

## Safeguarding Adults Policy

<b>Safeguarding Adults Policy</b>	
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# 1. Introduction

1.1 This policy applies to Lincolnshire Integrated Care Board (LICB) within the county of Lincolnshire, (subsequently referred to within this policy as the LICB). LICB are supported by the LICB Safeguarding Team.

1.2 LICB are committed to safeguarding and promoting the welfare of adults at risk.

1.3 This policy sets out how as a commissioning organisation LICB will fulfil their statutory duties and responsibilities effectively both within its own organisation and across the local health economy via its commissioning arrangements.

1.4 LICB will ensure there are robust structures, systems, highest standards of care and an assurance framework for safeguarding which are in accordance with statutory requirements. The wider context continues to change in response to the findings of large-scale inquiries such as the Francis Inquiry (2013), the Lampard Report (2015) and Whorlton Hall (2023).

1.5 LICB work in partnership with the Lincolnshire Safeguarding Adults Board (LSAB) to protect adults at risk and have in place systems and processes to support the Safeguarding Adults Board: Multi-Agency Policy and Procedures for Lincolnshire (2022).

1.7 LICB are required to fulfil legal duties under the Care Act (2014) and all staff working within the LICB health economy, that commission or provide services for adults at risk, must make safeguarding an integral part of the care they offer to patients and their families.

1.8 Responsibilities relating to safeguarding adults and children have been clearly set out by the NHS England Commissioning Board in the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, first published in 2013 and updated June 2023. [NHS England » Safeguarding children, young people and adults at risk in the NHS](#)

1.9 This policy details responsibilities within the health services at both strategic and operational level, in keeping with national policy and related statutory guidance such as the Human Rights Act (1998) and the Mental Capacity Act (2005). It supports the ethos of 'safeguarding adults is everybody's business and in particular rights relating to dignity, freedom from abuse, equality, respect, and fairness`.

## 2. Purpose

2.1 The Safeguarding Adult policy sets out LICB's approach to ensure that adults are protected to live in safety, free from abuse and harm. The policy outlines the responsibility of people and organisations working together to prevent and stop both the risks and experience of abuse and harm, while at the same time making sure the adults well-being is promoted including, having regard to their views, wishes, feelings and beliefs in deciding any action.

## 3. Scope

3.1 The NHS is accountable to patients for their safety and well-being through the delivery of high-quality care and has particular duties for patients less able to protect themselves from harm, neglect, or abuse.

3.2 The Safeguarding Adults policy and procedure applies to volunteers, contractors and members of staff who are directly employed by the Lincolnshire ICB and for whom the LICB have legal responsibility.

3.3 This policy should be read in conjunction with the Lincolnshire Safeguarding Adults Board: Multi-Agency Policy and Procedures (2022).

## 4. Definitions

4.1 Living a life that is free from harm and abuse, is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being and providing additional measures for those least able to protect themselves from harm or abuse.

The safeguarding duties outlined within the Care and Support Statutory Guidance (2014) applies to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse and neglect; and  
as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## 5. Roles and Responsibilities

5.1 The Chief Officer; has overall responsibility for the strategic and operational management of the LICB and is responsible for ensuring that the health contribution to safeguarding children and adults is discharged effectively across the whole health economy through commissioning arrangements.

5.2 Members of the LICB executive team; have responsibility for ensuring that Managers are aware of this policy and that they comply with the procedures outlined within it.

5.3 The Chief Nurse is the lead executive for safeguarding and is responsible for ensuring the LICB is fully aware of its safeguarding responsibilities.

5.4 LICB has a Safeguarding team, the team is led by the Designated Nurse Safeguarding Adults, Children and Looked After Children and the Designated Doctor Safeguarding Adults, Children and Looked After Children.

5.5 LICB Safeguarding team supports all activity required to ensure that the LICB meets its responsibilities in relation to safeguarding adults, including:

- provides support and advice to the Board member responsible for adult safeguarding.
- ensures the regular provision of training to the staff and Board of the LICB.
- Is a source of expertise and advice to those working for the LICB.
- advises the local authority, police, and other organisations on health matters in relation to adult safeguarding.

5.6 LICB Safeguarding team works in partnership, across the system, to safeguard adults, young people, and children to enhance health and well-being and protect the rights of those in the most vulnerable of situations by:

- ensuring that NHS organisations including LICB are compliant with statutory guidance and legislation in the execution of their statutory duties.
- ensuring safeguarding training, development and supervision programmes are in place, monitored and evaluated for all commissioned services and LICB GP member practices.
- ensuring arrangements for safeguarding adults at risk, young people and children are robust and fully integrated into existing clinical governance processes.
- monitoring, disseminating, and evaluating outcomes of all Safeguarding Adult Reviews (SAR), Child Safeguarding Practice Reviews (CSPR) and Domestic Abuse Related Death Reviews (DADR) to receive assurance that plans have been implemented and lessons learnt.
- ensuring effective contribution to partnership arrangements.

