

## Trust Policy for Safeguarding Adults

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<b>Approved by:</b>	Safeguarding Committee 10 <sup>th</sup> December 2019 Clinical Governance Group 4 <sup>th</sup> February 2020
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<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All clinical/patient areas
<b>Target staff categories</b>	All staff who have any interaction with patients or visitors

### Policy Overview:

The purpose of this Policy is to ensure that the Trust has procedures and protocols in place to Safeguard Adults with care and support needs who are, or may be, at risk of abuse or neglect and to make explicit the roles and responsibilities of all trust employees, agency staff and volunteers.

All health care organisations have a duty outlined in legislation (The Care Act 2014) to make arrangements to safeguard and to co-operate with other agencies to protect adults at risk from harm abuse or neglect. Organisations must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported.

Providers of health and social care services should ensure they have the key people, relationships, values and systems in place that will help them to keep safe the people they serve.

The Trust is committed to working with other agencies to Safeguard Adults and will comply with the agreed 'Multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands' and therefore this policy must be read in conjunction with that policy and procedures.

The definition of Adult Safeguarding is “**Adult safeguarding**” is working with **adults** with **care and support needs** to keep them safe from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.’ – **Care Act 2014**

This policy recognises that all staff have a duty of care to patients/service users and colleagues. Safeguarding is everybody's business.

## Key Amendments to Document:

Date	Amendment	Approved by
October 2019	Full revision and update to reflect NHSE Safeguarding App and Homelessness Reduction Act 2017	Safeguarding Committee 10 <sup>th</sup> December 2019 Clinical Governance Group 4 <sup>th</sup> February 2020
February 2023	Document extended for 6 months whilst review in process	Deborah Narburgh
October 2023	Document extended for 6 months whilst review in process	Deborah Narburgh
2 <sup>nd</sup> May 2024	Document extended for 6 months whilst under review	Deborah Narburgh
Feb 25	Document extended for 6 months	Deborah Narburgh

## Contents page:

1. Introduction	3
2. Scope of this document	4
3. Definitions	4
4. Categories of Abuse	5
5. Responsibility and Duties	9
6. Policy detail	11
7. Implementation of key document	16
7a) Plan for implementation	
7b) Dissemination	
7c) Training and awareness	
8. Monitoring and compliance	16
9. Policy review	19
10. References	19
11. Background	19
11a) Equality requirements	
11b) Financial Risk Assessment	
11c) Consultation Process	
11d) Approval Process	
11e) Version Control	

## Appendices

<b>Appendix 1</b>	Contacts	21
<b>Appendix 2</b>	Detailed processes	22
<b>Appendix 3a</b>	Responding and reporting	23
<b>Appendix 3b</b>	Local reporting	24
<b>Appendix 4a</b>	Making a Section 42 enquiry	25
<b>Appendix 4b</b>	Causing a Section 42 enquiry form	26
<b>Appendix 4c</b>	Section 42 actions required form	28
<b>Appendix 5</b>	HIDVA Referral Form	29
<b>Supporting Documents</b>		
Supporting Document 1	Equality Impact Assessment	30
Supporting Document 2	Financial Risk Assessment	31

## 1. Introduction

- a. This policy has been developed in accordance with the guidance of the Care Act 2014 to reflect Safeguarding Adults.
- b. This Trust as a member of the Worcestershire Safeguarding Adults Board (WSAB), has agreed that we will work in line with the Adult Safeguarding: Multi-agency Policy & Procedures for the Protection of Adults with Care & Support Needs in the West Midlands, and therefore this policy must be read in full conjunction with that policy and procedure. They can either be accessed via the following link:  
[https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/West\\_Midlands\\_Adult\\_Safeguarding\\_Policy\\_and\\_Procedures.pdf](https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/West_Midlands_Adult_Safeguarding_Policy_and_Procedures.pdf)  
Or via the Safeguarding Worcestershire website:-  
<https://www.safeguardingworcestershire.org.uk/wsab/policies-procedures-a/>
- c. As a partner organisation working with Worcestershire County Council and Worcestershire Safeguarding Adults Board, Worcestershire Acute Hospitals NHS Trust (WAHT) will follow the same policies and procedures to safeguard adults with care and support needs (see definition in section 3).
- d. WAHT has a duty of care to protect adults from abuse or neglect. It must respond promptly when abuse or neglect is suspected or reported. This policy has been developed to outline the practice and procedures for all WAHT staff and volunteers to follow to contribute to the identification and prevention of abuse or neglect in adults with care and support needs. It aims to promote protection from abuse or neglect of people aged 18 years or older who are in receipt of our services and to ensure appropriate action is taken where abuse or neglect is suspected.

People are vulnerable whenever their health or usual function is compromised and as a consequence they may be unable to protect themselves against harm or exploitation. People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. Adults with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view of what constitutes abuse, neglect or harm and should always consider the circumstances on a person centred basis (NHSE Safeguarding App)

- e. The Local Authority Adult Social Care Services are the lead agency for Adult Safeguarding. However, WAHT staff have a responsibility to support and work alongside the Local Authority in investigation and management of adult safeguarding concerns.
- f. Worcestershire Acute Hospitals NHS Trust also has regular contact with children in a variety of settings and circumstances. These circumstances are covered in the Trust's separate Safeguarding Children & Young Peoples Policy (WAHT-TP-037). Further advice is available from the Trust's Safeguarding Children Pathway.  
<http://www.treatmentpathways.worcsacute.nhs.uk/referenceguides/safeguarding-children/>

## 2. Scope of this document

### 2.1 Staff

This policy makes clear the actions that should be taken by any member of Worcestershire Acute Hospitals NHS Trust staff, agency staff or volunteers, in the event of any concerns regarding actual or potential abuse or neglect of adults with care and support needs. The Safeguarding of adults is everyone's responsibility and all staff are expected to work in accordance with the guidance contained within this policy. Failure to raise safeguarding concerns and take appropriate action in a timely manner may result in disciplinary action.

This policy has undergone an equality impact assessment (Supporting Document 1) in accordance with the Equality Act 2010.

### 2.2 Compliance with statutory requirements and other guidance

This policy complies with, and should be read in conjunction with, the Adult Safeguarding: Multi-agency Policy & Procedures for the Protection of Adults with Care & Support Needs in the West Midlands available via the Trust intranet or at

[https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/West\\_Midlands\\_Adult\\_Safeguarding\\_Policy\\_and\\_Procedures.pdf](https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/West_Midlands_Adult_Safeguarding_Policy_and_Procedures.pdf)

### 2.3 Exclusions

This policy does not cover anyone under the age of 18 years.

