holder may be required to provide expert advice to case reviews and serious case reviews, and is responsible for ensuring that the executive lead is briefed of any high risk cases that are relevant to the Trust.

5.3 Lead Professional for Safeguarding Adult & Named Clinical Lead

The Trust has a Named Nurse for and a Named Clinician for Safeguarding Adults

The purpose of these roles is to;

- Work strategically across the local health and social care economy developing and facilitating interagency working in respect of Safeguarding Adults.
- Provide expert advice, acting as an accurate and accessible resource for all staff,

- patients, carers and relatives in the context of adult safeguarding.
- Delivering Mandatory Training in accordance with Trust Training Needs Analysis.
- Maintaining accurate records in respect of all the internal safeguarding adult cases,
- Develop and implement policies relating to the safeguarding adult agenda.
- Provide advice and leadership relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Ensure the Trust remains compliant with the delivery of safeguarding standards required by Care Quality Commission
- Maintain and Review Alert system
- Provide reports for Trust Board and any other relevant committees/agencies as required.
- Deliver the PREVENT training strategy, in accordance with the WRAP 3 training programme (HM Government 2014).

5.4 PREVENT Lead

The Trust has a named lead for PREVENT in line with government recommendation. The post holder is responsible for the development and implementation of the UHCW PREVENT strategy in line with the WRAP 3 training syllabus.

5.5 Group Manager Roles and Responsibilities

Group Managers are responsible for ensuring that they and their staff are aware of, and comply with, UHCW Local Guidance Referral Pathway for Safeguarding Adults (Flow diagram section 6.1), and have completed the induction and mandatory training updates in line with the training needs analysis and local contract requirements.

Group Managers may be required to have an investigatory role for an individual safeguarding case within their area of responsibility.

5.6 Individual Staff Responsibility.

It is the responsibility of **ALL** staff to **ACT** if you have any concerns about the safety of a vulnerable adult. *What to do, and Who Needs to Know* is set out clearly in UHCW Local Guidance Referral Pathway for Safeguarding Adults (Flow diagram section 6.1).

All staff who are required to register with a professional body in order to legally practice are responsible for maintaining current registration with their professional and regulatory bodies, these include :

- General Medical Council (GMC)
- Nursing & Midwifery Council (NMC)
- Independent Safeguarding Authority (ISA-**Independent Safeguarding Authority** makes barring decisions to prevent unsuitable people from working in regulated activity with children and

)

- Health Care Professionals (HCP)

5.7 Organisational Support for Staff

Individuals staff, patients, carers or service users making an allegation, or expressing concern in accordance with all the local Safeguarding Adults Policies and Procedures should be reassured that:

- Their concerns will be taken seriously
- Their comments will be treated confidentially, but their concerns may be shared if they or others are at significant risk in not doing so (Coventry Partnership Information Sharing Protocol 2014).
- They will be given immediate protection from the risk of reprisals or intimidation
- They will be given support and afforded protection if necessary, e.g. under the Public Interest Disclosure Act 1998
- They will be dealt with in a fair and equitable manner
- They will be kept informed of action that has been taken and its outcome as appropriate.
- They will be provided with accessible information describing the procedures and their rights within it.

