

# Title: Safeguarding Adults Policy

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<b>Authors Name:</b>			
<b>Authors Job Title:</b>	Head of Safeguarding		
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<b>Policy to be followed by (target staff):</b> For use by all staff and volunteers to follow when there is a concern that abuse has or may occur			

## To be read in conjunction with the following documents:

Milton Keynes University Hospital NHS Foundation Trust (2021) Disclosure & Barring Service Check Policy and Procedure. DOC66. Version No: 5.

Milton Keynes University Hospital NHS Foundation Trust (2023) Domestic Abuse Policy & Procedure. DOC257, Version No: 2.

Milton Keynes University Hospital NHS Foundation Trust (2022) Freedom to Speak Up Policy and Procedure. HR-GL-5, Version No: 5.

Milton Keynes University Hospital NHS Foundation Trust (2022) Information Governance Policy. ICT/GL/40. Version No: 5.3.

Milton Keynes University Hospital NHS Foundation Trust (2022) Mental Capacity Act and Deprivation of Liberty Policy. ORG/GL/55, Version No: 3.0.

Milton Keynes University Hospital NHS Foundation Trust (2023) Safeguarding Children Policy. ORG/GL/25, Version No: 12.

MK Together (2023) Policies and procedures - adults [Online]. Available from:  
<https://www.mktogether.co.uk/home/policies-and-procedures-adults>  
[Accessed 28 February 2024]

**Are there any eCARE implications? No**

**CQC Fundamental standards:**

Regulation 13 – Safeguarding service users from abuse and improper treatment

## Disclaimer

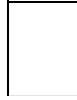
Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for using the policy, and the interpretation of the published material **lies solely with you** as the practitioner.

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## Definitions



**BLMK** – Bedfordshire, Luton and Milton Keynes

**CSU** – Clinical Service Unit

**DBS** – Disclosure and Barring Service

**DoLS** – Deprivation of Liberty Safeguards

**EqIA** – Equality Impact Assessment

**HR** – Human Resources

**IMCA** – Independent Mental Capacity Advocate

**LA** – Local Authority

**MARF** – Multi-agency Referral Form

**MCA** – Mental Capacity Act

**NoK** – Next of Kin

**OOH** – Out of Hours

**SAAF** – Safeguarding Assessment and Analysis Framework

**SPoC** – Single Point of Contact

## Purpose

The purpose of the policy is to safeguard adults by providing clear direction to all staff in respect of their duties and responsibilities in line with the relevant supporting legislation and guidance. Staff includes all trust staff, including honorary contracts, visiting staff, learners, contracted services and volunteers.

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The policy sets out the responsibilities of all staff working within the organisation to safeguard adults from abuse and supports the principles of safeguarding everybody's business.

All staff working within MKUHFT must read the policy and procedures and be aware of their own and others' responsibilities for Safeguarding Adults. The policy applies to all people aged 18 and above and should be read in conjunction with the 'Safeguarding Children Policy' for the Trust.

The Trust's Workspace site (Intranet) has further information and tools to support appropriate and timely decisions, underpinned by robust documentation and can be found at: [Safeguarding Adults - MKUH - Intranet](#)

Appendices at the end of this document will further support staff.

- Assessing Capacity
- Instructing an IMCA
- IMCA Involvement
- Deprivation of Liberty Safeguards (DoLS)
- Safeguarding Adults Flowchart
- Domestic Abuse Process
- Prevent Process

## Introduction

Safeguarding Adults is everybody's business and as such this document is designed to inform staff and volunteers at Milton Keynes University Hospital NHS Foundation Trust about how they can safeguard and protect adults who are subject to or at risk of abuse, neglect, or exploitation in the Milton Keynes area.

As part of the MKTogether Multi-Agency Safeguarding Adults Partnership MKUHFT will work with the associated agencies in working with adults with care and support needs to ensure:-

- Every adult has the right to live a life free from abuse and neglect and to be treated in a way that reflects the principles of equality, respect, dignity, autonomy and privacy.
- The identification of abuse and the safeguarding of adults at risk is the responsibility of all members of the community. It is the special responsibility of professionals to raise awareness, provide support and take appropriate action.
- Staff work together to promote and uphold the rights of adults at risk using the law to safeguard and provide access to the judicial process.
- Staff give a high priority to situations of alleged abuse responding promptly to allegations, requests for assistance and information requests from other agencies within agreed information sharing processes.

- To act in a way that helps adults at risk with the capacity to make decisions based on an awareness of the choices available and recognises that the right to self-determination can involve risk.
- To act in the best interests of adults at risk who lack the capacity to make decisions about their choices or situation.

All Trust procedures will be underpinned by the Six key principles of adult safeguarding work (Department of Health & Social Care 2024) that inform the way in which staff work with adults.

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent.
- **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. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Any staff member who chooses not to follow this policy must demonstrate a sound reason for any breach of this guidance which is underpinned by law. There is a possibility that they may be subject to disciplinary action should their breach lead to a harm for a child, young person or adult in their care. If any member of staff is unsure of their duty under the regulations for safeguarding, they should speak to the Safeguarding team via the single point of contact (Monday to Friday 08.00 – 16.30) Out side of these hours advice can be sought from the site manager who can escalate as required.

Safeguarding is everyone's business and requires all staff to comply with policy and follow safeguarding process. Staff must always ask if they are unsure or have a suspicion that someone is at risk of harm or abuse – not asking and not escalating may be more harmful than escalating unnecessarily.

## 1.0 Roles and Responsibilities:

**Chief Executive and Board** have overall responsibility for Trust compliance with policies and procedures to effectively safeguard adults in need of safeguarding.

**Chief Nurse** is the accountable Director Safeguarding Adults Children and Young People and is responsible as Lead Executive for this policy document and process.

The Chief Nurse must ensure that robust systems and processes are in place for the safeguarding of adults – providing;

1. Executive leadership
2. Assurance regarding the governance of safeguarding to the Trust Board and partner organisations and regulators
3. Attendance or designating a suitable deputy to attend all relevant meetings re: safeguarding matters
4. Representation at the BLMK Safeguarding sub-committees, meetings

5. Assurance that there are effective procedures in place for the management of allegations of abuse against staff
6. Assurance that safeguarding is integral to patient care and safety
7. Regular reports re: safeguarding are presented to the Executive Trust Board 8.

**Deputy Chief Nurse** will provide strategic leadership for Safeguarding Adults and Children including delivering the annual work programme.

**Associate Chief Nurse Operations & Safeguarding** has management responsibility for Head of Safeguarding and represents the Trust on the MKTogether Safeguarding Adults Boards in partnership with the Head of Safeguarding and provides feedback at appropriate Trust forums

**Head of Safeguarding** is the Strategic Lead for Safeguarding and the Operational Lead for this document and process. The Head of Safeguarding role is a key part of the Safeguarding Committee which monitors all safeguarding activity, training, action plans, and the Safeguarding Assessment and Analysis Framework (SAAF, NHS England, 2022).

