Safeguarding Adults at Risk

Referral Documentation and Leaflet

PART 2
Policy Title: Safeguarding Vulnerable Adults Policy

Executive Summary: A vulnerable adult is any person aged 18 years or over who needs to depend on other people for at least some of their care and support and is unable to protect himself or herself from harm, abuse or exploitation. This may include the need of community and acute health care services to retain independence, wellbeing and choice. This can be because of:

- learning disabilities
- mental health problems
- age or illness
- physical disability or impairment
- lack of Capacity

This policy contains all the supporting referral documentation for the Safeguarding Vulnerable Adults Policy PART 1

Supersedes: Version 4

Description of Amendment(s):
First Account Referral Form updated
Mental Capacity Form Updated

This policy will impact on:
Domestic Abuse Policy

Financial Implications:
None

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<tr>
<td>Version Number:</td>
<td>5.0</td>
<td>Effective Date:</td>
<td>March 2016</td>
</tr>
<tr>
<td>Issued By:</td>
<td>Director of Nursing, Quality and Performance</td>
<td>Review Date:</td>
<td>March 2019</td>
</tr>
<tr>
<td>Author:</td>
<td>Named Nurse Safeguarding Adults at Risk</td>
<td>Impact Assessment Date:</td>
<td>January 2016</td>
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APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
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<tbody>
<tr>
<td>Consultation:</td>
<td></td>
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<tr>
<td>Director of Nursing Quality and Performance</td>
<td>January 2016</td>
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<tr>
<td>Safeguarding Manager</td>
<td>January 2016</td>
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<tr>
<td>Hospital Social Care Team</td>
<td>January 2016</td>
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<td>Approved by Director:</td>
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<tr>
<td>Director of Nursing, Quality and Performance</td>
<td>January 2016</td>
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<td>Received for information:</td>
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<td>Risk Management Sub Committee</td>
<td>January 2016</td>
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<td>Page</td>
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<td>3. Deprivation of Liberty Safeguards (DoLS)</td>
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<tr>
<td>4. Adult Safeguarding Information Leaflet</td>
<td>15</td>
</tr>
</tbody>
</table>
Section ONE

First Account Form
Referral to Social Care
First Account Form – Referral to Social Care

To be filled in by the person who heard, saw or suspects that abuse has or is happened.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of alleged victim</th>
<th>DoB</th>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>GP</th>
</tr>
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</table>

| Postcode              |              |
|                       |              |
| Tel No:               | Postcode     |

Name of person reporting incident:

<table>
<thead>
<tr>
<th>Ward/dept or area</th>
<th>Tel no:</th>
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</table>

Relationship to alleged victim:

Account - Please write below a factual account of what you saw or heard. Please continue on further sheets as required, number them, and sign and date the statement as it may be used in evidence. Suggestions for inclusion in the account;

What happened? (ask the person if they can tell you, describe it to you or explain it to you)
When did it happen?  Who is involved?  Where did it happen? If the person is unable to discuss the situation or concern then please write all the details you are aware of. (continue on extra sheets if required)
Have you informed the person you are making a referral? Yes / No If not why not?

As far as you are aware does the person have capacity? Yes / No If NO ensure you arrange for a capacity assessment to be done as soon as possible.

Have you informed a relative, friend or carer you are making a referral Yes / No If not why not?

If patient is being transferred to another area in the hospital you MUST tell them about the Safeguarding concern and referral?

**BODY MAP**

Please draw on the body map in black ink, using the key to indicate the different types of injury (alphabetic code) and provide brief details of each injury e.g. measurement of wound, colour of bruise, location using arrows or circle.

**Notify Social Care by phone of referral whether in the hospital or community setting.**

For hospital referrals Social Care will pick up the form from your area.

For community referrals fax to relevant SMART.

Send a copy of the completed form to Adult Safeguarding either via internal mail or email ecn-tr.safeguarding@nhs.net or fax: 01625 663055
A  Pressure Ulcers  
B  Bruising  
C  Cuts, wounds  
D  Excoriation, red areas (not broken down)  
E  Scalds, burns  
F  Other (specify)  

**Office use only:** Action taken by receiving team:  
S42 Enquiry □  Non S42 □  Complaint □  
Quality of Care issue □  
Needs assessment /Carers assessment □
Section TWO

MENTAL CAPACITY ASSESSMENT
Mental Capacity Assessment Review of Patients who may lack capacity to make a specific decision

<table>
<thead>
<tr>
<th>First Name(s)</th>
<th>Surname</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Hospital Number</th>
<th>NHS Number</th>
<th>D.O.B</th>
<th>Gender (circle)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
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Name of next of kin or Advocate:

Examples of Specific Decision:
DNAR, nutritional support, discharge planning, any medical or surgical interventions including treatment, investigations or medications.