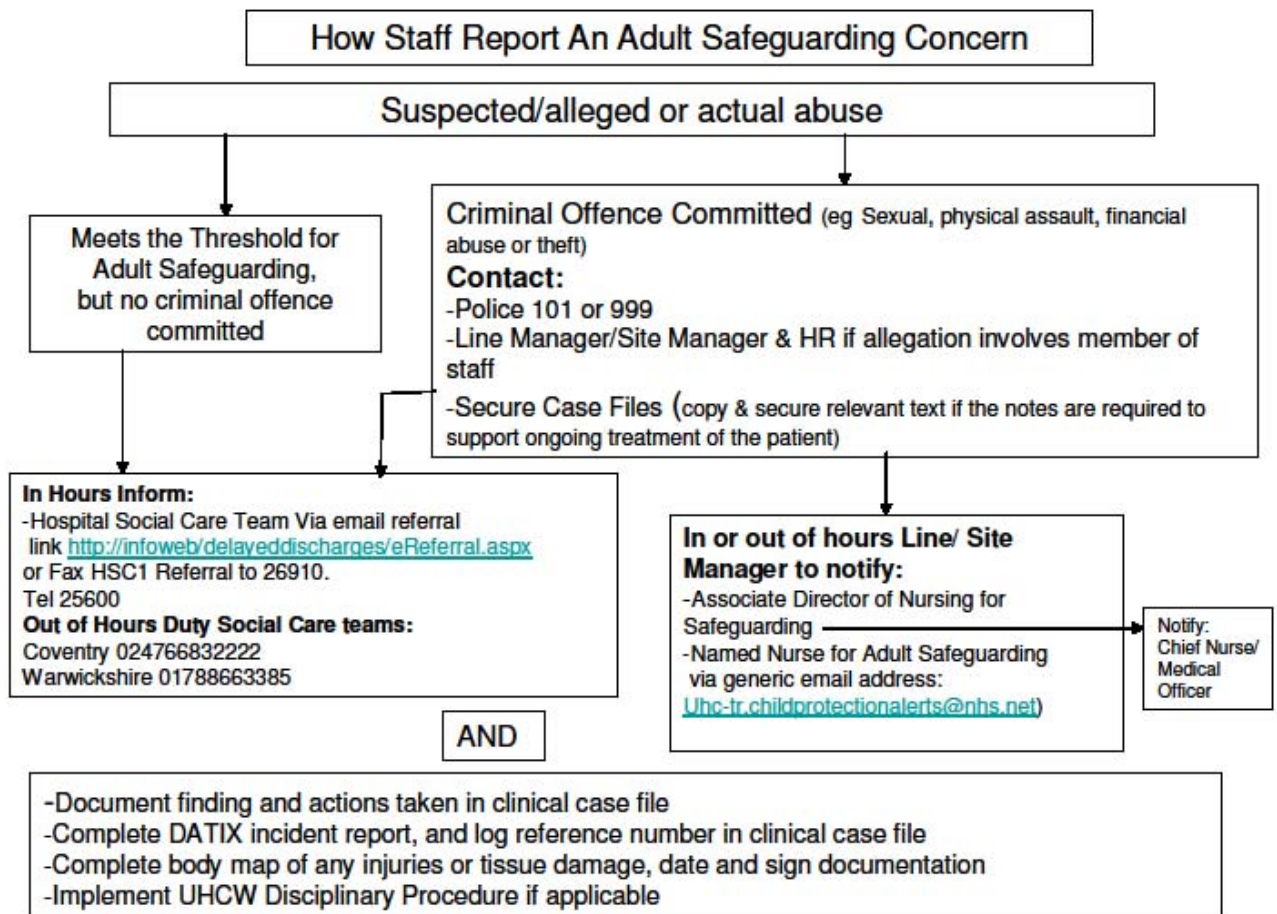
(Coventry Safeguarding Adults Multi-agency Policy and Procedures 2011).

6.0 DETAILS OF THE POLICY

6.1 UHCW Local Guidance Referral Pathway for Safeguarding Adults

UHCW Local Referral Pathway for Safeguarding Adults has been developed to be used in conjunction with the Coventry And Warwickshire Multi Agency Safeguarding Adult Policy and Procedures (2011). The aim is to provide practitioners with the information required to raise a concern. It is the duty of all staff to take **ACTION IMMEDIATELY if there is any evidence or suspicion that an adult is at risk of harm or abuse.**

UHCW Local Referral Pathway for Safeguarding Adults (section 6.1) has been developed to provide practitioners with simple instruction to enable them to raise their concerns.



6.2 Investigation process

There are 8 stages to the investigation process following receipt of a referral. These have been developed within the Coventry Safeguarding Vulnerable Adults Policy and Procedure Guidance (2011).

(<http://www.coventrypartnership.com>).

The purpose of the investigation is to collect and co ordinate evidence relating to the safeguarding adult concern, and will include the context in which the incident has happened. Where an alleged criminal offence has been committed there maybe a need to secure the case notes, the police will indicate that this action is a requirement. This action is taken to ensure that crucial evidence is not contaminated. There are a number of sources that will inform the Adult Safeguarding investigation process, these may also include:

- Root Cause Analysis reports
- Findings and recommendations from disciplinary investigations and or,

criminal proceedings.