**Lead Nurse for Adult Safeguarding** is the operational lead for Safeguarding Adults and is responsible for :-

- Representing the Trust on appropriate subgroups.
- Providing advice, support/supervision to Trust staff that are dealing with complex safeguarding adults' cases
- Providing opportunities for safeguarding adults' education and training. Maintains a database of Safeguarding Adult cases for monitoring and recording purposes
- Supporting the Chief Nurse, Head of Safeguarding and corporate structures in providing advice and support on safeguarding adult concerns
- Providing line management responsibility and supervision for the Adult Safeguarding Team specialist nurses. (Vulnerable Adults / Dementia and Learning Disabilities)
- Notifying the relevant local authority of all safeguarding incidents which occur within the Trust (as per local arrangements).

**The Safeguarding Team** - will as part of their role ensure:

- The delivery of evidence-based training which complies with national guidance and the collection of feedback from staff regarding the training delivered and adjust to meet the needs of staff
- Support other professionals to recognise the potential adult safeguarding concerns, including identifying the risk of possible abuse or neglect. These roles should be explicitly defined in job descriptions and given sufficient time, funding, supervision and support to fulfil their safeguarding responsibilities effectively.
- Offer safeguarding supervision to staff and volunteers throughout the Trust. This can be on the spot supervision through day-to-day case management or a more formal arrangement where a member of staff / volunteer or their manager identify a specific issue that would benefit from further support from a Named professional.
- Have a key role in assisting with debriefing staff after a significant incident involving a child. It is the responsibility of the consultant involved with the incident to liaise with the hospital Chaplain



service to lead the debrief session and the role of the Named Professional to support this process.

Collectively the Safeguarding Team have a responsibility to ensure that the Trust and its employees fulfil their obligations to safeguard adults and children through the process of regular audits and review of safeguarding practice across the Trust.

**Human Resources** – have a central role in safeguarding people from abuse by ensuring:

- There is safe and effective selection and recruitment procedures are in place that are able to identify candidates who may be unsuitable to work with vulnerable people in accordance with Home Office guidance as set out by the Disclosure and Barring Service (DBS) (Disclosure and Barring Service, 2013, updated 2022).
- There are appropriate disciplinary investigation and procedures in place to deal appropriately with a member of staff 'who may act abusively towards a patient or others
- The provision of advice in relation to the management of staff/volunteers who have had allegations made against them, this may include providing advice on disciplinary processes as well as supportive measures available to the members of staff/volunteer concerned.
- That the appropriate local and national bodies are informed when staff are suspended or dismisses due to safeguarding concerns or allegations.
- That there is a policy in place which supports staff to raise concerns and that there is an agreed process to support staff reporting poor practice.
- There is a commitment to staff training at all levels.

**Divisional Leads** - (Divisional chairs/Directors and Divisional Chief Nurses) are responsible for ensuring that the policy underpins the safeguarding of adults within their divisions and that staff are aware and implement the requirements.

**Clinical Service Unit (CSU) Leads and Matrons** – CSU leads/Matrons and Managers are responsible for ensuring that their staff are aware of the Trust Safeguarding Adult Policy, are trained at an appropriate level for their role and offer support to those reporting abuse and direct them to support as required. They must ensure that the level of responsibility for each member of staff is explicit within their job description and meet the needs of the role. The leads and Matrons will provide clinical leadership to ensure high professional standards are demonstrated to provide safe care and the prevention of abuse. They will also be responsible for leading on investigations of incidents arising from safeguarding issues.

**Senior Sisters/Charge Nurse and Lead Allied Healthcare Professionals** – will ensure that the duty to safeguard vulnerable adults is reflected in individual job descriptions and that staff have appropriate access to training. Will ensure that the policy is implemented locally and that there must be a mechanism to ensure that their staff have read and understand the policy, that it is part of the induction process and any non-compliance with the policy is investigated and addressed immediately if necessary. A RADAR will be completed to ensure that issues regarding the safeguarding of vulnerable adults are raised formally, investigated and evidence of learning underpins future practice.

**All Trust Staff** – including bank and agency staff, volunteers and contractors are required to adhere to the policies and procedures of the Trust, including their roles and responsibilities re: Safeguarding by;



- Act positively to protect adults at risk of harm, abuse and neglect.
- Work within the guidelines of the policy to prevent abuse through any act of omission or poor practice whether this is intentional or not.
- Safeguarding is mandatory and must be kept up to date as appropriate for their role and is available on ESR.

**The Local Authority Safeguarding Team** has a legal duty to make enquiries or ensure that others do so if it believes an adult is subject to, or at risk of, abuse or neglect. The enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.

## 2.0 Implementation and dissemination of document

The policy document will be distributed Trust wide to safeguard adults by providing clear direction to all staff in respect of their duties and responsibilities and as reference tool to the reporting process. It is accessible on the hospital intranet along with the reporting forms.

Accurate training records to be kept of attendance/completion at Safeguarding Training.

E-learning packages on protecting adults from abuse and the multi- agency safeguarding adult's policy and procedures are available to all staff.

Equality and Diversity training is mandatory for all staff.

## 3.0 Processes and procedures

### 3.1 Definitions:

#### What is abuse?

"Abuse is the violation of individuals human and civil rights by any other person or persons"  
(Department of Health 2000)

#### Who do safeguarding duties apply to?

"The Safeguarding duties apply to an adult who;

Has needs for care and support (whether or not, the local authority is meeting any of those needs), is experiencing, or at risk of, abuse or neglect. Is experiencing or at risk of, abuse or neglect. 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." (Department of Health and Social Care, 2023)

## What is Safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may have ambivalent, unclear or are unrealistic about their personal circumstances.”

- Children and young people
- Adults at risk, such as those receiving care in their own home, people with physical, sensory, and mental impairments, and those with learning disabilities. (Department of Health and Social Care, 2023)

### 3.2 Care Act 2014

The Care Act 2014 acknowledges that the concepts of abuse are wide ranging and must be widely interpreted. It is important to look beyond single incidents or omissions to be able to identify underlying patterns of harmful or potentially harmful situations noting that;

- Abuse of an adult may consist of a single act or acts repeated over time.
- Abuse may occur because of a failure to act or a failure to undertake appropriate care tasks.
- Abuse is when a person or persons have caused harm or may be likely to do so to the physical, sexual, emotional, financial or mental wellbeing of an adult at risk.

The Care Act 2014 categorises abuse into the following themes:

- Physical abuse
- Financial or material abuse
- Neglect and acts of omission
- Psychological abuse
- Domestic violence
- Organisational abuse
- Sexual Abuse
- Discriminatory abuse
- Modern slavery
- Self- neglect

This is not an exhaustive list but an illustrative guide with many victims of abuse experiencing combinations of these themes.

Indicators of abuse are signs that draw attention to the fact that something needs further investigating. Further information can be accessed via: [Safeguarding Adults - MKUH - Intranet](#)

### 3.3 When should we intervene?

It is imperative that safeguarding should be person centred **and** outcome focused with the adult concerned at the centre of adult safeguarding enquiries and their wishes and views sought at the earliest opportunity..... **'no decision about me, without me,' Making Safeguarding Personal (MSP)** - this includes:

- [Making Safeguarding Personal | Local Government Association](#) [Accessed, March 2024]
- Positive Risk Taking
- Supported Decision Making
- Freedom from Undue Influence
- Involving the Individual

The Care Act 2014 guidance requires adult Safeguarding practice to be person led and outcome focused incorporating MSP as the recommended approach to safeguarding alongside the six safeguarding principles.