5.7 The LICB Safeguarding Strategy (2023 - 2026) outlines the strategic direction LICB will work towards over the next 3 years. It builds on existing safeguarding arrangements for children, young people and adults and strengthens local assurance and governance frameworks.

5.8 Under Co-commissioning arrangements, LICB has responsibility to ensure the GP services commissioned have access to resources to support effective safeguarding arrangements being in place and compliancy with the MCA.

5.9 Managers should ensure that all employees are aware of their individual responsibilities regarding safeguarding. All staff should know who within the organisation can offer professional advice and support in relation to safeguarding procedures and the implementation of this policy. All staff are required to comply with the requirements of this policy.

## 6. Body of Policy

### 6.1. PRINCIPLES

The following six principles represent best practice and provide a foundation for achieving outcomes:

**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.

## 6.2 CATEGORIES OF ABUSE

6.2.1 Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

6.2.2 Domestic abuse – including psychological, physical, sexual, financial, emotional abuse; so, called ‘honour-based violence.’

6.2.3 Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented to or was pressurised into consenting.

6.2.4 Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

6.2.5 Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

6.2.6 Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

6.2.7 Discriminatory abuse – including forms of harassment, slurs, or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation, or religion.

6.2.8 Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.

6.2.9 Neglect and acts of omission – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

6.2.10 Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

6.2.11 Incidents of abuse - Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what is now described as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

6.2.12 Patterns of abuse vary and include:

- serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;

- long-term abuse in the context of a family/intimate relationship such as domestic abuse or persistent psychological abuse; or
- opportunistic abuse such as theft of personal belongings, money, or jewellery

6.2.13 Domestic abuse - In 2021 the Domestic Abuse Act defined Domestic Abuse as: Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if— (a) A and B are each aged 16 or over and have or are in an intimate relationship or are family members i.e., are personally connected to each other, and (b) the behaviour is abusive. Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much of the safeguarding work occurring in the home is in fact concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

6.2.14 Hate Crime - A hate crime is a criminal offence that is motivated by hostility or prejudice based upon the victim’s disability, race, religion or belief, sexual orientation, and transgender identity and any other protected characteristic. Hate crime can take on forms of physical attack; hate crime must be reported to the local police.

### **6.3. THE MENTAL CAPACITY ACT 2005**

6.3.1 People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

6.3.2 Professionals and other staff need to understand and always work in line with the Mental Capacity Act (MCA) 2005.

6.3.3 Mental capacity is frequently raised in relation to adult safeguarding. The requirement to apply the MCA in adult safeguarding requires challenges for many professionals and requires utmost care, particularly where it appears the adult has capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

6.3.4 If an adult has been assessed to lack capacity to make a decision, then staff must follow the key principles of the MCA and ensure that any decisions made on behalf of an adult have been made in their best interests and are least restrictive.

6.3.5 Safeguarding adult’s procedures do not replace the MCA. If an adult is part of a safeguarding procedure and lacks mental capacity, it is important that any decisions relating to the protection plan for an adult at risk are made in line with the MCA.

6.3.6 The MCA created the criminal offences of ill-treatment and willful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult’s care and support – paid staff but also family carers as well as people who have the legal authority to act on the adult’s behalf (i.e. persons with power of attorney or Court-appointed deputies).

6.3.7 The MCA covers and empowers children aged 16 and 17 (‘young persons’). A young person has capacity unless it is established, he or she lacks it. If a young person lacks capacity because of an impairment of, or a disturbance in the functioning of, the mind or brain, the MCA will apply in the same way as it does to adults (people aged 18 or over). However, if the young person is unable to make a decision for another reason, for example, because he or she is overwhelmed by its implications the common law principles set out in Gillick will apply and consideration must be given to parental responsibility.

6.3.8 The LICB Safeguarding Team MCA lead and the Continuing Health Care Quality team has a role in highlighting the extent to which the LICB and the services that are commissioned, are compliant with the MCA through undertaking audit, reporting governance structures, and providing or securing the provision of training.

6.3.9 Staff are to refer to the Mental Capacity Act and Deprivation of Liberty Safeguards Policy for Lincolnshire ICB.

#### **6.4. SAFEGUARDING ADULTS REVIEW (SAR)**

6.4.1 Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies 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.