Document below the decision to be made:

<table>
<thead>
<tr>
<th>Diagnostic Test</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is there an impairment of, or disturbance in the functioning of the person’s mind or brain (temporary or permanent)</td>
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</table>

If YES has the person been diagnosed with an impairment e.g. Alzheimer’s/Dementia, Brain injury, CVA? If yes give details:

<table>
<thead>
<tr>
<th>Functional Test: is the patient able to:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Understand the information</td>
<td>Relevant to the decision being made?</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Retain the information</td>
<td>Long enough to use to make a decision?</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Use and weigh the information</td>
<td>To arrive at an informed choice?</td>
<td>Yes</td>
</tr>
<tr>
<td>4 Communicate the decision</td>
<td>e.g. by talking, signing, use of trust approved communication tools</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: The assessor must assist communication with all practical steps.

Please state what were the specific questions asked e.g.
- Do you understand that you may be at risk of harm/injury if you try and mobilise without support?
- Do you know where you are at the moment and can you tell me where you are going to be discharge to and are you happy with that choice?”

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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Does the patient lack capacity to make the decision?</td>
<td></td>
<td></td>
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<tr>
<td><strong>IF NO – NO FURTHER ACTION REQUIRED. OUTCOME MUST BE DOCUMENTED IN PATIENT NOTES.</strong></td>
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<tr>
<td>If YES – then the person’s best interests must now be considered</td>
<td></td>
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<tr>
<td>Can the decision be delayed because the patient is likely to regain capacity in the near future?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Would it be appropriate to delay the decision e.g. if not clinically detrimental to patient?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes or no please give details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a lasting power of attorney in place for health and welfare?</td>
<td></td>
<td></td>
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<tr>
<td>Has the document been verified by a member of staff and legal services notified?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e.g. Office of the Public Guardian verified stamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of staff who has verified the LPA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a lasting power of attorney in place for property and affairs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the document been verified by a member of staff and legal services notified?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e.g. Office of the Public Guardian verified stamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of staff who has verified the LPA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the patient made an advanced decision to refuse treatment?</td>
<td></td>
<td></td>
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<tr>
<td>Has the document been verified by a member of staff who have seen the witnessed and signed the document and legal services notified?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Name of staff who has verified the advanced decision to refuse treatment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the person has been deemed to lack capacity and has no family or friends then an Independent Mental capacity Advocate (IMCA) must be contacted prior to any serious medical treatment or changes of accommodation is carried out; unless it is appropriate and acting in the best interest of the patient.</td>
<td></td>
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<tr>
<td>Please record any further relevant information or comments.</td>
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</tbody>
</table>
Consultation:  This should be a collaborative decision with a single decision maker identified
Who has been involved about the specific decision (names of those consulted must be provided)
Decision maker identified
Name:  Title:

<table>
<thead>
<tr>
<th>Person</th>
<th>Name (PRINT)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
<td></td>
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<tr>
<td>Nurse/Midwife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist</td>
<td></td>
<td></td>
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<tr>
<td>Dietician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – please specify</td>
<td></td>
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</tr>
</tbody>
</table>

What is the patient’s primary means of communication? (Please circle)

<table>
<thead>
<tr>
<th>English</th>
<th>Other spoken Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>British sign language</td>
<td>Words/Pictures/Makaton</td>
</tr>
<tr>
<td>Gestures/Facial Expressions/ Vocalisations</td>
<td>No obvious means of communication</td>
</tr>
<tr>
<td>Trust approved communication tools (e.g. translators, translated documents etc.)</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

Best Interest 7 statutory checklist points:

1. Don’t make assumptions about the patient’s best interests
2. All relevant circumstances must be considered
3. Is the person likely to regain capacity, if so, can decision wait?
4. Involve patient as fully as possible
5. Decisions concerning the provision or withdrawal of life sustaining treatment must not be motivated by a desire to bring about a person’s death
6. Past and present wishes and feelings together with and any relevant beliefs or values. These may be written in an advance decision (refusal of treatment) and/or an advance statement (advance care planning)
7. Must consult other people if appropriate and take account of views especially: anyone previously named by the person as someone to be consulted, carers, close relatives or close friends or anyone else interested in the person’s welfare, any attorney appointed under a Lasting Power of attorney and any deputy appointed by the court of Protection to make decisions for that person.