Where abuse is suspected all agencies will work co-operatively to provide a service which follow the six key principles underpinning all adult safeguarding work:

- **Empowerment**- people being supported and encouraged to make their own decisions and informed consent.
- **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, communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability**- accountability and transparency in delivering safeguarding (Department of Health and Social Care, 2023)

Actions in relation to safeguarding must **consider** if the adult at risk has the mental capacity to make informed choices about their own safety and how they live their lives. If the individual has mental capacity their views should be sought in relation to whether they give informed consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded
- A Safeguarding Adults enquiry/assessment going ahead in response to a concern that has been raised

- The recommendations of an individual protection plan being put in place
- A medical examination
- An interview
- Certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk
- Where an adult at risk with capacity has made a decision that they do not want action to be taken they must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected **unless**:

- there is an aspect of public interest (e.g. not acting will put other adults or children at risk)
- there is a duty of care on a particular agency to intervene for example the police if a crime has been or may be committed

“No professional should assume that someone else will pass on information. If a professional has concerns about an adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the police if they believe or suspect a crime has been committed” (Department of Health and Social Care, 2023, 14.4.3)

### **3.4 The Mental Capacity Act (2005) and Principles of Best Interests and Duty of Care (MCA)**

The MCA protects and empowers individuals, aged 16 years and above who may lack the mental capacity to make their own decisions about their care and treatment. All decisions must comply with the MCA which provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. Please refer to Appendix 1 for assessing capacity.

In some situations where an adult, who does not have capacity to make decisions, is at risk of abuse or is a victim of abuse, it may be necessary to take decisions on their behalf and in their best interests to protect that person from abuse.

#### **The MCA says:**

- assume a person has the capacity to make a decision themselves, unless it's proved otherwise.
- wherever possible, help people to make their own decisions.
- do not treat a person as lacking the capacity to make a decision just because they make an unwise decision.
- if you make a decision for someone who does not have capacity, it must be in their best interests.
- treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms.

It is important that the person taking the decision is acting in the best interest of the adult with due regard to their duty of care. All significant decisions must be taken within a multidisciplinary forum and be fully recorded in the eCARE record.

All individuals owe a duty of care to each other. Health and Social care employees must exercise their duty of care to patients/service users, to colleagues and to themselves. The MCA says:

- assume a person has the capacity to make a decision themselves, unless it is proved otherwise
- wherever possible, help people to make their own decisions
- don not treat a person as lacking the capacity to make a decision just because they make an unwise decision
- if you make a decision for someone who does not have capacity, it must be in their best interests
- treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms

See: (Mental Capacity Act in references)

### 3.4.1 Assessing Capacity

An assessment of a person's capacity must be based on their ability to make a specific decision at the time it needs to be made and not their ability to make a decision in general. A person is considered unable to make a decision if they cannot do one or more of the following:

- Understand the information given to them that is relevant to the decision.
- Retain that information long enough to be able to make the decision.
- Use or weigh up the information as part of the decision-making process.
- Communicate their decision – this could be by talking or using sign or other non-verbal forms of communication.

If a person lacks ability in any of these areas, then this represents a lack of capacity (see MCA 2005: code of practice in references)

Where a person is assessed as lacking capacity and there is no one suitable to help make decisions, such as next of kin or friends or where there are concerns these people pose a risk to the adult concerned, then an Independent Mental Capacity Advocate (IMCA) must be appointed to represent the interests of the adult at risk.

See Appendix 1 flow chart for when to instruct the IMCA service and Appendix 2 for information once IMCA is involved.

### 3.4.2 The Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) were introduced as an amendment to the MCA and came into force on April 1, 2009. The MCA allows restraint and restrictions to be used but only if they are to be shown to be in the persons best interests to deprive a person of their liberty in order to provide a particular care plan. This will depend on their specific circumstances and may be a large single restriction or several small ones both resulting in a deprivation of the adult's liberty. The amount of control the hospital has over the individual needs to be assessed. Deprivation of liberty occurs when:

- A person is under continuous supervision and control in the hospital and
- Is not free to leave and
- The person lacks capacity to consent to these arrangements.

MKUHFT must then ask the local authority (LA) to act as a supervisory body to arrange for a Best Interest Assessor (BIA) to ensure the Deprivation of Liberty is in the best interest of the person. They will act as a human rights champion for those adults who might lack capacity to agree to actions taken by others.

Clear written records must be made as to the reason for the DoLS. Such decisions should be made in conjunction with other health care professionals or agencies involved in the care of the adult. Any uncertainties in how to proceed with adult safeguarding concerns must be addressed either as part of supervision discussions with a line manager or through consultation with a member of the Trust Safeguarding Team. See Appendix 4 for guidance of completing a DoLS.

Further support and information : MCA & DOLS "Educational Resources to Help and Improve in Confidence and Competence in Practice" at - [Safeguarding Adults - MKUH - Intranet](#) [Accessed Feb 2024]

### 3.5 The Mental Health Act

The Mental Health Act (1983) and the Mental Capacity Act (2005) are very different pieces of legislation.

The Mental Health Act (1983) is the law in England and Wales, updated in 2007, that covers the reception, care and treatment of mentally disordered people, the management of their property and other related matters. It provides legislation by which people diagnosed with a mental disorder can be detained in a hospital or policy custody to be assessed or treated against their will.

The Mental Health Act (1983) only applies to individuals who have a mental health problem and if it is determined that the illness put themselves or others at risk they can be detained and treated against their wishes by the application of a section. If detained under this act then staff must follow the act when making decisions for the patient and DO NOT follow the mental capacity act.

The Mental Capacity Act (2005) only applies when people do not have the mental capacity to make a decision (see section above) and if staff have to make a decision, they must follow the best interests in the act.

It is important to remember the differences between the 2 acts.

- You can have a mental health problem and retain mental capacity to make decisions
- You can have a mental health problem and lack mental capacity for certain decisions

Regardless of the persons capacity assessment the Mental Health Act must be followed

- You may lack mental capacity and not have a mental health problem
- You may lack mental capacity and have a mental health problem

If a person is not detainable under the Mental Health Act they can be assessed against the mental capacity act.

Although there may be some crossover between the Acts it is important to note that someone subject to the Mental Health Act is likely to retain mental capacity to make decisions about accepting or declining medical treatment or investigations.

People may need additional support to make decisions. Where a person lacks the mental capacity for a particular decision, the Mental Capacity Act provides the authority to make a best interests decision without consent. Duress and coercion may affect a person's judgment and ability to make a decision but there remains a presumption of capacity. The person retains the right to make decisions but may need support to exercise these rights.

There may be occasions however when someone subject to the Mental Health Act requires compulsory treatment. Providing it can be shown (and recorded) that the person lacks capacity, and that the treatment satisfies the conditions of best interests, treatment may be given by appropriately trained staff.

If further advice is sought, please see;

MKUH: [Self harm including ligature risk reduction policy.pdf](#)

[Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#) - for the prevention of self-harm in secondary care

Or: contact the mental health team via the agreed route.

### **3.6 Reporting Abuse**

It is important that adult abuse is recognised at an early stage and effective action is taken within the multi-agency framework to address the issue.

Staff should be aware that there may be predisposing factors that lead to adult abuse and that they need to be considered.