- a. SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARS, something can be considered serious abuse or neglect where, for example the individual would have likely died but for an intervention or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving adults in its area with needs for care and support.

#### **6.5. MAKING SAFEGUARDING PERSONAL**

6.5.1 Since 2010, the national programme Making Safeguarding Personal (MSP) has aimed to promote a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Making Safeguarding Personal is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice, and control as well as improving quality of life, wellbeing, and safety.

It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

6.5.2 The Care Act (2014) statutory guidance states that all safeguarding partners should "take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised." Safeguarding "should be person-led and outcome-focused. It engages the 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."

Taking a more creative approach to responding to safeguarding situations may help to resolve situations more satisfactorily and possibly more cost effectively.

6.5.3 The objective of the Local Government Association Making Safeguarding personal Tool Kit (2015) is to provide a resource that encourages councils and their partners to

develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered, and their outcomes are improved: [Making Safeguarding Personal toolkit | Local Government Association](#)

6.5.4 MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to people
- Practice that focuses on achieving meaningful improvement to an individual's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that utilises competent health and social care skills rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams, and SABs to know what difference this process has made to the individual.

6.5.5 The Care Act (2014) requires Local Authorities to support people to be involved. When someone has difficulties, the LA must make reasonable adjustments and provide support. Where necessary and where there is no other appropriate adult the LA has a duty to arrange an independent advocate.

## **6.7. CARERS AND SAFEGUARDING**

6.7.1 Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect.
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- a carer may unintentionally or intentionally harm or neglect the adult they support, on their own or with others.

6.7.2 Assessment of both the carer and the adult they care for must include consideration of both their well-being. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of well-being. As such, a needs or carers assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information or support that prevents abuse or neglect from occurring, for example, by providing training to the carer about the condition that the adult they care for has or to support them to care more safely. Where that is necessary, the local authority should make arrangements for providing it.

6.7.3 If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate, a safeguarding enquiry is undertaken, and other agencies are appropriately involved.

Other key considerations in relation to carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for
- whether or not joint assessment is appropriate in each individual circumstance
- the risk factors that may increase the likelihood of abuse or neglect occurring

- whether a change in circumstance changes the risk of abuse or neglect occurring. A change in circumstance should also trigger the review of the care and support plan or the support plan.

## 6.8. REPORTING ABUSE

6.8.1 Staff must act in accordance with this internal Safeguarding Adults policy and within the overarching Lincolnshire Safeguarding Adults: Multi Agency Policy and Procedures (2022) [Resources – LSAB](#).

6.8.2 If the local authority has reasonable cause to suspect an adult in its area is suffering or is at risk of abuse and neglect and has needs which leave him or her unable to protect himself or herself, then it must ensure enquiries are made in order to decide what action (if any) should be taken, and by whom (the “duty to enquire”). Enquiries should be made by the most appropriate professional, and in some circumstances that will be a health professional.

### 6.8.3 Reporting Concerns

If you're worried about an adult and think they may be a victim of neglect, abuse, or cruelty, please call the Customer Service Centre (CSC) on **01522 782155**. Outside office hours contact the Emergency Duty Team on **01522 782333**.

And/or complete the Adult Safeguarding Concern Form: [LSAB Resources – LSAB](#)

You do not need to know everything about the situation or what is happening. You may just be worried or feel that something is not right.

If you believe that a crime has been committed and there is an immediate risk of danger, telephone the police on **999** or **112**. If a crime has been committed but there is no immediate danger, dial **101**.

People who are deaf, hard of hearing or speech impaired can contact the police's typetalk service. The typetalk landline numbers are **01522 558263** and **01522 558140**, the mobile number is **07761 911287**.

6.8.4 Staff must immediately inform and consult with their manager or deputy in their absence and ensure the abuse is recorded and an incident form completed using DATIX. The 'Alerter' must be provided with practical and emotional support, liaising with Human Resources as required.

6.8.5 Records of the alleged abuse and the actions taken that relate to it should be entered in the service user's healthcare records by those staff who have been directly involved. All records should be saved in a secure area; the folder should be restricted to certain personnel on the shared drive. Compliance must be made with [Records management: code of practice for health and social care - GOV.UK \(www.gov.uk\)](#)

For these particular records:

- Name the files appropriately.
- Apply a retention period.

- Save in an agreed area and apply security measures to the records as they contain personal information (Remember that emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the file accordingly).

6.8.6 If the allegation of abuse is directed towards a member of the Lincolnshire Integrated Care Board staff the LICB Managing Safeguarding Allegations Against Staff Policy and Procedures should be followed.

