



## **Policy for Safeguarding vulnerable adults – CLP055**

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## Why we need this Policy

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” (Department of Health, 2014).

The Care Act 2014 was implemented in April 2015 consolidating existing community care legislation, therefore placing safeguarding adults on a statutory footing. Care and Support Statutory Guidance (2016) was issued under the Care Act 2014 and replaces previous Guidance: No Secrets (2000).

This policy sets out the organisation’s statement of purpose; for all members of staff to promote the wellbeing of everyone who uses services and their carers’, act positively to prevent harm, abuse or neglect (including self-neglect) and responding effectively if concerns are raised. Northamptonshire Healthcare Foundation Trust (NHFT) has a zero tolerance of all forms of abuse. The Trust will demonstrate commitment to this undertaking by working in partnership with Northamptonshire Safeguarding Adults Board (NSAB) and having in place systems and processes to support the Interagency Safeguarding Adults Procedures. The purpose of the NSAB is to help and protect adults at risk, through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police and voluntary sector.

This policy should therefore be read in conjunction with the Multi-Agency Safeguarding Policy and Procedures published by the Northamptonshire Safeguarding Adults Board. These policies are available on the Safeguarding page of the intranet website 'The Staff room'.

Statutory Guidance to the Care Act 2014 has identified six principles of safeguarding, originally published in a Department of Health statement on Safeguarding Adults (Department of Health, 2011). These are: Empowerment, prevention, proportionality, protection, partnership and accountability

It is the duty of the Trust to ensure that all people who are, or may be, in need of support from its services are protected from abuse. This policy applies to those service users aged over eighteen years and all staff (including volunteers and contracted services) who work within the Trust.

## **What the Policy is trying to do**

The purpose of this policy is to ensure that:

- All individuals that access NHFT services are protected from abuse.
- Staff working within NHFT know how to take appropriate action to protect individuals from abuse
- Staff affected by Safeguarding issues area supported by NHFT

## **Which stakeholders have been involved in the creation of this Policy**

- Trust Safeguarding Group (NHFT)
- Trust Policy Board

## Any required definitions/explanations

### Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons (Department of Health, 2000) Abuse can be a single act, a series of repeated acts or a failure to provide necessary care. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Abuse can be intentional or unintentional and may be single or repeated acts. It can occur in any setting including residential and nursing home settings, family homes, day care settings, social settings, public places and hospitals.

Abuse, harm, and neglect often incorporate a misuse, or abuse, of power and an individual's dependence on others. In addition to exploitation the following list, reproduced from the Care and Support Statutory Guidance (2014), gives examples of different types of abuse:

- **Physical abuse**
- **Domestic violence**, including psychological, sexual, physical, financial, emotional abuse: so called 'honour' based violence
- **Sexual abuse**
- **Psychological abuse**, including emotional abuse
- **Financial or material abuse**
- **Modern Slavery** encompasses slavery, human trafficking, and forced labour and domestic servitude.
- **Discriminatory abuse**, including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability sexual orientation or religion
- **Organisational abuse**, including neglect and poor care practices within an institution or specific care setting such as a hospital or care home.
- **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-Neglect**, this covers a wide range of behaviours neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
- **Adult Risk Management (ARM)** The ARM process is one that should be used only as an exception in more extreme cases. It aims to provide professionals with a framework to

facilitate effective working with adults who are deemed to have mental capacity and who are at risk due to the following reasons:

- Severe self-neglect
  - Refusals to engage with services
  - When someone is being targeted by an unknown third party
- **Mental Capacity Act and Criminal offence**, Section 44 of the Mental Capacity Act introduced criminal offences of ill treatment and wilful neglect of a person who lacks capacity. The offences, which carry penalties from a fine to up to 5 years' imprisonment, or both, may apply to: anyone caring for a person who lacks capacity, an attorney appointed under an Enduring Power of Attorney (or Lasting Power of Attorney from 1st October 2007), a deputy appointed for the person by the Court and Ill treatment: deliberate ill treatment of an individual lacking capacity or recklessness in the way they ill-treat the person or not. It doesn't matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim's health.