**These factors include:**



- An unequal power relationship exists between the vulnerable adult and the alleged abuser.
- The vulnerability of the adult increased due to their care needs exceeding the ability of the carer to meet them.
- The emotional and social isolation of the carer.
- Carers not receiving any or insufficient practical and/or emotional support from other family members or professionals.
- Financial difficulties.
- Adults living with family members who are financially dependent on them.
- Personal or family history of violent behaviour, alcoholism, substance misuse or mental illness.

See Appendix 3 Safeguarding Adults Flowchart for process.

### 3.5.1 Safeguarding Immediate Risk

The first action is to ensure the immediate safety of the adult at risk.

If there is an immediate risk of harm or need for treatment, the police and/or the ambulance service should be contacted on 999.

If a crime is suspected or alleged the police should be informed:

- in the case of an emergency via the 999 number
- in non-emergency situations via the 101 number.

### 3.5.2 Making a Safeguarding Adult Alert

All staff and volunteers have a duty to report any suspicions or allegations of abuse of an adult to their line manager and senior member of staff immediately.

All staff must notify Milton Keynes Council within 24 hours, or sooner if the situation is urgent and poses a risk to the adult. Consent from the adult should be obtained whenever possible. If the adult lacks capacity, an alert can be made without their consent

The alert must be made in writing using the Safeguarding Adult Alert form. Available on Milton Keynes University Hospital Intranet or access directly at:

[Safeguarding Adults - Alerts - MyCouncil \(milton-keynes.gov.uk\)](https://www.milton-keynes.gov.uk/safeguarding-adults-alerts) [Accessed January 2024]

Please note all completed safeguarding alerts go directly to the council and not the Safeguarding Team.

The information must be documented in the patient's notes on eCare by the clinician making the referral.

**In hours** all safeguarding concerns must be reported to the Safeguarding Team via Single Point of Contact (SPoC) telephone ext. 85091 out of hours **ensure** a copy of e-mail is sent to safeguarding inbox: [safeguarding@mkuh.nhs.uk](mailto:safeguarding@mkuh.nhs.uk)

**Out of hours**, all safeguarding concerns must also be reported to the Clinical Site Manager and Emergency Duty teams as necessary, using home postcode to check which Local Authority should be contacted. [Find your local council - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Safeguarding Contacts Out of Hours:

Contact Site Team – call 87722 on any internal phone.

### **Social Care Contacts:**

Milton Keynes City Council – 01908 725005

Bedford Borough Council – 0300 300 8123

Central Bedfordshire County Council – 0300 300 8123

Buckinghamshire County Council – 0800 999 7677

Luton Town Council – 0300 300 8123

West Northamptonshire County Council – 01604 626938

North Northamptonshire County Council – 01604 626938

Oxfordshire County Council – 0800 833 408

See: Appendix 1 Safeguarding Adults Flowchart of process

### **3.5.3 If you have concerns in the workplace**

Employees are often the first to realise that there may be something seriously wrong within their workplace.

However, they may not feel confident to express their concerns because they feel speaking out would be disloyal or may fear harassment or victimisation.

**Do not ignore your concerns**, talk to your line manager, the Safeguarding Team, the Clinical Site Team, or the Human Resources Department. If you feel you are not listened to staff can then consider the **Freedom to Speak Up Policy & Procedure**.

You can also report your concerns directly to Adult Social Care via the Safeguarding Adult alert and/or the Regulatory Body. Staff should be aware that their anonymity will be respected but cannot be guaranteed especially if their information becomes an essential part in any subsequent legal proceedings.

Staff can also get advice from [Protect - Speak up stop harm - Protect - Speak up stop harm \(protecthttps://protect-advice.org.uk/advice.org.uk\)](https://protect-advice.org.uk/advice.org.uk) a free, confidential whistleblowing service.

### 3.6 Domestic Abuse

Domestic Abuse is not only about intimate partners but can include other family members. A routine enquiry of '*do you feel safe at home*' could and should be asked of all patients as part of the admission and/or discharge process. This may open a dialogue that may or may not illicit information sharing that could potentially lead to a suspicion regarding domestic abuse.

Staff should never assume that someone else will take care of Domestic Abuse issues this may be the individual's first and only contact. Staff should use their professional curiosity and routine enquiry questions to establish whether the victim/survivor is safe. Staff should maintain a nonjudgmental supportive and reassuring approach. Victims should be encouraged and supported to report incidents to the police. However, if a crime has taken place, Staff can do so without the victim's consent, if they are unwilling. This is referred to as Third Party reporting.

Staff are not responsible for encouraging a victim/survivor to leave their partner/perpetrator, or to take any other course of action. This situation may pose risks, potentially heightening the danger for both the individuals involved and their children. Staff should signpost victims/survivors to MKACT (Milton Keynes Domestic Abuse Service) - Helpline number 0344 375 4307.

There is an Independent Domestic Violence Advisor (IDVA) allocated to the Trust by MK Act who is available to attend any area of the hospital to support a victim or survivor and give advice if required. Consent must be obtained prior to referral to the IDVA.

The contact details for the IDVA can be obtained through the trust switchboard or in hours from the Safeguarding Team if required.

If staff are unsure advice can also be sought via the safeguarding team single point of contact.

If it is established that the victim/survivor has care and support needs and is unable to protect themselves from the risk of or the experience of abuse, then a Safeguarding Adult alert should be completed via our safeguarding intranet page.

Due to the high prevalence of Domestic Abuse across society, some health professionals will inevitably suffer at the hands of someone close to them. Please speak to your line manager, Occupational Health, Human Resources (HR) or the Safeguarding Team (ext. 85091) if you are experiencing Domestic Abuse and need additional support. If you prefer not to disclose Domestic Abuse to your employers, you can get support by calling the freephone 24-hour National Domestic Violence Helpline on 0808 2000 247.

Appendix 5 shows the process to follow if you are concerned that someone is a victim of Domestic Abuse.

### 3.7 Sharing Information

Staff should be confident that Milton Keynes Safeguarding Board has an agreed memorandum of understanding enabling agencies to share information relating to the safety and welfare of the adult or of other potentially affected adults.

Information will be shared that is relevant, proportionate and necessary when it is in the best interests of the adult:

“If the adult has the mental capacity to make informed decisions about their safety and they do not want any action taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced, or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm. (Department of Health & Social Care, 2023).

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the General Data Protection Regulation as part of the Data Protection Act 2018 where this applies. For further information sharing information please liaise with the information governance team and refer to the Information Governance Policy.

If a safeguarding enquiry requires information to be shared with an external agency and the patient is not able to consent to this sharing of medical information, please contact the Safeguarding Team Tel: 85091 or the Information Governance Team Tel: 85044 for further advice.

See MK Together/Safeguarding Partnership - [Policies and procedures - adults | mk-together \(mktogether.co.uk\)](https://mktogether.co.uk/policies-and-procedures-adults) [Accessed, March 2024] for further information about the storage and access to this information.

#### 3.7.1 Response to a Safeguarding Alert

Once a Safeguarding Alert is raised, the Care Act 2014 states that Local Authorities must make inquiries, or cause another agency to do so under Section 42, when it has reasonable cause to suspect that an adult: has needs for care and support and is experiencing, or at risk of abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect. Section 42 inquiries are a legal provision used to determine whether any action should be taken to protect the adult and by whom.

