

# CONTROLLED DOCUMENT



University Hospitals  
Birmingham  
NHS Foundation Trust

Safeguarding of Adult Patients at Risk of Abuse Policy			
Type of Document	Policy		
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.		
Controlled Document Number	352	Version Number	6.0
Document Sponsor	Chief Nurse		
Document Lead	Director of Safeguarding and Vulnerabilities		
Policy Status	Reserved	Ratification Body	Board
Date Ratified	27/03/2025	Review date	27/03/2028
This Policy is essential reading for:	All Staff		
Information For			
What has changed since the last version of this controlled document?	Updated definitions		

<b><u>POLICY ON A PAGE</u></b>	
<b>Summary</b>	<ul style="list-style-type: none"> <li>• What is Safeguarding?</li> <li>• How to make a Safeguarding Adults referral</li> <li>• All staff to complete Safeguarding Training</li> <li>• Levels of safeguarding training</li> </ul>
<b>Advice and guidance</b>	Adult Safeguarding Team
<b>Training</b>	Training information can be found here: <a href="https://uhb.nhs.uk">Mandatory training and core role specific training needs analysis (uhb.nhs.uk)</a>

The above summary highlights the main points for all users. For specific details please refer to the main document which follows.

## Table of Contents

1. Policy Statement .....	4
2. Policy objectives.....	4
3. Scope.....	4
4. Definitions.....	5
5. Framework.....	5
6. Duties.....	8
7. Associated Documents .....	10
8. References .....	11
9. Implementation and Monitoring .....	12
Appendix A: Monitoring Matrix .....	13
Appendix B: Training Needs Analysis.....	15

## Version History

Version Number	Title	From
5.2	Safeguarding of Adult Patients at Risk of Abuse Policy	15/04/24
5.1	Safeguarding of Adult Patients at Risk of Abuse Policy	05/11/21
5.0	Safeguarding of Adult Patients at Risk of Abuse Policy	02/11/21
4.0	Safeguarding of Adult Patients at Risk of Abuse Policy	02/11/18
3.1	Safeguarding of Adult Patients at Risk	17/07/17

**Details of Associated Procedures which enact this Policy, and those which provide ancillary information can be found [here](#).**

## 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 kind 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.

## 2. Policy Objectives

- 2.1. To set out the principles and framework for the safeguarding of adults at risk.

**Standard A:** 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. All concerns must be addressed utilising Trust Safeguarding Procedures.

- 2.2. To ensure all staff understand their roles and responsibilities in connection with safeguarding adults at risk.

**Standard B:** All staff will complete Safeguarding Training. Level determined by role.

- 2.3. To ensure compliance with National and Regional Policy and Guidance related to safeguarding adults at risk.

**Standard C:** Compliance is monitored regularly. Information and learning shared internally and with Regional and National Agencies.

## 3. Scope

- 3.1. In Scope:

- 3.1.1. 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.

3.1.2. This Policy applies to adult patients only (aged 18 and over).

3.2. Out of scope:

3.2.1. Patients under 18 years old have a separate Policy and Procedure for safeguarding children which can be found on the Trust intranet.

#### 4. Definitions

Adult at risk	Patients 18 years 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 or who may be unable to take care of themselves or protect themselves against abuse, neglect 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. The main types of abuse are:</p> <ul style="list-style-type: none"><li>• Physical</li><li>• Domestic</li><li>• Sexual</li><li>• Exploitation</li><li>• Radicalisation</li><li>• Psychological</li><li>• Financial or material/economic</li><li>• Modern Slavery</li><li>• Neglect or omission</li><li>• Self-neglect</li><li>• Discriminatory</li><li>• Organisational</li><li>• Institutional</li><li>• Female genital mutilation</li><li>• Honour based violence</li></ul> <p>For more information, please refer to Trust Procedure for Safeguarding Adults at Risk.</p>

#### 5. Framework

5.1. 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.

5.2. 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.