## 3. Definitions

a. An adult with care and support needs as defined in the Care Act 2014 is the adult who safeguarding duties apply to and as such is defined as:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs) **and**;
- is experiencing, or is at risk of, abuse or neglect; **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The adult experiencing, or at risk of, abuse or neglect will hereafter be referred to as the *adult* throughout this policy.

b. Abuse may be:

- a single act or repeated acts; or
- an act of neglect or a failure to act; or
- multiple acts (e.g. an *adult* may be neglected and financially abused).

c. Abuse can occur in any setting and anyone can be an abuser. This includes abuse within Trust settings and services. The Trust has policies which deals in detail with the process to be followed and can be found on the Trust Intranet Human Resources Policies pages.

<http://www.treatmentpathways.worcsacute.nhs.uk/human-resources-key-documents-page/>

d. Abuse may also be perpetrated by another vulnerable *adult*. In this situation it is important that the needs of the adult who is the alleged victim are addressed separately from the needs of the potential source of risk. (Section 4.6 of West Midlands Policy covers this in more detail.)

[https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/West\\_Midlands\\_Adult\\_Safeguarding\\_Policy\\_and\\_Procedures.pdf](https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/West_Midlands_Adult_Safeguarding_Policy_and_Procedures.pdf)

## 4. Categories of abuse:

### a) Physical abuse

Including assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

### b) Sexual abuse

Including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities.

### c) Psychological abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

### d) Financial or material abuse

Including theft, fraud and exploitation, coercion in relation to an adult’s financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include “cuckooing” where a person’s property is taken over and used for illegal activities.

### e) Neglect and acts of omission

Including willfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication.

### f) Self-neglect

This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

Further information can be found on the Safeguarding Worcestershire website:

<https://www.safeguardingworcestershire.org.uk/documents/guidance-for-professionals-working-with-people-who-self-neglect-what-can-you-do-and-when-should-you-get-additional-help/>

### g) Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The offence of coercive and controlling

behaviour in intimate and familial relationships was introduced into the [Serious Crime Act \(2015\)](#)

## **h) Forced Marriage**

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is illegal in Great Britain. It is recognised as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Forced Marriage Unit: 020 7008 0151

## **i) Honour Based Violence**

"Honour-based" violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community." Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

The Trust has Hospital Independent Domestic Violence Advisors (HIDVA) available to support staff and patients who may be at risk of, or experiencing, domestic abuse/violence. The HIDVA is available via switchboard or email at [hidva@wmwa.cjsm.net](mailto:hidva@wmwa.cjsm.net) (this is a secure email address) Appendix 5 Any staff member making a referral needs to ensure that a *safe* contact number is included as part of the referral. This is to ensure the safety of a potential victim.

Further advice and support is available via West Mercia Women's Aid - 0800 980 3331

A Professionals Pack containing a range of information can be found at:

[http://www.worcestershire.gov.uk/downloads/file/10171/domestic\\_abuse\\_and\\_sexual\\_violence\\_information\\_pack](http://www.worcestershire.gov.uk/downloads/file/10171/domestic_abuse_and_sexual_violence_information_pack)

Further resources for professionals are available via the overview of services Worcestershire County Council Website:

[http://www.worcestershire.gov.uk/downloads/file/9936/overview\\_of\\_the\\_services\\_in\\_domestic\\_abuse\\_and\\_sexual\\_violence](http://www.worcestershire.gov.uk/downloads/file/9936/overview_of_the_services_in_domestic_abuse_and_sexual_violence)

## **j) Including Female Genital Mutilation (FGM)**

FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for nonmedical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women.

All concerns relating to FGM should be reported to the Named Midwife within the Integrated Safeguarding Team on ext 33735 or [wah-tr.safeguardingworcsacute@nhs.net](mailto:wah-tr.safeguardingworcsacute@nhs.net)

## **k) Discriminatory abuse**

Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the [Equality Act \(2010\)](#)).



**k1) Hate crime** incidents are acts of violence or hostility directed at people because of who they are or who someone thinks they are. The police and Crown Prosecution Service have agreed a common definition of hate crime incidents.

They say something is a hate incident if the victim or anyone else think it was motivated by hostility or prejudice based on one of the following things:

- Disability
- Race
- Religion
- Transgender identity
- Sexual orientation

A victim does not have to be a member of the group at which the hostility is targeted. In fact, anybody could be a victim of a hate crime. For example, you may have been targeted because someone thought you were gay, or because you have a disabled relative or child. This means that if you believe something is a hate incident it should be recorded as such by the person you are reporting it to.

Hate incidents take many forms, e.g. physical or verbal abuse, online threats, intimidation, graffiti, bullying or malicious complaints.

It's also important to keep in mind that some hate crimes start as smaller incidents which may escalate into more serious and frequent attacks - so it's always best to act early.

**k2) Mate Crime** is a form of disability hate crime. It happens when someone deliberately befriends a vulnerable or disabled person for the sole purpose of exploiting, abusing or taking advantage of them.

## **l) Organisational abuse**

Incident or as a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation, eg, this may range from isolated incidents to continuing ill-treatment in an institution or in relation to care provided in one's own home.

WAHT has a "Freedom to speak up Guardian" to enable staff to:

- Create a culture of openness and transparency
- Develop a culture where speaking up becomes normal practice
- Provide a safe environment for colleagues to raise concerns

More information can be found here:

<http://nww.worcsacute.nhs.uk/freedom-to-speak-up/>

## **m) Modern Slavery**

[The Modern Slavery Act 2015](#) encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour,



forced begging, and forced criminality, forced marriage, domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.

More information can be found here:

[http://www.myguideapps.com/nhs\\_safeguarding/default/downloads/LWG\\_Local\\_Authorities\\_Modern\\_Slavery\\_Protocol\\_adults\\_Adult\\_NRM\\_Pathway.pdf?nocache=0.3544256050303937](http://www.myguideapps.com/nhs_safeguarding/default/downloads/LWG_Local_Authorities_Modern_Slavery_Protocol_adults_Adult_NRM_Pathway.pdf?nocache=0.3544256050303937)

[http://www.myguideapps.com/nhs\\_safeguarding/default/downloads/LWG\\_Local\\_Authorities\\_Modern\\_Slavery\\_Protocol\\_adults\\_NRM\\_Process\\_Guide.pdf?nocache=0.226288091419506](http://www.myguideapps.com/nhs_safeguarding/default/downloads/LWG_Local_Authorities_Modern_Slavery_Protocol_adults_NRM_Process_Guide.pdf?nocache=0.226288091419506)

## n) Fabricated and induced illness

### Parent or carer considerations

Sometimes a child is taken to see a health practitioner frequently. There can be various reasons for this such as a child with an underlying physical or mental health condition or a parent or carer who may be overanxious and asking for advice and support. However, in some cases parents or carers have been found to have fabricated or induced illness in a child. If you are concerned about a carer's behaviour, the presentation of a child or the frequency of accessing health services, seek the advice of the named professional for your organisation.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- **Fabrication** of signs and symptoms. This may include fabrication of past medical history
- **Fabrication** of signs and symptoms and **falsification** of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.
- **Induction** of illness by a variety of means.