Section 42 always refers to an individual patient and it is best investigated by the staff who cared for that patient and who best understands their pathway. If there are issues with the care pathway the senior ward staff are best placed to determine actions to avoid this happening again and embed these into ward practices. If the investigator feels worried about conducting the review, then support can be sought from the safeguarding adult's team. Once the report is complete it is returned to the safeguarding team who sends it back to the Local Authority.

Once the Local Authority receives the section 42 paperwork, they review the report and determine if the findings are appropriate and if they agree with the conclusion. They then review any action plan and if they are satisfied that the action plan will mitigate the risk of this occurring again, they will then sign off the Section 42.

### **3.8 Prevent (action against radicalisation)**

Prevent is part of the United Kingdom's counter-terrorism strategy. It's designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves. Prevent focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. The overall principle of Prevent is to safeguard vulnerable individuals.

There is a clear need to support the counter-terrorism strategy due to recent high-profile cases associated with the NHS, as well as the vulnerability of the people we come in contact with, and we aim to raise awareness of the role of all our staff in preventing terrorism. Milton Keynes University Hospital NHS Foundation Trust must fulfill its obligations in helping minimise risks by identifying and supporting adults and children who may be susceptible to exploitation or influence from violent extremism by following the Prevent objectives.

The Prevent strategy will specifically focus on three broad objectives, known as the three I's:

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

Prevent operates in the pre-criminal space and does not mean that health staff takes on a surveillance or enforcement role, health professionals work in partnership with other organisations such as the Police to prevent terrorism by safeguarding and protecting adults at risk.

Should you have any concerns or suspicions that a patient may need support please contact the Trust's Safeguarding Adults Lead or Head of Security. Further support may be provided via the Channel process:

"Channel is a multi-agency partnership that evaluates referrals of individuals at risk of being drawn into terrorism, working alongside safeguarding partnerships and crime reduction panels." (Prevent Strategy, Home Office, 2011)

Appendix 6 provides guidance on what to do if you have a concern that an adult or child is at risk of radicalisation.

### 3.9 Training and Education

#### 3.9.1 Training

Safeguarding Training is a statutory requirement for all staff. An individual employee's role will determine what level of training is required to ensure that they are both confident and competent to carry out their duties to safeguard adults.

The training available for safeguarding includes

Training	Renewal	Applicable to staff groups
Safeguarding Adults Level 1	3 years	All staff working in a healthcare setting
Safeguarding Adults Level 2	3 years	All practitioners who have regular contact with patients, their families, carers or the public
Safeguarding Adults Level 3	3 years	All Registered and Healthcare staff who are involved in accessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns
Basic Prevent Awareness -	3 years	All clinical and non-clinical staff
Prevent Awareness	3 years	All staff who assess, plan, intervene, and evaluate the needs of an adult or child where there are safeguarding concerns.
Safeguarding Children Level 1	3 years	All staff working in a healthcare setting
Safeguarding Children Level 2	3 years	All clinical and non-clinical staff who have any contact with children, young people, parents or adults who are a risk to children
Safeguarding Children Level 3	3 years	Clinical staff who work with children, young people and their parents or carers.
Oliver McGowan Training Part 1	None	All Trust staff
Oliver McGowan Training Part 2 – is either Tier 1 or Tier 2	None	Tier 1 - for those who require a general awareness of people with a Learning Disability (LD) and Autistic people, and the support they may need.



		Tier 2 – for those health staff with responsibility for those providing care and support for an autistic person or someone with an LD.
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The intercollegiate document [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](#) can be referenced to help identify and develop the knowledge, skills and competencies in safeguarding of the health care workforce.

Training will be provided on a rolling basis with attendance being recorded on the local electronic staff record (ESR) system.

Monitoring is managed through the workforce business information system and is reported to Divisions on a monthly basis. It is the responsibility of each member of staff to ensure that they are up to date with training and as an organisation MKUH is responsible for providing staff with the opportunity to complete the training. Any member of staff who is given opportunity and fails to update their training at the frequency mandated may be subject to disciplinary action.

The Trust will ensure that the training provided will meet the local and national learning outcomes and will be validated by the Workforce Development and Standards Group of Milton Keynes Safeguarding Board.

### 3.9.2 Supervision

Supervision and support are needed for all staff involved in safeguarding to ensure that staff can work confidently and competently in very difficult and sensitive situations. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing and workplace support is available to all staff from their line managers, Safeguarding team, and Staff Health and Well Being (Occupational Health).

The Safeguarding team provide supervision for practitioners who hold a caseload.

There is also a place for Restorative Clinical Supervision (RCS) facilitated by a Professional Nurse Advocate or Professional Midwifery Advocate. Staff should liaise with their line manager with regard to RCS.

Staff involved with safeguarding inquiries will be expected to undertake reflective practice with access to appropriately skilled managers to provide supervision and support.

Additional support will be provided by the Lead Nurse for Safeguarding Adults as requested.

Safeguarding leads will have access to regular supervision from internal and external sources as required.

## 4.0 Statement of evidence/references



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[https://www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response](https://www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response/independent-review-of-prevents-report-and-government-response) [Accessed 29 February 2024]

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[Processhttps://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form\\_uri=sandbox-publish://AF-Process-066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=/&cancelRedirectLink=/&category=AF-Category-b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds\[\]=2066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=%2F&cancelRedirectLink=%2F&category=AF-Categoryhttps://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form\\_uri=sandbox-publish://AF-Process-066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=/&cancelRedirectLink=/&category=AF-Category-b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds\[\]=2b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds\[\]=2](https://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=/&cancelRedirectLink=/&category=AF-Category-b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds[]=2066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=%2F&cancelRedirectLink=%2F&category=AF-Categoryhttps://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=/&cancelRedirectLink=/&category=AF-Category-b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds[]=2b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds[]=2) [Accessed 28 February 2024]

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## Legislation

Note re: links to legislation.gov.uk website. Versions may be revised, annotated or original as enacted. A 'List of all changes' made by subsequent legislation affecting the statute or statutory instrument may be viewed by opening the statute or statutory instrument on the legislation.gov.uk website and clicking the 'More Resources' tab.