- Notes review

This is not an exhaustive list.

The outcome of an investigation will always generate a protection plan for the vulnerable adult involved. For the most vulnerable adults, UHCW has an e Alert system in place (ref section 6.3.1), which forms part of the protection plan for these high risk individuals.

6.3 Adding an Alert

6.3.1 Decision Criteria

An alert can only be added to an individuals case file if:

- It is the multi agency recommendation following a safeguarding adult planning meeting or SCR.
- An individual is known or suspected of being a victim of Domestic Violence & Abuse (DVA).
- Individuals on the Coventry Harm Reduction Register

6.3.2 Roles and Responsibilities of those individuals Adding an Alert

The named Nurse or Lead Clinician for Adult Safeguarding, are the only nominated staff who can request the adding of an alert to a victim's case record, and are responsible for notifying the Safeguarding Administration Support Officer that an alert needs to be added to the system. Only a minimum amount of information will be held on the alert file, these will only include:

- Agency contact details.
- Perpetrator details where they pose significant risk to the victim.
- Any brief "MUST DOs" relating to immediate protection plan.

NB. The multi agency team will agree what information will be held on the alert record.

The Safeguarding Administration Support Officer is responsible for inputting the alert information in accordance with Trust ICT procedure guidance. No other individual(s) will be given authorisation to physically add or remove an alert from the system.

ICT will be responsible for the technical maintenance of the system in accordance with Trust policy

6.3.3 Alert Inclusions

The alert will include:

- A flag on the relevant e case file with Clinical Record Reporting System (CRRS) to alert the clinician that the individual patient may be vulnerable
- A notification that the individual is known to Adult Safeguarding, or is a known victim of DVA or is already on the Coventry Harm Reduction register
- Contact details for any relevant professionals involved in the management of the case.

NB – Details of the case will not be included in the alert text. The purpose of the alert is to ensure an appropriate protection plan can be initiated without delay.

6.3.4 Responsibilities of those individuals accessing alert information

Any clinician accessing the alert system is responsible for responding to the information within the text message immediately. In most cases this will be through Social Care or the leads for Adult/ Childrens' Safeguarding within the Trust. Any information relating to any actions taken must be documented in the individual patient medical record.

6.4 Maintaining and Reviewing Alerts

The maintaining and reviewing of the alerts will be carried out by the lead nurse for adult safeguarding and the ED Reception and Performance Manager annually. An alert will only be removed from the system if:

- There is a multi agency decision to do so
- The victim is deceased

6.5 Governance Framework

Safeguarding vulnerable adults is a shared responsibility for all health and social care agencies and professionals (Care Act 2014). The local health and social care providers have representation on all the Safeguarding Adult Boards and sub groups at both strategic and operational level across Coventry and Warwickshire; this is a Care Act requirement (DoH 2014). This ensures that there is an explicit governance framework and multi-agency communication network for the safeguarding of vulnerable adults, across all levels, and within all of the local health and social care organisations. Monitoring of interagency working arrangements in relation to the safeguarding of vulnerable adults is the responsibility of the Care Quality Commission (CQC). The Trust has a statutory requirement to notify the CQC:

- When an application for DoLS Authorisation is approved
- When a patient is being treated under a DoLS Authorisation goes missing
- When a patient detained under the Mental Health Act dies while being

treated in hospital

- When a patient being detained under the Mental Health Act goes missing while being treated in hospital

<http://www.cqc.org.uk/organisations-we-regulate/registered-services/notifications/notifications-nhs-trusts>

The Coroners Officer must also be informed if a patient dies in hospital while detained under a DoLS Authorisation

(HH Judge Peter Thornton QC – Chief Coroner., December 2014)

The Trust has a duty to ensure that a safe recruitment process is in place for all new staff, who in the course of their work may have contact with vulnerable adults and children. This includes having a clean Disclosure and Barring Service (DBS) check, and current professional registration if post specifically appropriate, before commencing employment (UHCW Recruitment and selection procedure 2013). The local recruitment policy also follows the current guidance issued by the Independent Safeguarding Authority (ISA 2009).