6.8.7 It is always essential in safeguarding adults to consider whether the adult is capable of giving informed consent to share the concern raised. The person must be given the information and the opportunity to consider all the risks and fully understand the likely consequences of that decision.

6.8.8 If after discussion with the adult 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 (e.g. the police if a crime has been or may be committed)
- There is evidence to suggest coercion or control.

## **6.9. CRIMINAL OFFENCES**

6.9.1 Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, willful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination.

6.9.2 A criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution.

6.9.3 LICB employees should always notify the police if a safeguarding concern relates to a criminal offence or if the adult is in immediate danger.

## **7. Communication, Monitoring and Review**

This policy will be reviewed every three years. It will be the responsibility of the ICB Safeguarding Governance Group to:

- 7.1 Identify a suitable reviewer.
- 7.2 Ensure that the review is conducted.
- 7.3 Ensure that required changes are made.
- 7.4 Promoted via the ICB Team Talk, linked to the ICB Intranet and shared via the ICB safeguarding newsletter.
- 7.5 Impact of the policy will be monitored by the number of referrals made to the Local Authority, number of contacts for advice and support.

Changes may be required due to legislation, national or local guidance, findings of Safeguarding Adult Reviews, recommendations of audits or from other sources.

## 8. Staff Training

- 8.1 All LICB staff are required to undertake mandatory safeguarding training. Staff should be aware of their responsibilities regarding safeguarding, in line with the Intercollegiate Document. Adult Safeguarding: Roles and Competencies for Health Care Staff Second Edition 2024

[Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing](#)

## 9. Equality and Diversity Statement

- 9.1 NHS Lincolnshire ICB has developed this policy to meet the diverse needs of our workforce, service users and local population. Through its implementation the ICB will ensure that no one is placed at a disadvantage over others. It considers current UK legislative requirements, including the Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012 and promotes equity of opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out its functions, NHS Lincolnshire ICB is committed to having due regard to the Public Sector Equality Duty. This applies to all the activities for which the ICB is responsible, whether internal or on behalf of customers, including policy development, implementation, review, and evaluation.

## 10. Interaction with other Policies

- 10.1 Safeguarding Childrens Policy  
Mental Capacity Act Policy  
Prevent Policy  
Equality, Diversity and Inclusion Policy  
ICB Corporate 001 – Standards of Business Conduct Policy

## 11. References

Safeguarding Adults Board: Multi-Agency Policy and Procedures for Lincolnshire (2022)

The Lincolnshire Integrated Care Board Safeguarding Strategy (2023 - 2026) [Safeguarding Strategy](#)

NHS England Commissioning Board in the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, first published in 2013 and updated June 2023. [NHS England » Safeguarding children, young people and adults at risk in the NHS](#)

Managing Safeguarding Allegations Against Staff Policy and Procedures (2021) [Lincolnshire ICB - Supporting healthcare for the population of Lincolnshire](#)

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework  
[NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)

Care and Support Statutory Guidance Chapter 14 Adult Safeguarding [40573\\_2902364\\_DH Care Guidance accessible pdf](#)

Mental Capacity Act <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Prevent duty guidance.

<https://www.gov.uk/government/publications/prevent-duty-guidance>

The Francis Inquiry

[Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK \(www.gov.uk\)](#)

The Lampard Report

[Jimmy Savile NHS investigations: lessons learned - GOV.UK \(www.gov.uk\)](#)

Gillick v West Norfolk and Wisbech AHA [1986] AC 112, R (on the application of Sue Axon) v Secretary of State for Health EWCA 372006 (Admin) <http://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

Whorlton Hall Safeguarding Adults Review 2023

[SCIE LT SAR Whorlton Hall](#)

Adult Safeguarding <http://www.scie.org.uk/adults/safeguarding/>

Adult Safeguarding and domestic abuse 2015 A guide to support practitioners and managers 2nd Edition 2015

[adult-safeguarding-and-do-cfe.pdf \(local.gov.uk\)](#)

Adult Safeguarding and Self Neglect

[Self-neglect - SCIE](#)

Forced Marriage <https://www.gov.uk/guidance/forced-marriage#history>

Modern Slavery 2015

[http://www.legislation.gov.uk/ukpga/2015/30/pdfs/ukpga\\_20150030\\_en.pdf](http://www.legislation.gov.uk/ukpga/2015/30/pdfs/ukpga_20150030_en.pdf)