Wilful neglect: the meaning varies depending on the circumstances but usually means a failure to carry out an act the person knew they had a duty to do. Since April 2015, it now a criminal offence for care workers to ill-treat or wilfully neglect someone in receipt of care, irrespective of the person's mental capacity. The new offences have been introduced under the Criminal Justice and Courts Act 2015 and have far broader implications as they protect all service users and apply to both care workers and care providers. The offence is not intended to catch genuine mistakes; the care worker must act deliberately or recklessly. For more information on the Mental Capacity Act, please refer to the Mental Capacity Act (2005) Policy including Deprivation of Liberty Safeguards: CLP023

- **Section 42: the safeguarding enquiry**, statutory guidance states that although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person to begin an enquiry is. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse (Department of Health, 2014). An enquiry may be anything from a simple conversation with the adult at risk to full investigation of an adverse incident. In many cases existing Quality Governance processes (such as the SI process) within the Trust will be used to meet the requirement of an enquiry. Staff must cooperate when asked to undertake or contribute to enquiries, and may seek advice or support from the Safeguarding Team as required.
- **Safeguarding Adults Review (SAR)**, Section 44 (Care Act 2014) requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when: an adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or an adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect. Safeguarding Adults Boards are free to arrange Reviews in any other situation involving an adult in its area with needs for care and support. Northamptonshire Healthcare

NHS Foundation Trust has a responsibility to refer such cases to the Local Safeguarding Adults Board for consideration of Review. As this is a multi-agency process, it need not be the Trust's services where abuse, harm, or neglect may be known of or suspected. All potential referrals for Safeguarding Adult Review must in the first instance be discussed with the Safeguarding Team who will support you to gather the relevant information, and a chronology if required, and submit the referral for you.

- **Prevent**, Section 26 of the Counter-Terrorism and Security Act 2015 (CTSA, 2015) places a duty – the 'Prevent Duty' on specified bodies, including NHS Foundation Trusts such as NHFT. The 'Prevent Duty', requires specified authorities to have "due regard to the need to prevent people from being drawn into terrorism." (CTSA, 2015). For more information please refer to the Prevent Policy: CLP016.

## Key duties

Health providers have a key role to play in safeguarding enquiries and taking action to protect adults at risk. This includes supporting individuals, ensuring their voice and wishes are heard, as well as participating in, or making enquiries under the guidance of local authorities.

- **Corporate Responsibility**

Healthcare organisations have an obligation to offer appropriate care to their patients and appropriate training to their staff. The Chief Executive, on behalf of the Trust Board, has overall responsibility to ensure the Trust complies with its statutory obligations. The Trust Board has overall responsibility for ensuring that all staff have received appropriate training to enable them to effectively fulfil their role within the organisation.

- **Director Responsibility**

The Medical Director and Director of Nursing and Allied Health Professionals and Quality are responsible for ensuring adherence to this procedure. Executive Directors are responsible for ensuring staff within their service areas follow the guidance given here. They must ensure all staff is up to date with training.

Directors are responsible for ensuring action plans to address areas of non-compliance with this policy are fully implemented. They are responsible for dealing with areas that consistently do not comply with the requirements of this policy.

- **Manager Responsibility**

Managers are those individuals who have line management responsibility for other members of staff within the organisation.

Supervisory line managers have a duty to support staff that raise issues of concern or are involved in the investigation process. They are responsible for ensuring compliance with training and that their staff is confident and competent in the area of safeguarding.

Human Resources ensure that appropriate safeguards are in place in the recruitment of staff in order to minimize any risk to service users - this will include Disclosure and Barring Service checks, checking of references and professional registration (where applicable) and checking

of employment history. The Trust is fully compliant with the recommendations set out in the Vetting and Barring Scheme (Independent Safeguarding Authority) October 2009. All employees receive safeguarding adult training as part of their induction training and at regular intervals thereafter. Staff have the opportunity to access additional training in respect of the awareness of and protection from abuse of vulnerable adults.

- **NHFT Safeguarding Team**

The Safeguarding Teams purpose is to support members of staff, and the organisation to fulfil its obligations to service users and their carers' to work effectively to prevent harm, abuse, and neglect, and to act positively to protect adults at risk.

- **Employee Responsibility**

All employees (including bank & agency staff), volunteers and contractors are required to adhere to the policies, procedure and guidelines of the Trust, including their roles and responsibilities under this policy. All staff should make sure that they have familiarised themselves with their local multi-agency safeguarding policy as the NHFT policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed, and the local responsibilities of NHFT staff within multi-agency safeguarding practice. Staff must also work at all times within the guidelines of their professional codes of conduct and the policies of the Trust to prevent abuse through an act or omission to act. Omissions to act and poor professional practice can amount to neglect even if the abuse was unintentional.

## Policy detail

The first part of this section is structured around the six principles of safeguarding adults, as published in statutory guidance (Care Act 2014).

