

**TRUST CORPORATE POLICY
PROTECTION OF ADULTS AT RISK OF HARM (SAFEGUARDING)**

APPROVAL	Trust Policies Committee	Date approved:	20/06/13
EFFECTIVE FROM	Date of approval		
DISTRIBUTION	All Wards and Departments via Trust Bulletin		
RELATED DOCUMENTS	BH Incident Policy (COR/POL/041/2012-001) BH Safeguarding Children Policy (COR/POL/044/2012-001) BH Restraint Policy BH Disciplinary Policy COR/POL/009/2012-001 BH Whistleblowing Policy Communication & Advocacy policy Consent policy Learning Disabilities Policy Professional Registration for Clinical Practitioners Policy Criminal Records Bureau Policy COR/POL/061/2012-001 Tissue Viability Guidelines & Flow Chart		
OWNER	Lenny Byrne		
AUTHOR/FURTHER INFORMATION	Lenny Byrne ACN Trust Lead for Safeguarding		
SUPERCEDED DOCUMENTS	Barts Health Protection of Adults at Risk of Harm (Safeguarding) 2012 COR/POL/045/2012-001		
REVIEW DUE	2016		
KEYWORDS	Safeguarding, Policy, Training		
INTRANET LOCATION(S)			

APPLICATION	All Trust staff, working in whatever capacity
	Other staff, students and contractors working within the Trust
	Staff employed or contracted within Trust Premises by Partner Organisations
	<i>For the groups listed, failure to comply with the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement. [Individuals exempt from this arrangement include staff employed by the Trust's private sector partners (or seconded to them under the Retention of Employment arrangement) providing Facilities Management services (Capital Hospitals Limited and its Service Providers).</i>
	No staff groups working within the Trust are exempt from this policy.

Introduction	3
Application.....	4
Purpose.....	4
Responsibilities.....	5
Summary.....	5
Definitions	5
Who is an Adult at Risk Adult?	6
What is Abuse / Harm?	6
Different Forms of Abuse	6
General Indicators of Abuse.....	7
Abuser.....	8
Prevention of Abuse.....	7
Procedures and Processes	8
Suspected Abuse or Allegations of Abuse	8
Allegations in which a member of staff is the alleged perpetrator:	8
Serious Untoward Incident and Serious Case Reviews.	8
Prevent.....	11
References.....	10
Appendix 1	
Suspected or Alleged Adult Abuse Algorithm.....	14
Appendix 2	
Suspected or Alleged Adult Abuse / Staff.....	15
Appendix 3.....	
Barts Health Safeguarding Adults Alert Form.....	16
Appendix 4.....	
Barts Health Algorithm for Escalating Pressure Ulcers.....	20
Pressure Ulcer Flowchart.....	24
Process for Reporting & Investigating Pressure Ulcers.....	25
Background	
Equality and Health inequalities Impact Assessment Screening Checklist...26	

INTRODUCTION

1. Barts Health NHS Trust is committed to providing high quality care to all patients at all times. This policy offers guidance and procedures to protect adults at risk while attending or being admitted to the Trust. It is a local internal adaptation of the Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011).
2. The increasing and expanding use of terminology such as 'safeguarding' and 'vulnerable adult' has led to the widening of the parameters within which Trust staff are required to A) think and B) Act when considering their responsibilities to the national agenda for protecting adults at risk. While this area of care can become complex, this policy aims to provide staff with the knowledge and information required to raise any concerns they may have about the welfare of any individual or alleged abuse of any adult at risk to the safeguarding adults team who will then support the continued management of any referral as necessary.
3. Commonly, within the day to day delivery of hospital care to patients, safeguarding issues may arise either through:
 - Hospital staff becoming aware of a potential safeguarding/abuse issue involving a patient, which has originated prior to the patient being admitted to hospital. This may include information shared by the patient with staff that they are being abused by someone who is their carer or someone in their life outside the hospital. (See definitions of abuse below).
 - Patients, relatives or other staff members alleging that a patient or patients have experienced significant harm within Bart's Health as a result of acts of abuse or omissions of care originating from our own staff or practice.
4. Escalating concerns raised about abuse which has happened elsewhere is always easier than acknowledging neglect or harm from our own staff. However, it is important that all staff are aware that part of their responsibility in protecting adults at risk is to ensure they are free from harm and abuse which may result from poor care or while in receipt of healthcare services from healthcare staff.
5. Barts Health plays an important statutory role in this agenda and all trust staff therefore have a responsibility to protect adults at risk and ensure that those most vulnerable are free from abuse both in their own lives and when under our care.

APPLICATION

6. Allegations or incidents of abuse/harm in hospital settings may be subject to investigation. Like other agencies, health providers are required to work with other partners using a multi-disciplinary approach to ensure an individual's needs are met adequately.