The Decision Maker weighs up all the information in order to determine what decision is in the person’s best interests. Clear record keeping of the above is crucial.
<table>
<thead>
<tr>
<th>I (Insert decision makers name) have reasonable belief that I have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered all relevant circumstances listed in the document</td>
</tr>
<tr>
<td>Ensured that the decision recommendation is not based on assumptions</td>
</tr>
<tr>
<td>Considered that the decisions concerning the provision or withdrawal of life sustaining treatment have not been motivated by a desire to bring about a person’s death</td>
</tr>
<tr>
<td>Date of assessment:</td>
</tr>
<tr>
<td>Title and name of person completing assessment (Please Print):</td>
</tr>
</tbody>
</table>

If you have any queries about completing this form, before you sign it, seek advice from either:

Legal Services. Ext 1768   Fax Number 3666  
Safeguarding Adults at Risk Team. Pager 07699 739254  
Social Care. Ext 1503

Ensure that the outcome of the Mental Capacity Assessment is recorded in the Nursing and Medical Notes. That ALL relevant family and professionals are informed of the outcome as necessary.
Section THREE

Deprivation of Liberty Safeguards (DoLS)
Combined Urgent
And
Standard Authorisation DoLS (Form1)

• Go to Trust Infonet

• Click on Trust forms and templates on left hand side

• Click on DOLS folder to access both forms

Please note
the DoLS request must completed electronically and sent to
ecn-tr.legalservices@nhs.net

A copy of the Mental Capacity Assessment Form must also be sent via fax to Legal Services on 3666 to support the DoLS application.
A COPY of the MCA and DoLS MUST be kept in the PATIENTS NOTES
Section FOUR

Adult Safeguarding Leaflet
What should I do if I am worried about being abused?

Tell someone you trust as soon as you can. This could be:
• Your family
• Your friend
• Your doctor
• Your District Nurse
• A social worker
• Your carer
• Your Religious Leader
• The Police

You can get help to stop abuse by reporting it. See helpful telephone numbers/websites.

Abuse is not your fault. No one has the right to abuse you. You may need help to make it stop. Please do not ignore your concerns and let the abuse continue.

What happens next?

• The person you tell will listen to you, and will give you help and support to report the abuse to a social worker or police officer.
• They will help you stay safe and help ensure the abuse stops.
• Where necessary they will involve other professionals to investigate and protect you from further abuse.

Confidentiality

Information will be treated as confidential. There may be occasions when some information needs to be shared when it is in the best interest of the abused person.

Helpful telephone numbers / websites

ADULT SOCIAL WORK TEAM

ACUTE MDGH hospital
In-hours Tel: 01625 661347 or bleep: 07699 739254

COMMUNITY
EAST and SOUTH
SMART teams Tel: 0300 123 5010
You will be redirected through to your local social work team.

VALE ROYAL
Access West Tel: 0300 123 8123

OUT OF HOURS CONTACT FOR ADVICE
ACUTE AND COMMUNITY
EAST Emergency Duty Team
Tel: 0300 123 5022

COMMUNITY ONLY
SOUTH & VALE ROYAL
Emergency Duty Team
Tel: 01244 977277

Police
Emergency 999
Non-Emergency 101

East Cheshire Trust Website
http://www.eastcheshire.nhs.uk
Cheshire East Council Website
http://www.cheshireeast.gov.uk
Cheshire West and Chester Website
http://www.cheshirewestandchester.gov.uk
Customer Care, Macclesfield District General Hospital, Victoria Road, SK10 3BL
Phone: 01625 661449
Textphone: 01625 663723

Everybody has the right to live their life free from violence, fear and abuse.

Everybody has the right to live in safety.

You have these rights especially if you are Disabled, ill or an older person.

July 2015 v2
This leaflet is about safeguarding vulnerable adults. A vulnerable adult is someone who may be in need of help because of a disability, illness, or their age and is unable to take care of themselves or stop someone else from harming or exploiting them.

Abuse is when someone does or says something to you which harms you and makes you upset and scared. You may be afraid and do not know how to get the help you need. Abuse can be a single act or continue over months or even years. It can be accidental or deliberate. Just because there is no injury doesn’t mean there is no abuse.

Who can be abused?

