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Care Quality Commission (CQC)
FUNDAMENTAL STANDARDS

Policy title:	**Safeguarding adults from harm, abuse or improper treatment.**
Outcome:	**People are safeguarded from suffering any form of harm, abuse or improper treatment whilst using the healthcare services provided by Uttlesford Health.**
Authorised by:	**Liz Adams, CEO** **(CQC Nominated Individual & Registered Manager)**
Approved by:	**Dr Katharine Orton, Chair**
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Review date:	**31 January 2019** (or before if there is a change in practice or circumstances)

Adult Safeguarding Lead

Katherine Smith, Business Manager

(Named Doctor Dr Katharine Orton)

1. Policy statement

1.1 This policy sets out the statutory requirements for Uttlesford Health to discharge its accountability for safeguarding adults who may be, or are, at actual or potential risk of harm or abuse.

1.2 Uttlesford Health has a zero tolerance approach to the issue of abuse and supports all adults to feel safe and protected from any situation or circumstances that would potentially result in physical or psychological harm.

1.3 Patients who make contact with or use the Uttlesford Health independent healthcare service will be safeguarded from the risk of abuse or improper treatment.

1.4 Where any form of abuse is suspected, occurs, is discovered, or reported by a third party (which may be external to Uttlesford Health), Uttlesford Health will

take timely action, including investigation and subsequent referral to an appropriate safeguarding authority.

2. What is abuse?

2.1 The term ‘abuse’ can be subject to wide interpretation. The starting point for a definition is the following statement taken from *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000).*

- Abuse is a violation of an individual’s human and civil rights by any other person or persons.

- Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

- Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

2.2 ‘Significant harm’ should be taken to include: ‘ill treatment including sexual abuse and forms of ill treatment which are not physical; the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.’

3. Children

3.1 In England, the definition of a child is any person under the age of 18.

3.2 It is the policy of Uttlesford Health to treat patients under the age of 18 years.

However, the issue of safeguarding children is also relevant in the event that an adult patient being treated by Uttlesford Health, has a child with them at the time and is therefore present in the clinic premises.

3.3 As far as it is reasonably practicable, all adult patients will be encouraged not to have anyone under the age of 18 years with them during their Uttlesford Health consultation or treatment appointment.

This includes an adult patient’s own children or other children that the patient may have contact with.

3.4 Where an adult patient has a child with them during their appointment, whether it is their own child, or someone else’s child, Uttlesford Health will carry out a risk assessment to determine if there are actual or potential risks in continuing to proceed with the patient’s appointment.

3.5 If following the completion of the risk assessment, there are actual or potential risks of harm or abuse identified relating to the presence of a child, Uttlesford Health will make a referral to the local safeguarding authority.

3.6 A separate ‘Safeguarding Children’ policy is in place and should be read in conjunction with this ‘Safeguarding Adults’ policy.

4. Adults at risk

4.1 An adult at risk is a person aged 18 or over who is in need of care and support, regardless of whether he/she is receiving such care and support, and because of those needs, is unable to protect themselves against abuse or neglect.

4.2 The definition of vulnerable adult is a person aged 18 or over and who;

- is living in residential accommodation, such as a care home or a residential special school
- is living in sheltered housing
- is receiving domiciliary care in their own home
- is receiving any form of healthcare
- is detained in lawful custody (in a prison, remand centre, young offender institution, secure training centre or attendance centre, or under the powers of the Immigration and Asylum Act 1999)
- is under the supervision of the probation services
- is receiving a specified welfare service, namely the provision of support, assistance or advice by any person, the purpose of which is to develop an individual’s capacity to live independently in accommodation or support their capacity to do so
- is receiving a service or participating in an activity for people who have particular needs because of their age or who have any form of disability
- is an expectant or nursing mother living in residential care
- is receiving direct payments from a local authority or health and social care trust in lieu of social care services, or
- requires assistance in the conduct of their own affairs.

4.3 The next section of this policy describes actual and potential adult abuse situations for Uttlesford Health staff guidance.

5. Definition of harm or abuse (Adults)

5.1 Living a life that is free from harm and abuse, is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being but also providing additional measures for those least able to protect themselves from harm or abuse.

5.2 **Physical abuse of an adult**
Examples of adult physical abuse are assault, rough handling, hitting, pushing, pinching, shaking, misusing medication, scalding, inappropriate sanctions and exposure to excessive heat or cold.

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are also forms of physical abuse.

5.3 **Sexual and sexual exploitation of an adult**
Some examples of adult sexual abuse/assault include the direct or indirect involvement of an adult at risk in sexual activity or relationships which:

- they do not want or have not consented to
- they cannot understand and lack the mental capacity to be able to give consent to
- they have been coerced into because the other person is in a position of trust or power, such as a power or authority, or for example, a care worker; or
- required to watch sexual activity.

5.4 **Psychological/ emotional abuse of an adult**
This is behaviour that has a harmful effect on an adult's emotional health and development or any form of mental cruelty that results in:

- mental distress
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the adult at risk to make choices and undermining their self-esteem
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being
- bullying
- verbal attacks, or
- intimidation.

5.5 **Neglect of an adult**

A person's well-being is impaired and care needs not met. Behaviour that can lead to neglect includes ignoring an adult's medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional.