For further information:

[www.nhs.uk/conditions/fabricated-or-induced-illness/](http://www.nhs.uk/conditions/fabricated-or-induced-illness/)

## o) Contextual Safeguarding

Children and vulnerable adults can be at risk of abuse or exploitation within their families or externally, within peer groups, from the wider community or online. The risk can be through criminal activity, exploitation or extremism.

For more information on contextual safeguarding ask your named or designated professional. Also see link:

[contextualsafeguarding.org.uk](http://contextualsafeguarding.org.uk)

## p) County Lines

'County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known

as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. In most instances, the users or customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment. Further information can be found here: <https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>

## q) New and Emerging Themes

**Breast Ironing** is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

## r) Homelessness Reduction Act 2017 – Duty to Refer

The Homelessness Reduction Act 2017 came into force on 3 April 2018. It is the biggest change to homelessness legislation in 40 years and brings in new duties to prevent and relieve homelessness. The key measures in the Act are:

- an extension of the period 'threatened with homelessness' from 28 to 56 days.
- a new duty to prevent homelessness for all eligible applicants threatened with homelessness, regardless of priority need.
- a new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need.
- A new 'duty to refer' - ***public services need to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless.***

The Homelessness Reduction Act 2017 significantly reformed England's homelessness legislation by placing duties on local housing authorities to intervene at earlier stages to prevent homelessness in their areas, and to provide homelessness services to all those who are eligible.

Further information on the duty to refer can be found at:

<https://www.treatmentpathways.worcsacute.nhs.uk/safeguarding-adults/safeguarding-adults/>

## 5. Responsibility and Duties

- a. All staff within the Trust have a duty to recognise signs of actual or potential abuse or neglect and take appropriate action. This means that everyone working within the Trust must recognise their *own role* in identifying safeguarding concerns regarding adults. This includes effectively sharing information and taking timely action. Where a concern is identified, the staff member should take appropriate action in accordance with this policy. Professionals should complete the online referral form to the Local Authority. This can be found at: [https://capublic.worcestershire.gov.uk/AdultsSafeguardingConcern/?\\_ga=2.191636393.2049644287.1551704139-400659183.1544785931](https://capublic.worcestershire.gov.uk/AdultsSafeguardingConcern/?_ga=2.191636393.2049644287.1551704139-400659183.1544785931)

Practitioners can make a difference by undertaking their professional role with the same level of curiosity that they would for any other area of their work to enable them to assess the level of risk. They must acknowledge that no single practitioner can have a full picture of a person's needs and circumstances and the aim is for adults to receive the right help, at the

right time, through individual practitioners helping to input their information to complete the family picture.

- b. Some allegations and incidents of abuse will constitute a crime. In these situations, the incident should be reported to the local police if the victim agrees. You may share information without consent if it is in the public interest in order to prevent a crime or protect others from harm.
- c. Key safeguarding contact information can be found at Appendix 1

## d. Leadership and Governance Roles

- 1) Within WAHT the Chief Nursing Officer is the Executive Director with responsibility for Safeguarding Adults. The Chief Nursing Officer is a member of the Worcestershire Safeguarding Adult Board.
- 2) The Deputy Chief Nursing Officer takes responsibility for coordinating risk management and investigation where the person alleged to be causing harm is employed (paid or unpaid) in a Position of Trust with *adults*.
- 3) The Trust Head of Safeguarding provides advice and support and a strategic direction on safeguarding adults. This role involves championing the importance of safeguarding, promoting the welfare of adults throughout the organisation and providing assurance along with the Chief Nursing Officer and Deputy Chief Nursing Officer to the Trust Board, that systems and processes are in place and that any concerns about the welfare of *adults* are taken seriously and acted upon appropriately.
- 4) The Named Nurse Safeguarding Adults provides support directly to operational staff in relation to safeguarding adult issues.
- 5) The Associate Professional provides Safeguarding training to staff within the Trust.
- 6) Adult Safeguarding is a shared responsibility between all agencies and professionals.
- 7) The Trust has a Safeguarding Committee, chaired by the Chief Nursing Officer which has representation from all Divisions, and partner agencies. This group is a sub-committee of the Clinical Governance Group. Representatives are responsible for disseminating information pertaining to safeguarding to staff within the Trust and for bringing issues from services to the Committee for discussion/escalation. The Designated Nurse for Safeguarding (CCG) is a standing member of the Safeguarding Committee who provides external oversight and scrutiny.
- 8) The Trust has an active Patient Experience Team led by the Head of Patient, Carer and Public Engagement.

## e. Managers' Roles and Responsibilities

- 1) Managers have a responsibility to ensure their staff are aware of, and comply with this policy and the West Midlands Regional Policy and Procedures.
- 2) Managers have a responsibility to ensure that their respective staff groups have attended mandatory safeguarding training at the level applicable to their job role.
- 3) Managers may be required to raise concerns which the Local Authority may convert to a Section 42 Enquiry. As part of this, the manager will be required to liaise with the Trust

Integrated Safeguarding Team who will support/oversee the process and submit the respective Trust's response. On occasion, enquiries raised externally are submitted to the Integrated Safeguarding Team and require the support of manager's to formulate a response.

- 4) Recruiting Managers must follow the Trust Recruitment and Selection Guidelines to ensure that the recruitment process includes the appropriate checks and references have been received and that gaps in employment are verified to enable a workforce that is safely recruited.

<http://www.worcsacute.nhs.uk/departments-a-to-z/human-resources/recruitment/>

## f. Individual staff responsibilities

- 1) Trust staff at all levels, from strategic to operational, have a part to play in the safeguarding of *adults* who come into contact either directly or indirectly with our services. Staff should ensure that they complete the appropriate level of mandatory training appropriate to their job role (this is assigned to the staff member's Electronic Staff Record ESR). Individual staff should remain alert to the possibilities of abuse or neglect and report any concerns immediately in line with this policy. Professional curiosity should be exercised at all times.
- 2) Trust staff must ensure a copy of any safeguarding adult referral form is printed and placed within the patient's medical record.
- 3) Ward clerks/administrators should ensure that safeguarding information is placed behind the safeguarding header sheet as part of the preparation of the patient record for scanning.