- **Safeguarding Principle 1: Empowerment:** Empowerment is about people being supported and encouraged to make their own decisions and provide informed consent (Department of Health, 2014). Self-determination / consent: Staff must be aware that adults have the right to make their own decisions and can make choices to stay in abusive situations that may cause them significant harm. Even when a service users does not want a safeguarding response, a referral should be made to the Local Authority if the 'three-part test' (Section 42 Care Act 2014) is met. However it is vital that the views and wishes of the adult at risk are known. This will enable the Local Authority to meet their legal duty under Section 42, to enquire and decide if there is anything that agencies can do to mitigate risk.
- **Safeguarding Principle 2: Prevention:** Members of staff play a key role in preventing abuse and in taking positive action on suspicion of abuse or neglect. Safeguarding adults is core to delivering high quality care. Members of staff should endeavour to recognise potential vulnerable situations where abuse or neglect may occur, in order to mitigate the risk of abuse or neglect. Early identification of potential risks of abuse or neglect can ensure appropriate and timely action. Staff should empower people to use services to protect

themselves from abuse through a variety of community support services, such as service user groups and advocacy services. This does not mitigate staffs responsibilities in protecting adults at risk from abuse or neglect. Routine processes such as assessment, capacity assessment, risk assessment, care planning, and the Care Programme Approach should be used to enable people and professionals to acknowledge the risk of abuse and take active steps to minimise the risk and subsequent impact

- **Safeguarding Principle 3: Proportionality:** An important aspect of a person-centred approach to safeguarding is that services and safeguarding should act proportionately to the risk that is identified. The concept of proportionality is apparent throughout the Human Rights Act 1998 and is reflected in the principles of less restrictive (MCA 2005 and Code of Practice) and least restrictive (MHA 1983 and Code of Practice) practice. Proportionality means that interventions may range from single agency responses, care management, CPA or professionals meetings, bespoke single agency or joint-agency s.42 Enquiry (Care Act 2014), leading only to full multi-agency safeguarding procedures where absolutely necessary.
- **Safeguarding Principle 4: Protection:** the management of abuse allegations. When an allegation of abuse is made, the primary consideration must be to ensure the safety of the service user. Where a criminal offence may have occurred this may include supporting the service user to contact the police, or you may need to do this yourself. Please refer to the section on raising a concern.
- **Safeguarding Principle 5: Partnership:** Partnership working is the cornerstone of effective safeguarding practice. In addition to working in close partnership with adults at risk, it is essential that professionals from different agencies are able to work together and coordinate their responses to safeguard adults at risk and prevent harm, abuse, or neglect from occurring. The role of the Safeguarding Adults Board is statutory following The Care Act (2014), under Section 43. 10.3 Each Local Authority must establish a Local Safeguarding Adults Board whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services. The Local Safeguarding Adults Boards have been granted legal powers to support them in the coordination of effective safeguarding, in particular the power to request and receive information that will support its key functions.
- **Safeguarding Principle 6: Accountability.** Principle 6 of safeguarding calls for accountability and transparency in delivering safeguarding. Adults at risk should be aware of the actions that professionals are intending to take, what their role is within safeguarding, and they should be confident that professionals are also aware of each other's roles.
- **Domestic violence and abuse.** Domestic violence and abuse is defined as any incident or pattern of incidents of controlling, coercive threatening behaviour, violence or abuse between those aged 16 or over who are, have been, intimate partners or family members regardless of gender or sexuality. The serious crime Act 2015 introduced a new offence linked to domestic violence; coercive and controlling behaviour. Domestic violence and abuse must be considered under safeguarding and appropriate referrals made when required to the local authority and the police, if it is suspected a crime has been committed. Staff should refer to the NHFT Standard Operating procedures for further details or contact the Safeguarding team to discuss how report and manage such cases.