Making Safeguarding Personal Toolkit 2015

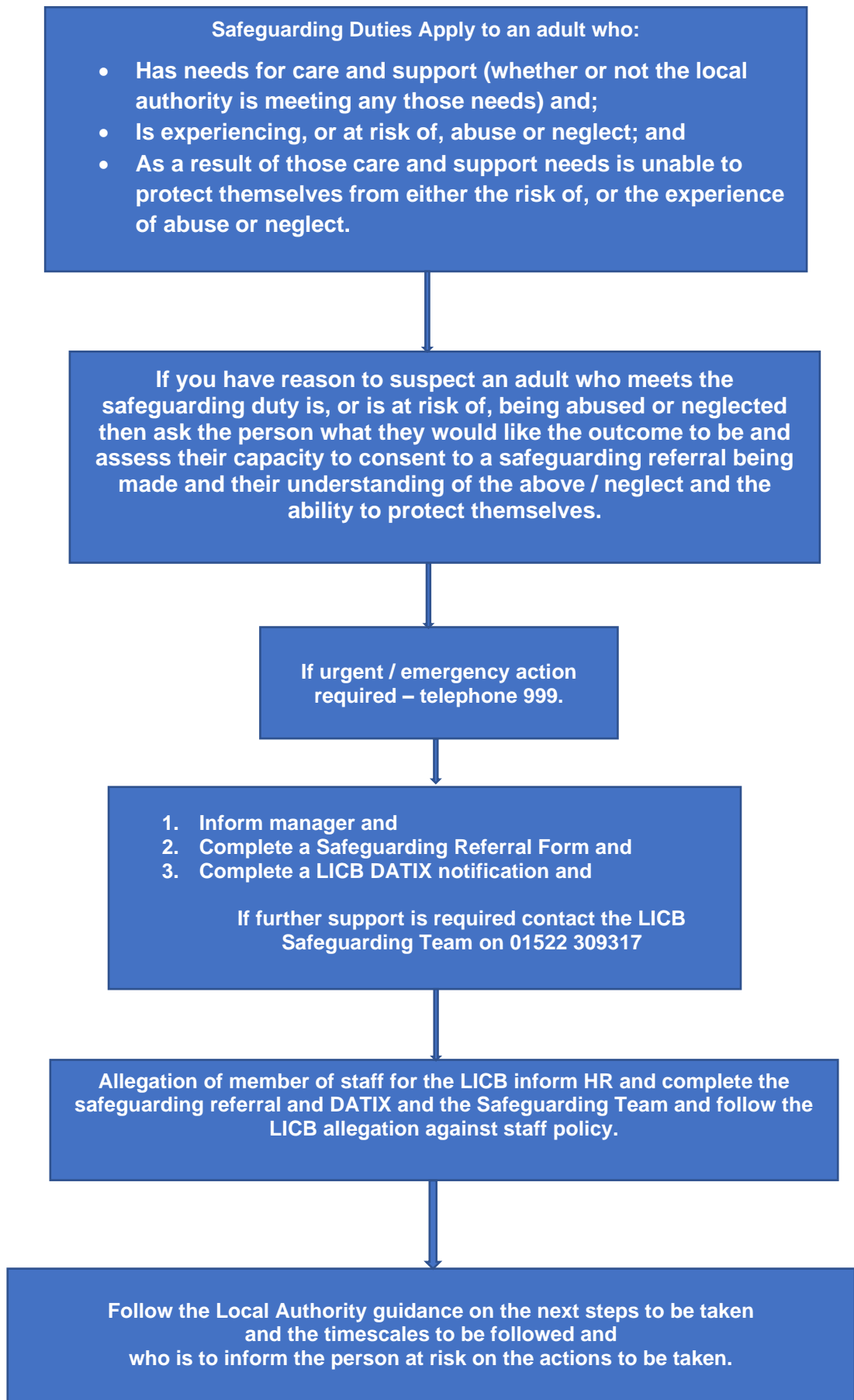
[Making Safeguarding Personal toolkit | Local Government Association](#)

## 12. Glossary

ICB	Integrated Care Board
LICB	Lincolnshire Integrated Care Board
LSAB	Lincolnshire Safeguarding Adult Board
SAR	Safeguarding Adult Review
CSPR	Childrens Safeguarding Practice Review
DARD'R	Domestic Abuse Related Death Review
MCA	Mental Capacity Act
SAB's	Safeguarding Adult Boards
MSP	Making Safeguarding Personal
LA	Local Authority
CSC	Customer Service Centre

# Appendix A

## Adult Safeguarding Procedure Flowchart



# Appendix B

## Equality Impact Assessment and Quality Impact Assessment



Safeguarding Adult  
EIA Feb 2025.docx



Safeguarding Adult  
QIA Feb 2025.docx