## 6. Policy Detail

- a. Adult Safeguarding Procedures are governed by the six key principles set out in the Statement of Government Policy on Adult Safeguarding (DoH, May 2013) and are embedded in Statutory Care Act Guidance Chapter 14 (October 2014). These six principles apply to all health and care settings.
  - **empowerment:** presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process
  - **protection:** ensuring that people are safe and that they have support and representation as necessary during the process
  - **prevention:** minimising the likelihood of repeated abuse and recognising the person's contribution to this in safeguarding plans
  - **proportionality:** the ways in which the safeguarding procedure is used are proportionate, as unobtrusive as possible and appropriate to the risk presented
  - **partnership:** people can be satisfied that agencies are working constructively to make them safe
  - **accountability:** the way in which the safeguarding process is conducted should be transparent and consistent; it should always be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g. the courts).
- b. All staff who become aware of a safeguarding concern relating to an *adult* should follow the process for raising concerns set out in this policy and inform their line manager of any action taken. In the event staff are unclear as to the action required, advice should be sought from the Trust Integrated Safeguarding Team on ext 33735 or email:

[wah-tr.safeguardingworcsacute@nhs.net](mailto:wah-tr.safeguardingworcsacute@nhs.net) (Mon to Fri, 08.30 – 16.30) or the Local Authority Adult Safeguarding Team on 01905 768053 (out of hours you will be directed to the emergency duty team (EDT))

- c. Information related to safeguarding adults is available on the Trust's Safeguarding Adult intranet pages.  
<http://www.treatmentpathways.worcsacute.nhs.uk/safeguarding-adults/safeguarding-adults/>

#### d. **Making Safeguarding Personal**

From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next and there must be a clear record of these views as well as a record if a decision is taken to override the wishes and feelings of an adult (e.g. because it is not safe to gain this view, or others are at risk of harm.)

In Worcestershire we are committed to supporting adults on their own terms and in a way that works for them as an individual. This is what we mean by 'Making Safeguarding Personal'.

#### **Hearing the person**

- We give the person time and space to talk
- We listen to them
- We take what they say seriously
- We make sure they do not have to keep repeating the same thing to different people
- We ask what their priorities are
- We ask whether they want any help from us
- We ask what they think that help might look like

#### **Respecting the person's choices**

- We support the person to make their own choices and decisions
- We give them as much information as possible in order to make their own choices
- We respect their values and decisions
- We do not make the person feel judged or punished for the choices they make or the things they tell us
- We support the person to be as safe as they want to be
- We always act in line with the Mental Capacity Act where choice and decision making is impaired

#### **Understanding the person**

- We communicate with the person in ways they understand, without using jargon
- We get a sense of what matters most to them, and why
- We take steps to understand their culture, background and community
- We are curious, not because we want to take control of their life, but because we care about what happens to them
- We try to understand who they feel they can trust, and to keep those people around them

## Being honest with the person

- We discuss our concerns with the person before we decide what to do
- We are open about any worries we have for them
- We keep them informed about who is doing what, and why
- We are honest if it is necessary to act against their wishes or expectations
- We seek consent before sharing any information about them
- When we do share information we explain who we are sharing it with, and why

(Safeguarding Worcestershire 2019)

### e. Mental Capacity

- 1) The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding.

Further Guidance for staff related to the Mental Capacity Act is available on the staff intranet:

<http://www.worcsacute.nhs.uk/departments-a-to-z/mental-capacity/>

- 2) Where staff believe the *adult* is making an unwise decision that may pose a significant risk of harm either to themselves or others, then a formal mental capacity assessment should be undertaken to ensure the individual is fully aware of the issues, options and alternatives. This should also be considered for vulnerable adults in relation to their ability to self-protect.

### f. Reporting

- 1) Detailed flowchart's can be found at Appendix 2, Appendix 3a and Appendix 3b.
- 2) **All concerns must be raised online to the Local Authority Safeguarding Adult Team via:**  
[https://capublic.worcestershire.gov.uk/AdultsSafeguardingConcern/?\\_ga=2.191636393.2049644287.1551704139-400659183.1544785931](https://capublic.worcestershire.gov.uk/AdultsSafeguardingConcern/?_ga=2.191636393.2049644287.1551704139-400659183.1544785931)
- 3) All concerns must be raised in line with the ethos of 'making safeguarding personal' (unless it is unsafe to do so) and the wishes and feelings of the adult must be recorded in records, and in the raising concern form to include what the adult wants to happen next.
- 4) Where safeguarding concerns are raised, and the *adult* does not consent for that information to be shared, where this poses a risk to others, e.g. children or another vulnerable adult, the *adult* declining consent should be informed that this information will be shared due to the risk to others and the practitioners rationale should be clearly recorded within the patient record. Further information on the seven golden rules for information sharing can be found at:  
<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information#goldenrules>
- 5) Where an *adult* lacks capacity to make a decision, then the *adult's* representative or advocate must be consulted. The local authority must provide an independent



advocate where a person has 'substantial difficulty' and does not have a suitable advocate. Further information can be found at:

<http://nww.worcsacute.nhs.uk/departments-a-to-z/mental-capacity/>

- 6) All alerts and referrals that constitute consideration of whether a crime has been committed must be reported to the police.
- 7) All safeguarding alerts/referrals should be recorded on the Trust's Incident Reporting system (DATIX) and the online form should be uploaded to the DATIX incident.
- 8) The Trust's Integrated Safeguarding Team receives notifications of any safeguarding incidents reported via DATIX.
- 9) Where there are professional disagreements in relation to decisions, outcomes, plans, interventions or sharing of information, the following process should be followed:

<https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/07/Escalation-Policy-Resolution-of-Professional-Concerns-updated-July-2019.pdf>

- 10) Where safeguarding concerns are in relation to staff involving alleged/actual abuse or neglect of another, the managing allegations policy should be followed. Further information in relation to this can be found here:

<http://www.treatmentpathways.worcsacute.nhs.uk/safeguarding-adults/safeguarding-adults/>

- 11) Identified safeguarding incidents within the Trust will be reported to CQC by the Quality Hub. The Head of Safeguarding will notify the Quality Hub of any Section 42's received.

## i. Section 42 Enquiries

- 1) Under the terms of the Care Act, the Local Authority is required to make enquiries, **or cause others to make enquiries** (Please refer to Appendix 4a)
- 2) For staff in Worcestershire Acute Hospitals NHS Trust, in exercising this duty, this may mean that the Local Authority Adult Safeguarding Team may ask a member of Trust staff to undertake an enquiry. These requests are usually notified to the Trusts' Integrated Safeguarding Team.
- 3) The Adult Safeguarding Team will send Terms of Reference for the enquiry and the Trust has instigated a system of support and monitoring of this process as part of the duties identified in the Care Act (Appendix 4b)
- 4) All Section 42 adult safeguarding enquiries will be recorded and monitored using DATIX.
- 5) Section 42 action's required will be notified to the Trust on Appendix 4c



## j. Safeguarding Adults Reviews

- 1) Under the 2014 Care Act, Safeguarding Adults Boards are responsible for Safeguarding Adults Reviews (SARs).
- 2) A SAR is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adult cases, where an adult with care and support needs has died or been seriously injured and abuse or neglect has been suspected. Following a detailed multi-agency review, recommendations (either single agency or multi-agency) are made, in order to improve practice and share any lessons learnt.
- 3) Trust staff may be required to contribute to the review process.