PURPOSE

7. The aim of this policy is to provide staff with guidance and procedures to protect adults at risk whilst attending or being admitted to the Trust. The key responsibilities of all staff members are awareness (of potential or actual safeguarding concerns) and reporting (to the appropriate manager and the safeguarding team). It provides all Trust staff with guidance and procedures to enable them to fulfil their role in protecting adults at risk, or those who have suffered physical or psychological harm, either as a single incident/omission or as part of a systematic pattern of harmful behaviour, including domestic violence or neglect.
8. This Policy is designed to complement the 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'. It recognises the need to work collaboratively in order to promote the safety of vulnerable people, whilst wherever possible upholding their right to make their own decisions and respecting confidentiality about their treatment and care.
9. When patients lack capacity or are unable to consent to treatment please refer to the Policy for Consent to Examination and Treatment. In complex cases where capacity issues are not straightforward, or where additional advice and support may be required, contact the Safeguarding Adults Team. Deprivation of Liberty (DoLs) is covered in the Restraint Policy. However, where a question is raised about the deprivation of a patient's liberty, there are usually complex care issues. The safeguarding team are available to support.

RESPONSIBILITIES

Party	Key responsibilities
Trust Staff	<ul style="list-style-type: none"> • To recognise, respond and report concerns • To attend/obtain relevant training and to maintain appropriate knowledge and skills in identification and responding to concerns of harm against adults at risk.
Managers	<ul style="list-style-type: none"> • Ensure that staff are aware of the Trust and multi-agency policies and procedures. • Support staff in responding to concerns of abuse / harm against vulnerable adults. • Ensure staff attends the safeguarding adult training which is relevant to their role.
Clinical Academic Groups (CAG)	<ul style="list-style-type: none"> • Ensure representation at the Trusts safeguarding governance committee • Ensure a framework for Safeguarding Adults training is in place for the CAG to meet mandatory training requirements and monitor uptake in the CAG.

Party	Key responsibilities
Associate Chief Nurse Trust Lead for Safeguarding. Safeguarding Adult co-ordinators	<ul style="list-style-type: none"> • Ensure that Bart's Health NHS Trust executes its safeguarding responsibilities both internally and as a multi-agency partner in the wider safeguarding arena. • To provide expert advice to the organisation on all matters pertaining to safeguarding and to other partners from a health perspective • Attend the relevant Safeguarding Adult Partnership Boards and sub groups on behalf of the Trust. • Report to the Trusts safeguarding governance committee - the report will include updates on Serious Case Reviews, training compliance, risks and annual report for SGA • Clinical leads will be supported operationally in issues pertaining to adult safeguarding and clinical supervision will be provided by the operational lead as required.

SUMMARY

10. These guidelines provide staff working in any department with the knowledge, the underlying principles and a framework for action to be taken if they:-
 - Identify an adult in an "at risk" situation.
 - If they suspect a case of inadequate care or harm of a vulnerable adult.
11. If staff have reason for concern that a patient is "at risk", they should in the first instance ensure the safety of the adult at risk and escalate it to their line manager (Site Manager out of hours) and Adult Safeguarding Co-ordinator as soon as possible and complete a Trust incident form.

DEFINITIONS

16. A vulnerable adult is defined in the 'No Secrets Guidelines' as:

'A person aged 18 years or over who may be in need of community care services by reason of mental or other disability, age or illness and Who is or may not be able to take care of himself or herself or unable to protect him or herself against significant harm or exploitation'

People have fundamental rights contained within the Human Rights Act 1998. Healthcare providers as public bodies have statutory obligations to uphold these rights and protect patients who are unable to do this for themselves. Other legislation particularly relevant to safeguarding adults includes:

- Equality Act 2010
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 1983

- NHS Act 2006

17. **Who is an Adult at Risk?**

In this policy 'adult' means a person aged 18 or over. Anyone below this age who is deemed 'at risk' should be responded to using Child Protection Procedures. BH Safeguarding Children Policy (COR/POL/044/2012-001)

- Adults who are elderly and frail
- Adults with learning disabilities
- Adults with physical disabilities
- Adults lacking capacity
- Adults with a chronic illness
- Adults with a sensory impairment
- Adults with mental health needs
- Adults who have a life limiting illness
- Adults who have HIV or AIDS
- Adults who misuse substances or alcohol

18. **What is Abuse/Harm?**

The Department of Health Guidance (2000) 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect adults at risk from abuse' define abuse as: -

"A violation of individual human and civil rights by any other person or persons"

19. Abuse is ill-treatment, neglect or an **omission of care** which causes significant harm and can result in the deterioration of a person's physical, emotional social or behavioural development.
20. Abuse reflects a lack of respect and is an infringement of legal and civil rights. It may be an abuse of power and may constitute a criminal act.
21. Abuse may be a single incident or repeat incident and may be part of a systemic pattern.
22. Abuse can take place in a variety of settings. These can include a person's own home, a relative or friend's home, a day centre, a hospital or residential or nursing home.
23. Abuse can take place within both personal and professional relationships. It can be carried out by other service users or people who deliberately form a relationship with an adult at risk in order to exploit them.
24. Abuse does not have to be wilful and malicious; an adult at risk may be abused due to **ignorance or mistakes**. The abuse is defined by the impact on the adult not the intentions of the perpetrator.

