



TRUST WIDE DOCUMENT

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| | Policy |
| DOCUMENT TITLE | Safeguarding Adults at Risk of Abuse or Neglect |
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| LEAD EXECUTIVE DIRECTOR DGM | Executive Medical Director Executive Chief Nurse |
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| TARGET AUDIENCE | All Trust Personnel |
| DOCUMENT PURPOSE | <p>This document sets out the principles of safeguarding adults at risk of abuse or neglect, as identified in The Care Act 2014 and the accompanying Statutory Guidance.</p> <ul style="list-style-type: none">• It sets out the procedure to be followed if staff become aware of, or suspect, that abuse or neglect is occurring.• It describes a multi-agency partnership approach to the protection of adults at risk, promoting best practice and providing a proportionate, consistent and effective response to any circumstances which give cause concern.• This policy should be read in conjunction with the Managing Allegations of Abuse Against Adults at Risk and Children Policy (C187 V.1.0) and the Pan-Lancashire Safeguarding Adult Multi-Agency Policy and Procedures. |

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| <p>ASSOCIATED DOCUMENTS</p> | <ul style="list-style-type: none"> • ELHT/CO82 Mental Capacity Act (2005) and Deprivation of Liberty Safeguards Policy • ELHT/CO34 Safeguarding Children Policy • ELHT/CO87 Guidelines for the Care of Adults with Learning Disabilities • ELHT/C112 Supporting Patients and others who are at risk of / are experiencing Domestic Abuse Policy • ELHT/C130 Prevent Policy • ELHT/HR57 Managing Allegations of Abuse Against Adults at Risk and Children Policy • ELHT/ CO77 Confidentiality of Personal Information Policy |
| <p>SUPPORTING REFERENCES</p> | <ul style="list-style-type: none"> • HM Government (2014). 'The Care Act '. Crown Copyright, London • HM Government (2005). 'Mental Capacity Act' Code of Practice. Crown Copyright, London • HM Government (2005). 'Deprivation of Liberty Safeguards – Code of Practice to supplement the Mental Capacity Act Code of Practice. Crown Copyright, London • Department of Health (2013). 'Guidance for health professionals on domestic violence'. Crown Copyright, London • HM Government (2021) 'Domestic Abuse' Crown Copyright, London • HM Government. (2011). 'Prevent Strategy'. Crown Copyright, London • HM Government. (2015). 'Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism'. Crown Copyright, London • HM Government (2015) Coercion and Control – Serious Crime Act (2015) • HM Government (2020) Stalking and Harassment Orders – Stalking and Protection Act (2019) • Social Care Institute for Excellence (2016). 'Safeguarding Adults' • Department of Constitutional Affairs (2005). 'Mental Capacity Act – Code of Practice'. Crown Copyright, London • Care Quality Commission (2016). 'NHS Acute Hospitals – Inspection framework'. Care Quality Commission, London • |

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1. INTRODUCTION

1.1 Safeguarding is everyone’s business.

1.2 Every person within East Lancashire Hospitals NHS Trust (ELHT) has a role and responsibility to safeguard and promote the welfare of children, young people and adults at risk of abuse or neglect.

1.3 This policy sets out the ELHT statement of purpose and has been developed in accordance with The Care Act 2014 Statutory Guidance. The Care Act makes Safeguarding Adults a statutory responsibility and endorses a multi-agency partnership approach to the protection of adults at risk of abuse or neglect. It promotes a consistent, effective and proportionate response to circumstances which may cause concern.

1.4 ELHT is committed to working in partnership with the Local Authorities and Adult Safeguarding Boards within its footprint. It is a signatory to the Pan-Lancs and Blackburn with Darwen Multiagency Safeguarding Procedures developed in conjunction with partner agencies and this policy is intended to complement those documents.

1.5 All staff and volunteers working within ELHT should understand their role and responsibility to safeguard adults at risk of abuse or neglect.

1.6 All staff and volunteers working within ELHT must be able to:

- Recognise an adult at risk of abuse or neglect.
- Identify the types of abuse as described in The Care Act 2014.
- Know who to contact and how to escalate concerns within their areas of work.
- Know where to locate the Safeguarding Adults Alert Form and other relevant documentation.

- Know how to complete the Safeguarding Adults Alert Form and send to the Trust Safeguarding Team.

2. PURPOSE

- 2.1. This document sets out the principles of safeguarding adults at risk of abuse or neglect, as identified in The Care Act 2014 and the accompanying Statutory Guidance.
- 2.2. It describes a multi-agency partnership approach to the protection of adults at risk, promoting best practice and providing a consistent, effective and proportionate response to any circumstances which give cause concern.
- 2.3. It sets out the procedure to be followed if staff become aware of, or suspect, that abuse or neglect is occurring.
- 2.4. This policy should be read in conjunction with the Managing Allegations of Abuse Against Adults at Risk and Children Policy (C187 V.1.0) and the Pan-Lancashire Safeguarding Adult Multi-Agency Policy and Procedures.

3. DUTIES & RESPONSIBILITIES

This policy applies to all staff employed by East Lancashire Hospitals NHS Trust, including anyone who holds honorary contracts or who has been subcontracted by the Trust.

- **The Board of Directors** - The Board of Directors is responsible for the quality of service provided to the populations served by ELHT. They have responsibility for there being a structured approach to policy development, systems implementation, and management. They will ensure through robust governance systems there is regular audit and monitoring against implementation of The Care Act 2014 in practice which is monitored by the sub-committees of the Trust board.

