

Appendix 1

The Care Act 2014 describes an adult with care and support as:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

Source: Care Act 2014

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:

- physical or mental ill-health
- becoming disabled
- getting older
- not having support networks
- inappropriate accommodation
- financial circumstances or
- being socially isolated.

Source: Care Act 2014

Section 42: Section 42 Enquiries

- A. When a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)
 - i. has needs for care and support: (whether or not the authority is meeting any of those needs),
 - ii. is experiencing, or is at risk of, abuse or neglect, and
 - iii. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- B. The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

Source: Care Act 2014

Section 44: Safeguarding Adults Reviews (SAR)

A Safeguarding Adults Board must arrange for a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if

- there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or other persons with relevant functions worked together to safeguard the adult, and
- condition 1 or 2 is met.

Condition 1 is met if:

- the adult has died, and
- the Safeguarding Adults Board knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if:

- the adult is still alive, and
- the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

A Safeguarding Adults Board may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

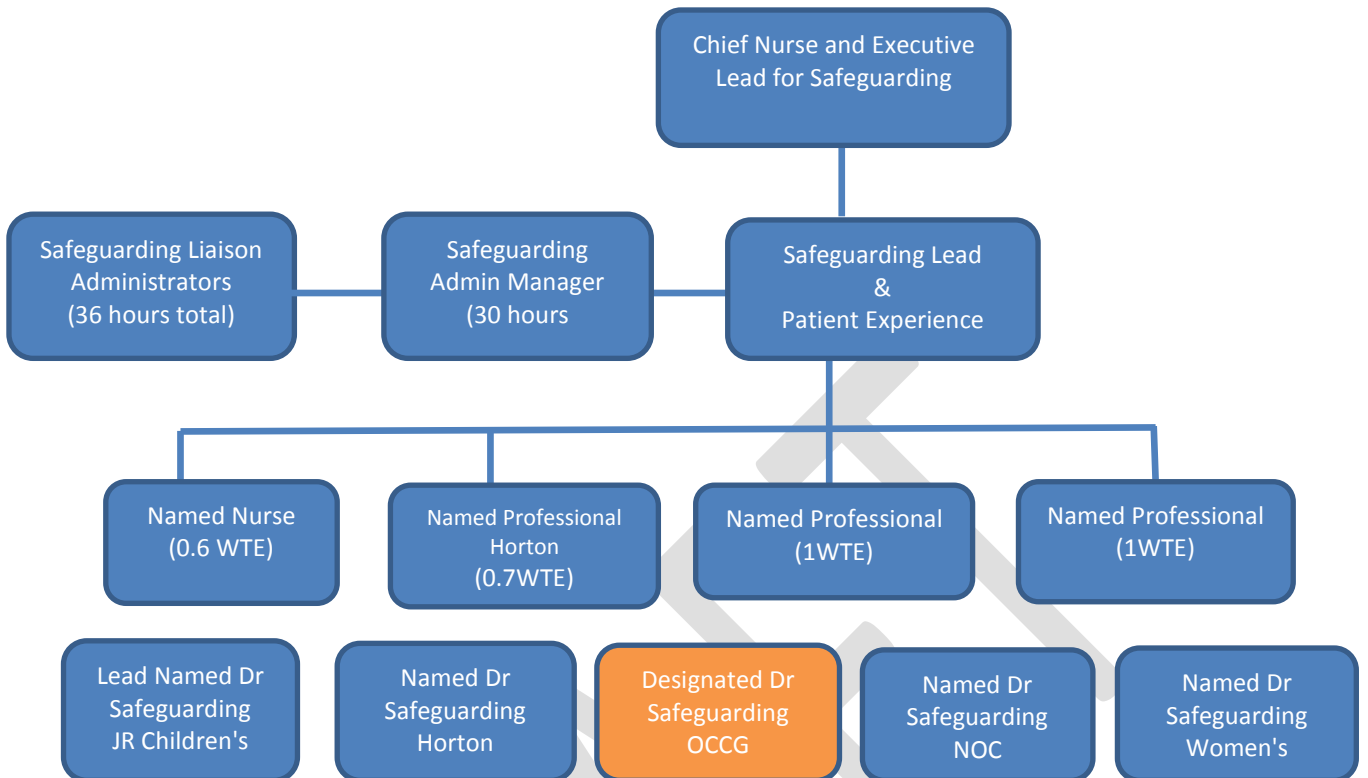
Each member of the Safeguarding Adults Board must co-operate in and contribute to the carrying out of a review under this section with a view to:

- identifying the lessons to be learnt from the adult's case, and
- applying those lessons to future cases.

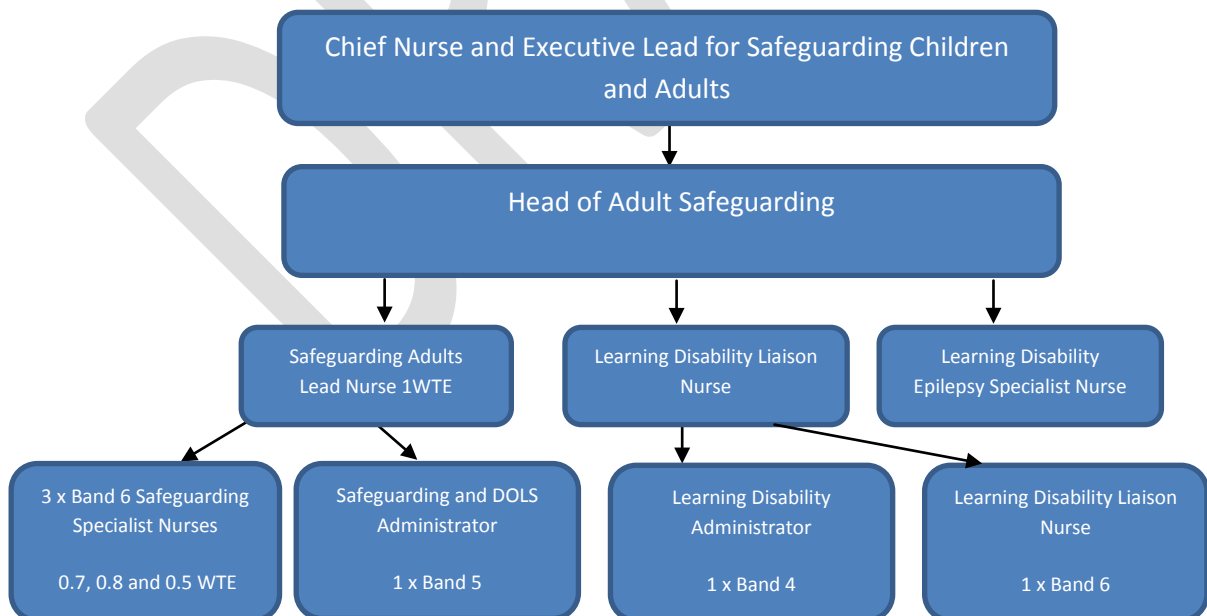
Source: Care Act 2014.

Appendix 2

Safeguarding Children team



Safeguarding Adult Team



Appendix 3

ED Safeguarding Children Liaison Referral Criteria

Referral Code	OUH Children's Safeguarding Liaison Criteria
A	Children / young people subject to CPP & LAC
B	Unaccompanied by adult with parental responsibility
C	Drugs & Alcohol
D	Assault
E	Vulnerable Adult (incl.OD) with dependent children where there are safeguarding concerns
F	Frequent attendances - more than 3 in past year
G	Not registered with GP
H	Did not wait to see medical staff
I	Parenting / supervision concerns
J	Development / weight / hygiene concerns
K	Child not in school / school issues
L	0 - 18yrs - Concerns re nature of injury / presentation / NAI
M	Delayed presentation
N	Overdose / self-harm
O	Death 0 - 18 years
P	Dog bite
Q	Burns
R	Other - Any safeguarding concerns not listed above

Appendix 4

Learning from 2016/17 Section 42 Enquiries.