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## 5.0 Governance

### 5.1 Record of changes to document

Version number	Review date	Reviewed by	Changes made
4.2	12/2018		Minor changes due to merging of Safeguarding Boards. No changes to process.
5.0	January 2024	Lead doctor for Safeguarding Adults & Senior Nursing Team; Volunteer Service; Safeguarding Team; Head of Risk and Governance	Previous record of changes deleted – before 2018 Author/Owner names changes as previous named have left Trust (TW)
5.0	February 2024	TDC	Library updates to be provided with updates – done (March 2024). Recirculated with main stakeholders for last changes to be added
5.2	June 2024	Sent to DCNO	Amendments to be made to positioning of 6 principles, Information added about HIDVA

### 5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Safeguarding Committee	Safeguarding	07/04/15	17/06/2015	Change investigation to enquiry, ensure consistency with terminology 'Adults at risk'. Add section about Mental Health Act	Yes
Nursing and Midwifery Board			June 2015		Yes

Safeguarding Committee	Safeguarding		January 2019	Reference to merging of Adult and Children's Safeguarding Boards and consequent renaming of subgroups of the Board.	Yes
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### 5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Review of Safeguarding Training compliance	Report	Lead Nurse Safeguarding Adults	Quarterly	Safeguarding Committee
Numbers of both Internal and External monitoring of alerts raised by and against Trust	Report	Subgroups of Safeguarding Board	Quarterly	Safeguarding Committee MK Safeguarding Committee
Review of complaints/ incidents/ section 42	Thematic review	Head of safeguarding	Quarterly	Safeguarding Committee

### 5.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	Corporate	Department	Nursing
Person completing the EqlA	Sarah Sandham	Contact No.	85091
Others involved:	Safeguarding Team	Date of assessment:	12 June 2024
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?		Staff	
If staff, how many/which groups will be effected?		All staff	
Protected characteristic	Any impact?	Comments	

Age	NO	
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?		face-to-face meetings, email	
How are the changes/amendments to the policies/services communicated?		email, meetings	
What future actions need to be taken to overcome any barriers or discrimination?			
Who will lead this?	Who will lead this?	Who will lead this?	Who will lead this?
Review date of EqIA			

It is probable that the procedures within this policy will be most applicable for disabled and older patients where issues of vulnerability are more frequent. All safeguarding alerts will be considered on an individual basis and will identify the particular situation and the action to be taken specific to the individual.

Appropriate and proportionate use of safeguarding processes will be managed through the Safeguarding Board via the regular quality audits carried out by the sub groups of the Safeguarding Board.



## Appendix 1: Assessing Capacity

### Assessing capacity flow chart

What is the specific decision that needs to be made?

Start from the assumption that the patient has the capacity to make this decision

Take all practical steps to support the patient in a way that is most appropriate to enable them to make the decision

Where there is a doubt regarding the patient's ability to make the decision, a formal assessment will need to be carried out

#### Stage 1: Diagnostic Assessment

Is there a permanent or temporary impairment of, or disturbance in, the functioning of the person's mind or brain?

**If no:** the decision can be made by the patient.

**If yes and you believe it is affecting their ability to make this decision:** carry out the Functional Test.

Identify the options available

Identify the information relevant to each option

#### Stage 2: Functional Test

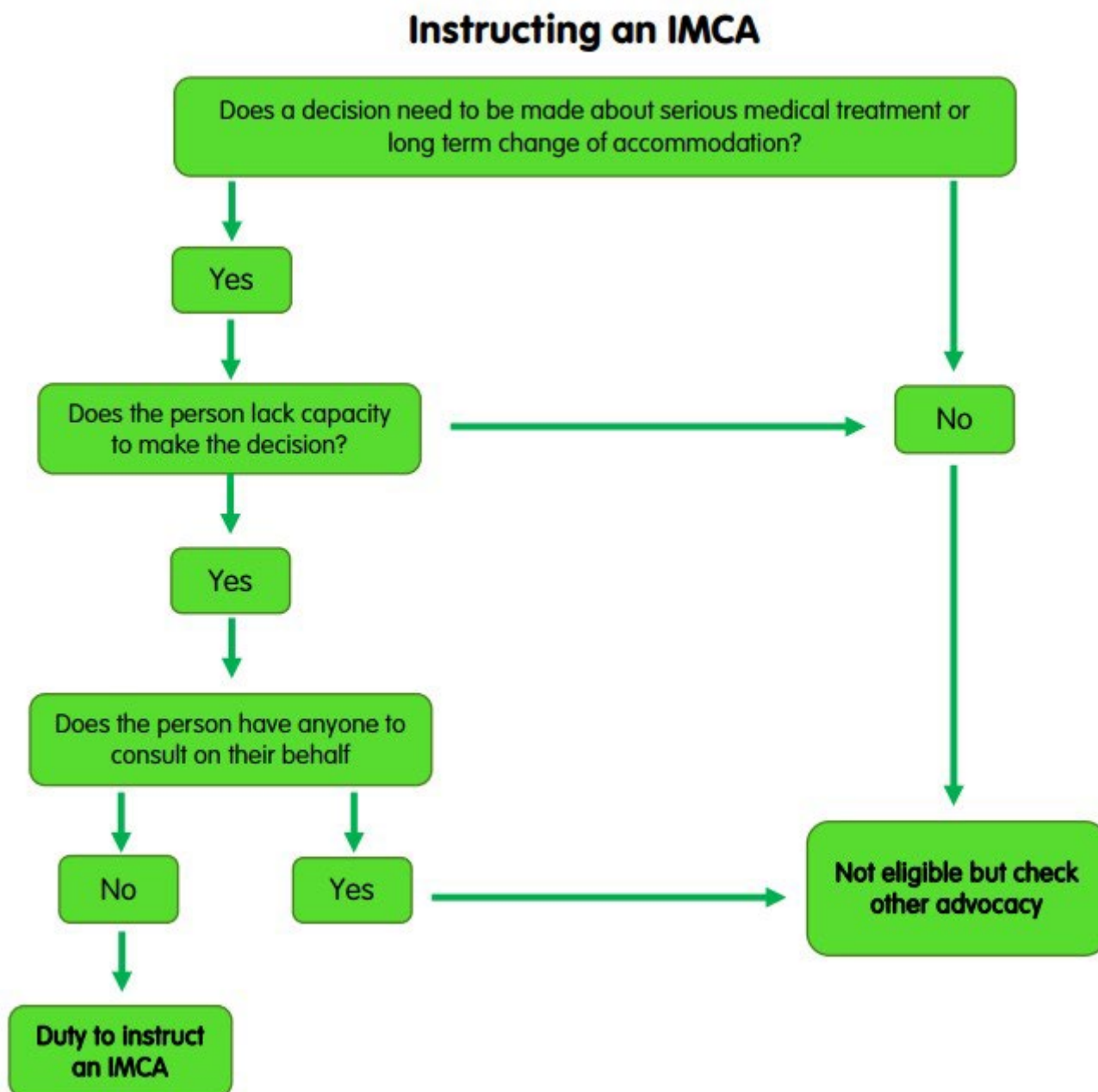
Can the patient:

- Understand information about the decision and the consequences of making it?
- Retain the information long enough to use and weigh it up as part of the decision making process
- Communicate their decision by any means

The person has capacity to make the decision, even if their decision seems unwise