- 5.3. The framework for this Policy is based on the Regional Multi Agency Policy and Procedures for the protection of adults with care and support needs and Local Safeguarding Boards Protocols and Procedures, which detail the following responsibilities for NHS Hospital Trusts regarding safeguarding of adults at risk:

#### **Information**

- 5.3.1. 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.
- 5.3.2. 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.

#### **Training**

- 5.3.3. 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
- 5.3.4. To train managers who may be responsible for making decisions about allegations of potential abuse.

#### **Governance**

Trust recruitment has appropriate rigorous Recruitment Policies and practices for staff;

- 5.3.5. Director of Safeguarding ensures supervision and monitoring of staff working with 'adults at risk';
- 5.3.6. The Adult Safeguarding Team keep clear and accurate records of all incidents of abuse, or suspected abuse, and provide information as required.
- 5.3.7. Clinical staff, as part of the assessment process on admission, identify any risks of abuse.
- 5.3.8. All staff are to share information in line with Birmingham and Solihull Safeguarding Adults Boards Information Sharing Protocols.
- 5.3.9. 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.

- 5.3.10. 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.
- 5.3.11. Trust's Director of Safeguarding/Lead Nurse Adult Safeguarding to attend meetings of the Regional Safeguarding Adults Boards.
- 5.3.12. Trust's Director of Safeguarding to provide an annual report to the Board of Directors.
- 5.3.13. Trust's 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's Freedom to Speak: Raising Concerns Policy).
- 5.3.14. All suspicions and allegations of abuse or inappropriate behaviour will be taken seriously by the Trust and responded to in line with the Managing Safeguarding Allegations Against Staff in Positions of Trust Procedure and the Disciplinary Procedure.
- 5.3.15. 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 Safeguarding Adults at Risk Procedure.

### **Trust Safeguarding Board**

- 5.3.16. 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:
  - 5.3.16.1. adults with learning disabilities;
  - 5.3.16.2. adult with mental illness;
  - 5.3.16.3. frail older adults with:
    - a) co-morbidities;
    - b) fragile social support networks;
    - c) functional impairment due to cognitive and/or physical decline.

## **The Trust Safeguarding Board will**

- 5.3.17. meet on a monthly basis;
- 5.3.18. monitor, maintain and oversee the infrastructure in order to safeguard adults at risk of abuse;
- 5.3.19. support the development and delivery of training and the provision of best practice;
- 5.3.20. ensure the monitoring of incidents related to the safeguarding of adults at risk;
- 5.3.21. 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;
- 5.3.22. ensure that working practices are in line with legal and national requirements in relation to safeguarding adults at risk;
- 5.3.23. provide a quarterly report to the Chief Nurse through the Group Clinical Quality Meeting, and an annual report to the Board of Directors;
- 5.3.24. provide expert adult safeguarding advice particularly in relation to adult protection, to the Chief Nurse and thereby to the Executive team;
- 5.3.25. oversee and monitor the attainment of required standards of training and development for the safeguarding of adults; and
- 5.3.26. monitor and ensure the implementation of findings from Safeguarding Adults Reviews and Domestic Abuse Related Death Reviews within the Trust and of Trust complaints.

## **Staff Support**

- 5.4. 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 Procedure for Staff Affected by Domestic Abuse.

## **6. Duties**

### **6.1. Chief Nurse will:**

- 6.1.1. sponsor the local safeguarding and control Procedural documents;
- 6.1.2. be responsible to the Board of Directors for Safeguarding Adults At Risk within the Trust;



- 6.1.3. provide an annual safeguarding report to the Board of Directors;
- 6.1.4. appoint a nominated Director of Safeguarding; and
- 6.1.5. be responsible, or appoint a deputy for the running of the Trust Safeguarding Board.

6.2. Chief People Officer will:

- 6.2.1. develop HR Policies and Procedures which support adult safeguarding;
- 6.2.2. ensure appropriate background checks on prospective staff are rigorous in line with current Policy and Procedure and NHS Employment Checking Standards;
- 6.2.3. ensure HR and Recruitment staff are appropriately trained and briefed on safeguarding adults at risk to be able to fulfil the responsibilities within their own role and to help others detect and report;
- 6.2.4. provide support and advice to staff involved in adult safeguarding Procedures where staff members may be personally involved;
- 6.2.5. Ensure the provision of Occupational Health services and staff support;
- 6.2.6. 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;
- 6.2.7. jointly attend multi-agency meetings with the Director of Safeguarding where staff are involved.