6.6 Interagency Working

6.6.1 Interagency working

Interagency working requires all staff regardless of employing organisation, to work in partnership with key stakeholders to safeguard vulnerable adults (Care Act 2014). Partnership working will ensure that vulnerable adults receive the required services without compromise.

Sharing information across all agencies is a key requirement for achieving positive outcomes for vulnerable adults. The Coventry and Warwickshire Multi Agency Information Sharing Protocols have been agreed by all the partner agencies to ensure that the Safeguarding of vulnerable Adults is not compromised due to poor communication practices across the partner agencies.

<http://coventrypartnership.com>. <http://www.warwickshire.gov.uk/sharinginformation>

6.6.2 Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS)

The UHCW MCA/DoLS management process has been developed to ensure that Trust staff are compliant with the requirements set out in the Mental Capacity Act Code of Practice (2007), the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguarding (DoLS) addendum (2009).

The link below provides information and the legal documents required to apply for a DoLS authorisation

<http://webapps/intranet/departments/safeguarding/DoLS%20application%20and%20Auth>

[orisation.asp](#)

Since the Cheshire West Judgement in 2014 the “acid test “ for an application for a DoLS Authorisation is as follows:

1) Is the person subject to continuous supervision and control?

&

2) Is the person free to leave? (the person may not be saying this or acting on it but the issue is about how staff would react if the person did try to leave)

So this now means that if a person is subject to both continuous supervision and control and not free to leave they are deprived of their liberty , therefore, an application for a DoLS authorisation is required.

It is important to check the patient’s post code when faxing a DoLS Authorisation request document, as requesting authorisation from the wrong authority will delay the response to the request. The contact details for the two local authorising bodies is:

- Coventry Local Authority - fax 08704001856
- Warwickshire Local Authority – fax 01926413950

As the Managing Authority, the Trust has a responsibility for notifying the CQC when the Trust has an application for a DoLS authorised. The process for making an application for a DoLS authorisation is set out in appendix 2 – “ Non emergency referral pathway for the application of Deprivation of Liberty Safeguards (DoLS) Authorisation under the MCA (DoH 2009)”.

If an independent advocate is required to support an individual who is assessed as not having the mental capacity to make decisions the local service provider is VoiceAbility. The contact details for this Independent Mental Capacity Advocacy (IMCA) Service is:

Tel: 08450175198

Fax: 02083306622

The Ward manager/nurse in charge is required to notify the safeguarding team each day via the generic safeguarding email address Uhc-trchildprotectionalerts@nhs.net of all the patients detained under a DoLS or Mental Health Section on their ward. The safeguarding team are responsible for maintaining this register.

The Doctor certifying the death of the patient being treated while detained under a DoLS , is responsible for notifying the Coroners Office of the death in these circumstance (Chief Coroner December 5th 2014).

6.6.3 PREVENT

PREVENT is a strategy that seeks to stop people becoming terrorist and supporting violent extremism.

The specific objectives relating to healthcare services are:

- To support those vulnerable to recruitment / radicalisation or who are known

recruits of violent extremist organisations.

- To disrupt those who promote violent terrorism or support the places where they operate
- To address the grievances which radicalisers are exploiting

The key message is that staff **MUST** escalate any concerns, and be confident these issues will be taken seriously. Any concerns in relation to this agenda should be raised via any of the following:

- Contact the Safeguarding Team – ext 26125 or switchboard
- Contact Security – via switchboard
- Contact the Police - 101

6.7 Internal Procedure for managing allegations of abuse by staff on a patient

The “No Secrets: Guidance on Developing and Implementing Multi – agency Policies and Procedures” (DoH 2000), and The Care Act (2014) provide national frameworks for managing such incidents, and the Coventry Multi- Agency Safeguarding Adult Policy and Procedure Guidance (2011), also sets out the local procedural guidance for incidents of this nature. The UHCW referral pathway flow chart, set out in section 6.1, provides the practical steps staff need to follow when making any safeguarding adult referral, including cases where a member of staff is the alleged perpetrator.