25. **Different Forms of Abuse**

Abuse can consist of a single act or repeated acts. It may be:

- Physical
- Verbal Abuse
- Psychological/Emotional Abuse
- Sexual Abuse
- Financial Abuse
- Neglect and Acts of Omission
- Discriminatory Abuse
- Institutional Abuse

26. General Indicators of Abuse

None of the indicators listed below definitively suggest abuse. However suspicions should be heightened if one or a combination of factors exists.

- Seeking shelter from protection
- Unexplained reactions towards particular individuals or settings
- Frequent or regular visits to GP, accident and emergency department or hospital admissions
- Frequent or irrational refusal to accept investigations or treatments for routine difficulties
- Unexplained change in material/financial circumstances
- Inconsistency of explanation regarding the area of possible concern
- Carer/care worker or third party always wishing to be present at interviews
- Anorexia/bulimia or eating disorders
- Panic attacks, withdrawal of verbal communication, regressive behaviour
- Disturbed sleep pattern
- Absconding/wandering
- Dislike of being touched and flinching on being touched
- Obsessive or challenging behaviour
- Self harm
- Withdrawal/depression/anxiety
- History of domestic violence
- Bruising/burns/scalds/injuries
- Dehydration/Malnutrition
- Unkempt/dirty/dishevelled
- Pressure Ulcers (see Appendix 4)

27. Abuser

Adults at risk may be harmed by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

28. Prevention of Abuse

“No Secrets” (DoH 2000 reviewed in 2009) speaks of the need for the prevention of abuse being as important as good practice in the response to referrals of alleged abuse. The safeguarding agenda is a key Trust priority and prevention of all forms of abuse is an integral part of the Trust’s work and philosophy of care.

29. Measures to promote prevention will include, amongst others –

- Commitment to inter-agency working and co-ordination
- Encouragement of staff and volunteers to understand what constitutes abuse through awareness raising, education and easily accessible training programmes
- Zero tolerance to any abuse, neglect or inappropriate care
- Strategies, standards, policies and procedures that are clear, concise and encourage good practice
- Recording complaints and incidents in a timely, effective manner and responding to them positively

- Developing positive service cultures and the removal of unacceptable practices
- “Whistle-blowing” policy
- Employment and recruitment practices that are robust and effective

Procedures and Processes to follow when abuse is suspected

30. Suspected Abuse or Allegations of Abuse

Flow chart for reporting alleged/suspected abuse is attached **Appendix 1**

Any member of **Trust** staff who suspects that a patient (inpatient or outpatient), relative, visitor or any other adult at risk is being or has been abused has a responsibility to ensure that they: -

- Ensure the ‘Adult at risk’ is safe
- Report to their line manager (Out of hours site manager)
- Complete a Datix Form inc Serious Incident proforma if applicable
- Refer to the Adult safeguarding team (safeguardingadults@bartshealth.nhs.uk)
- Manager to consider contacting the police
- Refer to Social Worker using the Barts Health alert form, Appendix 3 ,only after discussion with Safeguarding Team

31. Allegations in which a member of staff is the alleged person causing the harm:

The actions to be taken by the appropriate manager in incidents which arise where a member of trust staff is the alleged person causing the harm are outlined in **appendix 2**. All allegations involving trust staff must be investigated by the Clinical Academic Group (CAG) supported by the Safeguarding Adults Team. It is important in investigating allegations to ensure that any action taken:

- Protects the rights and wishes of the adult at risk
- Protects the rights of the member of staff concerned
- Enables the manager to take appropriate action

32. Serious Untoward Incident and Serious Case Reviews.

The outcome of these will be used to inform a safeguarding adults investigation report.

We do not need to have a separate safeguarding investigation

33. There may be parallel investigations in the consideration of an allegation, such as:

- A police investigation of a possible criminal offence, this takes primacy over a safeguarding investigation and a Serious Incident investigation.
- An internal Trust investigation in line with the Trusts Serious Incident Policy
- An internal Trust investigation in line with the Trusts disciplinary Policy (if allegation of abuse is against a member of staff)
- The safeguarding team to notify external partners where hospital acquired pressure ulcers which have been investigated through the SI process are found to be acts of omission of concern.