- **Think family.** Where the concerns lie within a family, staff must have regard for the safety of any children who may be at risk and make a referral to children’s services as appropriate. Staff must ‘think family’ at all times and not limit their scope to only the adults that they may be working with.
- **Making Safeguarding Personal (MSP):** In 2010 a national programme ‘Making Safeguarding Personal’ was launched with the aim of promoting a shift in culture away from a process driven intervention to a person-centred response. Under Care Act statutory guidance all agencies have a responsibility to “engage a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Department of Health, 2014). In practice following a Making Safeguarding Personal approach with adults at risk means working with individuals to answer the three MSP questions of: What difference is wanted or desired? How will you work with someone to enable that to happen? How will you know that a difference has been made? Seeking answers to these questions when concerns are identified is good practice, and should be the norm rather than the exception. Making Safeguarding Personal offers an opportunity to educate individuals about their right to live a life free from abuse, harm, or neglect and about the safeguarding process as a tool to enable change.
- **Raising a safeguarding concern:** Members of staff should, as soon as they become aware of allegations of harm, abuse, or neglect (including self-neglect) of an adult with care and support needs, contact their Local Authority Social Services department – whether directly to the adult’s care manager or social worker, or through to a generic number. Organisations have a responsibility to establish and operate systems and processes effectively to ensure that adults at risk are protected, and the investigation of allegations of abuse as soon as they become aware of them (CQC, 2015). Safeguarding concerns should be made with the consent of the adult at risk – in keeping with the first principle of safeguarding (Department of Health, 2014). Where the person lacks capacity to consent, a decision will need to be made in the person’s best interests. Where the person refuses to give consent it may be justifiable in certain circumstances to override confidentially and share information due to the risks posed to themselves or others. Staff should seek support if unsure from their manager or a member of the safeguarding team. Adults at risk, in keeping with the principles of Making Safeguarding Personal, should be an active partner in the raising of a concern. The purpose of which is to enable the local authority to decide if a duty to make or cause an enquiry under section 42 needs to be activated and, if so, who will undertake the enquiry, and whether any actions need to be taken as a result.
- **Managing a disclosure:** In the event of a disclosure of abuse it is important to respond sensitively and appropriately in order to support adults at risk, and preserve the integrity of evidence. Members of staff should therefore: Stay calm, listen patiently, reassure the person they are doing the right thing by telling you, and explain the safeguarding process and what you are going to do. They should go onto: find out what the person would like to happen, report to a relevant manager, write a factual account of what you have seen/heard

immediately as well as anything you have said or actions you have taken, and the person's views and wishes and seek to protect any possible evidence.

- **Support for Service Users and Carers**

The welfare of service users and their carers is a key priority for the Trust. Service users and/or carers are likely to need support from the Trust when concerns or allegations of abuse arise. Any strategy discussion or meeting concerning abuse must also consider how support can be offered and by whom.

It will generally be the responsibility of key supporting staff to ensure that service users and their carers are provided with support and/or counselling. It may be appropriate to involve an independent advocacy service and, where possible, the permission of service users should be sought. It may also be appropriate that service users be directed to the Trust's Patient Advice and Liaison Service (PALS) or be offered the opportunity to raise a complaint. Any user feedback, positive or negative, about how a case has been handled should be forwarded to the Clinical Lead for Safeguarding and reported to the Safeguarding Group so that lessons may be learned.

The Trust Complaints / PALS service will ensure that complaints or enquiries raised via their service are considered for safeguarding concerns and if so acted upon.

- **Allegations against staff**

Concerns will be taken seriously regarding any staff that are alleged to have abused any service user in-line with NHFT Policies (HR001) Disciplinary Policy and Procedure and (HRP014) Policy and Procedure for dealing with Employee Incapability. If substantiated actions taken may include police prosecution and referral to any relevant professional body or register for possible disciplinary action. It may be necessary to remove the member of staff concerned in order to ensure patient safety. An Incident form must be completed. Once an allegation or concern has been raised in respect of a member of staff, the appropriate line manager will be notified and advice should be sought immediately from the Trust Human Resources (HR) department.

In the first instance HR will advise as to how to deal with the alleged perpetrator and how to proceed with an investigation into the conduct and performance of the staff member. A simultaneous notification must be made to the lead Authority (NASS) in respect of the abuse and to the police wherever criminal activity is believed to have occurred. The NHFT Safeguarding Team must be informed of the incident and kept up to date with any on-going investigation and its outcome.

- **Disclosure and barring Service (DBS)**

The Disclosure and Barring Service is responsible for carrying out pre-employment checks including Criminal Records Bureau (CRB) checks, and checks of a vetting and barring list. The DBS has the power to bar certain people from regulated activity with children and adults at risk. As an NHS care provider the Trust is known as a regulated activity provider for the purposes of the scheme. The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts including most NHS jobs. It is also a criminal offence to employ a barred individual. Employers and service providers will be able to check an individual's status on-line free of charge.

## **Training requirements associated with this Policy**

- **Mandatory Training**

Safeguarding Adult training is mandatory for all staff. As set out in the Trust Mandatory and Statutory Training policy, all staff must undertake safeguarding adult training every three years. An employee's role will determine what level of training is required to ensure they are confident and competent to carry out their duty with reference to safeguarding adults.

