POLICY FOR THE SAFEGUARDING OF ADULTS AT RISK
(PREVIOUSLY SAFEGUARDING OF VULNERABLE ADULTS)

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Lead Director: Chief Nurse

Author: Assistant Chief Nurse

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Endorsed/Approved By: Safeguarding Board

Ratified By: Executive Management Board

Target Audience: All employees of Hull and East Yorkshire Hospitals NHS Trust, those with honorary contracts or who work through temporary or locum agencies

Distribution: Intranet

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CHANGE RECORD

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<th>Date</th>
<th>Author</th>
<th>Nature of Change</th>
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<tr>
<td>December 2013</td>
<td>Kate Rudston</td>
<td>Complete review and revision</td>
<td>V3</td>
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<tr>
<td>March 2015</td>
<td>Chris Davidson</td>
<td>Inclusion of Appendix I – Safe Discharge Of Patients With Known Safeguarding Issues</td>
<td>V3.1</td>
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<tr>
<td>April 2015</td>
<td>Chris Davidson</td>
<td>Minor amendment to appendix I – inclusion of office hours for SAT</td>
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POLICY FOR THE SAFEGUARDING OF ADULTS AT RISK
(PREVIOUSLY SAFEGUARDING OF VULNERABLE ADULTS)

1 INTRODUCTION
This policy complies with the requirements of ‘No Secrets – Guidance on Developing and Implementing Multi-agency Policies and Procedures to Protect Vulnerable Adults from Abuse’ (Department of Health, 2001), the Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework (NHS Commissioning Board 2013) and the Hull and East Riding Local Authority Safeguarding Adults Boards Policies and Procedures.

Lessons from inquiries such as Mid Staffordshire Foundation Trust have highlighted the need to make safeguarding integral to care. Prosecutions by the courts; enforcement measures by regulators and adverse media attention, all demonstrate the high cost to services, staff and patients, where there are failures in safeguarding patients.

At the date of writing this policy, November 2013, the government is planning under NHS changes to make wilful neglect a criminal offence following the Mid-staffordshire and other care scandals. Under these proposals, doctors and nurses could be found guilty of ‘wilful neglect’ of patients and could face custodial sentences.

The Care Quality Commission, Essential Standards for Quality and Safety set specific outcomes for safeguarding and safety as a requirement for registration. However all the CQC outcomes are fundamental to preventing neglect, harm and abuse.

The Care Quality Commission will take enforcement action where services fail to comply with standards and patients are put at risk.

People have fundamental rights contained within the Human Rights Act 1998. Health services have positive 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

Local Safeguarding Adults Boards (SAB) is the multi-agency partnership responsible for leading the strategic and operational safeguarding adults work within each Local Authority area. Health managers need to provide senior and active membership to the local SAB.

Safeguarding principles of partnership and accountability means:

• Working collaboratively with local SAB partners
• Contributing to the setting and achievement of local SAB objectives
• Demonstrating transparency in how safeguarding is being delivered
• Sharing learning with patients, public, multi-agency partners, commissioners and regulators.

The following six actions ensure that the Trust complies with legislation and achieve good outcomes in safeguarding adults:
1. Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
2. Set safeguarding adults within the services' strategic objectives.
3. Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur.
4. Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
5. Provide leadership to safeguard adults.
6. Ensure accountability and use learning within the service and the partnership to bring about improvement.

2 PURPOSE
Hull and East Yorkshire Hospitals NHS Trust is committed to the safeguarding of adults at risk. As such this policy aims to ensure those at risk of all forms of abuse receive a safe, supportive service through the process of identifying, investigating, managing and preventing such abuse.

Failures of care are costly for the NHS as well as the patient. Safeguarding adults is a significant factor in reducing costs incurred in avoidable harm, avoidable admissions, delayed and unsafe discharges.

3 SCOPE
This policy applies to all staff employed at Hull and East Yorkshire Hospitals NHS Trust.

4 DUTIES
The Chief Executive Officer has overall responsibility for safeguarding adults.

The Chief Nurse is the nominated executive director who has lead responsibility for safeguarding adults.

The Health Group Directors and Corporate Heads of Departments are responsible for effective implementation of the policy and associated guidance.

Directors and Senior Managers on call are responsible for ensuring the managerial procedures are adhered to where necessary during out of hour's periods.

The Trust Safeguarding Adults Team (SAT) and Head of Compliance are responsible for the co-ordination, compliance and monitoring of the process.

All staff have a key role in the identification and prevention of abuse in adults at risk.

To undertake this role they must ensure they are aware of the safeguarding adult’s procedures and fully conversant with the referral process.

All staff identified in this policy are responsible for ensuring that they implement the directives identified within it.

5 CONTENT/PROCESS
STAFF PROCEDURE FOR RAISING CONCERNS AND MAKING A REFERRAL – Appendix A

A member of staff suspects that a patient has been harmed or abused or suspects that abuse may be occurring e.g. physical, sexual, financial, psychological,
discriminatory, neglect and acts of omission then they must follow the guidance for raising concerns. Any member of staff, including non-substantive staff, agency and volunteers can make an alert or raise concerns.

A flow chart for raising concerns is in Appendix A.

To enable staff and managers to make a considered opinion on raising a safeguarding concern the threshold matrix and guidance notes of how to use, in Appendix B, should be used.

The immediate actions to be taken are:

- Ensure the alleged victim is comfortable and safe.
- Consider consent and the mental capacity of the alleged victim using the MCA guidance and consent policy.
- Preserve evidence if appropriate.
- Contact the Trust SAT on 07825 402887. Out of hours contact the 2nd on call manager via the hospital switchboard.
- If the abuse involves a criminal act, such as assault, sexual assault or theft, the Police should be contacted immediately and the 2nd on call.
- Ensure that the alleged victim is seen by a medical practitioner, if appropriate and that any relevant and necessary examinations in respect of the alleged abuse are appropriately recorded, including completion of a Body Map – see Appendix C.
- Offer reassurance and support to the victim and family members/carers as appropriate.
- The Trust SAT or on call manager will check the facts of the incident with the person raising the concern and referring to the threshold matrix and guidance will make an informed decision.
- If proceeds to a referral then the staff member must complete the referral form in Appendix D.
- The referral must be sent to the Head of Compliance for processing, recording and checking before it is sent to the local authority either the same working day or next working day.
- If an urgent referral is sent to the local authority duty teams out of hours then this must be recorded on the DATIX and a copy of the referral sent to the Head of Compliance.
- If this does not proceed to a referral then the SAT will record the reasons for this in the Trust database.