The Board of Director's responsibilities are delegated to the Executive Chief Nursing Officer, (Executive Safeguarding Lead) who will ensure there are systems and processes in place for the implementation of The Act; this policy is in relation to The Care Act 2014 and supporting Statutory Guidance.

Monitoring of compliance is required within the Trust Safeguarding Committee and reflected in the Annual Safeguarding Report.

- **The Executive Chief Nursing Officer** - will be supported by other senior managers and executives and will ensure the following:

- All performance and quality monitoring documentation is clear about the Trust's expectation for systems, processes and good practice to be compliant with the Act.
 - Proactively promote the implementation of effective adult safeguarding practice.
 - Ensure that there is a robust infrastructure for the development and maintenance of staff knowledge and skills in matters relating to adult safeguarding.
- **Divisional Managers** - Divisional Operational and Clinical Managers will proactively support the implementation of this policy and must align local Standard Operating Procedures to ensure compliance with The Act locally. They will identify and support the development of local resources to enable staff to carry out proportionate and effective safeguarding interventions.
 - **Consultant Medical Staff** - The medical directorate and lead consultants are responsible for ensuring medical staff are informed of the requirements of The Care Act 2014, the Statutory Guidance and their personal responsibilities around safeguarding adults at risk and have received sufficient training to undertake the role.
 - **Safeguarding Team** - are responsible for:
 - Ensuring procedures for recording safeguarding interventions and appropriately escalating concerns are consistent, effective and proportionate.
 - Attending local and regional Adult Safeguarding groups and networks to contribute to best practice developments and review of lessons learnt.
 - Developing internal structures to provide assurances to the organisation that adult safeguarding issues are considered and dealt with in a consistent and effective manner.
 - Provide systems and structure to support implementation of safe and effective adult safeguarding practice, including training provision, supervision and support for complex case management.
 - **All Staff** - All members of staff have a statutory obligation to comply with The Act and statutory guidance. It is each individual's responsibility to familiarise themselves with the Act and undertake sufficient training to undertake their role.

All members of staff are responsible for ensuring any concerns or practical factors that hinder/oppose the implementation of this Policy, which have not been possible to resolve or overcome at local level are escalated to the Safeguarding Team or through the network governance structures.

4. POLICY

4.1. Safeguarding Principles

The Care Act 2014 sets out 6 principles that should underpin all safeguarding interventions:

- **Empowerment** – People being supported and encouraged to make their own decisions and provide informed consent. The individual should be kept at the centre of any safeguarding interventions and included in any decisions.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities.
- **Accountability** – Accountability and transparency in delivering safeguarding.

4.2. What is Adult Safeguarding?

4.2.1. Safeguarding means supporting the adult's right to live free from the risk and fear of abuse and neglect.

4.2.2. Organisations have a statutory duty to promote the adult's wellbeing in their safeguarding arrangements. People want to feel safe and those who work to support and care for them should establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation and safeguarding.

4.2.3. At all times those with a duty to safeguard people must give due regard to their views, wishes, feelings and beliefs when making decisions or taking action. Making safeguarding personal (MSP) means any safeguarding intervention should be person-led, outcomes focused and strengths based.

It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery.

Adults at risk should be supported and empowered to take control of their own lives. The right balance needs to be sought between protecting adults and enabling them to manage risk independently. In

order to do this, adults need to be at the centre of any decision making around their safety and wellbeing.

4.3. Who is an 'Adult at Risk' of abuse or neglect?

4.3.1. The Care Act 2014 has replaced the term 'Vulnerable Adult' with 'Adult at Risk' because '*vulnerable adult*' appears to locate the cause of abuse with the victim, rather than placing responsibility with the actions or omissions of others.

4.3.2. The Care Act 2014 defines an Adult at Risk of abuse and neglect as a person aged 18 years and over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**
- Is experiencing, or at risk of, abuse and 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.

4.3.3. It is important to remember that all adults are considered to have mental capacity to make decisions for themselves unless proven otherwise. Adults have the right to make 'unwise' decisions (principle 3, Mental Capacity Act (MCA) 2005); this applies even if family members, friends, healthcare, or social care staff are uncomfortable with a decision.

The requirement to apply the MCA 2005 in adult safeguarding enquiries challenges professionals and requires the utmost care, particularly where it appears an adult has capacity for making specific decision that may place them at risk.

4.4. What do we mean by abuse or neglect?

4.4.1. Incidents of abuse may be one off or multiple occurrences and may affect an individual or several people. It is important that professionals look beyond single incidents or individuals to identify patterns of harm. Repeated instances of harm/poor care may be an indication of more serious problems and may indicate potential organisational abuse.

4.4.2. Abuse can be intentional and 'wilful' or unintentional and you should remember:

- Incidents of abuse or crimes may only come to light because the abused person themselves tells someone.
- The person may not appreciate the significance of what they are sharing as they may not realise they are being abused.

- Disclosure may take place many years after the actual event. Even if this is the case, there is still a responsibility to report the issue so that action can be taken to improve the circumstances and the quality of life of the person who is suffering as a result of the abuse.

4.5. Patterns of abuse

4.5.1. Patterns of abuse vary and may include:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Long-term abuse in the context of an on-going family relationship such as domestic abuse between spouses or generations or persistent psychological abuse.
- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

NB - Intent is not a deciding factor when determining if an act or failure is abuse; it is the **impact** of the act on the person and the harm [or potential harm] to that individual.