The Safeguarding Adult investigation will run in parallel with UHCW internal investigation process, as detailed in the UHCW Disciplinary Procedure (2014). All agencies involved in the investigation process, are required to share any information that may be disclosed as a result of their local investigations (Coventry Multi Agency Information Sharing Agreement Policy 2014)

The Chief Nurse, is the accountable Officer for the Trust, and has responsibility for ensuring the internal procedure for the investigation of any safeguarding vulnerable adult case, is managed in accordance with Trust Policies for Safeguarding Vulnerable Adults and other related local and national policy/procedural guidance

6.8 Clinical Adverse Event Reporting for Safeguarding Adults

Completion of a Clinical Adverse Event (CAE) Report is an integral requirement of the referral process for Safeguarding Adults (ref section 6.1). Receipt of this report will trigger the internal management process as detailed in the Trust Incident Management Policy.

If the incident originated external to the Trust, the safeguarding event will be referred to the appropriate external agency. It is the responsibility of the investigating manager to alert the Named Nurse for Safeguarding Adults, who is responsible for ensuring that the case is referred and managed in accordance with the relevant UHCW Policies and any

6.9 Serious Case Review

As a member of the Coventry Safeguarding Adults Board, the Trust is required to participate in any investigation as commissioned by the local Safeguarding Adults Boards. The Trust is required to ensure that any recommendations made as result of investigations, including serious case reviews are monitored and are implemented in accordance with the agreed plan. The Executive Lead is responsible for appraising the Trust Board of any safeguarding cases that proceed to serious case review, and is the authorised signatory for approving the final report on behalf of the Trust.

6.10 The discharge management of patients' who are under a safeguarding investigation while in hospital.

If a patient is subject to a safeguarding vulnerable adult investigation while in hospital, the Trust has a duty to ensure that the patients discharge from hospital is safe, and will not be compromised by the proposed discharge arrangements. The discharge of a patient back to their usual place of residence should not be considered if there are any outstanding concerns relating to this as a place of safety. If this is the case, an alternative placement must be arranged by the multi agency team involved in the case. This will ensure that the patient is discharged from hospital when they are medically ready* for discharge, and that this is not delayed as a result of the safeguarding investigation.

It is the responsibility of all the professional agencies to ensure that each agency is kept informed of the discharge plans at all stages in the process, including when a patient is subject to a safeguarding investigation. The safeguarding adult procedure in these circumstances will include the development of a discharge protection plan which may include an alternative placement as the discharge option. Any alternative placement option must be with agreement of the individual patient. It is important, therefore, to establish at the earliest possible stage if the individual has the capacity to make an informed decision about their discharge destination. Where their capacity is established as competent, an alternative placement may not be an option they want to consider, however, the risks associated with this decision must be discussed with the individual, and the outcome of these discussions documented in their case notes.

The discharge options for further consideration may include:

- Respite
- Short term tenancy in housing with care
- Residential Intermediate Care

These options should be discussed and agreed with all the relevant agencies involved discharge planning procedure, and should always keep the wishes of the patient/carer/ advocate central to the decision making process whenever possible (MCA 2005).

The ward team/discharge facilitator can contact the Named Nurse for Safeguarding Adults if they require any additional advice relating to the proposed discharge arrangements for the patient who is subject to safeguarding procedures.

* Medically ready for discharge local definition = the patient is no longer receiving acute medical intervention. The patient may remain frail, however, and have a long term condition that will require ongoing maintenance treatment for life, which it is appropriate to manage in the community.

7.0 DISSEMINATION AND IMPLEMENTATION

The dissemination and implementation process will be facilitated within the divisions as agreed by the divisional management teams. The safeguarding committee will determine the date when they receive an annual divisional dissemination and implementation plan, which will be monitored for compliance by this forum.

8.0 TRAINING

Safeguarding Vulnerable Adults, Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs) awareness training will be delivered in accordance with the Trust Training Needs Analysis. Majority of the Safeguarding Adult training is via e Learning, training compliance standards within the management groups will be managed in accordance with the Trust Mandatory Training Policy.