**NOTE:** Keep the patient informed of the process. If it is not possible to due to incapacity or there are reasons which you are advised not to, such as Police investigation, the victim may also be an alleged perpetrator or another justified reason, then document this clearly in the referral form and also in the patient notes plus DATIX – see section on Consent and Mental Capacity for further information.

In all cases and/or discussions with either the Trust SAT, or the 2nd On Call Manager, regardless of whether or not the concern results in a formal referral being placed, the facts must be recorded accurately in the patient notes if applicable* and on DATIX, including:

- Dates and times of events, including alleged perpetrator
- Facts of the events
- Body Map if applicable
• Names of staff advising on the case
• The name of the SAT/2nd on Call Manager who made the decision to either proceed to a formal referral or no further action required
• The DATIX number
• Any other relevant information connected to the incident/case

It is essential that all intelligence and cases incoming and outgoing relating to safeguarding adults are referred to the Head of Compliance or member of the Compliance Team to ensure that these are recorded, monitored and robust governance processes are in place to protect patients and ensure their safety.

* Cases where this is not always possible is when the alleged victim does not have patient notes available such as in emergency department or if the alleged victim is not a patient and a member of the public or staff.

**Example of urgent referral in hours or out of hours:**

Patient lives with partner and is the main carer for relative at home with advanced dementia. Patient is admitted with injuries relating to a domestic abuse and will require hospital stay or several weeks. Patient discloses that partner also can be abusive to relative.

Risk: to patient and also to relative at home.
Plan: urgent referral and advice from the Police and local authority safeguarding adult’s team. Notify SAT in hours or 2nd on call out of hours, following appendix A.

**Example of non-urgent referral in hours or out of hours:**

Patient admitted following a fall and diagnosed with fractured neck of femur. It is noted that they have grade 2 pressure ulcers x 3 on body. Patient lives in nursing home, does not have capacity, and appears undernourished and dehydrated but recovers quickly with fluids administered. No carer present although patient passport/communication tool well completed and with patient. Decision to admit and will be in hospital for several weeks.

Plan: complete Datix, inform SAT (in hours) or 2nd on call if necessary, record in patient notes, complete body map and complete safeguarding referral form in patients best interests and send to safeguarding referrals via email. Record events and actions in patient notes. Follow Appendix A.

**Completing the Referral Form**

The Referral Form that the Trust uses as part of the Hull and East Riding Safeguarding Adults Boards policies and procedures is in Appendix D.

Staff must complete all sections of the referral form which as much description and full record of alleged abuse as possible.

Once completed the form should be sent to the Trust safeguarding referrals email address or by internal post as detailed below and on the Safeguarding Adults intranet site. The corresponding DATIX number should be included on the referral form.
Hull and East Yorkshire Hospitals NHS Trust Compliance and Safeguarding Adults Team:

Email: safeguarding.referrals@hey.nhs.uk

Internal Post: Head of Compliance, Compliance Team, Alderson House, Hull Royal Infirmary.

The contact numbers for both Hull and East Riding Safeguarding Teams are updated regularly and available via the SAT, Compliance Team or the 2nd on call manager.

The person making the referral must record all the facts on DATIX.

The referral will be screened and checked by the Compliance Team and SAT on receipt and then sent to the relevant local authority safeguarding adults team. In the occasions when this does not meet the criteria for sending the referral, then another course of investigation may proceed and this will be recorded on the Trust database.

On receipt of the referral form the local authority safeguarding adult’s team will screen the information and gather more information as necessary. The co-ordination of the investigation is the responsibility of the local authority and they will determine what if any intervention is required and who should be involved as in lead agencies. This may include all or some of the following (the list is not exhaustive but examples of agencies):

- The lead local authority
- The Police if a crime is alleged
- The Care Quality Commission
- NHS commissioners
- Health and safety teams
- Service providers

The individual local authority will make the decision into whether and how the referral proceeds. For more information on this, the full policies and procedures for the local authority Hull and East Riding Safeguarding Adults teams can be found on the Trust Safeguarding Adult Intranet Site Safeguarding Adults: Home or on www.ersab.org.uk or www.safeguardingadultshull.com

Consent and Mental Capacity

Consent should be sought from the alleged victim to make a referral or raise a concern. Where an adult lacks capacity it may be necessary to seek support from an advocate using the Mental Capacity Act (2005). However an investigation can still take place whether or not the alleged victim has capacity to consent if:

- The adult at risk lacks capacity to make an informed decision about their personal safety. This decision is made using the MCA.
- Where other adults may be at risk.
- It is a matter of public interest, for example, where a serious crime has been committed, or there are reasonable grounds to believe a serious crime is about to be committed.

**Best Interests and Advocacy**

When best interests meetings or decisions are made for patients, it is the registered nurses responsibility, caring for that patient, to ensure that the discussions and decisions are recorded by the lead professional in the patient notes and also reference made in the nursing notes. This is to ensure that staff accessing the nursing notes are aware to review the medical notes for further information on the best interest meeting/decision.

Names of the relevant persons and professionals involved in the meeting or decision must be documented and that the appropriate care plan is activated and followed according to the decision.

Trust staff must ensure that they act in the best interests of their patients at all times and act as the patients advocate. This includes adults at risk. Staff must ensure that if a patients have access to appropriate advocacy services if required and seek advice on this from the relevant managers.

Staff must ensure they adhere to their professional codes of conduct/guidance on patient advocacy and safeguarding patients, such as: The Nursing and Midwifery Council, HPCP (Health and Care Professionals Council) and the General Medical Council Codes of Conduct.

**Mental Capacity and Deprivation of Liberty Safeguards (MCA DOLs)**

These came into force in 2009 and protect people who can’t make decisions about care or treatment, who need to be cared for in a restrictive way. The Law says the DOLs must be used if people need to have their liberty taken away in order to receive treatment that is in their best interests and protects them from harm. MCA DOLs are for people who are aged 18 and over in NHS hospitals, or in independent hospitals or care homes that are registered under Part 2 of the Care Standards Act 2000. The safeguards do not apply to people detained under the Mental Health Act 1983. For further information on DOLs refer to the Trust Policy [http://intranet/policies/policies/329.pdf](http://intranet/policies/policies/329.pdf)

**Safeguarding Children**

When an adult discloses abuse, it is suspected or it is witnessed, hospital staff must consider whether they are any children at risk. This may be due to the victim being incapacitated either physically or mentally and that there is a risk of neglect to any children or other vulnerable adults that the person may be responsible for.