- Checking the patient transfer documentation travels with the patient for the care establishment.
- When patients are discharged with Pressure Ulcers, it is essential that assessment and care information is given to care establishment either prior to discharge or at time of discharge.
- All patients admitted on the ward must have a falls assessment within 4 hours of admission.
- Named nurses to assess a patient's history in relation to falls risk and identify the possible need to re-allocate such patients to be in an area visible to nurse's station.
- Use handover to highlight patients identified as high risk of falls during general hand-over and in addition alert the bleep holder matron.
- The care plan/turning chart documents are an important aspect of care and enables deterioration to be found earlier and preventative measures taken to prevent further deterioration
- Checking patient's healthcare records documentation on admission/handover is vital.
- The process of agreeing and facilitating a discharge earlier in the day enables a patient to be transferred to a care home or intermediate care bed earlier in the day.
- Ward staff need to learn how to refer to an Intermediate Care Bed.
- It is important to share a relevant list of contact numbers including all ward numbers and the Bleep Holders to care homes.
- Clear, comprehensive and accurate documentation is key.
- Work closely with outside agencies and the patient's family and friends when a patient is very challenging to support and considerable organisation and team work is needed to facilitate a calm and organised discharge and onward package of care for a Patient.
- The prompt liaison with the Trust's Safeguarding team, OCC and DOLS Supervisory Office is necessary to support when situations are very complex.
- The prompt involvement of the Trust's Chief Nurse and Director of Clinical Services is key when a ward is supporting an immensely complex patient and there is significant physical and emotional pressure on the ward team.
- Always share a patient's care plan to a third party who are also supporting a patient on the ward.

Appendix 5 Safeguarding Adults: Next Steps

	Action	Lead	Timescale for completion
Documentation surrounding Mental Capacity Assessment	<ol style="list-style-type: none"> 1. Audit cross section of current DOLS to establish good practice and shortfalls in compliance 2. Ensure that the MCA assessment is embedded within EPR 	Head of Adult Safeguarding Head of Adult Safeguarding	Commence 04/09/2017 Clarify status by 31/08/2017
DOLS applications	<ol style="list-style-type: none"> 1. Full time Best Interest Assessor appointed 2. Weekly update and review of all current Oxfordshire and Out of County DOLS applications 	DOLS Office Safeguarding Administrator	Complete Enacted
The length of time taken to open and close section 42 investigations	<ol style="list-style-type: none"> 1. Escalation to Safeguarding Adults Area Manager 2. Request to discuss at OSAB 	Head of Adult Safeguarding	Complete Complete
Patient Falls	<ol style="list-style-type: none"> 1. Referral Criteria for a patient fall and safeguarding 2. Training on the Quality Improvement High Impact Training 	Safeguarding Adults Lead Nurse Safeguarding Adults Lead Nurse and Specialist Nurse	Complete Complete
Rapidly increasing number of consultations	<ol style="list-style-type: none"> 1. Head of Adult Safeguarding working clinically with the team 2. Development of Safeguarding champions to increase sustainability 	Head of Adult Safeguarding	Enacted 31/10/2017
ED Safeguarding Adult referrals on Electronic Patient Records	<ol style="list-style-type: none"> 1. Write Standard Operating Procedure 	Head of Adult Safeguarding	08/09/2017
DOLS form and Safeguarding form incorporated in to EPR	<ol style="list-style-type: none"> 1. Establish feasibility and timescale with the EPR team 	Head of Adult Safeguarding	08/09/2017
Quarterly data and information submission to the CCG as part of the NHS contract.	<ol style="list-style-type: none"> 1. Quarterly data and information submission to the CCG 	Head of Adult Safeguarding	Enacted

Appendix 6. Safeguarding Strategy



Safeguarding
strategy v5 2017 dr

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