9.0 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT.

The effectiveness of the policy in practice will be monitored by the Safeguarding Adults Committee. The committee will be provided with monthly reports containing the performance monitoring data for safeguarding adults, which will include:

- Monthly Mandatory Training figures.
- Risk report relating to any potential / actual serious case reviews.

Monitoring of the policy will be a continuous process as detailed in the monitoring table in section 9.1. The actions set out in the monitoring table will ensure that the procedural guidelines are implemented in practice and are fit for purpose in the context of safeguarding adults

9.1 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
The safeguarding process will be monitored according to the policy, including: a) Duties b) Local Arrangements For Managing The Risk Associated With Safeguarding Adults	Review A Random Sample Of Cases Against UHCW Local Guidance Referral Pathway (Chart 6.1) (Minimum Of 10% Of Referred Cases)	Department Of Clinical Audit	Annually	The Safeguarding Committee	Associate Directors of Nursing
Local Arrangements For Managing The Risk Associated With Safeguarding Adults	Review Of Incident Reporting	By Division	3 Monthly	The Clinical Risk Management Committee	Associate Directors of Nursing
Training Needs Analysis	Review Of Monthly Mandatory /	By Division	Monthly	The Safeguarding Committee	Divisional Directors Of Operations

	Induction Training Figures				
Equality Impact Assessment	As set out in Equality and Diversity Policy	By Division	Annually	Equality and Diversity Steering Group The Safeguarding Committee	Divisional Directors Of Operations

10.0 STAFF COMPLIANCE STATEMENT

All staff must comply with this policy and failure to do so may be considered a disciplinary matter leading to action being taken under the Trust's Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment, and may in addition lead to other legal action against the individual/s concerned.

A copy of the Trust's Disciplinary & Appeals Procedure is available from eLibrary.

11.0 EQUALITY & DIVERSITY STATEMENT

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

12.0 REFERENCES AND BIBLIOGRAPHY

Care Act 2014. Department of Health 2014

Independent Safeguarding Authority: <http://www.isa-gov.org.uk> 2009

No Secrets: Guidance on developing and implementing multi-agency and procedures to protect vulnerable adults from abuse. *Department of Health.2000*

Mental capacity Act 2005. *Department of Health 2005*

Mental capacity Act 2005: Deprivation of Liberty Safeguards. *Department of Health 2009*

Mental Capacity act 2005: Code of Practice. *Public Guardianship Office. 2007.*

Safeguarding Adults: report on the consultation on the review of No Secrets. *Department of Health 2010*

Coventry Safeguarding Adults' Multi-Agency Policy and Procedures. *Coventry City Council 2009.*

Coventry Information Sharing Protocol 2005

Warwickshire Information Sharing Protocol 2004

Warwickshire Safeguarding Board Interagency Procedures 2007

12.1 Useful Sites

Safeguarding Adults at Risk

UHCW intranet page:

<http://webapps/intranet/departments/safeguarding/safeguarding%20welcome.asp>

Independent Safeguarding Authority: <http://www.isa.gov.org.uk> 2009

MCA and DoLS

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091868

Mental Health Act

<http://www.dh.gov.uk/health/category/policy-areas/social-care/mental-health/>

[Click here for Section 5\(2\) Mental Health Paper Work](#)

13.0 UHCW ASSOCIATED RECORDS

UHCW Training Need Analysis

UHCW Domestic Violence and Abuse Policy

UHCW Discharge Policy

UHCW Procedure For Investigation and Root Cause Analysis

UHCW Tissue Viability Policy

UHCW Incident Management Policy.