## k. Information sharing and confidentiality

- 1) Sharing the right information, at the right time, with the right people, is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice. The Care Act 2014, S45, 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board.
- 2) Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the General Data Protection Regulations (GDPR), the Human Rights Act and the Crime and Disorder Act.
- 3) The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.
- 4) Organisations need to share safeguarding information with the right people at the right time to:
  - prevent death or serious harm
  - coordinate effective and efficient responses
  - enable early interventions to prevent the escalation of risk
  - prevent abuse and harm that may increase the need for care and support
  - maintain and improve good practice in adult safeguarding
  - reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
  - identify low-level concerns that may reveal people at risk of abuse
  - help people to access the right kind of support to reduce risk and promote wellbeing
  - help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour

## l. Staff Guidance for Patients and the Public

- 1) Information relating to the identification and reporting of abuse can be found on the Trust internet. This provides guidance and links for both patients and the public <https://www.worcsacute.nhs.uk/our-hospitals/at-hospital/keeping-you-safe/safeguarding-adults>
- 2) Staff can direct patients and carers to additional information on the Local Authority Web pages: [http://www.worcestershire.gov.uk/info/20500/adult\\_social\\_care](http://www.worcestershire.gov.uk/info/20500/adult_social_care)

- 3) Patients can also make use of the Trust Complaints Procedure. Leaflets with information about how to complain within the Trust must be available with contact details for the Patient Services Team. Further information is available on the internet.
- 4) **The Patient Services Team** must contact the Trust's Integrated Safeguarding Team where a complaint identifies concerns of a safeguarding nature.

## m. Clinical Governance and Adult Safeguarding

- 1) The Trust operates a prompt and robust system of reporting and monitoring events and/or Incidents in line with the requirements of the Care Quality Commission and Health and Social Care Act 2008 and in order to comply with the Trust Incident Reporting Policy, the Adult Safeguarding: Multi-Agency Policy & Procedures for the Protection of Adults with Care & Support Needs in the West Midlands and National Guidance relating to the Safeguarding of patients and by reporting to the Trust Quality Governance Committee, Trust Management Executive and Clinical Commissioning Groups.
- 2) The Trust complies with the National Framework for reporting and learning from Serious Incidents NPSA 2010.
- 3) Where there are allegations or there is evidence of abuse this is reported using the Trust Safeguarding Adult Pathway to include referral to the Local Authority Safeguarding Adults Service.

## n. Prevent

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. The Counter Terrorism and Security Act 2015: Section 26 places a legal duty on certain bodies including the NHS to have 'due regard' to the need to prevent people from being drawn into terrorism. Further information can be found here:

<http://www.treatmentpathways.worcsacute.nhs.uk/safeguarding-adults/safeguarding-adults/>

## 7. Implementation

### a) Plan for implementation

Training already takes account of the new ways of working following the Care Act.

### b) Dissemination

The Safeguarding Pathway is available on the Trust intranet which is easily accessible and contains all supporting documentation. Members of the Safeguarding Committee are responsible for the dissemination of the revised policy.

### c) Training and awareness

- 1) At the commencement of employment all employees and volunteers undertake a mandatory Trust Induction Programme. This includes safeguarding adults training up to level two.
- 2) Refresher training for adult safeguarding is undertaken every three years in accordance with mandatory training requirements. This applies to both clinical and non-clinical staff.

- 3) The level of training required is dependent upon their job role. This is assigned to staff via their ESR.

## 8. Monitoring and compliance

- a) The Trust Board will receive an annual safeguarding report.
- b) The Trust Safeguarding Committee will monitor safeguarding adult issues within the Trust by discussing and reporting on evidence of compliance with the policy. This will be reported to the Trust Quality Governance Committee quarterly and through this to Trust Board.
- c) Lessons from Safeguarding Adult Reviews will be shared with staff via training, learning events and via feedback from the Safeguarding Committee. Published learning briefs disseminated by the Worcestershire Safeguarding Adult's Board are uploaded to the Trust intranet.
- d) The Trust is a member of the Worcestershire Safeguarding Adult's Board. The Trust is represented at the various sub groups of the Board. The Trust submits respective annual assurance or response to ad-hoc requests by the WSAB in order to provide assurance in relation to adult safeguarding.

# Trust Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non- compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Page 9 Section 5	Section 42 enquiries are undertaken within set time scales and outcomes recorded	Monitoring DATIX actions	As each case progresses	Named Nurse, Adult Safeguarding	Reports to the Safeguarding Committee on number of enquiries, category of abuse, outcome and actions.	Quarterly
	Section 42 enquiries are notified to the CQC	DATIX incidents generated and reported to the Quality Hub	Upon receipt of S42	Head of Safeguarding	Quality Hub	As and when required
	Mandatory Training	Monthly training dashboard performance data	Monthly	Training Department	Safeguarding Committee	Monthly
	PREVENT	Quarterly return to NHS Digital	Quarterly	Head of Safeguarding	Safeguarding Committee, CCG & NHS England PREVENT Lead.	Quarterly
	SAR & DHR (statutory reviews)	Submitted within agreed timeframes.	As and when required	Named Nurse Adult Safeguarding Head of Safeguarding	Safeguarding Committee	Monthly
	Safeguarding Audit Schedule	Audit report	In accordance with the	Safeguarding Committee	Safeguarding Committee	Monthly

## Trust Policy for Safeguarding Adults

WAHT-KD-026

Page 19 of 33

Version 3.4

## Trust Policy

			Safeguarding audit schedule			
	Information Sharing	GDPR Lead	Ad-hoc	GDPR Lead	Safeguarding Committee	Ad-hoc

## 9. Policy Review

The policy must be reviewed at least every three years

## 10. References

### References:

Code:

Adult Safeguarding: Multi-Agency Policy & Procedures for the Protection of Adults with Care & Support Needs in the West Midlands	
Conduct, capability, ill-health and appeals policy and procedures for medical and dental staff	WAHT-HR-540
CQC Care Standards 2015	
Disciplinary policy, procedures and guidelines	WAHT-HR-017
Domestic Abuse Guidelines	WAHT-OBS-077
Homelessness Reduction Act 2017	
Incident reporting policy	WAHT-CG-008
Investigation Guidance Notes	WAHT-CG-023
Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005	WAHT-CG-752
Pressure Ulcer presentation and management policy and guidelines	WAHT-CG-087
Safeguarding Children & Young Peoples Policy	WAHT-CG-445
The Care Act 2014	
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010	
Whistleblowing Policy For Raising Serious Concerns At Work	WAHT-HR-051
Worcestershire MARAC Operation Protocol	
Worcestershire Safeguarding Adults Board General Protocol for Information Sharing	

## 11. Background

### a) Equality requirements

The Trust is committed to ensuring that's as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. The assessment confirms that there should be no patients, staff; visitors discriminated against with the use of this Policy

### b) Financial risk assessment

There are no financial implications for the implementation of this Policy

### c) Consultation

This key document has been circulated to the chair(s) of the following committee's/groups for comments;

Committee
Safeguarding Committee

d) **Approval Process**

This section should describe the internal process for the approval and ratification of this Policy.

e) **Version Control**

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
July 2009	Change of process following policy audit	Jane Smith
July 2010	Inclusion of 'safeguarding adults concern' flag into process	Jane Smith
May 2011	Update policy to include information sharing guidelines	Michelle Norton
May 2011	Reference to support for Domestic Abuse from MARAC(Multi Agency Risk Assessment Conference)	Michelle Norton
May 2011	Approved at PSQC	
January 2012	No amendments to Policy following review	Michelle Norton
January 2013	Review date extended to 01 April 2012 whilst policy under review	Michelle Norton
April 2013	Adoption of 'West Midlands Multi-Agency Safeguarding Adults Policy and Procedure (July 2012)' as the core policy with this local policy looking at specific local implementation. Clarification of responsibilities. Inclusion of PREVENT agenda. Updated committee terms of reference. Modified alert process for A&E attendees	Suzanne Hardy
May 2014	Changes in method of raising a Safeguarding Adult Alert Updating of some of the roles and responsibilities	Suzanne Hardy
Aug 2015	Major redraft to reflect the changes in Safeguarding Adults following the implementation of the enactment of the Care Act 2014.	Suzanne Hardy
	Alteration of Prevent section to reflect that this is now a standalone policy. Removal of reference to DASM as this role is no longer included in National Guidance.	



## Appendix 1 – Contacts

### Integrated Safeguarding Team

**Head of Safeguarding:** Deborah Narburgh

**Named Nurse Adult Safeguarding:** Ann McGill

Worcestershire Acute Hospitals NHS Trust,

Charles Hastings Education Centre

Worcestershire Royal Hospital

Charles Hastings Way

Worcester

WR5 1DD

Office: 01905 763333 ext 33735

[Wah-tr.safeguardingworcsacute@nhs.net](mailto:Wah-tr.safeguardingworcsacute@nhs.net)

Ann McGill Mobile: 07923 260300

### Safeguarding Adult Team Worcestershire County Council

Adult Social Care Access Service - 01905 768053

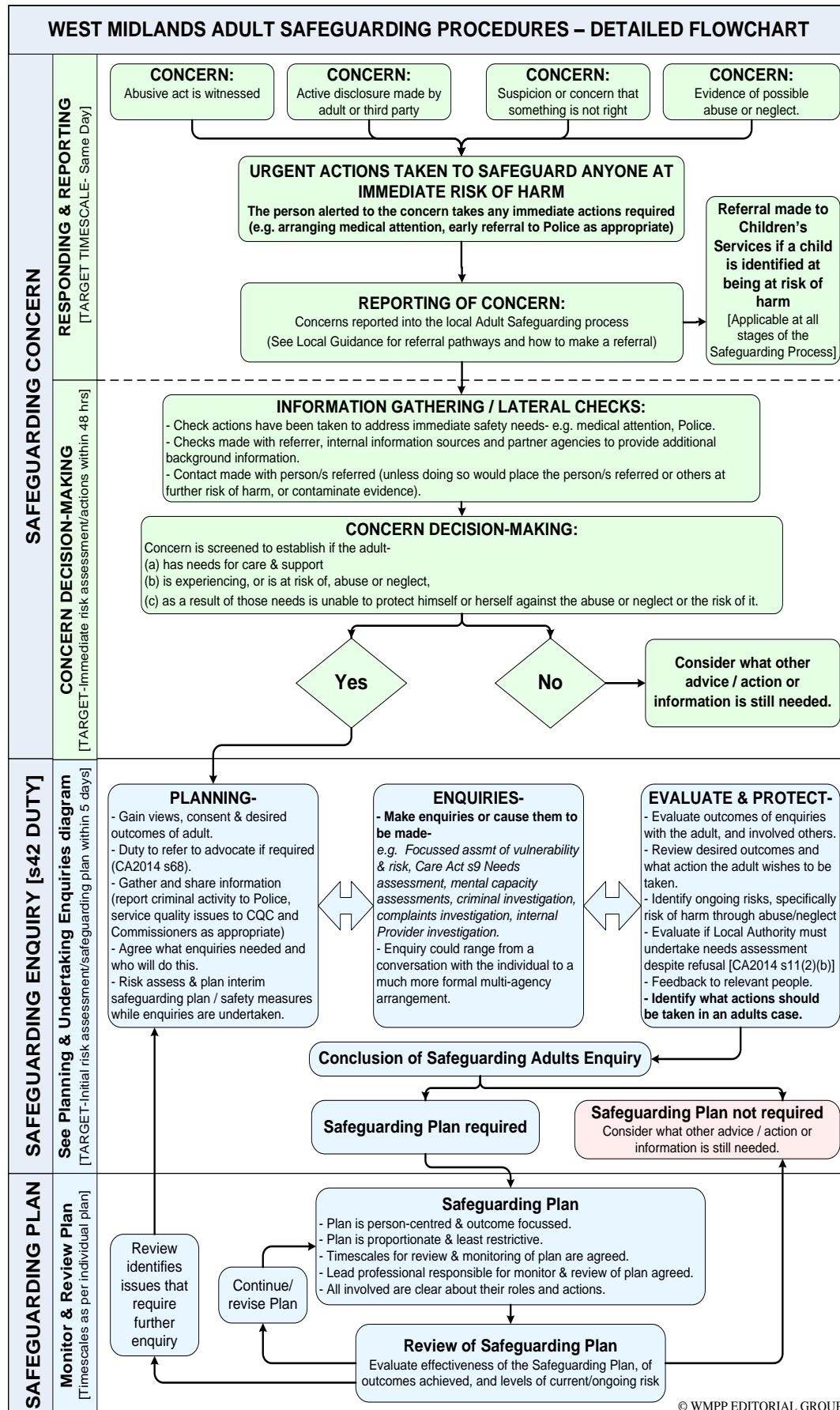
**Emergency Duty Team Out of Hours** – 01905 768053 – you will be directed should you call out of hours.

