

CONTROLLED DOCUMENT

Safeguarding of Adult Patients at Risk of Abuse Policy

Category:	Policy
Classification:	Clinical
Purpose	To set out the principles and framework for the identification, investigation, management and prevention of all forms of abuse to safeguard adults at risk.
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Abbreviations and Definitions

Adult at risk	Patients 18years or over who are or may be in need of hospital and/or community care services by reason of mental health, age, disability or illness, and who are who may be unable to take care of themselves or protect themselves against abuse or exploitation
Abuse	<p>Abuse is a violation of an individual's human and civil rights by any other person or persons. This may present as single or repeated acts.</p> <p>The main types of abuse are:</p> <ul style="list-style-type: none"> • Physical • Domestic • Sexual • Exploitation • Psychological • Financial or material • Modern Slavery • Neglect or omission (including self-neglect) • Discriminatory • Organisational • Institutional <p>For more information please refer to Trust Procedure for Safeguarding Adults at Risk.</p>

1. Policy Statement

- 1.1 University Hospitals Birmingham NHS Foundation Trust (the Trust) operates a zero-tolerance policy concerning the abuse of adults at risk. Any adult at risk of abuse, exploitation or neglect must be able to access support to enable them to live a life free from violence and abuse. The Care Act 2014 provides a framework to ensure all responsible agencies work together for the protection of vulnerable adults at risk of abuse.
- 1.2 The Trust will not tolerate any member of staff subjecting Trust patients to any type of abuse. This will be treated as gross misconduct.
- 1.3 The Trust aims to create a culture of openness, raising awareness of the kinds of abuse that might occur and where all staff act against abuse. The abuse of adults at risk constitutes a clear infringement of their rights and freedoms as citizens. The Trust is committed to ensuring people's individual rights and freedoms are protected and promoted through eliminating all forms of abuse.
- 1.4 The key objectives of this policy are:
 - 1.4.1 to set out the principles and framework for the safeguarding of adults at risk;
 - 1.4.2 to ensure all staff understand their roles and responsibilities in connection with safeguarding adults at risk; and
 - 1.4.3 to ensure compliance with National and Regional Policy and Guidance related to safeguarding adults at risk.

2. Scope

This policy applies to all areas of the Trust and all individuals employed by the Trust including contractors, volunteers, students, locum, bank and agency staff and staff employed on honorary contracts who are involved in Trust business on and off the premises. There is a separate policy and procedure for safeguarding children

3. Framework

- 3.1 This section describes the broad framework for the safeguarding of adults at risk of abuse throughout the Trust. Detailed instructions and definitions of types of abuse are provided in the associated procedural documents.
- 3.2 The Chief Nurse will approve all procedural documents associated with the policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3 The framework for this policy is based on the Regional Safeguarding Adults Boards Policy, Protocols and Procedures, which detail the following responsibilities for NHS Hospital Trusts regarding safeguarding of Adults at risk:

3.4 Information

3.4.1 The Trust will ensure that awareness is raised within staff, patients and visitors through information available via Trust intranet, internet and information leaflets about abuse of adults at risk, giving a clear message that this is everyone's responsibility; and

3.4.2 To have an internal safeguarding adults policy and procedure that clearly defines the responsibilities of all staff, and the actions they should take when suspicions of abuse and neglect are raised. The internal procedure must link with the regional multi-agency procedure.

3.5 Training

3.5.1 In line with the Trust's Safeguarding Training Strategy, ensure that all staff/volunteers who have frequent contact with adults as part of their role are trained to recognise abuse and how to use the procedures in place to support the person and to alert managers; and

3.5.2 To train managers who may be responsible for making decisions about allegations of potential abuse.

3.6 Governance

3.6.1 Trust recruitment has appropriate rigorous recruitment policies and practices for staff;

3.6.2 Deputy Director of Safeguarding ensures supervision and monitoring of staff working with 'adults at risk';

3.6.3 The Adult Safeguarding Team keep clear and accurate records of all incidents of abuse, or suspected abuse, and provide information as required;

3.6.4 Clinical staff, as part of the assessment process on admission, identify any risks of abuse;

3.6.5 All staff are to share information in line with Birmingham and Solihull Safeguarding Adults Boards Information Sharing Protocols;

- 3.6.6 All staff under the direction of the Adult Safeguarding team to participate in joint working with other agencies in investigations and actions to protect adults at risk of abuse;
 - 3.6.7 All clinical staff to contribute to Safeguarding Adults assessments/ investigations through attendance at multi agency strategy meetings as required/directed by the adult safeguarding team;
 - 3.6.8 Trust's Deputy Director of Safeguarding/Lead Nurse Adult Safeguarding to attend meetings of the Regional Safeguarding Adults Boards;
 - 3.6.9 Trust's Deputy Director of Safeguarding to provide an annual report to the Board of Directors; and
 - 3.6.10 Trust's Deputy Director of Safeguarding to make sure that staff know they are protected by law if they report abuse and are concerned about their name being used (Please refer to the Trust Raising Concerns in the Public Interest (Whistleblowing) policy).
- 3.7 All suspicions and allegations of abuse or inappropriate behaviour will be taken seriously by the Trust and responded to in line with the procedure for Managing Safeguarding Allegations Against Staff in Positions of Trust and the Disciplinary Procedure.
- 3.8 Safeguarding is everyone's business and everyone matters, and all staff and volunteers have a responsibility for reporting any suspicions or concerns of abuse or inappropriate behaviour following the Procedures for Protecting Adults at Risk.
- 3.9 Trust Safeguarding Board
- 3.9.1 The Chief Nurse has established the Trust Safeguarding Board to oversee the management of this policy. The membership and roles and responsibilities of the Trust Safeguarding Board are detailed within the terms of reference. The Board includes representatives of staff working with the following three patient groups who are considered to be especially vulnerable in this way:
 - 3.9.2 Adults with learning disabilities;
 - 3.9.3 Adults with mental illness;
 - 3.9.4 Frail older adults with:
 - a) co-morbidities;
 - b) fragile social support networks;
 - c) functional impairment due to cognitive and/or physical decline.

- 3.9.5 The Trust Safeguarding Board will
- a) meet on a monthly basis;
 - b) monitor, maintain and oversee the infrastructure in order to safeguard adults at risk of abuse;
 - c) support the development and delivery of training and the provision of best practice;
 - d) ensure the monitoring of incidents related to the safeguarding of adults at risk;
 - e) ensure the lessons learned from adverse incidents and near misses both within and external to the Trust are considered and relevant actions and changes are implemented across the organisation;
 - f) ensure that working practices are in line with legal and national requirements in relation to safeguarding adults at risk;
 - g) provide a quarterly report to the Chief Nurse through the Care Quality Group, and an annual report to the Board of Directors;
 - h) provide expert adult safeguarding advice particularly in relation to adult protection, to the Chief Nurse and thereby to the Executive team;
 - i) oversee and monitor the attainment of required standards of training and development for the safeguarding of adults; and
 - j) Monitor and ensure the implementation of findings from Safeguarding Adults Reviews and Domestic Homicide Reviews within the Trust and of Trust complaints.

3.10. Staff Support

The Trust will ensure support is available for staff, who are involved in reporting an allegation of abuse. This support will be through their line manager, or more formal support may be sought from the Occupational Health Department. Where necessary please refer to the Procedures for Staff affected by Domestic Abuse.

4. Duties

4.1 Chief Nurse

The Chief Nurse will:

- 4.1.1 Sponsor the local safeguarding and control procedural documents;
- 4.1.2 Be responsible to the Board of Directors for safeguarding adults at risk within the Trust;
- 4.1.3 Provide an annual safeguarding report to the Board of Directors;
- 4.1.4 Appoint a nominated Deputy Director of Safeguarding; and
- 4.1.5 Be responsible, or appoint a deputy for the running of the Trust Safeguarding Board.

4.2 Chief People Officer

The Chief People Officer will:

- 4.2.1 Develop HR policies and procedures which support adult safeguarding;
- 4.2.2 Ensure appropriate background checks on prospective staff are rigorous in line with current policy and procedure and NHS Employment Checking Standards;
- 4.2.3 Ensure HR and Recruitment staff are appropriately trained and briefed on safeguarding of adults at risk to be able to fulfil the responsibilities within their own role and to help others detect and report;
- 4.2.4 Provide support and advice to staff involved in adult safeguarding procedures where staff members may be personally involved;
- 4.2.5 Ensure the provision of Occupational Health services and staff support;
- 4.2.6 Attend the Trust Safeguarding Board and report on case management concerning staff who are at risk, have reported an adult at risk, or are alleged to have placed an adult at risk, and any learning arising from that; and
- 4.2.7 Jointly attend multi-agency meetings with the Deputy Director of Safeguarding where staff are involved.

4.3 Director of Safeguarding/Lead Nurse Adult Safeguarding will:

- 4.3.1 Ensure all policy and procedural documents are current and reflect best practice;

- 4.3.2 Provide specialist advice concerning the care of adults at risk of abuse;
- 4.3.3 Ensure all clinical staff within the Trust have access to appropriate training in the safeguarding of adults at risk of abuse;
- 4.3.4 Review cases where an adult at risk of abuse has not received appropriate care;
- 4.3.5 Review all Trust incident reports related to abuse or suspected abuse of adults at risk and ensure examples of good practice or required changes in practice are shared throughout the organisation via the Trust Safeguarding Board;
- 4.3.6 Develop a robust reporting process to the Adult Safeguarding Operational group and providing learning across the Trust;
- 4.3.7 Ensure an accurate list of adult protection cases within the Trust is maintained;
- 4.3.8 Ensure that managers to whom safeguarding concerns are raised take appropriate action;
- 4.3.9 Meet monthly with the Chief Nurse;
- 4.3.10 Lead on and support the Head of Safeguarding with the Prevent agenda;
- 4.3.11 Lead on education, training and implementation of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards;
- 4.3.12 Lead on the Domestic Abuse Strategy for the Trust.

4.4 Managers

Anyone who has responsibility for staff potentially involved in the safeguarding of adults must ensure:

- 4.4.1 All staff have access to this policy and associated procedural documents;
- 4.4.2 All staff adhere to and implement this policy and associated procedural documents;
- 4.4.3 The appropriate staff, equipment and stationery are available to enable this policy to be followed; and

4.4.4 Staff have the necessary training to enable them to implement this policy provided by Trust Safeguarding Team.

4.5 All Staff and Volunteers

All staff and volunteers will:

4.5.1 be vigilant to the possibility that adults at risk may be the victims of abuse;

4.5.2 adhere to the policy and associated procedural documents; and

4.5.3 attend relevant training sessions and comply with Safeguarding Mandatory Training.

5 Implementation and Monitoring

5.1 Implementation

5.1.1 This policy and its associated procedures are available on the Trust Intranet and disseminated to staff through management and internal team structures within the Trust.

5.1.2 A training needs analysis and training implementation plan is in place to support this policy this is reviewed quarterly at the safeguarding learning and development group

5.2 Monitoring

Appendix A provides details on how the policy will be monitored.

6 **References** Birmingham Safeguarding Adults Board (2013) Information Sharing Protocol, Safeguarding adults
<https://www.bsab.org/downloads/download/14/information-sharing-protocol>
[accessed 21.05.2021]

Birmingham Adults Safeguarding Board (2021) Safeguarding Adults and Staff Competencies and Good Practice Learning Standards Guidance and Toolkit
<https://www.bsab.org/homepage/7/information-for-professionals> [accessed 21.05.21]

Department of Health (2011) Safeguarding adults role of health service managers and their boards
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215713/dh_125035.pdf [accessed 21.5.21]

Department of Health (2011) Building partnerships staying safe – The health sector contribution to HM Governments Prevent Strategy guidance for healthcare

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf [accessed 21.05.2021]

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

Human Rights Act 1998

Mental Capacity Act 2005

Royal College of Nursing (2018) Adult Safeguarding Roles and Competencies for Healthcare Staff. Intercollegiate Document

7 Associated Policy and Procedural Documentation

Chaperone Procedure (CD 896)

Guidelines for clinical holding and restrictive intervention of adults, children and young people (CS 698)

Adult restraint policy (CD 1148)

Adult restraint procedure (CD 1207)

Policy & procedure for maintaining high professional standards in the modern NHS (incorporating disciplinary policy for medical and dental staff) (CD 870 & CD 341)

Employee relations policy (CD 1178)

Disciplinary Procedure (CD 1206)

Domestic Abuse Policy (CD 1147)

Domestic abuse procedure (CD 1162)

Procedure for the delivery of enhanced care (CD 823)

Guidelines for the Assessment and Care of Patients with Known or Suspected Dementia or Delirium (QEHB CG205)

Guidelines for the management and use of Bed/trolley Rails for adult inpatients (CD 1249)

Managing Safeguarding Allegations against Staff in Positions of Trust (QEHB CD960)

Missing Patient Policy & Procedure (CD 1071 & CD 895)

Procedure for the prevention and management of inpatient falls (CD 1223)

Policy and procedure for raising concerns in the public interest (whistleblowing) (CD 153 & 714)

Prevent Policy & Procedure (CD 1070 & CD 1050)

Procedure for Safeguarding Adults at Risk (CD435)

Procedure for Supporting Staff Affected by Domestic Abuse (CD865)

Self Harm Policy (HGS)

Safeguarding adults

Process for escalating and reporting a safeguarding concern for adults with care and support needs

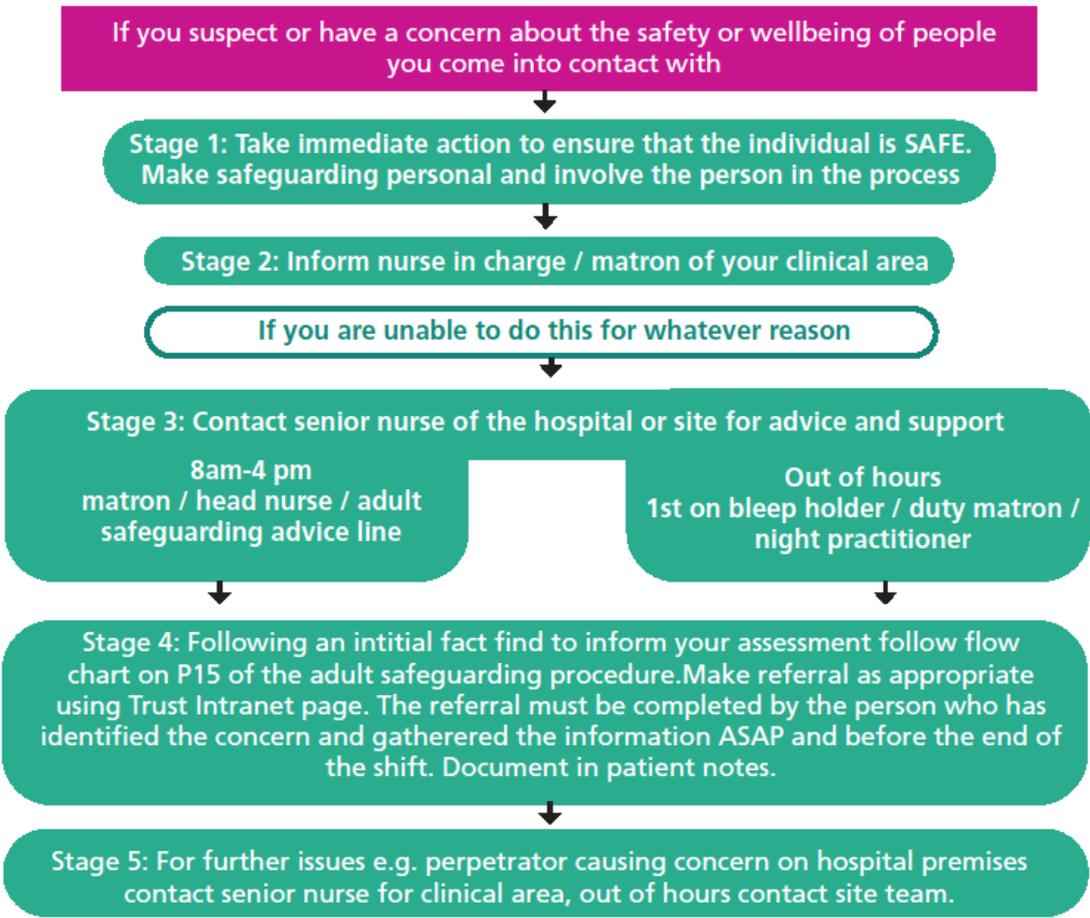


Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent.

As a nurse or midwife you have a professional duty to put the best interests of the people in your care first and to act to protect them if you feel they may be at risk.

Abuse can be:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Exploitation & Human trafficking
- Discriminatory abuse
- Organisational abuse
- Neglects and acts of omission
- Self neglect



Further resources:
 The Trust Adult Safeguarding team can offer help and support 8-4 Mon to Fri and can be contacted via switch. There is also lots of useful information available in the **Adult Safeguarding Policy and Procedure**

Appendix B Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Safeguarding adults' cases are referred in a timely manner and information included is of good quality and sent to the right local authority.	Lead Nurse Adult safeguarding	Trust Safeguarding Board	Reviewing all safeguarding adults' cases including non-compliance of policy. This will include quality of referrals in line with the adult safeguarding audit tool	Quarterly
Monitoring and ensuring the implementation of findings from Safeguarding Adults Reviews and Domestic Homicide Reviews within the Trust	Deputy Director of Safeguarding	Trust Safeguarding Board Care Quality Group	Progress of action plans is monitored and reviewed and any delays or problems with implementation are escalated	Bi annually and ad hoc where required
Safeguarding Supervision supports staff involved in safeguarding adults	Lead Nurse Adult Safeguarding	Trust Safeguarding Board	Numbers of safeguarding staff who receive supervision support on a quarterly basis.	Quarterly
Training compliance	Safeguarding Educator	Trust Safeguarding Board	Exception report for the numbers of staff who have not received training as set down in the Training Needs Analysis	Quarterly
Training Needs Analysis (syllabus) is regularly reviewed as is the allocation of which staff groups attends which level of training	Safeguarding Educator	Trust Safeguarding Board Learning & Development group	Monitoring and review of Training Needs Analysis	Quarterly

DOLS process is appropriately applied.	Lead Nurse Adult Safeguarding	Trust Safeguarding Board	Monitoring of adherence to Deprivation of Liberty Safeguards procedure this will include number of applications, completion of Mental capacity assessments and any breaches	Quarterly
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