There should also be consideration of an alleged perpetrator who may be a risk to children or other vulnerable adults that they have access to or are responsible for and particularly in cases such as domestic abuse.

In any of the situations where children may be at risk of abuse when considering adult safeguarding, staff must contact the Safeguarding children’s team on the contacts stated on the Trust Intranet site [http://intranet/safeguardingchildren/contact.asp](http://intranet/safeguardingchildren/contact.asp)
The Vulnerable Adults Risk Management Model (VARM)

Note: This is only applicable to residents in East Riding under the East Riding SAB currently and not in Hull.

This is a formal process for assessing, recording and planning the management of risk in situations where an adult at risk who has capacity required support but will not engage with agencies. This process applies in residential care and in the community.

It consists of practice guidance and the Risk Assessment and Management Tool. It should be used in conjunction with the Safeguarding Adults Procedures and MCA 2005 Procedures as appropriate.

If staff work frequently with a person who may fit this criteria and it is not a safeguarding referral then they should contact the Trust SAT for further advice and guidance on how to proceed.

Serious Untoward Incident Investigations and Critical Incidents (SUIs and CIs)

There are occasions when a safeguarding referral either raised internally or externally may trigger a SUI or CI. This may be realised at the early information gathering stage, during the investigation or retrospectively.

When this occurs, the Policy for Reporting, Managing and Investigating (including root cause analysis) of incidents, complaints and claims must be referred to and the Head of Risk informed so that the investigation can be properly co-ordinated and managed. The Head of Compliance or SAT will initiate this process in the event it occurs.

Persons at risk of abusing others

If the Trust are formally informed by either the Police, Probation or Social services, that an inpatient is a risk to others, then the relevant manager will be informed and a risk assessment undertaken. This will take place on a need to know basis and in confidence as to not infringe on the patients human rights or potentially prejudice others in the delivery of care and treatment.

If staff become aware of information disclosed, either by the patient or another, that a patient may be a convicted offender that poses a risk to others, even if there are no concerns presently, they must inform the SAT or the Child Protection Team immediately.

Example: Police contact SAT and disclose information that an inpatient is a Schedule 1 offender and on probation. SAT informs the Chief Nurse, the Named Nurse for Children and the relevant Divisional Nurse Manager. A risk assessment is undertaken and measures put in place to safeguard staff, patients and the public where necessary and discreetly.

Out of hours, the 2nd on call will be the primary contact for urgent disclosure of information in relation to implementing safeguards to protect others.
PREVENT and ANTI-TERRORISM

On 9th November 2010, the Home Secretary announced a review of the Prevent, the counter-terrorist programme which aims to stop people being drawn into terrorist-related activity. Prevent is one of the key elements of CONTEST, the Governments counter-terrorism strategy.

The Safeguarding Adult's guidance published in March 2011 supports the principles of Prevent in the same way that review of Childrens safeguarding officially recognised the need to include Prevent. It will address all forms of terrorism but continue to prioritise according to the threat they pose to the national security.

Within the overall framework, the Prevent strategy has three objectives:

1. Respond to the ideological challenge of terrorism and the threat we face from those who promote it
2. Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
3. Work with a wide range of sectors and institutions (including faith, health and criminal justice) where there are risks or radicalisation which needs to be addressed

Objective two focuses on protecting vulnerable people. The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker can interpret those signs correctly, is aware of the support available and is confident in referring the person for further support. Preventing someone from becoming a terrorist or from supporting terrorism is substantially comparable to safeguarding in other areas, including child abuse and domestic violence.

Once an individual is identified or suspected that they may be radicalised then they can be referred by using the Channel process and the appropriate referral forms to the local police authority.

With the healthcare sector having considerable contact with vast numbers of people on a daily basis, there will be occasions where healthcare workers meet and treat individuals who may be open to exploitation by radicalisers. It is a fact that individuals connected to the health sector have taken part in terrorist attacks in the past. This has included patients as well as staff, as seen in the case of the Glasgow Airport attack in 2007.

The Trust is working with its local health partners and the Hull Clinical Commissioning Group to produce a joint multi-agency policy which will be circulated in early 2014.

Until this occurs, any staff that has concerns about a member of the public, patient or staff member being radicalised or at risk of being drawn into terrorism, then they should contact the Trust SAT for advice. If staff require urgent advice and they are unable to contact a senior member of staff they should contact the Police and the Trust security supervisor or Local Security Management Specialist, ask to speak to someone regarding Prevent and relay their concerns. All events must be documented accurately and a copy of this must be sent to the Trust SAT.
Training is underway to specific staff groups on Prevent in the Trust and relevant information will be uploaded onto the Safeguarding Adults Intranet site as and when required.

**Information Sharing**

Sharing information between partner agencies is vital to the provision of co-ordinated services and the safeguarding of adults at risk within the communities of Hull and East Riding of Yorkshire.

A flow chart for staff to follow is in Appendix E.

Where staff have concerns that the actions of some may place children at risk or significant harm of adults at risk of serious harm, it may be possible to justify sharing information with or without consent for the purposes of identifying people for whom preventative interventions are appropriate. Significant harm to children and serious harm to adults is not restricted to cases of extreme physical violent. For example the cumulative effect of repeated abuse or threatening behaviour may well constitute a risk or serious harm to an adult.

All staff must seek support and advice from the Trust SAT, if they are asked for information from external agencies in additional to the original safeguarding adult’s referral.

If staff are asked for information out of hours by an external agency, such as photocopies of patient notes or witness statements, for a safeguarding adult investigation, then they must seek advice and authorisation from the 2nd on call.

In the event of a Police investigation, in working hours, then the SAT must be informed and out of hours, the on-call team must be informed including the executive director on call.

**Seven golden rules for information sharing**

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about a living person is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) form the outset about why, what, how and with shown information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent, if in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

For further information on information governance, see Confidentiality and Information Security Policy [http://intranet/policies/policies/134.pdf](http://intranet/policies/policies/134.pdf)

**Restraint**

For advice on information on restraint, please see the Trust Restraint Policy (due for ratification in December 2013).