4.6 Categories of abuse

4.6.1 The Care Act 2014 defines 10 categories of abuse as the following:

- 1. Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate physical sanctions.
- 2. Sexual abuse**, including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault to which the adult has not consented, or could not consent to, or was coerced into.
- 3. Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
- 4. Financial or material abuse**, including coercion to take extortionate loans and threats to recover debt, theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements, including in connection with wills,

property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.

5. **Modern Slavery** 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.
6. **Discriminatory abuse**, including forms of harassment, slurs or similar treatment because of race, gender, gender identity, age, disability, sexual orientation or religion.
7. **Organisational (or institutional) abuse** includes neglect and poor care practice within an institution or specific care setting such as hospital or care home or care provided in one's own home. This may be an isolated incident however it is usually more indicative of systemic issues or failures within an organisation.
8. **Neglect and acts of omission**, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health (including 'was not brought' to appointments – see below), social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating or failure to follow agreed processes such as policies.
9. **Self-neglect**, this covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding that causes risk of harm. Self-neglect is also associated with non-concordance.
10. **Domestic violence & abuse**, defined as "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional" (Home Office, March 2013).

4.7 Other Types of Abuse:

- 4.7.1 **Stalking and Harassment**, terminology is used interchangeably, however they relate to similar but different offences which can cause victims and their families and loved ones physical, psychological, and emotional harm.

Stalking: is described as a pattern of fixated and obsessive behaviour which is repeated, persistent, intrusive and causes fear of violence or engenders alarm and distress in the victim.

Harassment: is unwanted behaviour from another person that makes you feel distressed, humiliated, or threatened.

4.7.2 Forced Marriage or Honour based violence:

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without his or her consent or against his or her will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriages are generally made because of family pride, the wishes of the parents or social obligation. The United Nations views forced marriage as a form of human rights abuse since it violates the principle of freedom and autonomy of individuals.

4.7.3 Female Genital Mutilation (FGM):

FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (WHO, 2014). FGM is known by a number of names including female genital cutting, initiation or female circumcision. It bears no resemblance to male circumcision as there are serious health consequences and no medical benefits.

FGM is a crime that affects some of the most vulnerable girls and women in our society. As health professionals we have a duty to work together with the police, social care and the third sector, to report and share information when FGM has or may take place. We must ensure that adults and children at risk of FGM are protected and those who perpetrate these crimes are prosecuted.

4.7.4 Radicalisation (Prevent):

Adults at risk of abuse or neglect may also be susceptible to influence and therefore targeted by others to support or undertake acts of terrorism. This process is called radicalisation and poses a risk to the individual and to society. Prevent is a vital part of a national counter terrorism strategy (CONTEST) to identify and stop people becoming terrorists or supporting terrorism. The Prevent strategy seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views.
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.

- Work with partner agencies and support the multi-agency programme (channel) which provides support to people at risk of being drawn into terrorist related activity.

All staff should have an awareness of Prevent and know who they should speak to should they have concerns that a patient or colleague is being or at risk of radicalisation.

All staff should undertake 'Basic Prevent Awareness' Level 1 eLearning and registered healthcare staff responsible for assessment and treatment of adults with care and support needs must undertake Prevent Awareness training at Level 3.

NOTICE - CHECK - SHARE

Concerns, no matter how minimal they may seem should be discussed with the Safeguarding Team or Prevent Lead. Reporting procedures and documentation can be found on the safeguarding SharePoint pages.

4.7.5 Hate Crime:

A hate crime is described as “any hate incident which constitutes a criminal offence, perceived by the victim or any person, as being motivated by prejudice or hate”. Some offences are clear, such as robbery and assault however, less obvious incidents such as verbal abuse, harassment, threats, or intimidation may also be criminal offences.

4.8 Was Not Brought (WNB):

4.8.1 Historically “Did Not Attend” (DNA) has been the term used, particularly within Health services, when adults do not access services or attend appointments.

4.8.2 For many services, due to pressures on waiting lists, a number of missed appointments would result in the adult being discharged from the service. However, there has been limited consideration that some adults, particularly those with care and support needs, will need either to be brought or supported by a family member or carer, and therefore the term DNA may indeed obscure issues of concern.

4.8.3 When an adult with care and support needs does not arrive for their scheduled appointment, this should be considered in the context of 'was not brought' rather than 'did not attend' and further action should be taken to ensure the welfare of that person.

- Practitioners should record WNB within patient notes.

- Within this recording should be a record of any known vulnerability or whether the individual was reliant on a carer or family member for attendance.
- The mental capacity of the person who has missed an appointment.
- Consider the persons attendance history or if a first appointment missed consider a discussion with the referrer to identify any potential risk or concern.
- Attempt to make contact with the person or carer to check if there was any reason for non-attendance.
- If an adult particularly those with additional needs i.e. those with learning disabilities, dementia, mental health concerns or frailty does not keep appointments or is not seen at home, the professional should undertake a risk assessment based on their knowledge of the health and social concerns.
- If risks or concerns are identified in relation to the non-attendance of the adult the practitioner should seek advice from the Safeguarding Team.
- If there are concerns for the immediate safety of the person, a Police welfare check should be requested or call 999 in an emergency.

4.9 Who could be an abuser?

- 4.9.1** Strangers, professionals, people paid to provide care, volunteers, other users of a service, informal carers, neighbours, friends and relatives, partners, and famous personalities, in fact, anyone that an adult at risk may encounter.

4.10 Where can abuse happen?

- 4.10.1** Abuse can happen anywhere, including:
- In a person's home, whether they live alone, with relatives or in a care establishment such as supported living.
 - In nursing, residential or day care settings.
 - In hospital.
 - While in police custody or prison.
 - In a person's own home by people coming in to provide care services.
 - In a public place.

4.11 Procedure to follow if staff suspect abuse:

- 4.11.1** Anyone can witness or become aware of information which suggests abuse or neglect is occurring. Healthcare staff are particularly well placed to spot abuse and neglect, as they may be the only professionals with whom the adult has contact. The adult may say or do things that suggest something is wrong or there may

be an expression of concern by a relative or friend. Staff should be vigilant on behalf of those unable to protect themselves.

- 4.11.2** All staff employed by the ELHT must regard themselves as the identifier and reporter of concerns. If a member of staff suspects that an adult is being abused, they have a duty to report it.
- 4.11.3** If the abuser is a member of staff or volunteer, the policy for 'Managing Allegations of Abuse Against Adults at Risk and Children' Policy (C187) must be referred to and the correct processes followed. The appropriate Manager, Divisional HR Representative and Safeguarding Team must be informed of the allegations as soon as possible and a 'Managing Allegations Meeting' convened within 5 working days.
- 4.11.4** If the alleged abuser has line management responsibility for the person with concerns, then the concern should be raised with a Senior Manager as well as the Safeguarding Adults Team.
- 4.11.5** Once suspicion of abuse is recognised an Incident Report (eIR1) should be completed on Datix. A Safeguarding Adults Alert Form should also be completed (Appendix 1) and sent to the ELHT Adult Safeguarding Team who will review this and forward on to the relevant Local Authority in accordance with multiagency procedures. This must be done within 24 hours of the abuse being suspected.
- 4.11.6** The Safeguarding Team will ensure that concerns about members of staff or volunteers are raised in accordance with multiagency 'Persons in a Position of Trust' (PiPoT) procedures.
- 4.11.7** The staff member to whom the disclosure of abuse is made should:
- Take necessary and proportionate actions to immediately safeguard the adult at risk.
 - If you are concerned the adult is in immediate danger or urgent medical intervention is required contact Police/emergency services.
 - Escalate concerns to your line manager, record actions taken in the patient record and complete eIR1 and adult safeguarding alert form as per 4.10.5 above.
 - Clarify whether there are any other adults, young people (under 18 years) or children who may currently be at risk from the alleged perpetrator.
 - If it is ascertained that the alleged perpetrator has or may have contact with a child or children, a referral should be made to Children's Services and Police where required (refer to Safeguarding Children Policy – C034).

- Where possible and/or appropriate discuss your concerns with the adult to ascertain their views and wishes and desired outcomes.
- Where there are concerns a crime has been committed, advise the adult that they are able to make a formal complaint to the Police and support them to do so.
- Seek consent to share information with the Local Authority and Police (where there are concerns about a crime) and where consent is not provided explain the duty to override consent where the safeguarding threshold is met.
- Where the adult lacks capacity to consent to the sharing of safeguarding information, action should be taken in their best interests.
- Consider what immediate support can be provided to the adult including advocacy.
- Further advice and support is available from the ELHT Corporate Safeguarding Adults and Children's Teams

4.12 Disclosure of Historic Abuse:

4.12.1 The term 'historic abuse' is commonly used to refer to disclosures of abuse that were perpetrated in the past. It is normally used when the victim is no longer in circumstances where they consider themselves at risk of the perpetrator and more commonly used when adults disclose abuse experienced during childhood.

Cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role.

Consideration must be given to whether the alleged perpetrator presents a current risk; that is are they still working with, caring for, or having contact with children or adults with care and support needs.

Concerns should be discussed with the Safeguarding Team to agree a proportionate course of action.

4.13 Whole Family Approach

4.13.1 Staff must consider a 'whole family' approach at all times, recognising that adults who access ELHT Services are often parents/carers or have other roles and responsibilities within a family context.

Staff should not limit their scope to only considering the adult that they are working with.

4.14 Reporting Abuse

4.14.1 In keeping with the principles of “Making Safeguarding Personal” (MSP), where possible/appropriate the Adult at Risk should be an active partner in the raising of the concern. The purpose of which is to enable the local authority to decide if a duty to undertake an enquiry under section 42 is required and if so who will undertake this enquiry and whether any actions need to be taken as a result of the findings.

4.15 Raising a Safeguarding Concern:

4.15.1 Factors to consider:

- How vulnerable is the adult at risk? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on their independence and well-being?
- Are there other adults also at risk e.g. if the abused person is resident in a supported living tenancy or a residential or nursing home?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing harm?
- Is it a child (under 18 years) at risk?

4.15.2 A safeguarding concern should be raised when:

- The person has care and support needs, they are experiencing or at risk of abuse or neglect and are unable to protect themselves.
- The patient lacks capacity to consent and it is considered raising those concerns in their best interests.
- It is in the interests of the wider public to raise your concerns since there are risks to other people.
- The patient is subject to coercion or undue influence which is affecting their ability/willingness to consent.
- It is in the person’s vital interest i.e. in life-threatening incidents to prevent serious harm.
- A crime has (or may have) been committed against an adult at risk.
- The abuse of neglect has been caused by a member of staff or a volunteer.
- The concern is about organisational or systemic abuse.
- The person causing the harm is also an adult at risk.

4.15.3 Consent to referral:

- Staff should always try to discuss their concerns with the adult at risk to seek their views and wishes about what they would like to happen.
- During this discussion, you should discuss your intention to raise (share) your concerns and seek consent to do so.
- There are instances when you will need to raise a concern without the patient's consent as detailed above (4.14.2).
- Where a patient has capacity to refuse a safeguarding referral, staff must take this into consideration, explore the reasons why and offer appropriate reassurance.
- However, it is important to remember that where the circumstances outlined above (4.14.2) apply there is a **duty** to share the concerns with or without consent and this must be explained to the patient where safe and appropriate to do so.
- All conversations with the patient and rationale for overriding consent must be documented on the patient record and the adult safeguarding alert form.
- If it is established or suspected there are children in a home where abuse is taking place a referral to the Local Authority Children's Social Care must be made.

4.15.4 How to raise an adult safeguarding concern:

- Complete an 'Adult Safeguarding Alert Form' and email to the ELHT Adult Safeguarding Team - safeguarding.adult@elht.nhs.uk
- Make a record of the safeguarding concerns and the time/date these were shared with the safeguarding team in the patient record.
- Complete an Incident Report (eIR1) on Datix and upload a copy of the alert form to the 'Documents' section.

4.15.5 Section 42 Enquiries

- Section 42 of the Care Act (2014) places a legal duty on the local authorities to 'make enquiries' when there are safeguarding concerns about an adult with care and support needs in the area.
- The duty applies to adults with care and support needs who are experiencing, or at risk of abuse or neglect and are unable to protect themselves from this.
- The enquiries should establish whether any action needs to be taken to prevent or stop abuse or neglect.
- Local Authorities have the option of undertaking those enquiries themselves and will allocate a social worker (or other social care professional) to lead on the enquiry.
- Alternatively, local authorities can appoint another agency to undertake the enquiries on their behalf (although they retain statutory responsibility) where this is deemed to be appropriate.

- When concerns are raised that a patient with care and support needs has come to harm whilst under the care of ELHT, the local authorities will request that ELHT undertake a single-agency review which will feed into the wider S.42 enquiry.
- An internal process has been developed within ELHT to ensure S.42 enquiries are undertaken within the timescales stipulated by the local safeguarding adult board.
- Divisional Leads and Governance Teams have oversight of all S.42 enquiry activity within their respective divisions and responsibility for approval of safeguarding reviews and any resulting action plans.
- Please refer to Appendix 2 for further information.

4.15.6 Safeguarding Adult Review (SAR)

Section 44 (Care Act 2014), requires local Adult Safeguarding Boards to commission a SAR when:

- An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to support the adult or
- An adult within the area has not died but it is known or suspected that the adult has experienced serious abuse or neglect.
- Safeguarding Adults Boards are free to arrange reviews in any other situation involving and an Adult within its area with needs for care and support.

Each organisation within the ELHT has a responsibility to refer such cases to the Local Safeguarding Adults Board for consideration of review. As this is a multi-agency process, it may not be the Trust's services where abuse, harm, or neglect may be known of or suspected.

The purpose of having a Safeguarding Adults Review is neither to investigate nor to apportion blame.

The objectives include:

- preparing or commissioning an overview which brings together and analyses the findings of the various agencies in order to make recommendations for future action.
- establishing whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults at risk.
- reviewing the effectiveness of both multi-agency and individual agency procedures.
- informing and improving local inter-agency practice.
- improving practice by acting on learning and developing best practice.

4.15.7 Domestic Homicide Reviews (DHR)

Organisations are required to follow Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2016 Section 2 Paragraph 7, when the circumstances of a person's death aged 16 years and over appears to have resulted from violence/abuse or neglect by:

- A person to whom they were related or with whom they were or had been in an intimate personal relationship or
- A member of the same household as the person

4.15.8 The purpose of a Domestic Homicide Review (DHR) is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses, including changes to inform national and local policies and procedures as appropriate.
- Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic violence and abuse and highlight good practice.
- Staff must co-operate when requested to undertake or contribute to an enquiry, advice can be sort from the corporate adult safeguarding team.

4.16 Confidentiality & Information Sharing

4.16.1 All staff and practitioners have a duty to be aware of their responsibilities from the General Data Protection Regulation (GDPR) and Data Protection Act 2018, the Human Rights Act 1998, the Common Law Duty of Confidentiality and Caldicott principles.

4.16.2 All staff and practitioners must protect all confidential information concerning patients/service users obtained in the course of professional practice and abide by their professional codes of conduct. Disclosures should only be made with consent, where required by the order of a Court, where justification of disclosure is in the wider public interest or where there is an issue of child/adult protection as outlined in section 4.14.

4.16.3 All staff and practitioners must make themselves aware of information sharing protocols in place with partner agencies and organisations. They must understand the agreements made to the sharing of information and the acceptable methods in which this may happen. Keep a record of the decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. Ensure that information you share is necessary and proportionate for the purpose which you are sharing it and where doubt exists the Trust's Caldicott Guardian and or Information Governance team should be consulted.

4.17 Record Keeping

4.17.1 ELHT staff must maintain records in line with the Trust Clinical Records Policy (C013) which sets out the standards required for clinical record keeping and details the specific requirements relating to health records management within the organisation.

4.17.2 Records are an essential source of evidence for safeguarding enquiries and may also be required to be disclosed in court/legal proceedings.

4.17.3 When recording safeguarding concerns or incidents staff must ensure they:

- Sign and date the report.
- Note the time of day, date and location of the incident.
- Record who was present.
- Describe how the disclosure came about.
- Describe what happened and any injuries or consequences for the victim.
- The 'category' of abuse being alleged.
- Where appropriate, use a body map to indicate where there are cuts or bruises and keep the information as concise and factual as possible, including your description of any injuries seen.
- All telephone conversations must be recorded.
- If it is appropriate to include an opinion or third party information, ensure this is made clear.
- Record the exact words used by the person in making the allegation.
- Establish who the key individuals are in the alleged abused adult's life, e.g. family, neighbours, children, and grandchildren.
- If the individual has parent/caring responsibility for children/young people.
- Is there any form of physical evidence available, e.g. soiled or blood-stained clothing?

4.18 Freedom to speak up

4.18.1 Where concerns arise about an ‘adult at risk’ regarding potential malpractice or misconduct in a workplace or by employees of the ELHT, these concerns must be reported within the Organisation to the senior manager as per the Trust Managing Allegations of Abuse Against Adults at Risk and Children Policy and ELHT Freedom to Speak Up – Staff Raising Concerns Policy.

5 Training Needs Analysis

The Trust is responsible for ensuring all staff are given Adult Safeguarding training that enables them to support them with their role and responsibilities. The Trust has 3 different levels of Adult Safeguarding Training which is delivered via eLearning and classroom sessions. The training has been developed in line with the “Adult Safeguarding: Roles and Competencies for Health Care Staff” (RCN 2018).

| Audience | Training requirements | Refresher Period |
|---|---|------------------|
| All staff working in health settings | Safeguarding Adults Level 1 e-learning | 3 years |
| All practitioners that have regular contact with patients, their families or carers, or the public | Safeguarding Adults Level 2 e-learning | 3 years |
| Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns. | Safeguarding Adults Level 3 face-to-face training session | 3 years |

6 Monitoring Compliance with the Procedural Document

| Aspect of compliance being measured or monitored. | Individual responsible for the monitoring | Tool and method of monitoring | Frequency of monitoring | Responsible Group or Committee for monitoring |
|--|---|--------------------------------------|-------------------------|---|
| Adult safeguarding concerns raised by ELHT staff | Reviewed by Safeguarding Team | Monitored via Safeguarding Dashboard | Monthly | Safeguarding Committee |
| The number of staff who have accessed Safeguarding Adults Training | Directorate of Education, Research and Innovation | Training Compliance Reports | Monthly | Safeguarding Committee |
| S.42 enquiries undertaken | Reviewed by Safeguarding Team & Divisional Leads | Monitored via Safeguarding Dashboard | Quarterly | Safeguarding Committee |
| Managing | Reviewed by | Monitored via | | |

| | | | | |
|--|--------------------------------------|------------------------|-----------|------------------------|
| Allegations of Abuse investigations | Safeguarding Team & Divisional Leads | Safeguarding Dashboard | | |
| NAPF accreditation audit monthly review to assess compliance | Reviewed by Divisional Leads | NAPF Audit Tool | Quarterly | Safeguarding Committee |

7 Data Protection

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021. This includes the appropriate and proportionate release of any personal identifiable data relating to staff, patients or public who may be at risk of harm or as part of a legal process.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://elht.nhs.uk/about-us/data-protection-confidentiality-and-fair-processing>

Appendix 1

RAISING A FORMAL SAFEGUARDING ALERT

MULTI-AGENCY SAFEGUARDING ADULTS

SA1
(August 2022)

Alert Form

| | | | |
|---|--|---|--|
| 1) If necessary an alert can initially be discussed by telephoning the ELHT Safeguarding Team – numbers can be found at the end of this referral form | | | |
| 2) This Alert Form must be used as per policy to raise an alert and should be emailed within 48 hours to safeguarding-adult_alerts@elht.nhs.uk | | | |
| 3) Please print off this form once completed & place a copy in the patients notes. | | | |
| Who did you speak to in the Safeguarding Team? (if applicable) | | What date did you speak to the Safeguarding Team? | |
| Details of alleged victim: | | | |
| Title | | Date of Birth | |
| Name | | Gender | |
| Usual Address | | Contact Number | |
| Current place of residence (if different) | | GP Name and Address | |
| Ethnic Origin | | NHS and RXR number | |
| Is the adult currently in hospital? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please give details of Hospital and Ward | |
| Key issues Brief details of allegation, including dates of incident(s) where known. (Please include, what happened and what has been the impact on the adult). Please attach any relevant supporting information. | | | |
| | | | |

| |
|--|
| |
| Care and support needs Brief details of any care and support needs. |
| |
| <p>PREVENT: <i>Prevent</i> is part of the Government’s counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations. The Department of Health and the health sector are key partners in working to prevent vulnerable individuals from being drawn into terrorist-related activities.</p> <p><i>Prevent</i> is about recognising when vulnerable individuals are being exploited for terrorist-related activities. Please refer to the dedicated Prevent Policy on the Intranet.</p> |

| Primary Client Type (tick as required) | | | | | | | |
|--|--------------------------|-----------------------------|--------------------------|---------------------------------|------------------------------|-------------------------------|--------------------------|
| Learning Disability | <input type="checkbox"/> | Older Person | <input type="checkbox"/> | Older Person Mental Health | <input type="checkbox"/> | | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> | Illness | <input type="checkbox"/> | Sensory Impairment | <input type="checkbox"/> | | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | Other (please state). | | | | | |
| Type of Allegation (tick as required) | | | | | | | |
| Physical Abuse | <input type="checkbox"/> | Domestic Abuse | <input type="checkbox"/> | Sexual Abuse | <input type="checkbox"/> | Psychological Abuse | <input type="checkbox"/> |
| Financial / Material Abuse | <input type="checkbox"/> | Modern Slavery | <input type="checkbox"/> | Discriminatory Abuse | <input type="checkbox"/> | Organisational Abuse | <input type="checkbox"/> |
| Neglect / Acts of Omission | <input type="checkbox"/> | Self-Neglect | <input type="checkbox"/> | Prevent | <input type="checkbox"/> | Other eg Forced Marriage, FGM | <input type="checkbox"/> |
| Location of Abuse | | | | | | | |
| Own Home | <input type="checkbox"/> | Residential or Nursing Home | <input type="checkbox"/> | Day Centre/Service | <input type="checkbox"/> | | <input type="checkbox"/> |
| Another adult’s home | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Other Health Setting | <input type="checkbox"/> | | <input type="checkbox"/> |
| Supported Accommodation | <input type="checkbox"/> | Sheltered Accommodation | <input type="checkbox"/> | College/Adult Education Setting | <input type="checkbox"/> | | <input type="checkbox"/> |
| Public Place | <input type="checkbox"/> | Other | <input type="checkbox"/> | Not Known | <input type="checkbox"/> | | <input type="checkbox"/> |
| Date of alleged incident (Please include the time if known) | | | | On-going abuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

| | | | |
|--|--------------------------|--|---|
| | | | |
| Is the Adult at immediate risk? (if yes, please give details) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is the Adult aware of this referral? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Does the Adult have a representative? | | Yes <input type="checkbox"/> (please give details below) No <input type="checkbox"/> (please consider an Advocacy referral) | |
| Details of Representative (please include name/s, relationship to adult and contact details) | | | |
| Have you reported it to the Police? | | Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide Police log number) | |
| What outcome does the person want from this alert? | | | |
| Details of alleged perpetrator/s | | | |
| Name | | | |
| Address of alleged perpetrator/s | | | |
| Title | | Age/Date of Birth | |
| | | Gender | M <input type="checkbox"/> F <input type="checkbox"/> |
| Does the alleged perpetrator live with the Adult? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Please state relationship of alleged perpetrator to the Adult | | | |
| Partner | <input type="checkbox"/> | Other Family Member | <input type="checkbox"/> |
| Unpaid / Paid Carer | <input type="checkbox"/> | Professional (Nurse, GP, Social Worker, Therapist) | <input type="checkbox"/> |
| Service Provider / public services | <input type="checkbox"/> | Other Service User | <input type="checkbox"/> |
| Other (please state) | <input type="checkbox"/> | Not Known | <input type="checkbox"/> |
| | | | |
| Details of Alerter | | | |
| Name | | Designation | |
| Signed | | Date | |
| Work Address | | | |
| Work Contact Number | | | |
| Manager's Details Name, | | | |

| | |
|-----------------------------------|---|
| Title, Contact Number | |
| Date Manager informed | |
| Have you reported this on IR1? | Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide IR1 number) |

Once form is completed please action as follows:

1. Save referral in 'My Documents'
2. Form to be e-mailed as an attachment to Safeguarding Adults email at the top of this form
3. Inform your manager at the earliest opportunity
4. If immediate concerns out of hours for in-patients please inform Matron / Duty Sister / Clinical Site Manager on Call for ELHT (form still to be emailed as above)
5. If immediate concerns out of hours for existing community patients or those who decline to accept in-patient care please email the form, inform the Matron / Duty Sister / Manager on Call for ELHT **and** contact the Lead Agency by telephone:

BWD 01254 585949
LCC 0300 123 6720

**IF THERE ARE CHILDREN AT RISK.
PLEASE CONTACT THE ELHT CHILDREN'S SAFEGUARDING PRACTITIONERS OR REFER
TO ELHT INTRANET FOR FURTHER CONTACT DETAILS AND POLICIES**

**CONSIDER ALL CHILDREN CONNECTED TO THE VULNERABLE ADULT AND, IF RISK OF
HARM IS IDENTIFIED, REFER IMMEDIATELY TO CHILDRENS SOCIAL CARE:**

**BWD 01254 666400
LANCS 0300 123 6720**

**AND INFORM THE SAFEGUARDING CHILDREN PRACTITIONERS ON 01282 803125
FOLLOW THE SAFEGUARDING CHILDREN FLOWCHART FOUND ON OLI AND IN THE
SAFEGUARDING CHILDREN POLICY**

EAST LANCASHIRE HOSPITALS NHS TRUST

**SAFEGUARDING ADULTS 8AM - 5PM MON-FRI
01254 732848 OR BLEEP 319**

**OUT OF HOURS: MATRON ON CALL / Clinical Site Manager BLEEP 056 / 050 /049
MANAGER ON CALL VIA SWITCHBOARD 0**

Appendix 2 - Safeguarding Process – Section 42 Raised Internally by ELHT

| | |
|---|--|
| Safeguarding Concern Noted by ELHT Staff | <ul style="list-style-type: none"> • ELHT staff member is concerned that an adult with care & support needs has experienced or is at risk of abuse or neglect. This includes self-neglect and unintentional acts of omission. |
| Incident Report (eIR1) Entered onto Datix | <ul style="list-style-type: none"> • Reporter clicks 'yes' in the mandatory field 'Is this a safeguarding concern?' and selects 'Adult' from the drop down list. • Details of concern are entered into 'Description' text box along with 'Immediate action taken following incident' to safeguard the patient. • Reporter selects the appropriate 'Category' and 'Sub-category' - NB. this does not need to be Safeguarding since this has already been indicated. |
| Completion of Safeguarding Alert (SA1) Form | <ul style="list-style-type: none"> • Staff member completes SA1 form and sends to ELHT Safeguarding Team generic email address safeguarding-adult_alerts@elht.nhs.uk • Staff member uploads the SA1 to the 'Documents' section on the eIR1 report. |
| Incident is Listed on the 'S.42?' Tracker (Datix) Pending Safeguarding Review | <ul style="list-style-type: none"> • This happens automatically when the reporter has clicked 'yes' in the mandatory field 'Is this a safeguarding concern?' and selected 'Adult' from the drop down list. |
| Safeguarding Duty Practitioner Triage Incident | <ul style="list-style-type: none"> • Duty Practitioner indicates in the Safeguarding section if this is a S.42 investigation for the Trust (yes or no from the drop-down). • Practitioner enters a note in the Notepad on the eIR1 with rationale. • If safeguarding investigation required, message sent to Ward Manager, Matron, ADN, DDN (or equivalent) and divisional governance team from 'Email Communication' section on the eIR1. • Duty Safeguarding Practitioner sends the safeguarding concern to the Local Authority via portal along with details of immediate actions taken to safeguard. |
| Safeguarding Practitioner Shares with Local Authority | <ul style="list-style-type: none"> • They have a discussion with the duty Social Worker (LA) to agree ToR for investigation and enter the details of this discussion on the eIR1 Notepad. |
| Incidents Team Triage eIR1 | <ul style="list-style-type: none"> • Level of Response set to PSR (Section 42). • Added to divisional PSR tracker. |
| Safeguarding Investigator Allocated | <ul style="list-style-type: none"> • Ward Manager level (or above). |
| Investigation Signed Off at Divisional Meeting (e.g. DSIRG) | <ul style="list-style-type: none"> • Safeguarding Specialist Practitioner attends divisional meeting to participate in sign-off discussions. • Safeguarding Investigation and Action Plan uploaded to 'Documents' on eIR1 |
| ELHT Safeguarding Team Alerted to Investigation Sign-Off | <ul style="list-style-type: none"> • Q&S Facilitator sends message to safeguarding-adult_alerts@elht.nhs.uk via 'Email Correspondence' on eIR1 stating "S.42 PSR has been signed off and can be sent to Local Authority". |
| Safeguarding Team Reviews Investigation | <ul style="list-style-type: none"> • Duty Safeguarding Practitioner reviews information within the investigation to ensure ToR are addressed. |
| Safeguarding Team Share Investigation with Relevant Local Authority | <ul style="list-style-type: none"> • Safeguarding Investigation is shared with the Allocated Social Worker. • Select 'Awaiting Local Authority' in Safeguarding section of eIR1. |
| S.42 Outcomes Agreed | <ul style="list-style-type: none"> • Non-complex/unambiguous cases – Duty Safeguarding Practitioner discusses investigation with Social Worker and agrees outcome. • Complex/ambiguous cases – multidisciplinary meeting arranged with local authority to agreed outcome. • Safeguarding Practitioner selects 'Outcome' in the Safeguarding section of the eIR1 as Substantiated, Unsubstantiated or Inconclusive. |
| ELHT Safeguarding Team Notify Division of Outcome | <ul style="list-style-type: none"> • Safeguarding Practitioner sends a message via Datix to Divisional Governance Team to advise of outcome and recommendations. • Division to develop, record and monitor action plan. |

Appendix 3

Equality Impact Assessment Screening Form

| | | | | |
|--|--|--------------------------|----------------------------|-------------------------------------|
| Department/Function | Safeguarding Team | | | |
| Lead Assessor | Named Professional Safeguarding Adults | | | |
| What is being assessed? | Safeguarding Adults at Risk of Abuse or Neglect Policy | | | |
| Date of assessment | | | | |
| What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process. | Staff Inclusion Network/s | <input type="checkbox"/> | Staff Side Colleagues | <input type="checkbox"/> |
| | Service Users | <input type="checkbox"/> | Other (Inc. external orgs) | <input checked="" type="checkbox"/> |
| | | | | |

| 1) What is the impact on the following equality groups? | | |
|---|--|---|
| Positive: | Negative: | Neutral: |
| <ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups | <ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups | <ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged |
| Equality Groups | Impact (Positive / Negative / Neutral) | Comments |
| Race (All ethnic groups) | Neutral | <ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? |
| Disability (Including physical and mental impairments) | Neutral | |
| Sex | Neutral | |
| Gender reassignment | Neutral | |
| Religion or Belief | Neutral | |
| Sexual orientation | Neutral | |
| Age | Neutral | |
| Marriage and Civil Partnership | Neutral | |
| Pregnancy and maternity | Neutral | |
| Other (e.g. caring, human rights) | Neutral | |

| | |
|--|---|
| 2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation? | No impact identified on completion of the Equality Impact Assessment. |
|--|---|

| |
|--|
| <p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore ➤ the impact on equality groups ➤ This should be reviewed annually. |
|--|

| | | |
|---------------------|------|-----------|
| Action Plan Summary | | |
| Action | Lead | Timescale |
| N/A | | |
| | | |
| | | |