The organisation will ensure that a sufficient number of training events will be provided at the appropriate level. Training will be provided for all new staff within the induction programme; all other training events will be advertised internally. Training can also be provided on request from individual teams via the safeguarding team

It is the responsibility of individual staff members and their line managers to ensure that they attend training in line with their personal development plans. This will be monitored as part of individual staff appraisal. The Trust training department will notify managers of non-attendees and it will be the responsibility of managers to follow up such alerts.

- **Specific Training not covered by Mandatory Training**

Not applicable to this document.

## **How this Policy will be monitored for compliance and effectiveness**

This policy will be approved by the Safeguarding Group and will be reviewed two-yearly. Innovations in national policy and guidance as well as national inquiries or audit outcomes may necessitate changes to this policy. The Trust's Clinical Lead for Safeguarding is responsible for ensuring that the policy incorporates any changes or new guidance.

The responsibility for monitoring adherence to the policy sits with The Trust Safeguarding Group. This Group meets monthly and is accountable and reports to the Trust Governance Committee. Safeguarding issues are reported to the group and discussed using information generated by the Trust Risk Management Information System (Datix).

In order to ensure compliance with the duties set out in section 5 of this policy, there will be a standing agenda item at each meeting of the Safeguarding Group where consideration will be given to Serious Untoward Incidents (SUIs), allegations against staff and complaints where the abuse of adults may be a feature. The Safeguarding Team will monitor the management and progress of SUIs, complaints and allegations against staff to ensure that due process is being followed and policy adhered to. This Group will also monitor attendance at mandatory safeguarding adult training on receipt of quarterly training reports from the Trust training department. Attention will be focused especially on areas where non-attendance at training is identified as a concern.

The Safeguarding Group will identify actions in respect of any underperformance or risk and make recommendations to the Trust Board via the Trust Governance Committee as to how this might be addressed. Action plans and lessons learned in respect of SUIs, complaints and allegations against staff will be monitored by the Safeguarding Group to ensure that they are implemented as expected. These will also be reported to the Governance Committee and the Trust Risk Management Groups.

Other means of monitoring and ensuring adherence to this policy are as follows:

- Via the Trust Nursing Advisory Committee (TNAC) where the quality of services, the implementation of National Service Frameworks (NSFs), progress in respect of Dignity in Care and Essence of care are overseen.
- Regular audits in respect of safeguarding matters (minimum of at least annually), as identified by the Safeguarding Group and included in the annual audit schedule for the Trust. This will comprise audits of staff awareness and compliance to policies Audits, including ad hoc audits to be conducted by the associate Director of Nursing, senior managers and the Clinical Lead for Safeguarding during visits to clinical areas.
- Audit results will be collated by the Trust's Governance Department and will be reported to the Trust Audit Committee. The Safeguarding Group will consider audit outcomes.

## **For further information**

Please contact Trust Safeguarding Group (NHFT).

## **Equality considerations**

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The policy has been reviewed and aims to support staff and service users who are part of the safeguarding process taking into consideration the above equality factors.

## References

Association of Directors of Social Services (2005), *Safeguarding Adults. A National Framework of Standards for good practice and outcomes in adult protection work*, London, ADSS.

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Lord Chancellor (2007), *Mental Capacity Act 2005 Code of Practice*, London, TSO

## Document control details

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<b>Approved by and date:</b>	Trust Policy Board 12.6.18
<b>Responsible Committee:</b>	Safeguarding group May 2018
<b>Any other linked Policies:</b>	CLP023 - Mental Capacity Act (2005); CLP047 - Policy for Safeguarding Children; CRM003 - Complaints and Concerns Policy; IGIS01 – Use of Information and communications technology; CRM002 – Incident Policy (covering near miss and serious incidents) HR001 - Disciplinary Policy and Procedure; HR007 - Managing Diversity and Equal in the workplace; HR009 - Staff raising issues of concern (Freedom to speak Up); HRP030 - Registration with Professional Regulatory Bodies Procedure (formerly HR005) HRp014 - Procedure for Dealing with Employee Incapability (formerly HR018); HR016 - Harassment & Bullying and/or discrimination at work; HR025 –Core skills training policy; HR033 - Staff Supervision Policy(formerly HR033); Strategy for Patient and Public Involvement (PALS)
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Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
2.1	12.04.2016	12.04.2016	12.04.2018	New governance of trust policies template. Updated to reflect the new Care Act and minor changes in working practices.
3.1	12.06.2018	15.06.2018	12.06.2021	Updated to reflect the new Care Act and making safeguarding personal agenda.