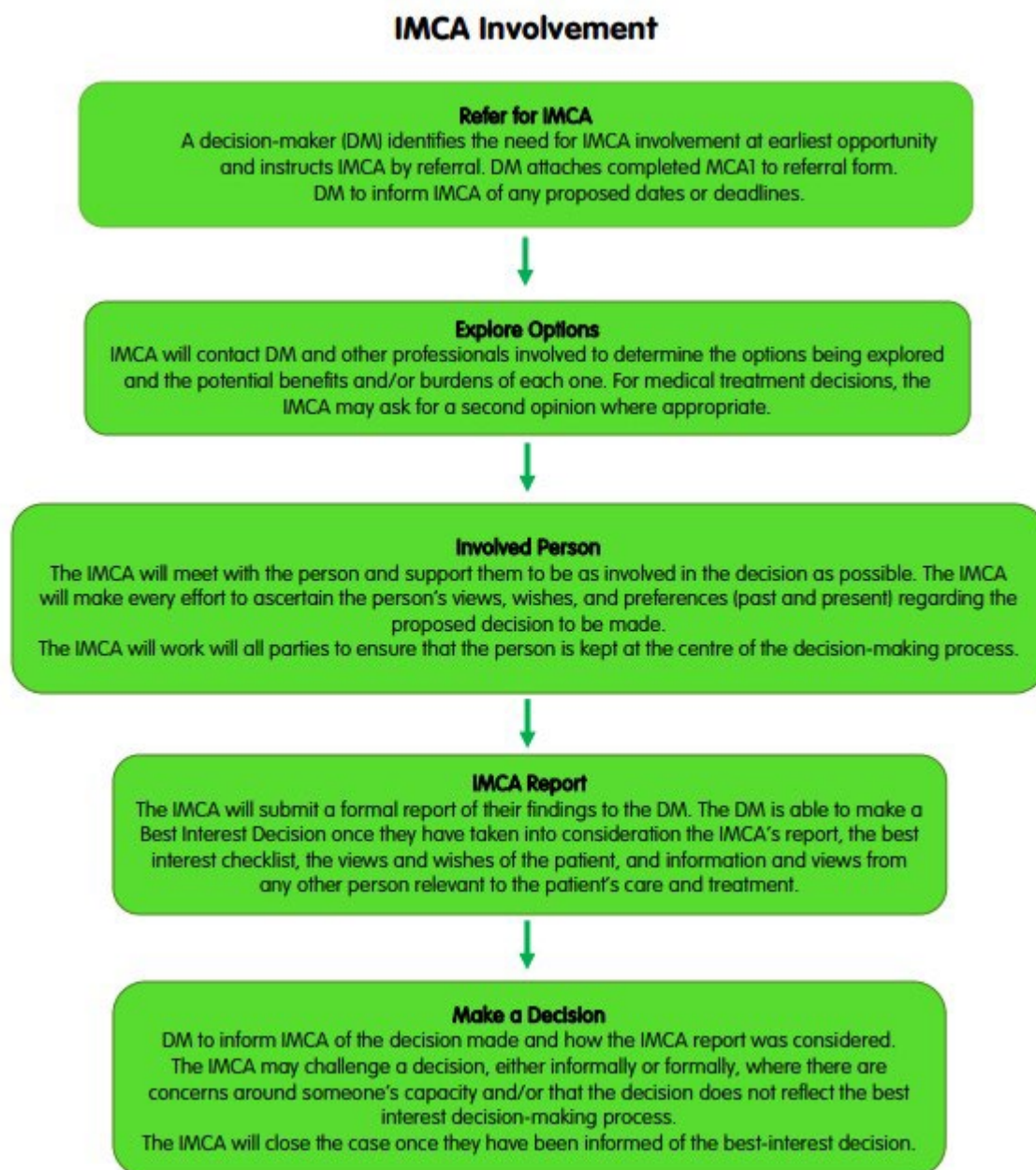
The person does not have capacity to make the decision. **A decision must be made in their best interest.**

## Appendix 2: Instructing an IMCA



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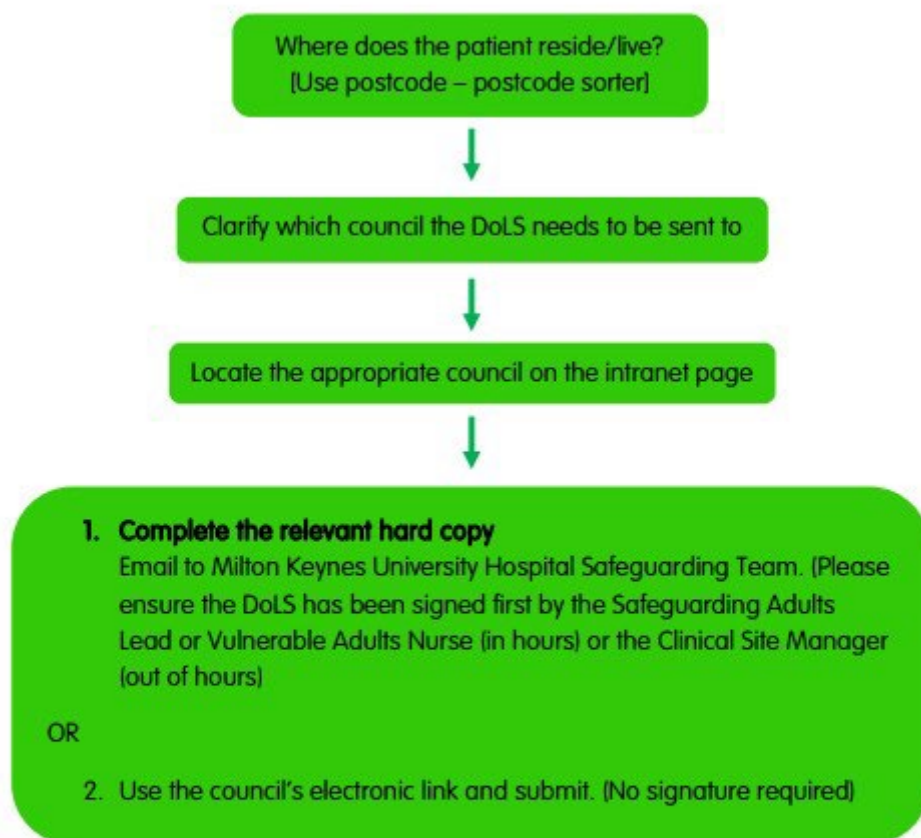
## Appendix 3 IMCA involvement



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## Appendix 4 Deprivation of Liberty Safeguards (DoLS)

### Deprivation of Liberty Safeguards (DoLS) Flowchart



#### Remember

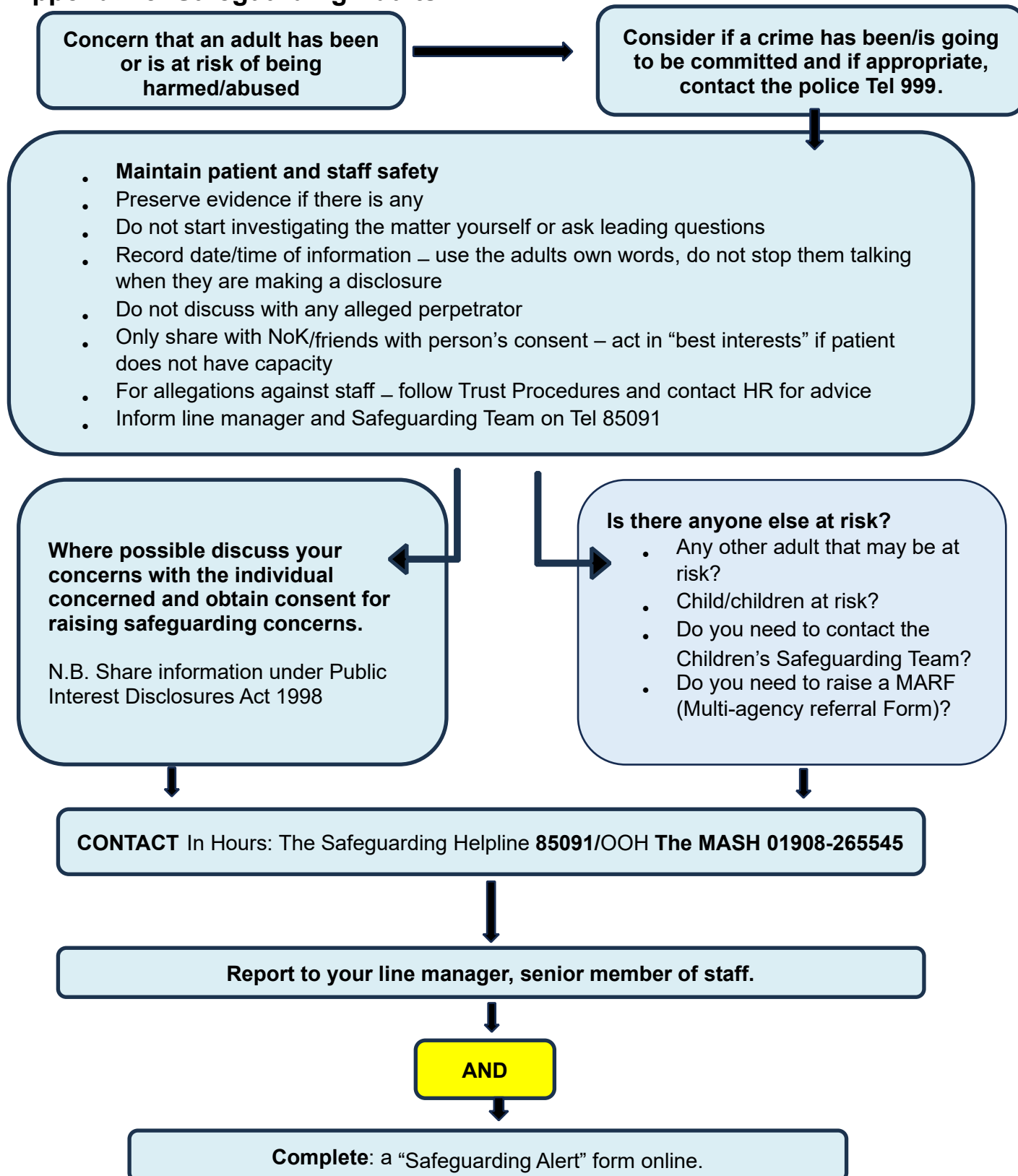
- A Mental Capacity Assessment **MUST BE** completed relevant to the reason for the DoLS **first**
- Inform your Safeguarding Adults Lead (Ext: 85091)
- Ensure it is recorded in the patient's record



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## Appendix 5 Safeguarding Adults



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**If your manager is a potential suspect contact a senior manager or consider the Whistleblowing policy and or The Speak Up policy/Guardians**

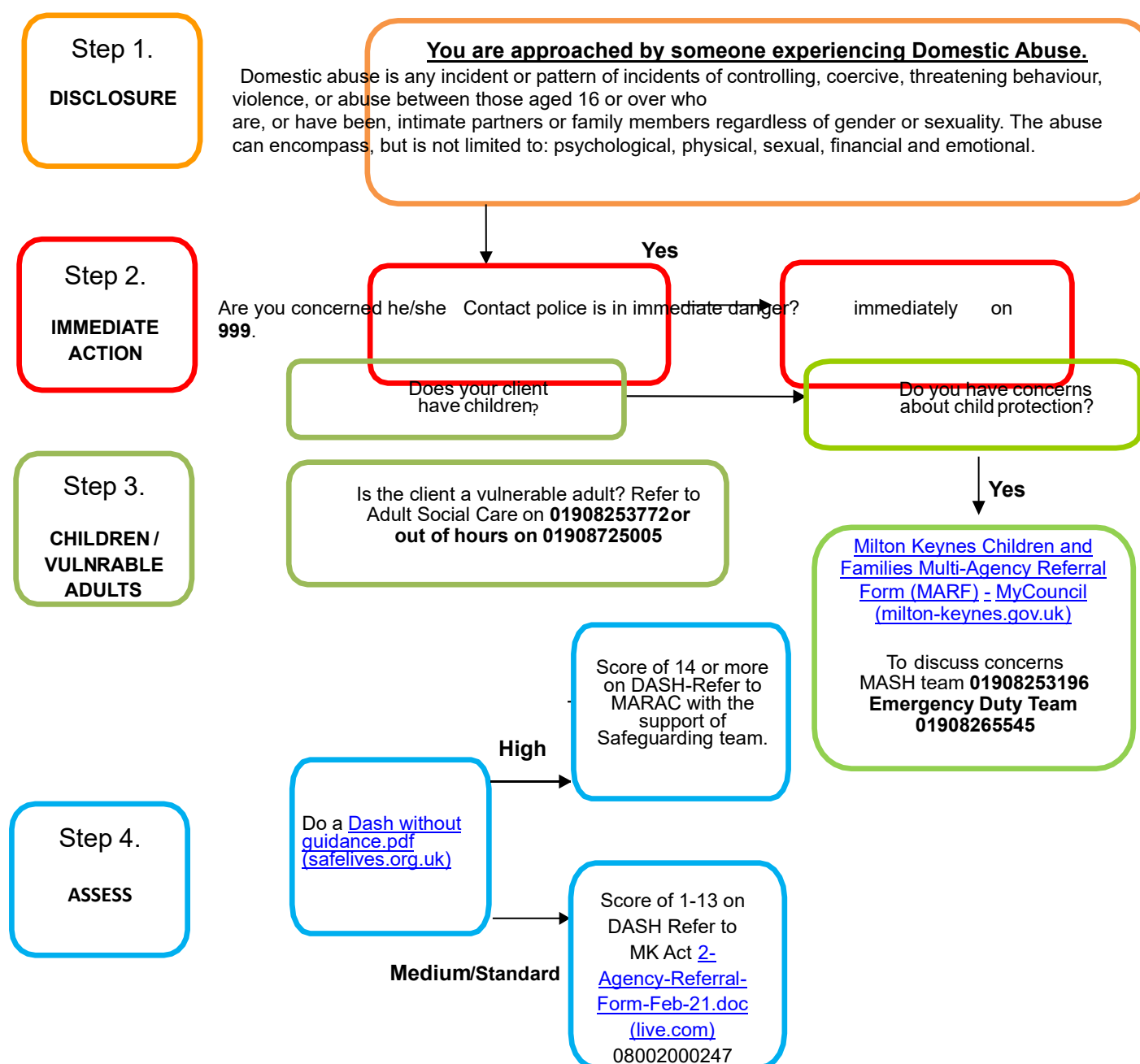
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## Appendix 6: Domestic Abuse Process

### Flow Chart of process following a disclosure of domestic Abuse

Please refer to the Safeguarding Policy and inform the Safeguarding Team  
Extension 85091 in hours, email [safeguarding@mkuh.nhs.uk](mailto:safeguarding@mkuh.nhs.uk) out of hours.  
HIDVA: 07827358725, email [DonnaHIDVA@mk-act.org](mailto:DonnaHIDVA@mk-act.org)





## Appendix 7: Prevent Process

### PREVENT

**Actions to take if you suspect someone is being radicalised or self-radicalised into extremist activities**