6.3. Director of Safeguarding/Lead Nurse Adult Safeguarding will:

- 6.3.1. ensure all Policy and Procedural documents are current and reflect best practice;
- 6.3.2. provide specialist advice concerning the care of adults at risk of abuse;
- 6.3.3. ensure all clinical staff within the Trust have access to appropriate training in the safeguarding of adults at risk of abuse;
- 6.3.4. review cases where an adult at risk of abuse has not received appropriate care;
- 6.3.5. 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;

- 6.3.6. develop a robust reporting process to the Site Safeguarding Groups and providing learning across the Trust;
- 6.3.7. ensure an accurate list of adult protection cases within the Trust is maintained;
- 6.3.8. ensure that managers to whom safeguarding concerns are raised take appropriate action;
- 6.3.9. meet monthly with the Chief Nurse;
- 6.3.10. lead on the Prevent agenda;
- 6.3.11. lead on education, training and implementation of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards;
- 6.3.12. lead on the Domestic Abuse Strategy for the Trust.

#### 6.4. Managers

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

- 6.4.1. all staff have access to this Policy and associated Procedural documents;
- 6.4.2. all staff adhere to and implement this Policy and associated Procedural documents;
- 6.4.3. the appropriate staff, equipment and stationery are available to enable this Policy to be followed; and
- 6.4.4. staff have the necessary training to enable them to implement this Policy provided by Trust Safeguarding Team.

#### 6.5. All Staff and Volunteers will:

- 6.5.1. be vigilant to the possibility that adults at risk may be the victims of abuse;
- 6.5.2. adhere to the Policy and associated Procedural documents; and
- 6.5.3. attend relevant training sessions and comply with Safeguarding Mandatory Training.

### 7. Associated Documents

#### 7.1. Documents which are directly linked to this Policy:

Version	CDN	Title	Issue Date
5.3	435	Procedure for Safeguarding Adults at Risk	18/04/2022

#### 7.2. Documents which provide ancillary information:

Version	CDN	Title	Issue Date
7.0	896	Chaperone Procedure	17/07/2024
2.1	1148	Adult Restraint Policy	12/04/2024
2.0	1207	Adult Restraint Procedure	03/06/2022
2.1	1178	Employee Relations Policy	06/06/2024
2.1	1206	Disciplinary Procedure	05/02/2024
2.1	1147	Domestic Abuse Policy	09/04/2024
2.0	1162	Domestic Abuse Procedure	22/11/2021
5.2	823	Procedure for the Delivery of Enhanced Care	25/10/2024
2.0	CG205	Guidelines for the Assessment and Care of Patients with Known or Suspected Dementia or Delirium (QEHB)	
1.0	1249	Guidelines for The Management and Use of Bed/Trolley Rails for Adult Inpatients (CD 1249)	14/07/2020
4.1	960	Managing Safeguarding Allegations Against Staff in Positions of Trust (QEHB CD960)	26/03/2024
2.0	1071	Missing Adult Patient Policy	02/12/2021
4.0	895	Missing Patient Policy and Procedure	20/01/2023
2.1	1223	Procedure For the Prevention and Management of Inpatient Falls	11/07/2023
7.1	153	Freedom To Speak: Raising Concerns Policy	23/02/2024
3.0	1070	Prevent Policy	12/03/2025
3.0	1050	Prevent Procedure	12/03/2025
2.0	865	Procedure for Supporting Staff Affected by Domestic Abuse	07/06/2017

## 8. References

### 8.1. Legislation/Regulatory guidance

- The Care Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2005

### 8.2. Best Practice

Birmingham Safeguarding Adults Board Information Sharing Guidance (2024)  
<https://www.bsab.org/info/2/information-professionals/40/information-sharing>  
[\[accessed 31.10.24\]](#)

Birmingham Adults Safeguarding Board (2021) Safeguarding Adults and Staff Competencies and Good Practice Learning Standards Guidance and Toolkit  
[https://www.bsab.org/downloads/download/54/safeguarding\\_adults\\_staff\\_compencies\\_and\\_good\\_practice\\_learning\\_standards\\_guidance\\_toolkit](https://www.bsab.org/downloads/download/54/safeguarding_adults_staff_compencies_and_good_practice_learning_standards_guidance_toolkit)  
[\[accessed 31.10.24\]](#)

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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215713/dh_125035.pdf) [accessed 31.10.24]

HM Gov (2024) Prevent duty: guidance for healthcare professionals [Prevent duty: guidance for healthcare professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/prevent-duty-guidance-for-healthcare-professionals) [accessed 10.10.24]

Royal College of Nursing (2024) Adult Safeguarding Roles and Competencies for Healthcare Staff. Intercollegiate Document <https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256> [accessed 31.10.24]

## 9. Implementation and Monitoring

9.1. This Policy and its associated procedures are available on the Trust intranet.

9.2. This Policy will be disseminated to staff through management and internal team structures within the Trust.

9.3. Monitoring of this Policy can be found in Appendix A.

9.4. Training for those staff covered in the Duties section regarding this Policy can be found in Appendix B.

## Appendix A: Monitoring Matrix

What is being monitored	Who prepares the report?	Which meeting or Group is it reported to?	How often is it reported?	Where are concerns escalated to?
<b>Policy Standard A: 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. All concerns must be referred to Safeguarding</b>				
<ul style="list-style-type: none"> <li>Safeguarding adults' cases are referred in a timely manner and information included is of good quality and sent to the right local authority.</li> <li>DOLS process is appropriately applied.</li> </ul>	Lead Nurse Adult Safeguarding	Trust Safeguarding Board  Site Safeguarding Boards	Monthly/Quarterly	Director of Safeguarding and Vulnerabilities
<b>Policy Standard B: All staff will complete Safeguarding Training. Level determined by role</b>				
<ul style="list-style-type: none"> <li>Training Needs Analysis (syllabus) is regularly reviewed as is the allocation of which staff groups attends which level of training</li> <li>Training compliance</li> <li>Safeguarding Supervision supports staff involved in safeguarding adults</li> </ul>	Lead Nurse Adult Safeguarding	Trust Safeguarding Board  Site Safeguarding Boards	Monthly/Quarterly	Director of Safeguarding and Vulnerabilities

Policy Standard C: <b>Compliance monitored regularly. Information and learning shared internally and with regional and national agencies.</b>				
<ul style="list-style-type: none"> <li>Monitoring and ensuring the implementation of findings from Safeguarding Adults Reviews and Domestic Homicide Reviews within the Trust</li> </ul>	Director of Safeguarding and Vulnerabilities	Safeguarding Board  Site Safeguarding Boards	Quarterly	Director of Safeguarding and Vulnerabilities

## Appendix B: Training Needs Analysis

Staff Group (from Duties)	Training Level		
	Awareness	Process	Expert
Chief Nurse			X
Chief People Officer			X
Director of Safeguarding/Lead Nurse Adult Safeguarding			X
Managers		X	
All staff and Volunteers	X		

Training Level	What is provided	How will it be measured?
<b>Awareness</b>	All staff to have Level 1 Safeguarding training as a basic as part of Trust induction as Mandatory Training.	<p><b>Monitoring:</b> Compliance checked on a monthly basis and compared to trust target compliance</p> <p><b>Reporting:</b> Compliance reported to Trust Safeguarding Board and Site Safeguarding Boards Monthly</p>
<b>Process</b>	<p>All of the above and Clinical Staff to complete Level 3/3</p> <p>Further guidance available on Trust intranet or through adult safeguarding team</p>	<p><b>Monitoring:</b> Compliance checked on a monthly basis and compared to trust target compliance</p> <p><b>Reporting:</b> Compliance reported to Trust Safeguarding Board and Site Safeguarding Boards Monthly</p>
<b>Expert</b>	All of the above	