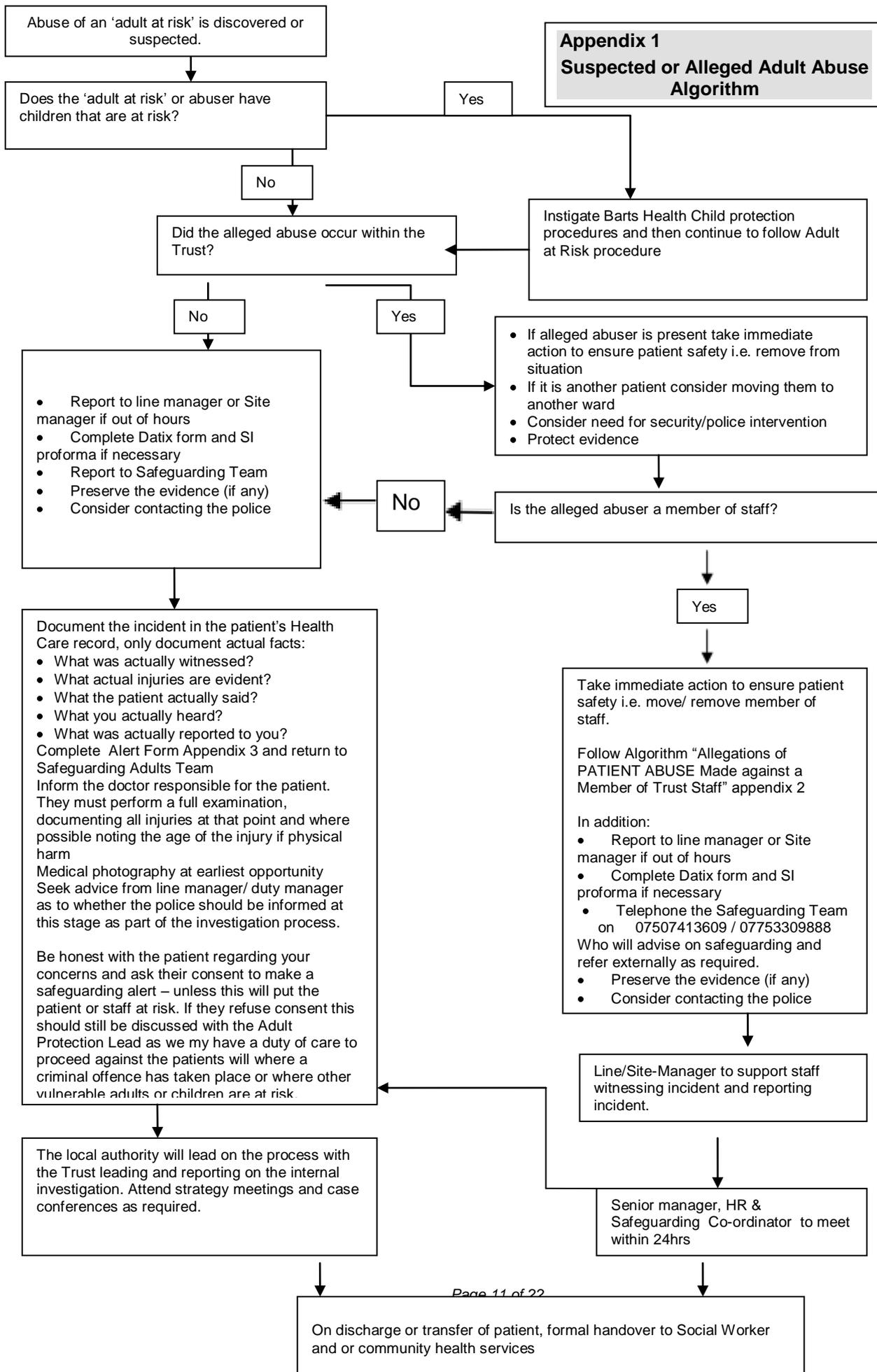
34. Local safeguarding Adult boards may choose to undertake a Serious Case Review to establish whether there are lessons to be learned from the case about the way local professionals and agencies work together to safeguard adults at risk in line with their respective Serious Case Review protocols and Inter-Agency Information Sharing Agreements. Trust staff involved in the case will support and assist in this process where required.