**INVESTIGATING A SAFEGUARDING REFERRAL**

When a Safeguarding Adults Referral is placed against the Trust via the local authority it is screened and recorded by the Compliance Team and the SAT.

A flow chart outlining the process is in Appendix F.

Once received the referrals will be directed within 24 hours to the relevant Health Group Nurse Director or Trust Lead for investigation and a named lead investigator appointed.

If the referral is sent out of hours then it will be screened the next working day. On receipt of the referral, the Head of Compliance or member of the Compliance Team will enter onto DATIX in addition to the central intelligence database for safeguarding adults.

**Timescales**

1. The initial investigation and information gathering must be completed within 7 working days. If this is not possible then the lead investigator must inform either the relevant health group director or lead manager and SAT.
2. The investigation findings will be typed up on the required Section 6 response report (appendix G).
3. The Section 6 report will be sent to the Trust SAT for review and quality assurance.
4. All staff statements and copies of other relevant records will be collected and sent with the final report to the Trust SAT.
5. The report will be checked, approved and sent back to the Compliance Team by the SAT.
6. The Trust Compliance team will ensure all records are stored securely and on the central database before sending the final report back to the relevant local authority safeguarding team.
7. The entire process must not exceed 28 days unless there are exceptional circumstances such as SUI, CI, Police investigation progresses, Coroners involvement etc.
8. If the process exceeds the 28 day timescale then the reasons must be recorded and communications with the agencies involved undertaken by the Trust SAT.

On receipt of the section 6, the local authority will make a decision whether or not the referral is substantiated, partially substantiated, not substantiated, and inconclusive.

The local authority safeguarding adult teams are both reviewing their information systems so they can provide feedback on cases if appropriate. At the present time,
the Head of Compliance will contact the local authority on a monthly basis to receive feedback and then be able to transfer this information to the relevant investigating lead via the Health Group Nurse Directors. This will then be entered onto DATIX to close the case.

STAFF SUPPORT

In cases where Trust staff are suspected of causing abuse to adults at risk, line managers should ensure that the alleged perpetrators are informed of their rights and advised of where they may obtain support (Unions/ Human Resources/ Occupational Health Dept). The member of staff should be managed in accordance with the relevant HR policies and procedures, and supported accordingly.

The safeguarding adult’s referral and investigation process will apply to all staff who fit these criteria and in addition to the revenant HR policies and procedures.

Staff who are or have been involved in serious or complex safeguarding adult’s cases, may be upset and/or distressed by events and require support from their line manager, SAT and Occupational Health Department. If staff require safeguarding supervision and support, then they should notify the relevant department and/or manager to ensure this can be initiated.

TRAINING

Safeguarding Adults training is mandatory for all Trust employees.

Training for the process of identifying, investigating, managing and preventing the abuse of adults at risk is provided by the Trust Education and Development Department and in conjunction with multi-agency training requirements, under both Local Authority Safeguarding Adult Boards.

Compliance, access/attendance will be monitored and reported as detailed in the Trust Statutory and Mandatory Training Policy http://intranet/policies/policies/134.pdf

Details of the training provided can be found via the Trust’s Education and Development Intranet site http://intranet/educationdevelopment/.

6 PROCESS FOR MONITORING COMPLIANCE

As part of its clinical governance arrangements, each health group and directorate is responsible and accountable for ensuring that this policy is both implemented and adhered to.

Audit and reporting arrangements:

- Monthly health group governance reports.
- Monthly safeguarding themes and trends report to Safeguarding Board.
- Bi-monthly safeguarding themes and trends report to Governance and Assurance committee.
- Staff training figures monitored monthly at Safeguarding Board.
- Annual audit completed the Compliance Team.
- Setting the Standard Audit results on Safeguarding indicator.
- Themed internal CQC inspections on Safeguarding by the Compliance Team; reports to Governance and Assurance Committee and Compliance and Risk Committee.
7 REFERENCES
Safeguarding Adults: The role of health service managers and their boards, DoH 2011

Mental Capacity Act 2005

Building Partnership, Staying Safe, The health section contribution to HM governments Prevent strategy: guidance for healthcare organisations, DoH 2011

Information Sharing: Guidance for practitioners and managers, HM Government 2008


Safeguarding Vulnerable Adults, Operational Procedures for Everyone, Hull Safeguarding Adults Partnership Board, July 2013

Integrated Multi-agency Procedure for the Safeguarding of Adults, East Riding Safeguarding Adults Board, July 2013

HEY Consent to Examination or Treatment Policy CP016
HEY Restraint Policy (to follow)
HEY Statutory and Mandatory Policy CP134
HEY Deprivation of Liberties/Safeguards Policy CP329
HEY Reporting, Managing and Investigating (including root cause analysis) of incidents, complaints and claims policy CP129
HEY Confidentiality and Information Security Policy CP134

8 APPENDICES
• Appendix A – Safeguarding Referrals Process
• Appendix B - Hull Safeguarding Adults Board Operational Policies and Procedures
• Appendix C – Body Map
• Appendix D - Multi Agency ‘Adult at Risk’ Referral Form
• Appendix E – Safeguarding Adults Procedure – Flowchart of Key Questions for Information sharing
• Appendix F - Process for investigating a referral against the Trust
• Appendix G - Safeguarding Adults Policy, Procedures and Practice Guidelines for Hull and East Riding of Yorkshire
• Appendix H – Definitions
• Appendix I – Safe Discharge Of Patients With Known Safeguarding Issues
SAFEGUARDING REFERRALS PROCESSES
Process for raising concerns and making referrals

Suspected / Actual Abuse / Omission of Care of Patient Identified
Eg – Physical, Sexual, Financial, Psychological, Neglect and acts of omission, Discriminatory
Link to Intranet for more details

Immediate Actions for Person Identifying Issue

As far as possible ensure person is safe, preserve evidence and record details of what has been identified

Call the Safeguarding Telephone Number 07825402887 immediately for advice on what action to take next
Out of hours contact switch board and inform the 2nd on call

Complete the online referral form on the front page of the intranet or on Safeguarding Adults Intranet Page and submit to the safeguarding email address: safeguarding.referrals@hey.nhs.uk

Member of staff making referral to complete the template referral form and submit to the safeguarding email address: safeguarding.referrals@hey.nhs.uk

Complete a Datix Entry – ticking safeguarding alert – SAT, Head of Compliance, Chief Nurse and Health Group Nurse Directors automatically alerted. If Datix already submitted just reference the number on form.

Staff member reporting concerns sends the referral form to the Trust Compliance Team.

Head of Compliance / Compliance Team logs information on to central database.

Determining if a referral is required

SAT or On Call Manager Decision
SAT checks initial facts and refers to the Threshold Matrix and Guidance. SAT screens and reviews form requesting any other information if necessary.

Clearly Not Abuse
Sign post to relevant services as appropriate and provide feedback to the individual making the initial referral.

May Be Abuse
Safeguarding referral made to the relevant LA Safeguarding Team by Compliance Team.

Head of Compliance to contact external Safeguarding Team monthly to receive update on progress.

Decision and updates logged on to central database by Head of Compliance / Compliance Team

Where the suspected abuse is from within the Trust an investigation process will commence as detailed in the investigation process below
<table>
<thead>
<tr>
<th>MINOR</th>
<th>MODERATE</th>
<th>SIGNIFICANT</th>
<th>VERY SIGNIFICANT</th>
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<tr>
<td>Physical</td>
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<tr>
<td>Staff error causing no/little harm, e.g., skin friction mark due to ill fitting hoist sling</td>
<td>Isolated incident involving service user on service user</td>
<td>Inexplicable marking or lesions, cuts or grip marks on a number of occasions</td>
<td>Inappropriate restraint</td>
<td>Grievous bodily harm/assault with weapon leading to irreversible damage or death</td>
</tr>
<tr>
<td>Minor events that still meet criteria for 'incident reporting'.</td>
<td>Inexplicable very light marking found on one occasion</td>
<td></td>
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<tr>
<td>Medication</td>
<td></td>
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</tr>
<tr>
<td>Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs</td>
<td>Recurring missed medication or administration errors that affect more than one adult and/or result in harm</td>
<td></td>
<td></td>
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<tr>
<td>Sexual</td>
<td></td>
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</tr>
<tr>
<td>Isolated incident of teasing or low level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists</td>
<td>Verbal sexualised teasing or harassment</td>
<td>Recurring sexualised touch or masturbation without valid consent</td>
<td>Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent</td>
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<tr>
<td></td>
<td></td>
<td>Being subject to indecent exposure</td>
<td></td>
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<td></td>
<td></td>
<td>Contact or non contact sexualised behaviour which causes distress to person at risk</td>
<td></td>
<td></td>
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<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused</td>
<td>Occasional taunts or verbal outbursts which cause distress</td>
<td>Treatment that undermines dignity and damages esteem</td>
<td>Humiliation</td>
<td>Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage</td>
</tr>
<tr>
<td></td>
<td>The withholding of information to dis-empower</td>
<td></td>
<td>Emotional blackmail e.g., threats of abandonment/harm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Denying or failing to recognise an adult’s choice or opinion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Frequent verbal outbursts</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>Prolonged intimidation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Vicious/personalised verbal attacks</td>
</tr>
<tr>
<td>Category</td>
<td>MINOR</td>
<td>MODERATE</td>
<td>SIGNIFICANT</td>
<td>VERY SIGNIFICANT</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Financial</td>
<td>Money is not managed safely or recorded properly</td>
<td>Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered</td>
<td>Adults monies kept in a joint bank account-unclear arrangements for equitable sharing of interest</td>
<td>Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult denied access to his/her own funds or possessions</td>
<td>Adult denied access to his/her own funds or possessions</td>
<td>Personal finances removed from adult's control</td>
</tr>
<tr>
<td>Neglect</td>
<td>Isolated missed home care visit - no harm occurs</td>
<td>Inadequacies in care provision leading to discomfort - no significant harm e.g. occasionally left wet</td>
<td>Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</td>
<td>Hospital discharge, no adequate planning and harm occurs</td>
</tr>
<tr>
<td></td>
<td>Adult is not assisted with a meal/drink on one occasion and no harm occurs</td>
<td>No access to aids for independence</td>
<td>No access to aids for independence</td>
<td>Hospital discharge, no adequate planning and harm occurs</td>
</tr>
<tr>
<td>Self Neglect</td>
<td>Indication of self neglect e.g. personal hygiene, dishevelled presentation</td>
<td>As in column 1 plus</td>
<td>As in columns 1+2 plus</td>
<td>As in columns 1+2+3 plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult living in poor conditions and neglecting themselves</td>
<td>Offer of assistance and/or services – resisted or declined/ where unsanitary and/or unfit living conditions</td>
<td>Additional facts, cognitive impairment, Sensory impairment, poor mobility, substance misuse.</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>Isolated incident of teasing motivated by prejudicial attitudes towards and adult's individual differences</td>
<td>Isolated incident of care planning that fails to address specific (diversity associated) needs for a short period</td>
<td>Inequitable access to service provision as a result of diversity issue</td>
<td>Being refused access to essential services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recurring taunts</td>
<td>Recurring failure to meet specific care/support needs associated with diversity</td>
<td>Denial of civil liberties e.g. voting, making a complaint</td>
</tr>
</tbody>
</table>

16
<table>
<thead>
<tr>
<th></th>
<th>MINOR</th>
<th>MODERATE</th>
<th>SIGNIFICANT</th>
<th>VERY SIGNIFICANT</th>
<th>CRITICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional</td>
<td>Lack of stimulation/opportunities to engage in social and leisure activities</td>
<td>Denial of individuality and opportunities to make informed choices and take responsible risk</td>
<td>Rigid/inflexible routines</td>
<td>Bad practice not being reported and going unchecked</td>
<td>Staff misusing position of power over service users</td>
</tr>
<tr>
<td>(any one or combination of other forms of abuse)</td>
<td>Person not enabled to be involved in the running of service</td>
<td>Care-planning documentation not person-centred</td>
<td>Service users’ dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing</td>
<td>Unsafe and unhygienic living environments                                                                otional</td>
<td>Over-medication and/or inappropriate restraint managing behaviour</td>
</tr>
<tr>
<td>Professional</td>
<td>Service design where groups of service users living together are incompatible</td>
<td>Poor, ill informed or outmoded care practice no significant harm</td>
<td>Denying person access to professional support and services such as advocacy</td>
<td>Failure to support person to access health, care, treatments.</td>
<td>Widespread, consistent ill treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted</td>
<td>Punitive responses to challenging behaviour</td>
<td>Entering into sexual relationship with a patient/client</td>
</tr>
</tbody>
</table>
**Assessment Matrix**

<table>
<thead>
<tr>
<th>Risk Likelihood</th>
<th>V High</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mod</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>V Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Min</td>
<td>Mod</td>
<td>Sig</td>
<td>V Sig</td>
<td>Crit</td>
<td></td>
</tr>
</tbody>
</table>

**Action to take in response to risk**

- **1-3 Minor impact – unlikely to reoccur** - Could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to safeguarding to be made. It is not a ‘given’ that any concerns falling into this section would be dealt with internally.

- **4-6 Moderate harm – low risk of reoccurrence** - Could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to safeguarding to be made. It is not a ‘given’ that any concerns falling into this section would be dealt with internally.

- **8-9 Significant harm – Moderate risk of reoccurrence** - Addressed under Safeguarding Procedures – referral to safeguarding could be appropriate to be discussed with safeguarding team.

- **10-12 Very significant harm – high risk of reoccurrence** - Addressed under Safeguarding Procedures – referral to safeguarding to be made

- **15-25 Critical level of harm – Very high risk of reoccurrence** - Addressed as potential criminal matter – contact Police/Emergency Services – could be addressed as Multi Agency Public Protection Arrangements, Multi Agency Risk Assessment Conference for Domestic Violence, or Hate Crime.
How to use the scoring matrix.

1) Using the threshold tool as a guide to consider whether the level of harm is minor, moderate, significant, very significant or critical.

2) Decide the likelihood of this harm happening.

3) Cross reference one with the other on the matrix above to get the risk score. For example, something which risks significant harm and is moderately likely to happen will score a 9.

4) Look at the recommended action to take in response to risk. This will inform your thinking as to whether the risk is a reasonable one or not.

5) If it appears the risk is not reasonable, consider what control measures you can put in place to reduce either the likelihood of harm or the level of harm – if possible, both.

6) Reassess the risk. If your control measures have reduced the likelihood of something happening to low and the level of harm to moderate, it would now score 4. This score is what you should base your responses on.

7) The risk assessment matrix will guide your decision making, but is not a substitute for professional decision making.

8) The matrix guidance provides indicative actions and responses to Risk scoring. The Hull Multi Agency Safeguarding Hub (01482 616092) will provide support and guidance to practitioners considering subsequent actions and interventions.
This form is for documenting injuries sustained due to suspected abuse and anyone can complete this form. Please use the body map to record the location of the injury and the description. Ensure you seek the consent from the adult at risk prior to carrying out any examination. This form must be accompanied by a properly completed Referral form and may be used in investigations such as Safeguarding / Police, etc.

### Vulnerable Adult Safeguarding Body Map

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name</td>
<td>Practitioner Name</td>
</tr>
<tr>
<td>NHS Number</td>
<td>Practitioner Designation</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Site and Extension</td>
</tr>
<tr>
<td>Ward/Department</td>
<td></td>
</tr>
</tbody>
</table>

**PERSON COMPLETING FORM**

Print Name __________________ Signature ___________________ Designation ___________________
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
Body Map 2

This form is for documenting injuries sustained due to suspected abuse and anyone can complete this form. Please use the body map to record the location of the injury and the description. Ensure you seek the consent from the adult at risk prior to carrying out any examination. This form must be accompanied by a properly completed Referral form and may be used in investigations such as Safeguarding / Police, etc.

<table>
<thead>
<tr>
<th>Vulnerable Adult Safeguarding Body Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name</td>
</tr>
<tr>
<td>NHS Number</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Ward / Department</td>
</tr>
</tbody>
</table>

PERSON COMPLETING FORM
Print Name____________________ Signature____________________ Designation_____________________
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

Body Map 3

This form is for documenting injuries sustained due to suspected abuse and anyone can complete this form. Please use the body map to record the location of the injury and the description. Ensure you seek the consent from the adult at risk prior to carrying out any examination. This form must be accompanied by a properly completed Referral form and may be used in investigations such as Safeguarding / Police, etc.

<table>
<thead>
<tr>
<th>Vulnerable Adult Safeguarding Body Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name</td>
</tr>
<tr>
<td>NHS Number</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Ward / Department</td>
</tr>
</tbody>
</table>

[Diagram of a body map with R and L markings for right and left sides.]

PERSON COMPLETING FORM
Print Name ___________________ Signature ___________________ Designation __________________
This form is for documenting injuries sustained due to suspected abuse and anyone can complete this form. Please use the body map to record the location of the injury and the description. Ensure you seek the consent from the adult at risk prior to carrying out any examination. This form must be accompanied by a properly completed Referral form and may be used in investigations such as Safeguarding / Police, etc.

<table>
<thead>
<tr>
<th>Vulnerable Adult Safeguarding Body Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name</td>
</tr>
<tr>
<td>NHS Number</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Ward / Department</td>
</tr>
</tbody>
</table>

PERSON COMPLETING FORM
Print Name __________________ Signature __________________ Designation __________________
# Hull and East Yorkshire Hospitals NHS Trust
## Body Map Description Form

<table>
<thead>
<tr>
<th>Date form completed:</th>
<th>Time form completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date mark(s) seen:</td>
<td>Time mark(s) seen:</td>
</tr>
</tbody>
</table>

Print name of person completing the form:

Signature of person completing the form:

Designation of person completing the form:

**Factual description of the mark(s)**  
(Details of bruise, colour, size, any shape noted)

Was the cause of the mark(s) witnessed?  
Yes ☐  No ☐  
If yes, by whom?

Investigation, action plan and documented?  
Yes ☐  No ☐  
Signature ________________________________________

Please state, if known, the cause of the mark(s):

Please state to whom the mark(s) were reported to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Team</th>
<th>Date Reported</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

24  Page 5 of 5
### Section A - Details of the person you are concerned about:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age / Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Male</td>
</tr>
<tr>
<td>Post code:</td>
<td>Male</td>
</tr>
<tr>
<td>Telephone / Mobile:</td>
<td>Male</td>
</tr>
<tr>
<td>Current location of if different from above.</td>
<td>Male</td>
</tr>
<tr>
<td>NHS Identification No:</td>
<td>Male</td>
</tr>
<tr>
<td>GP Name.</td>
<td>Male</td>
</tr>
<tr>
<td>GP Address.</td>
<td>Male</td>
</tr>
</tbody>
</table>

Has a referral been made to any other organisation; e.g. Police, CQC. Please specify

#### Client Group
- (This data is required for legal recording purposes and the terminology provided by the DH) tick all that apply:
  - Physical Disability
  - Frailty
  - Sensory Impairment
  - Dementia
  - Learning Disability
  - Mental Health
  - Substance Misuse
  - Unknown
  - Other – detail:

#### Mental Capacity
- Does the person subject of the referral have capacity to agree to the referral?
  - Yes. (Person to sign below.)
  - No. (Person referring to explain and sign below.)

#### Consent of person being referred.
- I agree that the information detailed below can be shared with the local authority, police and partner agencies in order to help with this safeguarding enquiry.

**Signed (Service User):**

(If Faxing) **Printed Name:**

**Date:**

#### Reasons for not seeking consent.
- Please give reasons for any decisions to refer without the persons written or verbal consent, for example; other people are at risk of abuse, a person's mental capacity is questionable, this should also be documented in the client's notes.

**Signed (Referrer):**

(If Faxing) **Printed Name:**

**Date:**

#### Type of Abuse
- tick all that apply:
  - Physical
  - Sexual
  - Financial
  - Neglect
  - Psychological
  - Institutional
  - Discriminatory
  - Other - detail:

### Additional Sheets
- Yes/No

---

### Section B - Details of Concern/ Suspected Abuse.

- Please describe as fully as possible: include how it came to your attention, time(s), dates(s) and location(s) of alleged incident(s) and names of witnesses (if known). Detail any injuries and complete a body map.
**Action taken to protect the victim;** details of any measures taken to secure the victim’s immediate safety for example, increase in home care visits, admitted to hospital or respite care etc.

---

**Section C-Details of person suspected or alleged to have caused/allowed the abuse (if known)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age / Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Male</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>Post code:</td>
<td>Police Log and Date:</td>
</tr>
<tr>
<td>Telephone / Mobile:</td>
<td>Social Services Identification No:</td>
</tr>
<tr>
<td>NHS ID:</td>
<td></td>
</tr>
</tbody>
</table>

Current Location of if different from above; for example named hospital:

**Relationship of person alleged to have caused the abuse to the Adult at Risk you are concerned about:**

- Husband/Partner/Wife
- Son/Daughter
- Friend/Neighbour
- Other Resident
- Stranger
- Health Care Practitioner
- Social Care Practitioner
- Volunteer
- Other - detail:

Are you concerned about other Adults or Children at risk from the person suspected of causing or allowing the abuse?

- No
- Yes (please provide details)

Does the person suspected of causing the abuse provide care to the victim or any other person?

- No
- Don’t Know?
- Yes (please provide details)

Is the person suspected of causing the abuse aware of the allegation?

- Yes
- No
- Don’t Know

Is the person suspected of causing the abuse vulnerable?

- Yes
- No
- Don’t Know

Detail:

---

**Section D-Details of person raising the alert if different from E below.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Telephone / Mobile:</td>
</tr>
<tr>
<td>Post code:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Agency: Please indicate the relevant category.

- LA - Adult Care Services.
- LA - Emergency Duty Team.
- Police.
- CQC.
- Health – PCT.
- Health – MHT.
- Health – Acute Trust
- Independent Provider.
- Voluntary Sector.
- Housing.
- Family/Friend.
- Other/specific.
**Section E - Details of person completing the referral form.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Post code:</td>
<td></td>
</tr>
<tr>
<td>Telephone / Mobile:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Signature:(If Faxing)</td>
<td>Date:</td>
</tr>
<tr>
<td>Agency: Please indicate the relevant category.</td>
<td>✓</td>
</tr>
</tbody>
</table>

- LA - Adult Care Services.  
- LA – Emergency Duty Team.  
- Police.  
- CQC.  
- Health – PCT.  
- Health – MHT.  
- Health – Acute Trust.  
- Independent Provider.  
- Health – Acute Trust.  
- Independent Provider.  
- Voluntary Sector.  
- Housing.  
- Family/Friend.  
- Other/specific.  

Once completed please email the completed form to:  
[safeguarding.referrals@hey.nhs.uk](mailto:safeguarding.referrals@hey.nhs.uk)

Or via internal post to:  
*Safeguarding Referrals*  
*Head of Compliance*  
*Compliance Team*  
*Alderson House*  
*Hull Royal Infirmary*

CORRESPONDING DATIX NUMBER SHOULD BE INCLUDED ON THE REFERRAL FORM
Safeguarding Adults Procedure
Flowchart of Key Question for Information Sharing

You are asked to or wish to share information

Is there a clear and legitimate purpose for sharing information?

**YES**
- Do not share

**NO**
- NOT SURE

- Seek advice

Does the information enable the person to be identified?

**YES**
- You can share

**NO**
- NOT SURE

- Seek advice

Is the information confidential?

**YES**
- You can share

**NO**
- NOT SURE

- Seek advice

Do you have consent?

**YES**
- You can share

**NO**
- NOT SURE

- Seek advice

Is there a sufficient reason why it is in the public interest to share?

**YES**
- Share

**NO**
- NOT SURE

- Seek advice

Sharing information:
- Identify how much information to share
- Distinguish fact from fiction
- Ensure you are giving the right information to the right person
- Ensure you are sharing information securely
- Inform the person that the information has been shared if they were not aware of this and it would create or increase risk of harm

All cases:
- Record the information sharing decision and your reasons for making that decision
- Seek advice if you are unsure what to do at any stage and ensure the outcome of that discussion is recorded
- If there are concerns that a child or vulnerable adult is at risk of significant harm, then follow the relevant safeguarding procedure without delay
APPENDIX F

PROCESS FOR INVESTIGATING A REFERRAL AGAINST THE TRUST

Referral from LA Safeguarding Team or internal department (such as risk, complaints etc) submitted to Head of Compliance or member of compliance team. This could be either a formal or informal concern and will come into the Trust via secure email or telephone call.

Information logged onto the central database and DATIX by Head of Compliance. Discussion with LA, if appropriate, and decision made by SAT on route of investigation, such as safeguarding, discharge concern, SUI/Ci etc.

Safeguarding referral sent to independent Nurse Director(s) to commence investigation. Investigation to include a timeline of care and treatment, lessons learnt, and any actions required for patient or locally.

Initial Investigation complete within 7 days and submitted back to SAT.

SAT reviews investigation and determines if further information / review is required. SAT responds back to Investigation lead and LA with any change to anticipated timescales.

No further review required. Section 6 completed by Nurse Director and submitted to Head of Compliance.

Further review required and commenced with multi-disciplinary team as required - agree timescales.

SAT and Chief Nurse determine if further information / review is required – agree timescales.

No further review required. Section 6 completed by Nurse Director and submitted to Head of Compliance.

Head of Compliance submits Section 6 to relevant Safeguarding Team as required and within 28 days from receipt unless timescales otherwise agreed.

Head of Compliance log outcomes and themes on to central database and on the corresponding DATIX.

Head of Compliance to contact relevant LA Safeguarding Team on a monthly basis for feedback on investigations and to formally close.

Relevant Safeguarding Team confirms closure of an investigation.

Head of Compliance reviews themes, trends and lessons learnt and leads on dissemination to Nurse Directors and Chief Nurse every month.

Bi-monthly report submitted to Compliance & Risk Committee and Trust Safeguarding Board.

Head of Compliance / Compliance Team log closure on to central database.
<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<tr>
<th>Address</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
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<thead>
<tr>
<th>Contact/PID Number</th>
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<table>
<thead>
<tr>
<th>Police Reference</th>
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<table>
<thead>
<tr>
<th>Type of Abuse (tick as many as apply)</th>
<th>Physical</th>
<th>Sexual</th>
<th>Financial</th>
<th>Neglect</th>
<th>Psychological</th>
<th>Institutional</th>
<th>Discriminatory</th>
<th>Other</th>
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<table>
<thead>
<tr>
<th>Police/Social Services/Health</th>
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</thead>
<tbody>
<tr>
<td>Name of Investigating Officer: .................................................................</td>
</tr>
<tr>
<td>Contact Details: .................................................................</td>
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</tbody>
</table>
Section 6 - Result of Investigation
Summary to be completed by investigator(s) and sent to the Safeguarding Adults Team Manager on completion

Investigating Officer’s Signature: ...........................................................................................................
# OUTCOME OF INVESTIGATION

*(In consultation with Team Manager)*

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<tr>
<th>Safeguarding Adults Team Manager’s Signature</th>
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**Outcome for Victim** (e.g. increased services, criminal prosecution, case conference etc)

<table>
<thead>
<tr>
<th>Substantiated</th>
<th>Not Substantiated</th>
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<thead>
<tr>
<th>Not Determined / Inconclusive</th>
<th>NFA</th>
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**Outcome of investigation for alleged perpetrator/organisation/service**

If Allegation is substantiated a Protection Plan must be drawn up.

Is a Protection Plan required?  

- YES  
- NO

**IF YES PLEASE LIST ACTION TO BE TAKEN**

1.  
2.  
3.  
4.  
5.

**IF NOT PLEASE LIST ALTERNATIVE ACTIONS TAKEN**

The Provider has put in place strategies to avoid a repeat of the actions that resulted in a Safeguarding Adults investigation.

1.  
2.  
3.  
4.  
5.

**Protection Plan Actions Agreed By:**

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<thead>
<tr>
<th>Victim:</th>
<th>Signature:</th>
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<th>Investigating Officer:</th>
<th>Signature:</th>
<th>Date:</th>
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<thead>
<tr>
<th>Service Provider/Carer:</th>
<th>Signature:</th>
<th>Date:</th>
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**PROTECTION PLAN AGREED BY:**

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<th>Safeguarding Adults Team Manager’s Signature</th>
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**Copy of Section 6 to be distributed to:**
DEFINITIONS

The term ‘adult at risk’ has been used to replace the term ‘vulnerable adult’. Adult at risk is the term recommended by the Law Commission recent review of social care legislation and is likely to be accepted in the framing of new social care legislation and applies to adults aged 18 years or over.

An adult at risk is defined within No Secrets guidance as a person: “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

An adult at risk may also be a person who:
- Is elderly and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long term illness/condition
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to harm
- Is unable to demonstrate the capacity to make a decision and is in need of care and support
- Suffers from either a temporary or permanent impairment

Safeguarding encompasses:
- Prevention of harm and abuse through provision of high quality care
- Effective responses to allegations of harm and abuse, responses that are in line with local multi-agency procedures
- Using learning to improve service to patients.

SAFEGUARDING PRINCIPLES

Principle 1 – Empowerment
Presumption of person led decisions and consent

Principle 2 – Protection
Support and representation for those in greatest need

Principle 3 – Prevention
Prevention of neglect harm and abuse is a primary objective.

Principle 4 – Proportionality
Proportionality and least intrusive response appropriate to the risk presented

Principle 5 – Partnerships
Local solutions through services working with their communities

Principle 6 – Accountability
Accountability and transparency in delivering safeguarding

Definition of Abuse

Abuse is a violation of an individual’s human and civil rights by another person or persons (No Secrets DoH 2000).

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.
TO AID SAFE DISCHARGE AND TRANSFER OF PATIENTS WITH KNOWN SAFEGUARDING ADULT ISSUES

APPENDIX I

Identify Potential Discharge Issues
On discharge does the patient need support from:
Social Services?
Community Nursing?
Mental Health Community Support?
Learning Disabilities community nursing
Hull or East Yorkshire Safeguarding Teams
Family and or Friends

PATIENT MAKES OWN DECISIONS AND HAS CAPACITY
Although the decision made by the patient may seem unwise, the decision rests with them
Advice on support if patient wants to go back to home address

PATIENT DOES NOT HAVE CAPACITY
Consider Safeguarding Referral
If patient is in danger at home address consider:
- Alleged perpetrator
- Police involvement if appropriate
- Safety of home environment
- Care required to enable patient back in to home
If not appropriate to go to home address consider alternative arrangements e.g., family member.
If no alternative is found patient must remain in hospital until suitable placement is confirmed

Check progress of Safeguarding referral progress with the Compliance Team – 01482 604454 (8am – 4pm)
Inform HEY Discharge Liaison Team if there will be a delay in discharge from the hospital

Ensure IDL’s and patient take home DRUGS have been checked and are with patient on discharge
If patient requires nursing support on discharge, needs other referrals and or dressings etc., ensure they are organised before discharge and is recorded on the IDL

Complete Section 2 if required

Ensure decisions taken and conversations with patient, relatives/carers and other health/social care professionals are comprehensively documented in the patients care records.

If you need help and support with any part of the DoLS process, please contact
Safeguarding Team
SAT Phone: 07825 402687 - 9am – 5pm Monday to Friday excluding Bank Holidays