Intentional neglect would result from:

- wilfully failing to provide care
- wilfully preventing the adult at risk from getting the care they needed, or
- being reckless about the consequences of the person not getting the care they need.

Unintentional neglect of an adult could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the individual, they may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

5.6 **Discrimination**

Discriminatory abuse of an adult exists when values, beliefs or culture result in a misuse of power that denies opportunity to an adult and this results in harm. Psychological abuse is racist, sexist or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture or age.

5.7 **Institutional**

Institutional abuse is an observed lack of dignity and respect in an adult care setting, rigid routine, processes/tasks organised and prioritised to meet care staff needs, disrespectful language and attitudes.

5.8 **Domestic violence and self harm**

Domestic violence and self-harm need to be considered as possible indicators of abuse and /or contributory factors.

5.9 **Financial**

Financial abuse of an adult is the use of the person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- theft
- fraud
- exploitation
- undue pressure in connection with wills, property, inheritance or financial transactions

the misuse or misappropriation of property, possessions or benefits, or

- the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

6. Maintaining confidentiality, safeguarding and sharing information

6.1 Where an adult patient provides consent to receive care and treatment from Uttlesford Health, Uttlesford Health will maintain a confidential healthcare provider/patient relationship with each patient. This means that information about a patient's care and treatment will not be disclosed to persons outside of the Uttlesford Health staff team.

6.2 However, an exception to maintaining such confidentiality will apply in the event that individual safeguarding issues arise or are discovered which necessitate the referral to a safeguarding authority. This is for reasons of protecting a patient from actual or potential abuse.

6.3 Uttlesford Health recognises that a patient may not want their personal information shared. Patients may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the alleged 'abuser' will be damaged.

The member of Uttlesford Health staff should explain to the patient that it is their professional duty to share their concern with their line manager. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

6.4 If a patient refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with a safeguarding authority, their wishes should initially be considered and respected. However, there are a number of circumstances where Uttlesford Health can reasonably override such a decision, including where:

- the patient lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- a serious crime has been committed
- the alleged abuser has care and support needs and may also be at risk
- Uttlesford Health staff are implicated
- the patient has the mental capacity to make that decision but they may be under duress or being coerced, and

- a court order or other legal authority has formally requested the information.

6.5 If a decision is taken not to share information outside of Uttlesford Health because none of the above points apply as set out at 6.4, then Uttlesford Health will:

- support the patient to discuss and weigh up the risks and benefits of different options
- ensure that the patient is aware of the level of risk and possible outcomes
- offer to arrange for them to have an advocate or peer supporter
- where necessary, offer support to the patient to build their confidence and self-esteem
- agree on and record the level of actual or potential risk the person is taking
- record the reasons for not intervening or sharing the information
- review the situation at a frequency relevant to the patient's circumstances; this might be monthly, fortnightly, weekly, or daily, and
- aim to build trust and use gentle persuasion to enable the person to better protect themselves.

6.6 Where it is necessary to share information outside of Uttlesford Health, then Uttlesford Health will:

- explore the reasons for the patient's objections – what exactly are they worried about?
- explain to the patient the concern from Uttlesford Health's perspective and why it is important to share the information
- tell the patient who Uttlesford Health would like to share the information with and why
- explain to the patient the benefits, to them or others, of sharing the information – could they access better help and support?
- discuss with the patient the consequences of not sharing the information – could someone come to actual or potential harm or abuse?
- reassure the patient that the information will not be shared with anyone who does not need to know, and
- reassure the patient that they are not alone and that support is available to them.

6.7 If it is not wholly clear that information should be shared outside of Uttlesford Health, a conversation should take place with the local safeguarding authority,

or the Police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

6.8 If ultimately the patient cannot be persuaded to give their consent then it must be explained to them that the information will be shared by Uttlesford Health without their consent. The reasons should be given and recorded.

6.9 It is very important that the risk of sharing information is always very carefully considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual.

7. Alerting

7.1 All adults in need of safeguarding have the right to live their lives free from abuse of any description. Uttlesford Health may come into contact with adults in need of safeguarding and as an independent healthcare provider, has an absolute duty to protect them from harm and/or abuse.

7.2 Where abuse is suspected, confirmed or reported by any person working for Uttlesford Health, action will be taken without delay.

7.3 The following steps will be taken by Uttlesford Health when actual or potential abuse of an adult in need of safeguarding is suspected or confirmed;

- make sure no one is in immediate danger
- call for Police and/or ambulance if an emergency situation
- remain calm - do not over-react or be judgmental
- if abuse is recent, do not do anything that could disturb any possible forensic evidence
- record clear details of what has happened, and
- raise an alert without delay using the **SET SAF 1 – Safeguarding Adult Concern Form** as set out at **Appendix 1** of this policy.

7.4 All alerts must be taken seriously. Following the receipt of an alert, Uttlesford Health in consultation with other relevant agencies if necessary, will collate all information and assess whether any individual is in immediate danger or any urgent action is necessary, and submit a referral to the local safeguarding authority.

7.5 If the incident is recent and / or serious and the alleged victim has injuries or is severely distressed, the priority for all must be:

- to ensure the alleged victim is as safe and comfortable as possible
- to ensure the person gets any emergency medical treatment they need promptly

- to contact the Police if any crime is suspected, and

- to ensure that any evidence of actual or potential abuse is left undisturbed. There may be forensic evidence that would be pertinent to a police investigation: for instance, care needs to be taken about tidying up an area after an assault or offering baths or showers following a suspected sexual assault.

8. Making a referral

8.1 If a member of Uttlesford Health staff is concerned about an adult patient, they should discuss this with the Adult Safeguarding Lead as soon as possible.

8.2 If Uttlesford Health has a concern about the actual or potential abuse of a vulnerable adult, the local safeguarding authority will be contacted without delay.

9. Adult safeguarding contact details - Where to refer to?

9.1 Uttlesford Health will make a referral to the following safeguarding adult agency;

Essex Social Care Direct
Essex House
200 The Crescent
Colchester
Essex CO4 9YQ

By email: Secure email only:
essexsocialcare@essex.GCSX.gov.uk
(Emails sent to the above secure email address can only be send from a secure email address.)

Non Secure email: Socialcaredirect@essex.gov.uk

Making a referral/enquiry by telephone: 0345 603 7630

By safe haven fax to: 0345 601 6230

Out of hours Referrals: General Public - 0345 606 1212
Statutory Agencies – 0300 123 0778
Fax - 0300 123 0779

A copy of the **SET SAF 1 – Safeguarding Adult Concern Form** is set out at **Appendix 1** of this policy document which is to be used when making a referral.

9.2 Uttlesford Health will also formally notify the CQC of the adult safeguarding referral using the formal notification process as set out on the CQC website at

http://www.cqc.org.uk/content/notifications by completion and submission of a '***Statutory notification about abuse or alleged abuse concerning a person or persons (child or adult) who use the service'*** *Care Quality Commission (Registration) Regulations 2009 Regulation 18(2).*

A copy of the CQC Notification form is set out at **Appendix 2** of this policy document.

9.3 If the concern relates to an adult who lives out with the Essex area, the respective safeguarding authority will be contacted using the contact details via the following website

http://www.safecic.co.uk/your-scb-acpc/2-uncategorised/60-adultsafeguarding

10. Female Genital Mutilation (FGM)

10.1 FGM **inv**olves procedures that include the partial or total removal of the external female genital organs for non-therapeutic and non-medical reasons. or other injury to the female genital organ for cultural or other non-therapeutic reasons. The practice is medically unnecessary and is linked to a number of forms of physical and psychological distress. This practice includes piercing or altering the female genitalia in girls under the age of 18.

10.2 Under the Female Genital Mutilation Act (2003) (https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf), a person is guilty of an offence if they excise, infibulate and mutilate part or the whole of the female's labia majora, labia minora or clitoris. Therefore Uttlesford Health staff **must** adhere to the statutory requirements of the recording of identified cases.

10.3 FGM may be performed on babies and toddlers but it is most common in girls aged 4-10 and is usually performed before puberty. There are a number of reasons why FGM is practised within communities. These include social acceptance, family honour, ensuring a girl is marriageable, preservation of a girl's virginity or chastity, custom and tradition, hygiene and cleanliness, and the mistaken belief that it enhances fertility and makes childbirth safer for the infant (Foundation for Women's Health, Research and Development (FORWARD) www.forwarduk.org.uk/key-issues/fgm).

10.4 If Uttlesford Health has concerns that a female child or young female present in the clinic premises has had FGM or may be at risk of FGM, a risk assessment should be carried out and the above safeguarding authority (see 9.1) contacted for advice without delay.

(This is in keeping with published guidance on FGM published by the Department of Health and NHS England, a copy of which is at **Appendix 3**.)

11. Forced marriage

11.1 Forced marriage is a safeguarding issue. It can happen to both women and men, although many of the reported cases involve young women and girls aged between 16 and 25 (The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage; HM Government, June 2014).

There is no ‘typical’ victim of forced marriage. Some may be over or under 18 years of age, some may have a disability, some may have young children and some may also be spouses from overseas.

11.2 **Forced marriage** is a marriage conducted without the valid consent of both parties, where some element of duress is a factor. A person can be put under both physical and emotional pressure to get married. In some cases people may be taken abroad without knowing that they are to be married.

11.3 **Arranged marriage** is a non-abusive contract between two consenting adults and is fundamentally different from the issue of forced marriage. ‘The tradition of arranged marriage has operated successfully within many communities and many countries for a long time and remains the preferred choice of many young people’ (Working Group: Forced Marriages - 'A Choice by Right', June 2000).

Families of both spouses take a leading role in arranging the marriage, but the choice whether to accept the arrangement remains with the individuals. Arranged marriage should not be confused with forced marriage.

11.4 If Uttlesford Health has actual or potential concerns that at patient, or the partner of a patient, may be subject to forced marriage, the available information and circumstances will be referred to a safeguarding authority, without delay, for advice and action.

11.5 Uttlesford Health acknowledges that it may be very challenging to confirm if forced marriage is an issue when a patient uses its healthcare service.

However, where any concerns are evident or suspected, these will be referred to the safeguarding authority. For example, concerns may become apparent if a patient requests treatment for themselves and additionally asks if the same treatment can be provided for their partner.

12. Exploitation by radicalisers who promote violence

12.1 Vulnerable individuals who include adults with care and support needs may be susceptible to recruitment into violent extremism by radicalisers. The Home Office leads on the anti-terrorism strategy known as ‘Contest’ - https://www.gov.uk/government/publications/counter-terrorism-strategy-contest .

12.2 Prevent Strategy - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf aims to stop people from becoming terrorists or supporting terrorism. Prevent is an on-going initiative and designed to become part of the everyday safeguarding routine for healthcare staff.

12.3 Concerns regarding exploitation and possible radicalisation should be discussed with the above adult safeguarding team on 0345 603 7630.

13. Duty of Candour

13.1 Since October 2014, it has been a legal requirement for Uttlesford Health to have duty of candour arrangements in place in relation to patient safety incidents that occur resulting in moderate harm, severe harm or death. Uttlesford Health's primary concern is to ensure that patients and their families are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences.

A separate Duty of Candour policy is in place which is accessible to all members of staff.

14. Domestic Homicide Reviews (DHR) and Serious Adult Reviews (SAR)

14.1 Healthcare staff are required to participate in Domestic Homicide Reviews (DHR) and Serious Adult Reviews (SAR) when there is involvement from North East London NHS Foundation Trust (NELFT) services. This includes Uttlesford Health staff.

14.2 DHRs and SARs will assess whether agencies such as Uttlesford Health have sufficient and robust procedures and protocols in place and ensure that any lessons learned are embedded in practice.

14.3 Notification of a SAR or DHR, including all requests for information, must come via the Uttlesford Health CEO.

15. Multi Agency Risk Assessment Conference (MARAC)

15.1 A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of the local Police, probation, health, children and adults safeguarding bodies, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sectors.

15.2 A referral to MARAC should be made following completion of the Domestic Abuse, Stalking and Honour-Based Risk Identification Checklist (DASH-RIC) - https://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009.pdf .

16. Uttlesford Health and DBS checking (Disclosure and Barring Service)

16.1 Uttlesford Health has a statutory duty to protect children, young people and adults who may be, or are, at actual or potential risk of harm or abuse. An important part of this duty is to ensure that staff who are employed by Uttlesford Health undergo a DBS check prior to commencing employment.

16.2 All staff working at Uttlesford Health in roles that are eligible for a DBS check (Disclosure and Barring Service check), will undergo a DBS check at the level appropriate to the role, e.g. enhanced with barred list check, enhanced without barred list check or standard, prior to commencing employment.

16.3 No member of Uttlesford Health staff will be allowed to provide any healthcare services to patients (in the form of regulated activities), before an enhanced DBS and barred list check is carried out and completed.

16.4 Uttlesford Health may accept an existing DBS check provided by a new member of staff provided that the DBS check is not more than 3 months old, and it is considered suitable for the position applied for e.g. the check is at the correct level for the role.

16.5 If Uttlesford Health accepts an existing DBS certificate from a prospective employee, verification will be required that the certificate belongs to the person named on it. This may be done by checking other forms of personal identification.

An existing DBS disclosure certificate contains a number of security features which Uttlesford Health can use to verify its authenticity. These include:

- a 'crown seal' watermark repeated down the right hand side of the certificate, visible both on the surface and when held up to the light
- a background design featuring the word 'Disclosure' which appears in a wave-like pattern across both sides of the certificate
- the pattern's colour alternates between blue and green on the reverse of the certificate, and
- the ink and paper change colour when wet.

If there is any doubt about the authenticity of an individual's existing DBS certificate, the registered DBS body will be contacted for further advice.

16.6 Having a criminal record check which reveals a conviction, caution or other information will not automatically mean that an individual cannot work for Uttlesford Health.

Uttlesford Health will make a fair and non-discriminatory assessment based on the person's skills, experience and suitability for the position applied for.

Where a DBS and barred list check confirms that a person is barred from working with adults and/or children, it is illegal for Uttlesford Health to allow that person to engage in any regulated activities provided by Uttlesford Health.

17. Allegations made against Uttlesford Health staff

17.1 This policy also applies to all Uttlesford Health staff. This is to provide a framework for managing cases where allegations have been made about a member of staff that may indicate that adults at risk are believed to have suffered, or likely to suffer, significant harm or abuse.

17.2 Concern may be raised if a member of staff is behaving in a way which demonstrates unsuitability for working with adults.

17.3 Allegations may arise in a member of staff's work at the Uttlesford Health or in their private life and include:

- committing a criminal offence against, or related to, adults at risk
- behaving towards adults at risk, in a manner that indicates they are unsuitable to work with this group

- an allegation or concern arising about a member of staff related to perpetration of domestic violence, or

- an allegation of abuse made by someone closely associate with the member of staff such as a partner, or family member.

17.4 If an allegation is received about a member of staff, the Uttlesford Health will give priority to the following three areas:

- assessment of whether the adult at actual or potential risk of harm or abuse is in need of protection

- whether the police need to be contacted, and

- consideration of disciplinary action (including suspension from work).

17.5 Any concern about an adult that may be at risk of harm as a result of an allegation relating to a member of Uttlesford Health staff will be reported to the safeguarding authority without delay.

The safety of the adult is of paramount importance. Immediate action may be required to safeguard the person and the investigation of the allegation.