PREVENT

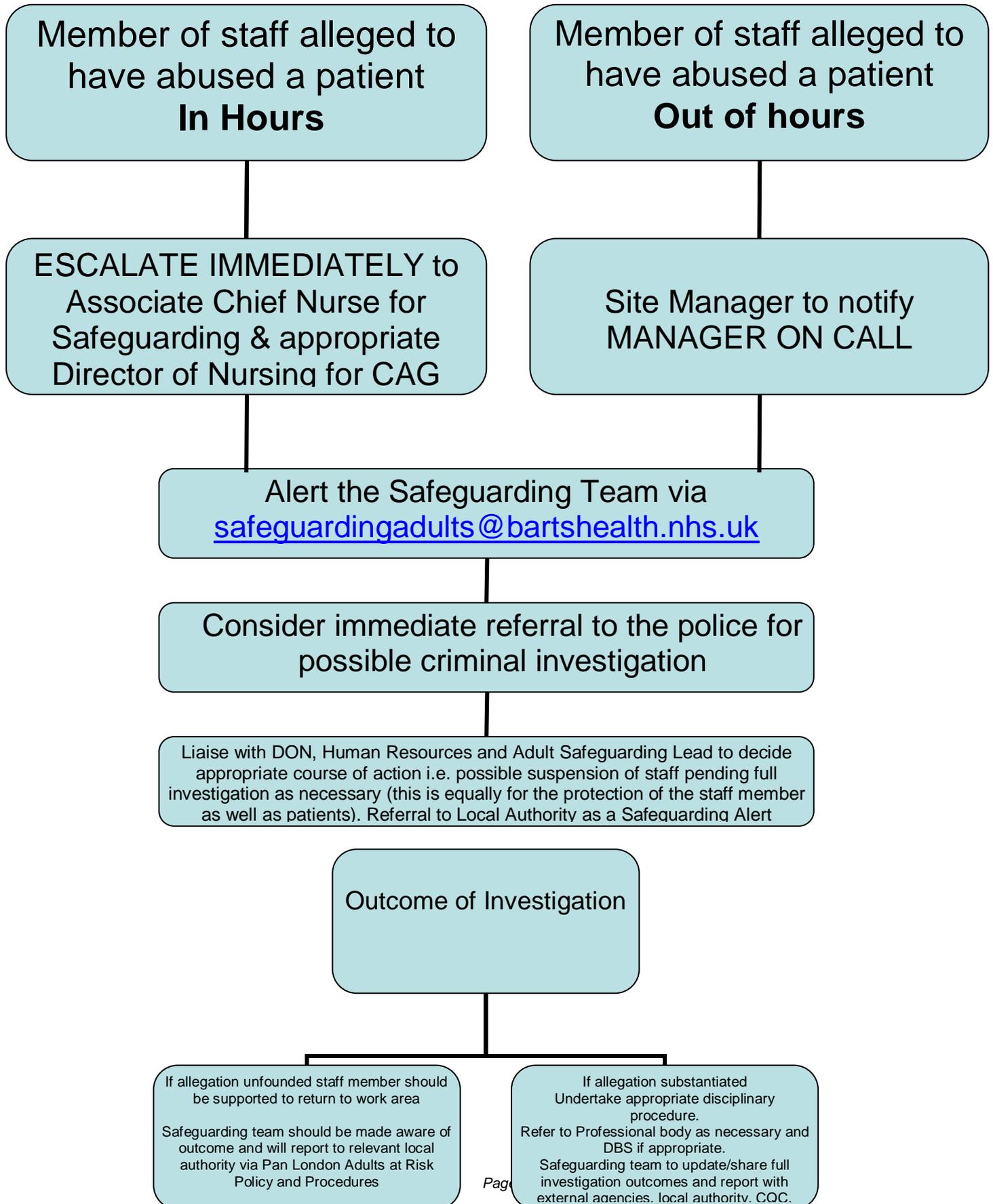
35. The purpose of the *Prevent* strategy: is an early intervention to prevent vulnerable people supporting terrorism. *Prevent* is one of the four main workstreams of the overall UK strategy for Countering Terrorism, known as CONTEST. In June 2011 the Government reiterated its commitment to the prevention of radicalisation as an integral part of the counter-terrorism strategy. It addresses all forms of terrorism and focuses work to prevent radicalisation on three key objectives:
- 1) challenging ideology that supports terrorism;
 - 2) protecting vulnerable individuals;
 - 3) supporting sectors and institutions where there is a risk of radicalisation.
- All staff must report concerns through the Safeguarding Adults Team / Security and these will be shared with the local Contest Team.

References

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- Transforming care: A national response to Winterbourne View Hospital. Department of Health Review :Final Report (2012) <http://www.scie.org.uk/publications/reports/report39.pdf>
- Giving Victims a Voice, Joint report into sexual allegations made about Jimmy Savile (2013).
<http://content.met.police.uk/>
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary (2013).
<http://cdn.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>
- Home Office Prevent Strategy (2011)
<http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy/>



Appendix 2



Appendix 3

SAFEGUARDING ADULTS ALERT FORM

DETAILS OF PERSON COMPLETING THE FORM

Name:
Job Title:
Site:
Ward/Dept:
Contact Number:
Date:

Details of Adult at Risk

Title Mr/Mrs/Ms/Other	Surname:	1st Name:	NHS Number:
Address: Town: City: Postcode: Tel No:		DOB: Age:	
Type of Accommodation: Is this the patient's usual address?	Languages Spoken:		Interpreter needed? No: <input type="checkbox"/> Yes: <input type="checkbox"/>
Marital Status:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
ETHNIC ORIGIN	White British	White Irish	Other White
	Black Caribbean	Black African	Other Black
	Indian	Pakistani	Bangladeshi
	Chinese	Other Asian	Mixed White and Black Caribbean
	Mixed White and Black African	Mixed White and Asian	Mixed White and Chinese
	Other (please specify)		
RELIGION	Buddhist	Christian	Hindu
	Jewish	Muslim	Sikh
	None	Other (Please specify)	

General Practitioner: (name and telephone number)	Next of Kin: (name and telephone number)
Is the patient known to social services? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Details of Alleged Incident

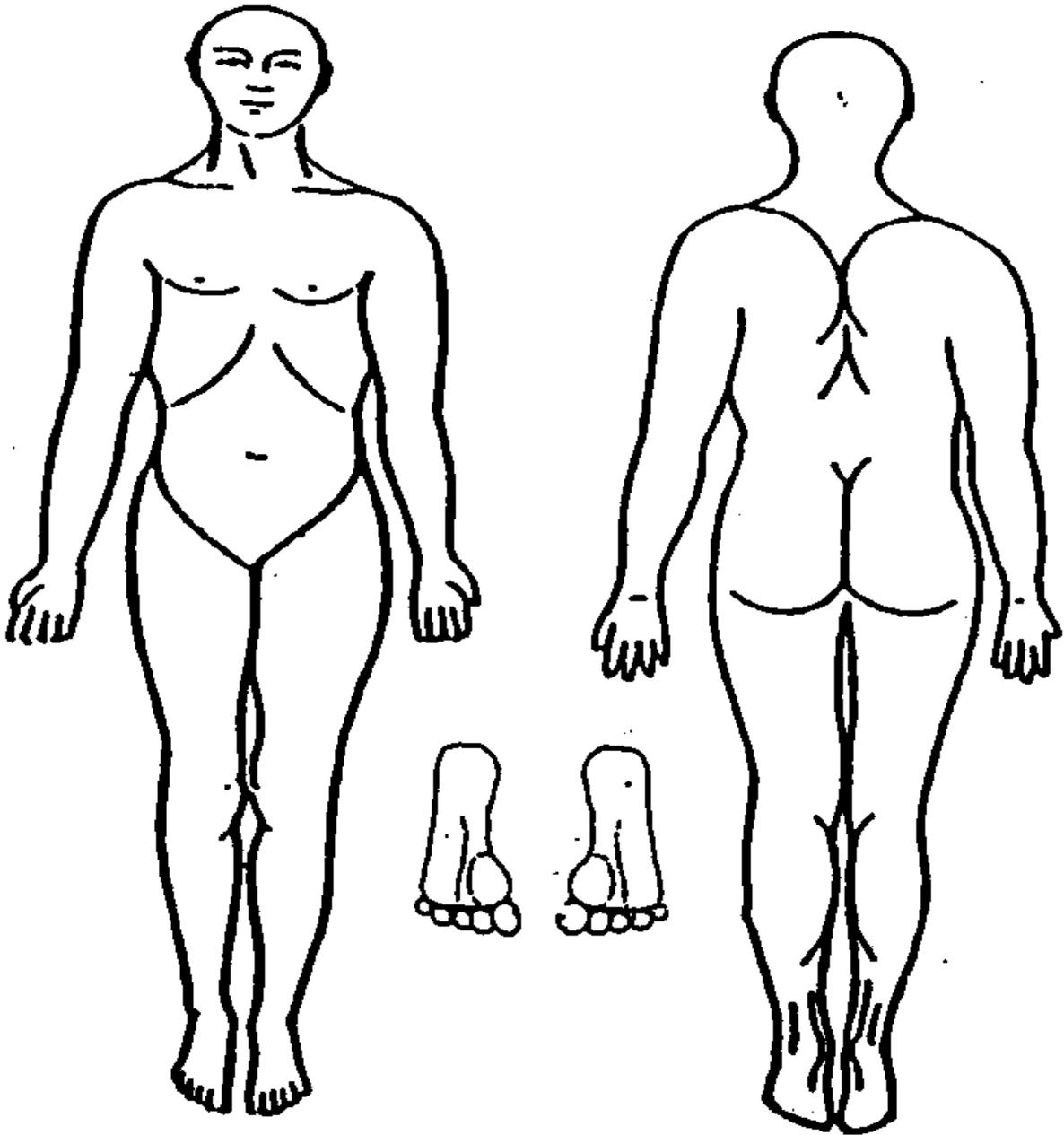
Brief Description - including any injuries:

Date:	Time:
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REPORTED BY (Please tick as appropriate)	Service user		Friend	
	Relative		Paid carer	
	Social Worker		Stranger	
	GP		Nurse	
	Hospital Doctor		Therapist	

	Provider or Voluntary Organisation (please specify)			
	Other (please specify)			
WHERE DID THE INCIDENT OCCUR	Own home		Supported housing	
	Residential care		Nursing care	
	Public place		Hospital	
	Other (please specify)			
TYPE OF INCIDENT	Physical		Sexual	
	Psychological or emotional		Discriminatory	
	Financial		Neglect	
	Institutional		Other (please state)	
WHO IS SUSPECTED OF CAUSING THE HARM (if known)?				
INITIALS		DOB		AGE
				GENDER
ADDRESS				
Is the person who alleged to have caused the harm:	Service user		Friend	
	Relative (please specify relationship)		Paid carer	
	Professional (please specify)		Stranger	
	Other (please specify)		Not known	
Was alleged person living with the vulnerable adult at time of the harm?		Still living with vulnerable adult?		
If the allegation is of institutional harm, please name the provider:				

PLEASE GIVE DETAILS OF Urgent Action taken:			
WHO have you contacted in relation to this incident?			
Name	JOB TITLE	Organisation (Social Services, CQC, Police, GP)	Phone Number
Have the Police been notified?		Crime Reference No:	
Provide details if medical attention given:		Name of Hospital/DOCTOR	



Type of Harm (Tick all that apply)

Physical <input type="checkbox"/>	Sexual <input type="checkbox"/>	Financial <input type="checkbox"/>	Neglect/Acts of omission <input type="checkbox"/>
Psychological/Emotional <input type="checkbox"/>	Institutional <input type="checkbox"/>	Discriminatory <input type="checkbox"/>	
Police to be informed if abuse is of a criminal nature immediately. Have the police been informed			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Police Reference Number:	

Name & contact details of all witnesses

Remember it is important to present evidence at all times.

Person causing the harm details

Full Name:		Address: (if different from above)	
Date of Birth:		Gender:	If person causing the harm is a vulnerable adult, their NHS Number:
Age:		M <input type="checkbox"/> F <input type="checkbox"/>	
Relationship to victim:			
Any other information relating to person causing the harm:			
Is the person causing the harm aware of the Alert Yes/No:			

Details of person making alert/allegation of abuse:

(NB: This is not necessarily same as the person completing the form)

Full Name:	Address:	Contact Details
		Tel:
		Fax:
		Email:
Organisation:	Relationship to Victim:	

Action taken

Has the Adult at Risk been deemed to have Mental Capacity?

Yes No Don't know (An assessment will need to be carried out)

Does the Adult at Risk know this Alert has been made?

Yes No

Does the Adult at Risk give consent for an investigation to proceed?

Yes No

Brief description of action taken so far:

Once completed, return this form immediately to:
safeguardingadults@bartshealth.nhs.uk

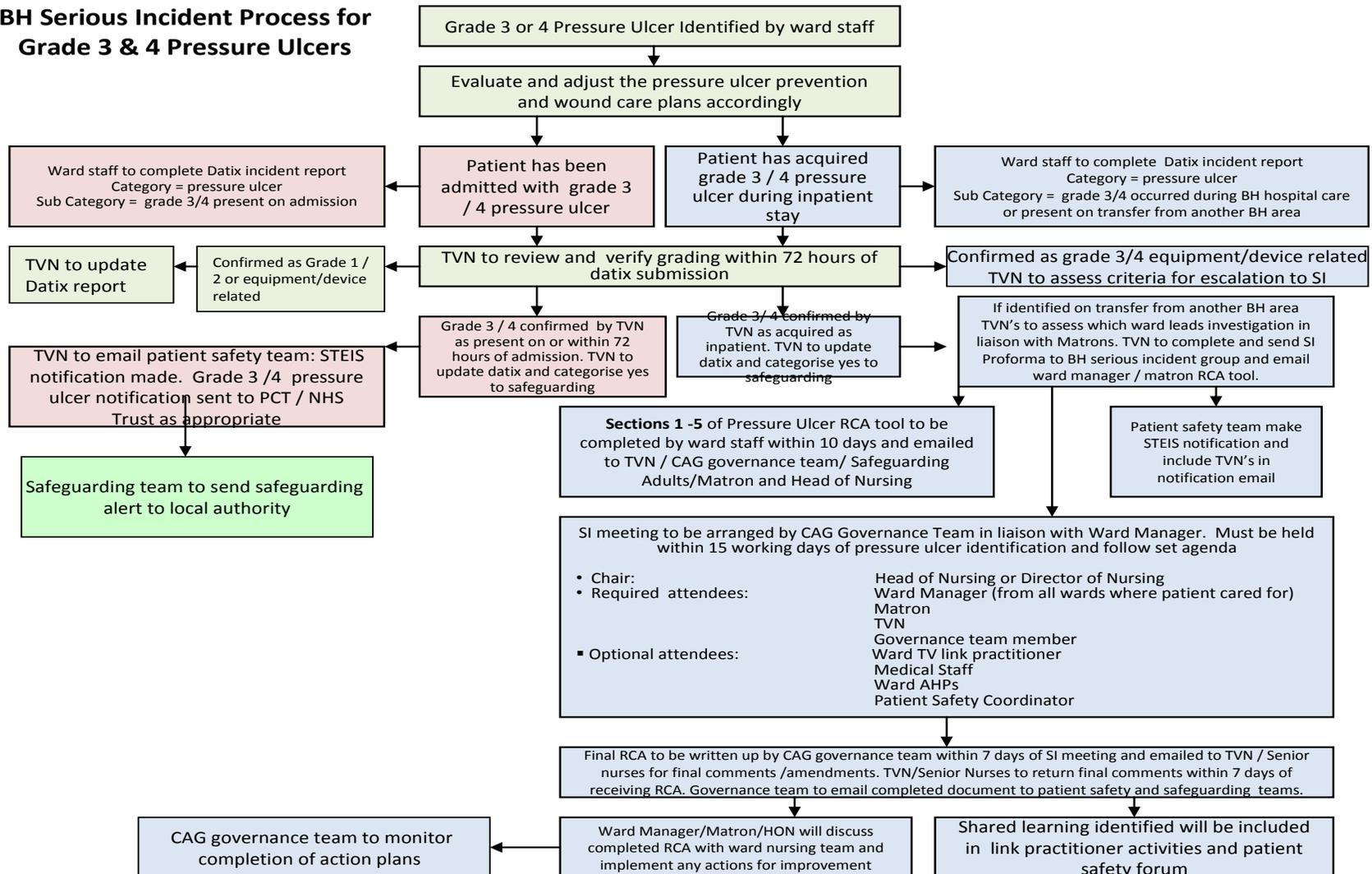
If you require any assistance or advice on completing this document please contact a member of the Safeguarding Adults Team on the email address above or by telephoning: 07507 413609 or 07753 309888

For Office use only

Name of Local Authority (LA)	LA Lead	Sent on behalf of BH by:	Date sent
Tower Hamlets adultcare@towerhamlets.gov.uk			
Waltham Forest safeguarding.adults@walthamforest.gov.uk			
Newham Access to. AdultsSocialCareTeam@newham.gov.uk			
London & The City			

Comments:

BH Serious Incident Process for Grade 3 & 4 Pressure Ulcers



Process for Reporting and Investigating Pressure ulcers

All three legacy Trusts have had different systems for reporting and investigating pressure ulcers. This has now been standardised so all Barts Health areas must follow the same process and use the same RCA tool.

1. As soon as a grade 1- 4 pressure ulcer is identified (admitted or acquired) a datix incident report must be completed, with the Ward Manager recorded as the nominated Incident Investigator. Ensure that the patient details are completed in full including the **patients name**, hospital number and NHS Number. The grade and site must also be identified. If a patient has been admitted to your ward with an ulcer (either internally or externally) remember to state where they were admitted from (Ward name, Hospital, Home etc) and the date and time of arrival.
2. All grade 1/2 ulcers must be investigated by the Ward Manager and their findings documented on the managerial action section of the Datix form. The local site pressure ulcer prevention and wound care plans must be evaluated, adjusted immediately and monitored daily by ward staff. If the wound deteriorates to a grade 3 or 4 a further incident form **must** be completed which should trigger the actions in point 3.
3. All grade 3 and 4 ulcers (admitted and acquired) **must** be escalated using the BH serious incident process over the page. All admitted grade 3 and 4 ulcers must also be escalated to safeguarding unless the TVN's confirm that the ulcer has been previously investigated as an SI. The local site pressure ulcer prevention and wound care plans must be evaluated and adjusted immediately and monitored daily by ward staff.
4. Where the Trust is informed by an external healthcare organisation or a PCT that a patient has developed a grade 3 or 4 pressure ulcer within 72 hours of discharge from BH (either by the pressure ulcer or safeguarding route), the patient safety team will review the Datix history. If there is no BH Datix history the TVN's will review the healthcare record (requested by patient safety team) to inform the completion of an SI proforma as necessary and request the RCA completion from the relevant ward.

If you have any queries please contact the Tissue Viability Service:

BLT wards – 14-47679 or mobile via switch

WXH Wards – 6481 or bleeps 334 or 734

NUHT Wards – 8866 or aircall 860223 via switch

Email _TissueViabilityService

If you have any queries about safeguarding please contact the safeguarding team :

Email _Safeguardingadults