UHCW Disciplinary and Appeals Procedure

UHCW Recruitment and Selection Procedure

UHCW Equality and Diversity

UHCW Risk Assessment Booklet

Appendix 1

		HEALTH & SOCIAL CARE SINGLE ASSESSMENT PROCESS HSC1			
INTERAGENCY REFERRAL/CONTACT — ADULTS/OLDER PEOPLE					
1. THIS REFERRAL IS BETWEEN		From	To	From	To
Community Nursing Service	<input type="text"/>	<input type="text"/>	CMHT [OP] Hospital In-reach Team	<input type="text"/>	<input type="text"/>
Walsgrave Hospital In-patient Ward	<input type="text"/>	<input type="text"/>	Intermediate Care Team	<input type="text"/>	<input type="text"/>
Community Mental Health Team [OP]	<input type="text"/>	<input type="text"/>	Social Services ACM	<input type="text"/>	<input type="text"/>
Other.....	<input type="text"/>	<input type="text"/>			
Date of Referral:		Time of Referral:		Taken by:	
2. DETAILS OF PERSON MAKING REFERRAL					
Name:		Role/Relationship:		Location/Address:	
Tel:		When can we usually contact you?			
IMPORTANT NOTE TO REFERRERS: Referrers will have discussed the information contained in this referral with the person being referred, or with someone who is legally entitled to represent them and that permission has been given for the information to be passed on to external health or social care professionals/providers who may be consulted in order to provide appropriate services. The information may be used also for service planning, monitoring services and research. If this has been agreed, please tick <input type="checkbox"/> this box. If any information is sent which may not be shared with the person who is being referred, it is essential that this is made clear at the time.					
3 PERSONAL DETAILS					
SURNAME:		Title:		SURFACS No:	
FIRST NAME(S):				Health No:	
PERMANENT ADDRESS:			TEMPORARY ADDRESS (if relevant)		
Post Code:			Post Code:		
Home Tel No:			Other Tel Nos:		
Date of Birth:			Religion:		
GP's Name:			GP's Tel No:		
GP's Address:					
Ethnicity:			First Language: (if not English)		
Interpreter needed? (give details)			Other communication needs: (please specify)		
Does this person live alone? (please tick)					
Yes		<input type="checkbox"/>	No		<input type="checkbox"/>
Names of others in Household		Relationship		Age	
Any disabilities, health problems, etc					

Other contact:			
Next of Kin (as given by person)		Relationship:	Tel No:
Address:			
4. HOSPITAL DETAILS (if applicable) [SECTION TWO NOTIFICATION]			
Hospital Name and Ward:		Date of Hospital Admission:	
		Admission Status (Mental Health only)	
Consultant's Name:		Predicted Discharge Date:	
Community Care (delayed Discharges) Section 2 notification		<input type="checkbox"/>	
5. REASON FOR REFERRAL (Recent events, include service user's views and any potential solutions identified by carer. Please identify any wishes)			
Service User's Name:		Health/Social Care No:	
6. OTHER PROFESSIONALS INVOLVED/REFERRED TO (please fill in all which apply)			
Role	Name	Location	Tel No:
Community Mental Health Team			
CMHT Hospital In-reach Team			
Community Nurse			
Intermediate Care Team			
Macmillan Nurse			
Occupational Therapy			
Physiotherapy			
Social Services			
Speech and Language			
Other			
7. ACCESS TO HOUSE (Special arrangements when visiting, eg pet issues, existence of key code or key holder. Please specify whether service user's accommodation is accessible to someone with restricted mobility, eg a wheelchair user.)			
Environmental risks, where known:	Gas: <input type="checkbox"/>	Electricity: <input type="checkbox"/>	Other:
8. SERVICES USUALLY RECEIVED (please tick any which apply)			
Support from informal carers, eg relations	<input type="checkbox"/>	Community Nursing Service (ongoing input)	<input type="checkbox"/>
Domiciliary Care (Local Authority or Independent)	<input type="checkbox"/>	Day Care/Day Services	<input type="checkbox"/>

Home Meals

Other (please specify)

**9. SIGNIFICANT MEDICAL CONDITIONS, INCLUDING MENTAL HEALTH CONDITIONS
(Indicate if any Specialist Assessments or Scales have been used)**

Acute Confusion: Yes / No	Longstanding Confusion: Yes / No	Can Patient express needs? Yes / No
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Permanent/Continuing Conditions:

Current Diagnosis/Problems and Medication:

Likely Outcome/Prognosis – short and long-term:

Appendix 2

Non emergency referral pathway for the application of: A Deprivation of Liberty Safeguard (DoLS) Authorisation, under the Mental Capacity Act (MCA).