17.6 The Safeguarding Lead will ensure that a safeguarding referral is made.

17.7 If the member of Uttlesford Health staff who is the subject of the allegation is a healthcare professional and registered with the a regulatory body, such as the General Medical Council (GMC) for doctors, or the Nursing and Midwifery Council (NMC) for nurses, a fitness to practise referral must be considered.

17.8 Uttlesford Health will provide appropriate support to the member of staff during any safeguarding investigation and keep him/her informed of relevant progress.

17.9 If the member of staff is also employed by other employers or agencies outside of Uttlesford Health, Uttlesford Health will share details of the allegations with such employers or agencies.

17.10 Full and complete records of any allegations against Uttlesford Health staff will be kept and held securely and confidentially. Records will include:

- the nature of the allegation

- who was spoken to as part of the investigation and referral process

- what records or documents were viewed, and

- what actions were considered, taken and what reasons were used as justification for actions taken.

17.11 Following the completion of a referral and investigation, Uttlesford Health will carry out a review of the outcome of the case. Any recommendations will be implemented without delay.

17.12 Uttlesford Health will give consideration to supporting a member of staff back into work, should this be relevant.

18. Adult safeguarding training

18.1 All staff working at Uttlesford Health will have the opportunity to attend, and be provided with, training in relation to adult safeguarding relevant to their role in the clinic.

18.2 Safeguarding training may be in the form of:

- Internet online training
- training course attendance
- conference attendance
- 1:1 learning
- group learning
- private reading
- reflection, or
- other appropriate learning approach.

18.3 Update adult safeguarding training will be provided as necessary, proportionate to the nature of the patient care service being provided. This will be reviewed on an annual basis.

19. Audit

19.1 The Uttlesford Health safeguarding training records will be reviewed for each employee on an annual basis to ensure adult safeguarding training has been completed.

20. Review of the policy

20.1 Uttlesford Health will review this policy on annual basis. Any changes made to the policy will be communicated to all staff.

21. Guidance and further reading

- Care Act (Specifically Sections 42 to 47) http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted
- Children Act 2004 - http://www.legislation.gov.uk/ukpga/2004/31/contents
- Contest - The Home Office leads on the anti-terrorism strategy known as 'Contest' https://www.gov.uk/government/publications/counter-terrorism-strategy-contest
- Deprivation of Liberty Safeguards: A guide for hospitals and care homes (DH, 2009).
- Domestic Abuse, Stalking and Honour-Based Risk Identification Checklist (DASH-RIC) https://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009.pdf
- Department of Health (2015) Female Genital Mutilation: Risk and Safeguarding – Guidance for professionals www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903 800_DH_FGM_Accessible_v0.1.pdf
- Equality Act 2010 - https://www.gov.uk/equality-act-2010-guidance
- Every Child Matters (HM Government, 2003).
- Female Genital Mutilation Act (2003) (https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf
- General Medical Council (2013) Intimate Examinations and Chaperones http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp
- Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder (DH, 2002).
- Guidance on when to suspect child maltreatment (CG89, NICE, 2009).
- Healthy Lives brighter futures: The children's' strategy (DH, 2009).
- Human Rights Act 1998 - http://www.legislation.gov.uk/ukpga/1998/42/schedule/1
- Information Sharing: Guidance for practitioners and managers (DCSF, 2008).
- Mental Health Act 2007 http://www.legislation.gov.uk/ukpga/2007/12/contents
- Mental Health Act Code of Practice (2007).
- Mental Capacity Act 2005 and associated code of practice http://www.legislation.gov.uk/ukpga/2005/9/contents https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

- Multi-agency statutory guidance on female genital mutilation, (HM Government, April 2016)

- NHS Choices, FGM guidance for professionals www.nhs.uk/guidelines

- No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000).

- Prevent Strategy https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

- Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012 http://www.legislation.gov.uk/ukpga/2012/9/contents

- Revised Pan London Policy and Procedures 2016 http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULTSAFEGUARDING-POLICY-AND-PROCEDURES.pdf

- Royal College of Obstetricians and Gynaecologists (2015) Female Genital Mutilation and its management (Green-top Guideline No. 53) https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/

- Safeguarding children and young people. Charity Commission for Children and Young People (July 2014). https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people

- Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate document. http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3).pdf

- Safeguarding policy. NHS England. https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf

- Safeguarding Vulnerable Groups Act 2006 http://www.legislation.gov.uk/ukpga/2006/47/contents

- Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work (Association of Directors of Adult Social Services, 2005).

- Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report: revised edition (DH, 2007).

- Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (DCSF, 2007).

- Statement on the duties of doctors and other professionals in investigations of child abuse (DCSF and DH, 2007).

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 http://www.legislation.gov.uk/uksi/2014/2936/contents/made

- Violence: The short term management of violent/disturbed behaviour in in-patient psychiatric and emergency departments (CG25, NICE, 2005).

- What to do if you're worried a child is being abused (HM Government, 2006).

- Working together to safeguard children (HM Government, 2015). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

Signature ……..…….....……..…… Date …….....…..……..

Liz Adams, CEO (CQC Nominated Individual & Registered Manager)
Uttlesford Health Limited

22. Appendix 1 – SET SAF 1 – Safeguarding Adult Concern Form (Essex)

http://www.essexsab.org.uk/professionals/reporting-concerns-setsaf-forms/

SETSAF1-
SAFEGUARDING ADl

23. Appendix 2 – CQC Notification Form

Provider's notification reference:

Statutory notification about abuse or alleged abuse concerning a person or persons (child or adult) who use the service
Care Quality Commission (Registration) Regulations 2009 Regulation 18(2)

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications.

This guidance is available at www.cqc.org.uk.

This form can be used to notify us of abuse or alleged abuse where people using the service are victims, perpetrators or both. You must provide information in the mandatory sections (marked*). Please also provide all other requested information.

If there are more than two victims or abusers please fill in sections 12 to 22. *Do not submit sections 12 to 22 unless they have been filled in.*

If there are more than four victims or abusers please make additional copies of sections 12 to 22 as needed, fill them in, and submit the copies to us.

Annexe 1 provides guidance on filling in sections 3, 5, 6, (and 14, 16 and 17); please do not send this back with the notification.

Please enter dates in the format dd/mm/yyyy.

Return your completed form to: **HSCA_notifications@cqc.org.uk**

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1. The provider and location(s)*

Provider:

CQC provider number:

Location name and address:

Postcode:

CQC location number:

OR: This notification affects all the provider's locations ☐

This form filled in by: Date submitted

Contact for more information (where different):

Telephone number: Email address:

2. Applicable regulated activity:*

Which of the regulated activities you provide was most significant and relevant to this notification?

3. The allegation:*

This notification is about:

A specific allegation(s) or event(s)	☐
A general concern about abuse affecting all of your locations	☐

4. Where this notification is about a specific allegation(s) or event(s) (ONLY)

How many victims/alleged victims were there? How many abusers/alleged abusers were there?

	Victim 1	**Victim2**	**Abuser1**	**Abuser2**
Unique identifier/code				

There is space on page xx below to record information about additional victims and abusers

5. Management of the allegation

Date registered person informed:				
Who made the registered person aware of the abuse? *(refer to list in annexe 1)*				
If 'Other' please specify				
What is the informant's relationship to the victim(s)? *(refer to list in annexe 1)*				
If 'Other' please specify (see annexe 1):				
Provide an identifier or code for the informant:				
Has the local safeguarding authority been informed?	Yes ☐		No ☐	
Name of local authority:				

6. Type of abuse or alleged abuse*

Type of abuse (tick all that apply)	**Victim 1**	**Victim 2**
Physical	☐	☐
Psychological/emotional	☐	☐
Neglect	☐	☐
Sexual	☐	☐
Financial/material	☐	☐
Discriminatory	☐	☐

7. The victims of abuse or alleged abuse

Information	Victim 1	Victim 2
Age group *(see annexe 1)*		
Date they joined the service:		
Funding *(see annexe 1)*		
Gender:		
Ethnicity *(see annexe 1)*		
Disability – Physical	☐	☐
Disability – Learning	☐	☐
Disability – Sensory	☐	☐
Mental health difficulties?	☐	☐
Religion/belief *(see annexe 1)*		
If other, please specify		
Sexual identity *(see annexe 1)*		

8. The abuser(s) or alleged abuser(s)

Information	Abuser 1	Abuser 2
Age group *(see annexe 1)*		
Date they joined the service:		
Funding *(see annexe 1)*		
Gender		
Ethnicity *(see annexe 1)*		
Disability – Physical	☐	☐
Disability – Learning	☐	☐
Disability – Sensory	☐	☐
Mental health difficulties?	☐	☐
Religion/belief *(see annexe 1)*		
If other, please specify		

9. The abuser's or alleged abuser's relationship to the victim

Select all that apply	Abuser 1	Abuser 2
Employed by the service	☐	☐
Volunteer with the service	☐	☐
Visiting worker or professional	☐	☐
Relative	☐	☐
Friend	☐	☐
Other service user	☐	☐
Unknown	☐	☐
Other	☐	☐

10. Immediate action taken

Select all that apply	Victim 1	Victim 2	Abuser 1	Abuser 2
Removed from service/activity	☐	☐	☐	☐
Referred to police	☐	☐	☐	☐
Seen by GP	☐	☐	☐	☐
Taken to hospital/A&E	☐	☐	☐	☐
Complaints procedure opened	☐	☐	☐	☐
No action taken	☐	☐	☐	☐
Disciplinary action by employer	☐	☐	☐	☐
Other – please specify below	☐	☐	☐	☐
Victim 1 *(other actions taken):*				
Victim 2 *(other actions taken):*				
Abuser 1 *(other actions taken):*				
Abuser 2 *(other actions taken):*				

11. Where funded, victim's/alleged victim's PCT/local authority (if appropriate)

PCT/local authority name:	Victim 1	Victim 2
Same as local authority in Section 5	☐	☐
	☐	☐
	☐	☐

12. Where funded, abuser's/alleged abuser's PCT/local authority (if appropriate)

PCT/local authority name:	Victim 1	Victim 2
Same as local authority in Section 5	☐	☐
	☐	☐
	☐	☐

13. Additional relevant information

Continue on additional numbered sheets if necessary. Box will expand if used on a computer.

Information about additional victims or abusers/alleged victims or abusers
Please only copy/fill in and send these extra sections if there were more than two abusers/alleged abusers or victims/alleged victims.

14. Please provide a unique identifier/code for each person

	Victim no.		**Victim no.**			**Abuser no.**		**Abuser no.**	
Unique identifier									

15. Type of abuse or alleged abuse*

Type of abuse (tick all that apply)	**Victim number:**	**Victim number:**
Physical	☐	☐
Psychological/emotional	☐	☐
Neglect	☐	☐
Sexual	☐	☐
Financial/material	☐	☐
Discriminatory	☐	☐

16. The victims of abuse

Information	**Victim number:**	**Victim number:**
Age group: *(see annexe1)*		
Date they joined the service:		
Funding: *(see annexe 1)*		
Gender:		
Ethnicity; *(see annexe1)*		
Disability – Physical:	☐	☐
Disability – Learning:	☐	☐
Disability – Sensory:	☐	☐
Mental health difficulties?	☐	☐
Religion/belief: *(see annexe1)*		
If other, please specify		
Sexual identity: *(see annexe1)*		

17. The abuser(s) or alleged abuser(s)

Information	Abuser number:	Abuser number:
Age group: *(see annexe1)*		
Date they joined the service:		
Funding: *(see annexe1)*		
Gender:		
Ethnicity: *(see annexe 1)*		
Disability – Physical:	☐	☐
Disability – Learning:	☐	☐
Disability – Sensory:	☐	☐
Mental health difficulties?	☐	☐
Religion/belief: *(see annexe1)*		
If other, please specify		

18. Alleged abuser's relationship to the victim

Select all that apply	Abuser number:	Abuser number:
Employed by the service	☐	☐
Volunteer with the service	☐	☐
Visiting worker or professional	☐	☐
Relative	☐	☐
Friend	☐	☐
Other service user	☐	☐
Unknown	☐	☐
Other	☐	☐

19. Immediate action following the allegation (tick all that apply)

Select all that apply	Victim no:	Victim no:	Abuser no:	Abuser no:
Removed from service/activity	☐	☐	☐	☐
Referred to police	☐	☐	☐	☐
Seen by GP	☐	☐	☐	☐
Taken to hospital/A&E	☐	☐	☐	☐
Complaints procedure opened	☐	☐	☐	☐
No action taken	☐	☐	☐	☐
Disciplinary action by employer	☐	☐	☐	☐
Other – please specify below	☐	☐	☐	☐
Victim 1 *(other actions taken)*				
Victim 2 *(other actions taken)*				
Abuser 1 *(other actions taken)*				
Abuser 2 *(other actions taken)*				

20. Where funded, victim's/alleged victim's PCT/local authority (if appropriate)

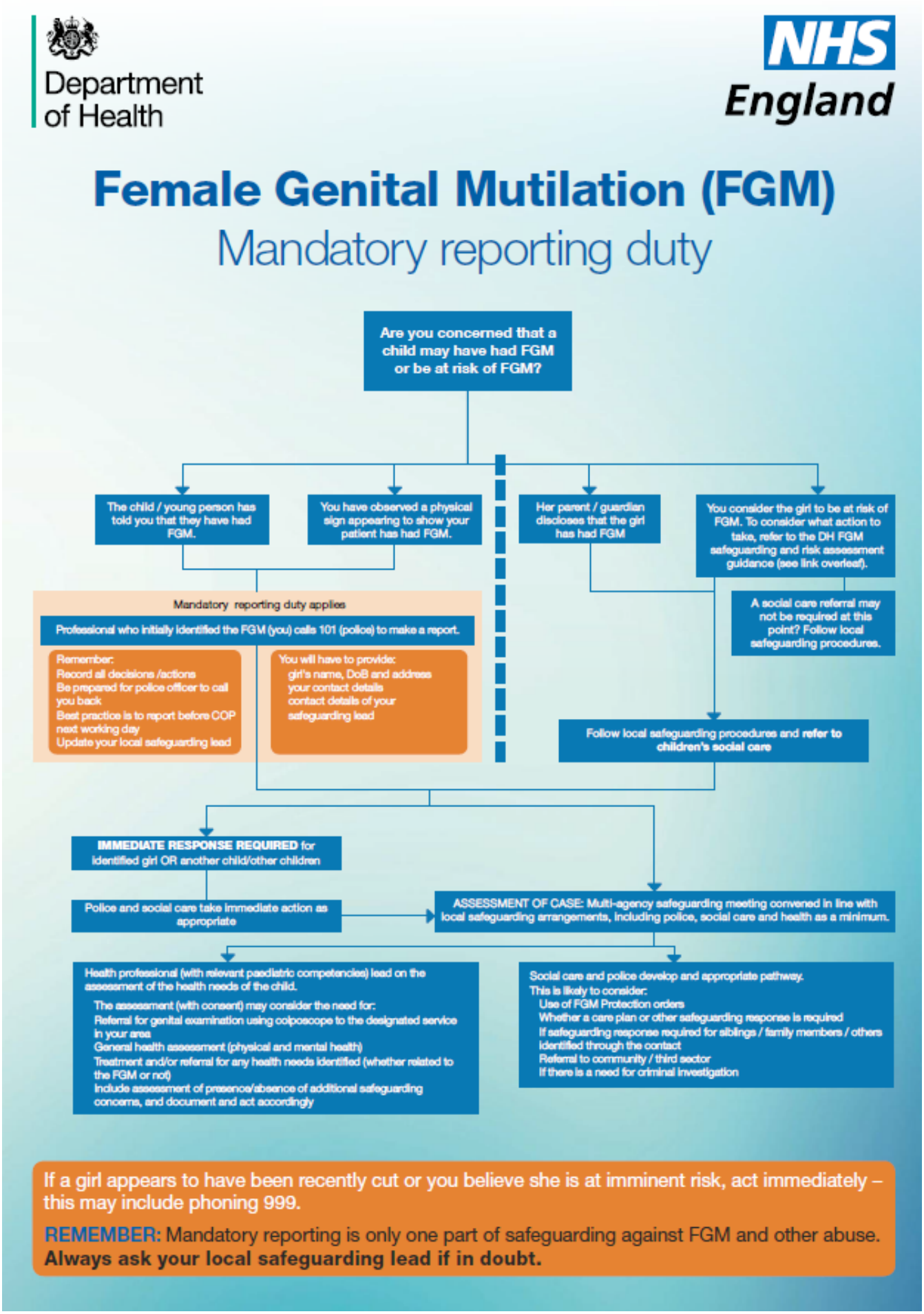
Select all that apply	Victim number:	Victim number:
Same as local authority in Section 5	☐	☐
	☐	☐
	☐	☐

21. Where funded, abuser's/alleged abuser's PCT/local authority (if appropriate)

Select all that apply	Abuser number:	Abuser number:
Same as local authority in Section 5	☐	☐
	☐	☐
	☐	☐

Please email your completed form to: **HSCA_notifications@cqc.org.uk**

24. Appendix 3 – Female Genital Mutilation (FGM) Mandatory reporting duty.



Female Genital Mutilation (FGM) is child abuse and illegal.

Regulated health and social care professionals and teachers are required now to report cases of FGM in girls under 18s which they identify in the course of their professional work to the police.

How can I prepare?

FGM mandatory reporting duty and FGM safeguarding best practice guidance is available from: **www.gov.uk/dh/fgm**

FGM eLearning: **www.e-lfh.org.uk/programmes/female-genital-mutilation**

Videos: **www.nhs.uk/fgmguidelines**

FGM Multi Agency Practice Guidelines: **www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation**

- **www.workingtogetheronline.co.uk**

Search for guidance from Royal Colleges and regulators

Remember:

This is a personal duty; the professional who identifies FGM / receives the disclosure must make the report.

If a woman is over 18 when she discloses / you identify FGM, the duty does not apply and you should follow local safeguarding processes.

Do not undertake a genital examination unless this is already part of your role.

Complying with the duty does not breach data protection rules or other confidentiality requirements.

Non regulated healthcare staff should report through existing safeguarding procedures.

This duty is about reporting a crime. NHS organisations continue to be responsible for collecting and recording data on FGM.

FAQs

A girl is using another term which I think is FGM. Do I need to report?

Yes. Whether she uses the term 'FGM' or any other term or description, e.g. 'sunna' or 'cut', the duty applies.

Does the duty apply to professionals in private education/healthcare?

Yes, if working as a regulated professional, the duty will apply.

Should you only report if you are certain that FGM has been carried out?

When you see something which appears to show in your opinion that a girl has FGM, you should make the report. A formal diagnosis will be sought as part of the subsequent multi-agency response.

I have identified a case but the patient is over 18, what should I do?

The duty does not apply in this case. You should signpost the woman to services offering support and advice. You may also need to carry out a safeguarding risk assessment considering children who may be at risk or have had FGM.

Some FGM is very difficult to notice. What if I did not notice signs when I was caring for a patient who is later identified as having had FGM?

If an allegation of failure to report is made, all relevant circumstances will be taken into account by the regulators, including your experience and what could reasonably have been expected.

I am treating a girl under 18 with a genital piercing / tattoo / non-medically indicated genital surgery. What should I do?

You should make a report.

How quickly should I make a report?

The safety of the girl or others at risk of harm is the priority. You should report ASAP with the same urgency as for all other safeguarding cases. If you believe reporting would lead to risk of serious harm to the child or anyone else, contact your designated safeguarding lead for advice; you may need longer to take action, in exceptional circumstances.

Should I tell the girl / family about the report?

Yes, wherever possible you should explain why the report is being made and what it means. If you believe reporting would lead to risk of serious harm to the child or anyone else, do not discuss it but instead contact your local designated safeguarding lead for advice.

Following a risk assessment for a girl I've identified as being at risk of FGM, it isn't appropriate to refer to social care at this point. What should I do?

You should share information about the potential risk and your actions with your colleagues across health (GP, school nurse and health visitor as a minimum) and discuss next steps with your local safeguarding lead.

CPHVA unite

The Royal College of Midwives

Royal College of Nursing

Royal College of Obstetricians & Gynaecologists

RCPCH Royal College of Paediatrics and Child Health

25. Appendix 4 – DASH-RIC Tool.

https://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009-2016-with-quick-reference-guidance.pdf

Signature ..... Date 26/06/18

Liz Adams, CEO (CQC Nominated Individual & Registered Manager) Uttlesford Health Limited

18. Appendix 1 – SET SAF 1 – Safeguarding Adult Concern Form (Essex)