### Out of County

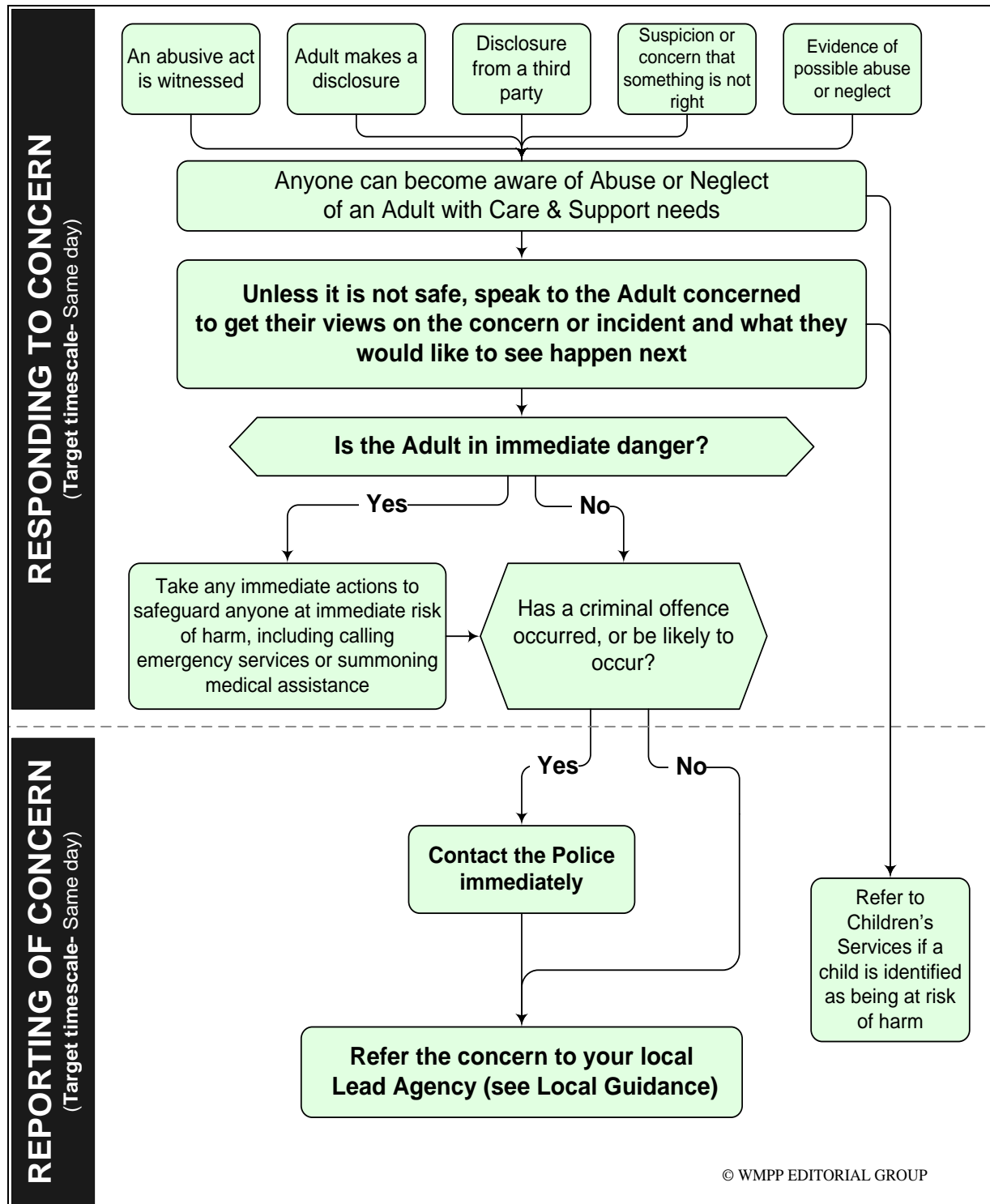
Where the patient is resident outside of Worcestershire and/or the alleged abuse took place outside of Worcestershire the concern needs to be reported to the Safeguarding Adults' Team for that County/Area. Contact details for bordering authorities can be found on the Intranet.

<http://www.worcsacute.nhs.uk/departments-a-to-z/safeguarding-adults/raising-an-adult-safeguarding-alert/>

For other authorities within the NHSE Safeguarding App and or/an internet search will be required to obtain the contact details to raise a concern.



## Appendix 3a – Responding and Reporting Concerns



## Appendix 3b – Local Reporting for Worcestershire Professional pathway for reporting safeguarding concerns for S42 Enquiry

that meet the criteria

### Consider whether the adult

- (a) has needs for care and support (whether or not the authority is meeting any of those needs);
- (b) is experiencing, or is at risk of, abuse or neglect; and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it  
(Care Act, S42 enquiry)

A professional becomes aware/suspects a safeguarding concern

Unless it is not safe to do so, speak to adult about concerns and ask what they would like to happen next

Take immediate actions to safeguard adult e.g. call emergency services or summon medical advice  
If a crime has been committed call the police

### Reporting the safeguarding concern/s.

#### **SUPPORT CALL ONLY**

Ring 01905 768053 for support with completion of form; you will require to have all the information to hand. This could take 20-30 minutes