Anybody can be abused but it happens more often to people who:
- Are older and frail
- Have a physical disability
- Have learning difficulties
- Have sight or hearing loss
- Have mental health problems
- Have dementia
- Depend on others to look after them

Abuse can take many forms

Physical abuse
When someone hurts you by
- Hitting or slapping
- Pushing
- Kicking
- Shaking
- If you are given too much or not enough medicine
- Rough handling
- Restraining you

Financial abuse
When someone
- Takes your money or belongings
- Makes you buy something that you do not want
- Uses your money to pay for their things
- Does not let you choose how to spend your money
- Says that you have to give them your money, belongings or home

Emotional abuse
When someone
- Threatens you
- Harasses you
- Ridicules / make fun of you
- Ignores you
- Does not let you go out or spend time with other people
- Treats you like a child

Sexual abuse
When someone
- Rapes or sexually assaults you
- Touches you where you do not want to be touched in a sexual way
- Makes you touch them in a sexual way
- Makes you see films or photographs of sexual things

Discriminatory abuse
When some one treats you unfairly because of
- Your race
- Your religion or culture
- Your disability
- Your gender
- Your sexual orientation
- Your age

Neglect
This is when you are not given the things you need, for example
- Assistance to wash and dress and with toileting
- Regular food and drinks
- Medication as prescribed by the doctor
- Seeing the doctor if you are ill
- A warm environment
- Clean clothes

Who abuses adults?

Anyone can abuse you; it could be someone you know or a stranger. It could be a relative, friend, neighbour, paid carer or volunteer. Sometimes loving carers can abuse because they have become stressed and exhausted. Most people will not abuse you but it does happen to some people.

Abuse can happen anywhere

- In your own home
- In a care home
- In hospital
- In public place
Equality Analysis (Impact assessment)

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.
E.g. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

| The Safety of Vulnerable Adults Policy Part 1 Main text and Part 2 Supporting referral documentation |

Details of person responsible for completing the assessment:
- Name: Chris McGinley
- Position: Lead Nurse Adult Safeguarding
- Team/service:

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

Guides staff on the types of adult abuse that require actions to be taken to protect them from immediate or future harm.

2. Consideration of Data and Research
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
The population of Cheshire as at the 2005 mid year figures (Cohesia Report 2008) is 684,400.

Age:
17.8% (30,500) of the population in Cheshire East is over 65 compared with 15.9% nationally. This results in a high “old age” dependency ratio, i.e. low numbers of working-age people supporting a high non-working dependant older population. The percentage of “older” or “frail” old is also considerably higher, with 2.3% (8,200) persons 85 and over compared to 2.1% nationally.

Cheshire East has the fastest growing older population in the North West. By 2016, the population aged 65+ will increase by 29.0% (8,845) and the population aged 85+ by 41.5% (3,403).

This will have an impact on the number of patients being managed by ECT and the complexity of the health and social care issues that the older person is experiencing. In
addition the staffing profile of ECT will change to include an increasing number of staff over 65 in the workforce.

**Race:**
The 2005 mid year estimate (Cohesia Report 2008) show that the majority of the population in Cheshire (94.6%) is White British, with 5.4% non White British. The Cheshire 2007-10 Local Area Agreement identified that minority ethnic communities account for around 3% of the population. Issues for BME communities include lack of knowledge of services, access to services, access to translation/interpretation, cultural differences, family values. Many people from BME communities experience poverty, poor housing and unemployment which make it difficult for them to lead healthier lives. 4180 migrant workers registered in Cheshire in 2006/07 and comparison to the mid-year population estimates for Cheshire in 2005 strongly suggests that Cheshire’s migrant worker population is larger than every individual BME group other than the White-Other White group.

*Gypsies and travellers* – at the last count (July 2006) the highest number was recorded in the Borough of Congleton (125). 42% of gypsies and travellers report limiting long term illness compared to 18% of the settled population, with an average life expectancy 10-12 years less than settled population. 18% of gypsy and traveller mothers have experienced the death of a child compared to 1% in the settled population.

**Disability:**
There are over 10 million disabled people in Britain, of whom 5 million are over state pension age. Nearly 1 in 5 people of working age (7 million, or 18.6%) in Great Britain have a disability.

*Hearing loss:* 1 in 4 has a hearing problem.
*Sight problems:* There are 2 million people with sight problems in the UK.
*Learning disabilities:* There is quite a high proportion of people with learning disabilities in the local area due to there being a number of residential homes/institutions in the area. Problems encountered can be lack of staff awareness, communication issues, information requirements.

**Dementia**
Approximately six in 100 people aged over 65 develop dementia and this rises to around 20 in 100 people aged 85 or over. Dementia affects 750,000 people in the UK.

**Carers**
Around 6 million people (11 per cent of the population aged 5+) provided unpaid care in the UK in April 2001. While 45% of carers were aged between 45 and 64, a number of the very young and very old also provided care. By 2037, it is anticipated that the number of carers will increase to 9 million.

**Gender**
On average in Cheshire, 49% of the population are male and 51% are female

*Transgender:* No local data available, national trends show:
1/12,000 males, transgender from male to female
1/33,000 females, transgender from female to male
Specific issues around access to services, specific services for men or women, and ‘single sex’ facilities. In terms of the transgender population, GIRES (Gender Identity Research and Education Society) gives an estimate of 600 per 100,000. If these figures were applied to the Cheshire East community based on the 2005 mid year estimates, there may be around 2,100 trans people in the area.

**Religion/Belief**
In the Cheshire East area:
Christian - 80%
Sikh - 0.05%
Buddhists - 0.16%
Other religion - 0.15%
Hindu - 0.15%
No religion - 11.84%
Jewish - 0.12%
Not stated - 6.67%
Muslim - 0.36%

The Muslim population has the highest levels of ill health amongst faith groups – this includes higher smoking rates amongst men and higher rates of coronary heart disease and diabetes.

**Sexual Orientation**
Lesbians, gay men and bisexual people (LGB) make up 5-7% of the UK population (Dept of Trade and Industry, 2003). 13% of Gay men and 31% Lesbian women are parents (Morgan and Bell, First Out: Report of the findings of Beyond the Barriers national survey of LGB people)

The experience and health needs of gay men and women will differ. However, both groups are likely to experience discrimination, higher levels of mental ill health and barriers to accessing health care.

National Health Inequalities data shows that lesbian, gay, bisexual and transgender (LGBT) people are e 2001 census showed:

significantly more likely to smoke, to have higher levels of alcohol use and to have used a range of recreational drugs than heterosexual people. They are also at greater risk of deliberate self-harm. Although most LGBT people do not experience poor mental health, research suggests that some are at higher risk of mental health disorder, suicidal behaviour and substance misuse

**2.2 Evidence of complaints on grounds of discrimination:** (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

| No |
2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☑ No ☐

Explain your response: If there is a patient whose first language is not English, then staff need to be aware of how to access interpretation facilities. See also page 5 of the policy as first language not being English could be a factor which further complicates the issues, therefore consideration needs to be given to adding this to the list of factors.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☑ No ☐

Explain your response: See religious and cultural beliefs

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☑ No ☐

Explain your response: Information given needs to be tailored to individual’s needs. e.g BSL interpreter for deaf people, leaflets are pictorial for patients with limited understanding, large print for low vision etc. Staff need to be vigilant for evidence of hate crime, which is often directed against people with disabilities, including learning disabilities.
AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently?  Yes ✓  No □
Explain your response: Policy applies equally regardless of age, however, staff need to be mindful that older people can be more vulnerable and therefore more at risk. People may need additional support to protect themselves when complicated by a number of factors, one of which is age. See also section on children.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  Yes ✓  No □
Explain your response: The policy applies to all regardless of sexual orientation, but staff need to be mindful that people with differing sexual orientations may be more subject to abuse due to their sexuality and the fact that it may conflict with the beliefs of others.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?  Yes ✓  No □
Explain your response: Staff should be aware that in some cultures men are dominant and this may have implications for women not being able to speak up for themselves, e.g. where a man will say ‘we don't need an interpreter I will translate’. He may not give a true translation of what is being said or the response which could influence decisions and impact on treatment. He may also choose not to tell the patient of the severity of a medical condition. This may be relevant for any family member who may find it difficult to tell the patient of a severe illness.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently?  Yes □  No ✓
Explain your response: Clinical staff may need to discuss the appropriate requirements for caring for a vulnerable adult in a safe and appropriate environment. This will vary dependent on the environment and level of care undertaken.

OTHER: e.g. Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently?  Yes □  No ✓
Explain your response: Because there is an emphasis in the policy on treating people according to individual needs, there is the potential to improve the way we deal with people with different protected characteristics.

4. Safeguarding Assessment - CHILDREN
a. Is there a direct or indirect impact upon children? Yes ☑ No ☐

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people: If an adult is deemed to be vulnerable or subject to abuse then children in their care or in their normal environment will need to be taken into consideration as they may be at risk also.

c. If no please describe why there is considered to be no impact / significant impact on children

5. Relevant consultation
Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Staff groups and national data and recommendations for safeguarding taken into account.

6. Date completed: Review Date: March 2018

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

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<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
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8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 02.04.15