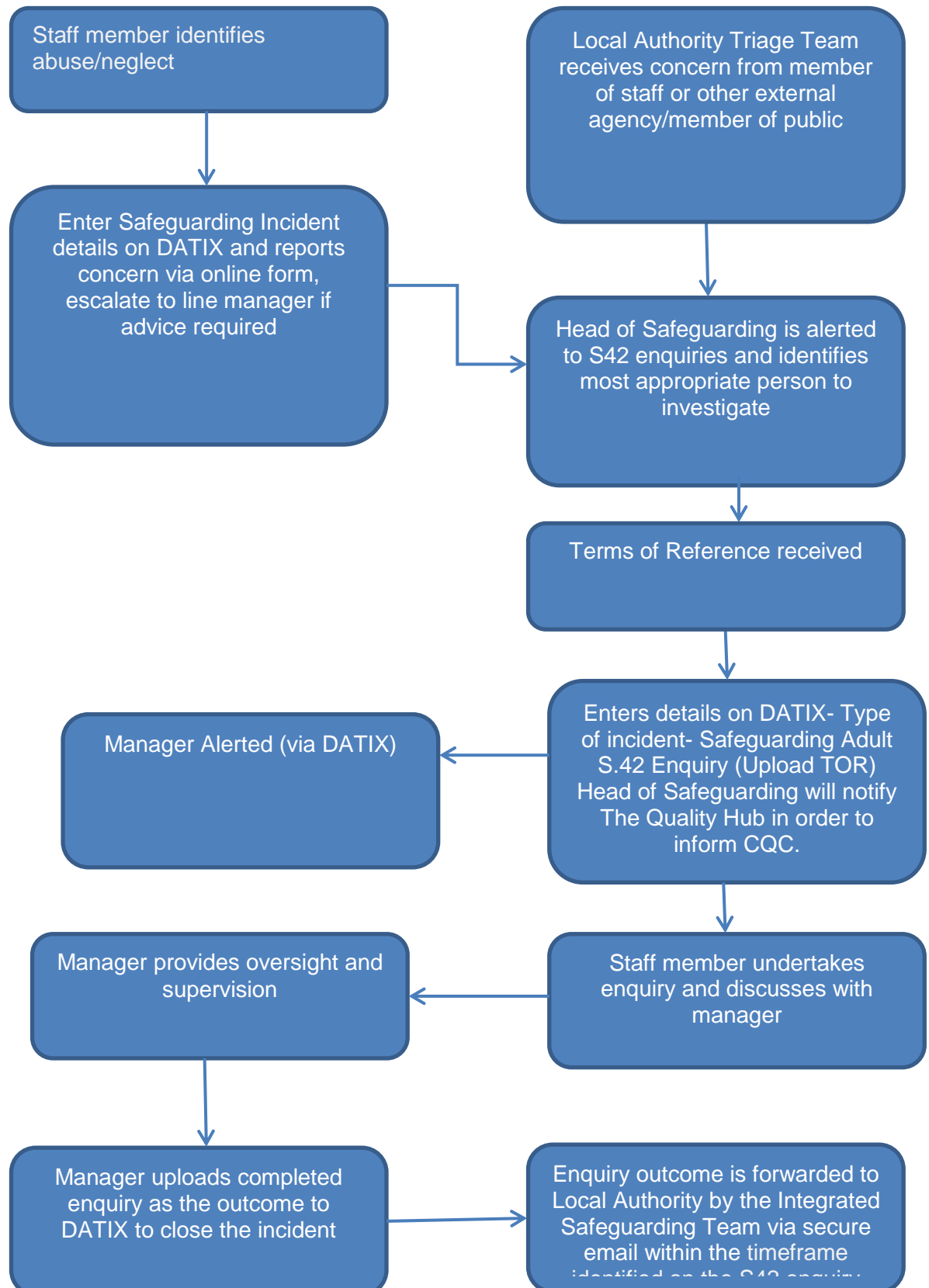
#### **ONLINE**

Go to the online form at Worcestershire County Council. Follow the link: <http://ylyc.worcestershire.gov.uk> click the "raise a concern about an adult"  
If at anytime the online form is not available please call 01905 768053 to report your safeguarding concerns

The person reporting the concern will receive notification of the decision regarding any action to be taken from the Adult Safeguarding Team

**Out of Hours**  
If your concern cannot wait until the next working day please ring  
**01905 768053**

## Appendix 4a – Making Section 42 Enquiries- WAHT Process



## Appendix 4b – Causing Enquiries Form



### Worcestershire County Council Adult Services and Health Restricted and confidential when completed

XX-XX

Date

Dear

*Under Section 42 of the Care Act (2014), the local authority must make (or cause to be made) enquiries to decide whether any safeguarding actions should be taken when there is reasonable cause to suspect that an adult in its area –*

- (a) Has needs for care and support*
- (b) is experiencing, or is at risk of, abuse or neglect, and*
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.*

*Worcestershire County Council is exercising its duty under Section 42 of the Care Act (2014) and is causing you to make enquiries in relation to -*

<b>Name</b>	[AS worker to complete]
<b>Address</b>	
<b>Date of Birth</b>	

*Terms of reference for the enquiry –*

- 1) To establish the views and wishes of the adult and their desired outcomes in relation to the safeguarding concerns.*
- 2) To gather sufficient information in relation to the safeguarding concerns in order to make an assessment of current and ongoing risk to the adult.*
- 3) To improve the wellbeing of the adult.*
- 4) In consultation with the adult, involved professionals and other relevant individuals, establish whether any action is needed to ensure the safety of the adult or others who may be at risk.*

Current safeguarding concerns
[AS worker to complete]

Other enquiries taking place
[AS worker to complete]

Further information required
<b>Please provide the following information –</b> [AS worker to complete]

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---

***Please return completed form to -***

<b>Name</b>	[AS worker to complete]
<b>Contact details</b>	

Yours Sincerely

Adult Safeguarding Team



## Appendix 4c – Section 42 Actions Required



### Worcestershire County Council Adult Services and Health Restricted and confidential when completed

XX-XX  
Date

Dear

*Section 42 of the Care Act (2014) places a duty on the local authority to ensure that appropriate actions are taken when an adult with care and support needs is experiencing, or is at risk of, abuse or neglect.*

*Worcestershire County Council is exercising its duty under Section 42 of the Care Act (2014) and requests that you (or a nominated deputy from your agency) ensure that the following actions are completed in relation to the person named below -*

<b>Name</b>	[AS worker to complete]
<b>Address</b>	
<b>Date of Birth</b>	

Actions required		
	Action	By when
1	[AS worker to complete]	
2		
3		
4		
5		

*Thank you for your assistance. Please confirm when you have completed these actions with -*

<b>Name</b>	[AS worker to complete]
<b>Contact details</b>	

Yours sincerely

Adult Safeguarding Team

## Appendix 5 - HIDVA REFERRAL

WEST MERCIA



WOMEN'S AID IDVA REFERRAL FORM (DOMESTIC ABUSE SERVICE) (NHS ONLY) Restricted when complete

Referrer Name and Contact details			
Date			
Department			
Patient name		Patient DOB	
Patient aware of referral?	Yes No <i>(If no, can you add rationale as to why they are not aware)</i>		
Alleged abuser's name and relationship:			
Current partner Ex-partner Sibling Parent Other- <i>(Please specify)</i>			
SAFE contact details	Telephone: Address:  Email:		
SAFE time to contact			
Information on abuse disclosed			
Other agencies notified	(Please list)		
Please send referral to	<a href="mailto:hidva@wmwa.cjsm.net">hidva@wmwa.cjsm.net</a> - <i>(This is a secure email)</i> Please complete when the Hospital IDVA is not available in the Hospital.		

Hospital IDVA'S are on site Monday, Wednesday, Thursday, Friday

9am – 5pm

Contact – Bleep 102

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the Policy/guidance affect one group less or more favourably than another on the basis of:</b>	No	
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the Policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the Policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

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

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval