

East Kent Hospitals University
NHS Foundation Trust

POLICY DOCUMENT

People at Risk Policy

(Safeguarding Vulnerable Adults)

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Author:	Sally Hyde; Head of Adult Safeguarding
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Version Control Schedule

Version	Date	Author	Status	Comment
1		Head of Adult Safeguarding	Superseded	
2		Head of Adult Safeguarding	Superseded	
3		Head of Adult Safeguarding	Superseded	
4		Head of Adult Safeguarding	Superseded	
5	10/07/2015	Head of Adult Safeguarding	Superseded	
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7		Head of Adult Safeguarding	Final	

Policy Reviewers

Name and Title of Individual	Date Consulted
Tara Laybourne, Deputy Chief Nurse	29/10/19
Designated Nurse for Adult Safeguarding East Kent CCG	22/10/19

Name of Committee	Date Reviewed
Patient Experience Group	18/12/19
Policy Authorisation Group	February 2020

Summary of Key Changes from Last Approved Version

Addition of Serious Abuse referral (SAR)

Associated Documentation

Children's Safeguarding policy

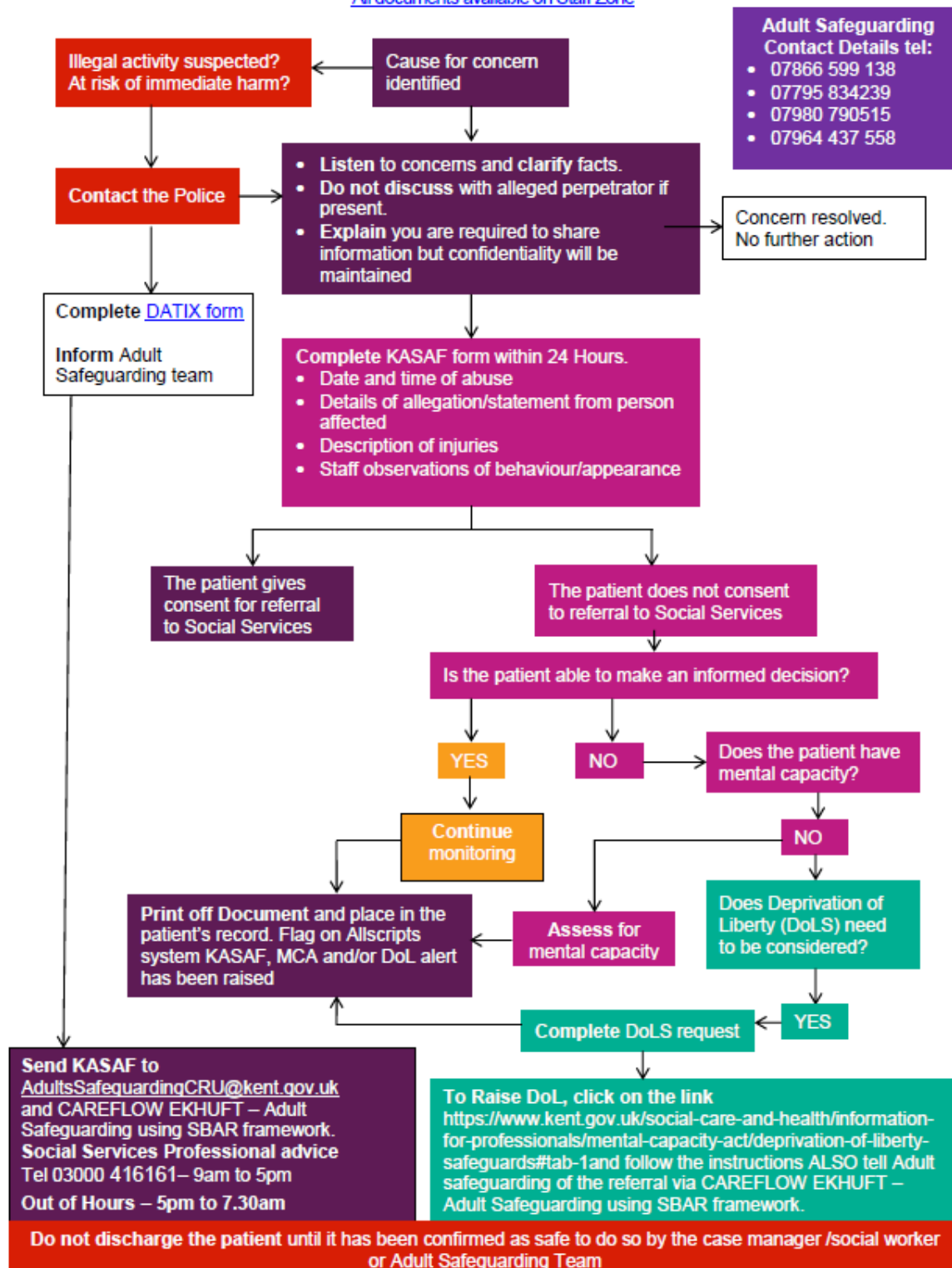
Disclosure and Barring Checks policy

Disciplinary Policy

Maintaining High Professional Standards in the NHS Policy (for Medical and Dental Staff only)

EKHUFT Managing the Adult at Risk Reporting Flow Chart 2019

[All documents available on Staff Zone](#)



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1. Policy Description

- 1.1. This policy provides a framework for staff of the Trust, alliances, volunteers and contractors, students (referred to as 'staff' throughout Policy) how to address safeguarding concerns and is in accordance with national legislative requirements and guidance for safeguarding adults at risk of harm. It aligns with the Kent & Medway Adult Safeguarding Board Policies.

2. Introduction

- 2.1. This document applies to all staff within the East Kent Hospitals University NHS Foundation Trust (EKHUFT) and especially those who will come into direct contact with adult patients who may either be at risk of harm or who have already been harmed. This document will give staff clear guidance about who is considered an adult at risk of harm and when to refer safeguarding adults concerns to the local authority.
- 2.2. Trust staff are responsible for the protection and safety of all patients being cared for within EKHUFT, and as such are expected to comply with this policy. The Trust endorses the Kent and Medway Multi-Agency Safeguarding Adults Policy, Protocols and Guidance September 2017.

3. Definitions

- 3.1. **Abuse** - Abuse is a violation of an individual's human and civil rights by any other person or persons. 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 an omission to act, or it may occur when a vulnerable person is persuaded (coercion and control), to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.
- 3.2. **Adult at risk of harm** is defined as an adult who:
- Has needs for care and support (whether or not the Local Authority is meeting any of those needs); and
 - Is experiencing, or at risk of, abuse or neglect; and
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- Care Act (2014)

3.3. **An Adult at Risk** can be a person:

- With a mental health problem (including dementia);
- With a physical disability;
- With drug and alcohol related problems;
- With a sensory impairment;
- With a learning disability;
- With an acquired brain injury;
- Who is frail and/or is experiencing a temporary illness;
- Who is being abused, and may be living in any kind of community or institutional setting.

3.4. **Exploitation includes exploitation or the prostitution of others or other** forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, United Nations Office of Drugs and Crime 2014).

3.5. **Female Genital Mutilation (FGM)** - Is the partial or total removal of external female genitalia for non-medical reasons and it can be known as female circumcision, cutting or Sunna. This must be reported and is a criminal offence.

3.6. **Forced Marriage** – Is when physical threats or abuse, or emotional pressure (e.g. the person is made to feel like they are bringing shame on the family) is brought to bear to make one person marry another.

3.7. **Radicalisation** - The processes by which people come to support violent extremism and, in some cases, join terrorist groups.

3.8. **Rape** - penetration of the vagina, anus or mouth with an object, with or without force, by a sex organ, other body part or foreign object, without the consent of the victim.

3.9. **Significant harm** - includes ill treatment, the impairment of, or avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social, or behavioural development” (Law Commission, 1995).

3.10. **Trafficking** - The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat, use of force, or other forms of coercion, abduction, fraud, deception, abuse of power, a position of vulnerability or the giving or receiving of payments or benefits, to have control over another person, for the purpose of exploitation.

4. Purpose and Scope

- 4.1. Abuse or neglect may be deliberate, or the result of negligence or ignorance. Unintentional abuse or neglect may occur owing to life pressures or as a result of challenging behaviour which is not being properly addressed. It is the intent of the abuse or neglect which is therefore likely to inform the type of response.

5. Duties

- 5.1. **All staff** have a duty to identify and report concerns about any potential or actual abuse to a person who meets the definition of a 'Person at risk' who is over the age of 18 years, as per the definition in the Care Act 2014.
- 5.2. **The Chief Executive** has responsibility for ensuring that the Trust follows has adequate safeguarding resources and processes.
- 5.3. **The Chief Nurse and Director of Quality and Patient Experience** has the delegated responsibility for ensuring that the policy and procedures are in place to protect adults at risk and represents the Trust on the Kent & Medway Adult Safeguarding Board. Chairs the Trust Adult Risk Committee.
- 5.4. **Deputy Chief Nurse** with responsibility for Safeguarding - has line management responsibility for the People at Risk team.
- 5.5. **Head of Adult Safeguarding** - Develops and monitors the effectiveness of safeguarding policies and procedures, manages the data base, reports on trends, represents the organisation at Inter Agency meetings, and attends case conferences and Senior Strategy meetings. Also attending network meetings on adult safeguarding, domestic abuse and MCA and 'PREVENT'. Fosters close partnership working with colleagues in the local multi-disciplinary agencies who have a responsibility for facilitating the Safeguarding Adults agenda. Responsibility for operational delivery of patient at risk service and reporting of any non-compliance.
- 5.6. **People at Risk team** (previously Adult Safeguarding Team) - The team is responsible for providing expert knowledge and advice to the Trust; for maintaining a register of all cases referred to Social Services; for providing training and awareness. It is also responsible for the provision of advice and education in relation to matters concerning patients with learning disabilities.
- 5.7. **Hospital Manager/Clinical Site Coordinator** - will be informed if any concerns are raised out of hours and consideration must be given to the type of abuse and immediate patient safety. He/she will:
 - 5.7.1. Contact the police, if appropriate
 - 5.7.2. Escalate serious issues to the Director on call

- 5.7.3. Ensure the People at Risk Team have been informed.
- 5.8. **Lead Nurses/Department/Ward Manager/Matron** - Will ensure all staff within their departments are aware of the policy and that the correct procedures are followed.
- 5.9. **Individual staff's** responsibilities - All staff have a duty to protect vulnerable people. In order to comply with this, staff must be familiar with and understand this policy, know who to contact for advice and when, be able to recognise and act upon indicators that a person's welfare or safety may be at risk and complete relevant documentation. Staff are required to report incidents relating to safeguarding, adult protection whether actual or near misses via the incident reporting system.
- 5.10. **People at Risk Group** - This Group, chaired by the Chief Nurse and Director of Quality which is the delegated committee of the Trust Board to ensure that all adult and child safeguarding procedures are implemented and monitored accordingly. The committee is multi-disciplinary. It meets bi-monthly, and reports twice a year to the Trust Patient Experience Committee.
- 5.11. **The Head of Adult Safeguarding** has a duty to report all cases of suspected abuse of adults in line with the Kent & Medway Adult Safeguarding Board's protocol:
- 5.11.1. If abuse occurred in the hospital setting, the staff member is expected to report their concern to their line manager, for assessment and referral onto Kent Central Referral Unit, using the Kent Adult Safeguarding Referral Alert Form (KASAF). It will be the responsibility of Trust staff to ensure that investigations are carried out into the allegations about Trust care and practice, unless a crime is suspected. In such a case the police will investigate.
- 5.11.2. If abuse is suspected to have occurred prior to the patient's admission to the Trust this must be referred to the Kent Central Referral Unit (CRU) using the Kent Adult Safeguarding Alert Form (KASAF) and refer via CAREFLOW to the adult safeguarding team.
- 5.12. The Trust has a responsibility to provide additional advice and support for adults who are at risk of harm or who are suffering from harm to safeguard them from being abused in any way.
- 5.13. The Trust has a responsibility to appropriately maintain the confidentiality of anyone involved in a safeguarding case, sharing information on a need to know basis.

6. EKHUFT Arrangements for Safeguarding Adults at Risk

- 6.1. Prompt action must be taken to ensure the immediate safety of any adult about whom there are concerns. This may involve emergency calls to the police if a crime has been or is likely to be committed.
- 6.2. A line manager, Matron or the person in charge of the ward or department must be informed as it is their responsibility to ensure that the relevant professionals both within and outside of the Trust are contacted and that advice is sought. If concerns relate to the immediate line manager then this should be discussed with a more senior manager e.g. on call manager.

7. Documentation and Recording Disclosures

- 7.1. Good documentation will assist the Local Authority to make decisions with regards to the level of safeguarding enquiry or investigation that is required.
- 7.2. Staff must:
 - 7.2.1. Note what the person has said that they want to happen as a result of the referral being made – ‘Make Safeguarding Personal’ (Care Act 2014);
 - 7.2.2. Record what the person actually said, using their own words and phrases within the Healthcare records;
 - 7.2.3. Describe the circumstances in which the disclosure came about;
 - 7.2.4. Note the settings and anyone else there at the time;
 - 7.2.5. Include only factual information;
 - 7.2.6. Consider use of photographic evidence (please ensure that consent is obtained prior to any use of photographic evidence);
 - 7.2.7. Use body maps and wound charts as appropriate;
 - 7.2.8. Write in black ink (or that which can be seen on photocopying);
 - 7.2.9. Be aware the report may be used later as part of legal or disciplinary action;
 - 7.2.10. Date and sign the record;
 - 7.2.11. Preserve any evidence. Staff may need to be careful with regards to where they document this information and consider documenting the finer details separate from the contemporaneous healthcare records. This will be the case where the alleged perpetrator still has access to the healthcare records; and until such time as a decision is made to proceed to investigation the alleged perpetrator should not be alerted to the concerns raised about them.

- 7.3. If the alleged perpetrator is a member of staff and they need to be suspended from duty they should just be informed that a safeguarding concern has been raised about their practice and that whilst an investigation is underway they are not to make any contact with members of staff within the Trust. See Managing Allegations policy.
- 7.4. Kent & Medway Safeguarding processes use Protocol 19, a procedure for investigating and determining neglect in the incidence of acquisition of pressure ulcers. This will give practitioners guidance about when to raise a safeguarding alert in these instances.
- 7.5. When staff or procedures have been suspected of causing harm they will be investigated in accordance with the Trust's Incident investigation policy. A Duty of Candour letter may be required to be sent to the patient or relative.

8. Domestic Abuse and Safeguarding Adults at Risk

- 8.1. It is important to recognise that any adult may become a victim of domestic abuse/violence. If they have mental capacity they may not always meet the criteria for protection under the Care Act (2014).
- 8.2. Domestic abuse is likely to have a serious effect on their physical and mental well-being, any children or other vulnerable people with in the home setting. Where adults at risk of harm are victims of domestic violence or abuse they may need extra support to plan their future and keep themselves safe. The violence or threat of violence may continue after they have moved away from the abuser. It is important to ensure that all vulnerable people in this situation have appropriate support to enable them to maintain their personal safety.
- 8.3. A separate domestic abuse protocol is in place between Kent Police, Social Services and Health. This can be found on the Kent County Council Safeguarding Adults website at:

http://www.kent.gov.uk/data/assets/pdf_file/0005/14000/protocol-for-dealing-with-cases-of-domestic-violence-where-adults-at-risk-are-involved.pdf
- 8.4. Incidents reported to the Police through these domestic abuse protocols will be addressed under the Safeguarding Adults processes if it is considered that an adult at risk of harm is at risk of abuse.
- 8.5. If a patient or another family member discloses to staff that they are the victim of domestic violence/abuse staff should assess if they have mental capacity to make decisions for themselves and then gain an understanding as to how they wish the information disclosed to be used. The Domestic Abuse Stalking and Honour Based Violence (DASH) Risk Identification and Assessment Checklist will help staff to ask the most appropriate questions to assess the level of risk for

each individual victim and plan a way forward for onward referrals with the victim or in their best interests. See Adult safeguarding icon on Staff zone.

- 8.6. When death results from domestic abuse, a Domestic Homicide Review (DHR) is required by law. This is a statutory multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Section 9 of the Act establishes a Domestic Homicide Review (DHR) process. This amounts to a review of the circumstances in which the death of a person aged 16 years or over has, or appears to have, resulted from violence, abuse or neglect by:
- 8.7. A person to whom they were related or with whom they have or had been, in an intimate personal relationship with, or a member of the same household as themselves.
- 8.8. The Domestic Violence, Crime and Victims Act 2004 established within this Act states that the definition of domestic abuse is:
“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are of who have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to any types of abuse.”
- 8.9. A Domestic Homicide Review will be held with a view to identifying the lessons to be learnt from the death. If the Trust is asked to contribute to a Domestic Homicide Review (DHR) it has a legal duty to comply.

9. Self-neglect

- 9.1. Where a patient is assessed as neglecting themselves staff must assess their mental capacity without delay. Are they knowingly living an alternative life style for which they understand the risks?
- 9.2. If they have mental capacity; If the extent that this is potentially causing, or going to cause significant harm or injury staff must liaise with the Local Authority where the person lives. Document who staff have spoken to and the agreed outcome of that conversation. If the patient's care ends at the Emergency Department (ED) then ED practitioners should alert the Local Authority about their concerns and level of risk of harm due to their self-neglect, to the patient.
- 9.3. If the patient is going to be admitted to the Trust it would be reasonable for a to multi-agency meeting to be convened by staff, to discuss the level of self-neglect, how that is impacting upon the patients' health and whether or not community resources can be used to improve the situation prior to discharge.

- 9.4. If the person lacks mental capacity and it is considered that the individual is likely to need care and support, staff must report via the KASAF form. The Local Authority will determine if a Section 42 enquiry is required under the Care Act 2014. If the self-neglect is as a result of care provision failures then a KASAF should be raised so that the Local Authority can make enquiries into the situation. The Kent & Medway Policy, Protocol and Guidance has a stand-alone self-neglect policy which can be accessed at:

http://www.kent.gov.uk/_data/assets/pdf_file/0012/16140/Self-neglect-policy-and-procedures.pdf

10. Kent Serious Adult Review (SAR) / Domestic Homicide Review (DHR) / Serious Incident Processes (STEIS)

- 10.1. On occasions the Trust will participate in the Kent Multi-Agency Serious Adult Review or Domestic Homicide Review processes. Learning outcomes that are specific to the Acute Hospital Trust will be shared with the Safeguarding Adults Committee, Trust Board, and Chief Nurse and Director of Quality and Patient Experience, Deputy Chief Nurse with Safeguarding responsibility, Senior Managers for learning and improvements to be made Trust wide.
- 10.2. Staff may wish to refer an adult for consideration for a SAR/DHR. Staff will need to refer to the criteria as described in the Local Authority policy; this will need to be done in conjunction with the Trust's Head of Adult Safeguarding or Deputy Chief Nurse with safeguarding responsibility, to ensure that the referral is made appropriately. (Kent County Council web page. Search Adult Safeguarding Review)

11. Formal Trust Processes

- 11.1. Allegations of abuse of an adult by a member of staff may lead to formal action being taken against that individual, in accordance with the Trust's Managing Allegations Policy, Disciplinary Policy , Maintaining High Professional Standards in the NHS Policy (for Medical and Dental Staff only).
- 11.2. Prior to this the staff member may be removed from duty or suspended from work pending the completion of the investigation. Whatever the circumstances; all staff must ensure that the details of the incident or suspicion are documented on the KASAF.
- 11.3. If documenting in the patient's notes, care should be taken not to identify the alleged perpetrator so as to safeguard the potential criminal or disciplinary investigation. The finer detail of the allegation should not be shared with the alleged perpetrator at this stage. It is at the point of calling the alleged perpetrator in for an interview that they should be made aware of the finer detail. The

interviewer should be asking open questions about the incident and care delivery episode and should not show the alleged perpetrator any complaint letter or witness statements gathered at this stage. An interview schedule should be developed taking into account all the information gathered thus far as part of the investigative process.

- 11.4. If a police investigation has been commenced, then the Trust will work in partnership with the Police during the investigation.
- 11.5. If after the investigation the case is unfounded and cannot be proven, then it will be noted as such and the alleged perpetrator will be informed in writing, by their line manager.

12. Referral to Professional Body or Disclosure and Barring Scheme (DBS)

- 12.1. If a professionally registered person is found to be guilty as the perpetrator they will be referred to their registering body i.e. the NMC, GMC etc. (This list is not exhaustive). It will be the Trust's responsibility to report matters to the professional bodies.
- 12.2. If any staff member is found guilty of an abusive act against an adult at risk of harm they will be referred to the DBS in conjunction with National Guidance. It will be Human Resources' responsibility to assess this requirement with the Lead for the disciplinary action and complete the necessary forms, if deemed appropriate to refer.
- 12.3. It is for the DBS to decide whether or not to place the worker on a barring list. If the worker is barred from working with adults at risk of harm and/or children it will be a criminal offence for them to seek work with these categories of people.

13. Outcomes for the Adult Risk of Harm

- 13.1. Social Services make the decision whether the allegation of abuse was proven
- 13.2. Social services determine what type or level of harm has occurred.

14. Supporting Staff

- 14.1. Caring for patients who have been abused, or for staff who have been involved in the investigation of a safeguarding nature can be stressful. In this situation managers will assess the risk to the member of staff and offer support for example through supervision or referral to Occupational Health or other services.

- 14.2. All allegations of abuse that are alleged to have occurred in the hospital setting are reported to CQC via raising a Safeguarding Alert (KASAF) by Kent Social Services and the CCG Quality and Safeguarding leads will be informed.

15. Child Safeguarding Issues

- 15.1. Refer to the 'Safeguarding Children Policy and Child Protection Procedures' available on the Trust intranet. Staff must consider the wider family. Who else might be vulnerable, not just the patient of concern. Where there is concern for a baby/child or other children in the household, advice should be sought from the named personnel for child safeguarding, or consultant paediatrician on call and child safeguarding procedures followed.

16. People at Risk Groups

- 16.1. Those with a diagnosis of learning disability or dementia, the homeless and those as known victims of domestic abuse, are flagged on 'the Trust electronic patient record. They are particularly at risk of abuse and often require additional help and support. The Trust intranet provides additional support and guidance to aid staff.
- 16.2. Consideration should be given to people where there is movement of that person from one place to another, which may raise concerns for the purpose of exploitation.
- 16.3. Staff must consider those who have been coerced in to being part of a Gang. Wearing a type of "uniform" or having specific gang related tattoos maybe indicative

17. Gangs and Knife Crime

- 17.1. The UK Government defines county lines as: County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities (Home Office 2018).
- 17.2. Staff should be aware that County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police,

the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.

- 17.3. A Public Health approach has been identified as the most effective approach to reducing violence and knife crime. A public health approach provides an ideal framework for understanding the causes of violence and for responding with appropriate interventions. This multi-agency approach depends on gaining an understanding of violence through evidence and of responding to the problem through carefully designed interventions. It recognises, for example, that Emergency Department and hospital admissions data can give a most accurate picture of some kinds of violence than police records alone (KCC 2019).
- 17.4. EKHUFT will continue to undertake to provide anonymised information to the information sharing Community Safety Portal in relation to knife and assault incidents for children, young people and adults. This is underpinned by the 'Information Sharing to Tackle Violence' Information Standard, it includes the date and time of the incident, the date and time of arrival in ED, the location of the incident and the means of assault (Information Sharing Guidance).
- 17.5. Appropriate referrals to the Police and/or Local Authority will be made utilising the existing frameworks for assessment of harm/risk by the Patient at Risk team.
- 17.6. Staff are expected to undertake training on Safeguarding pertinent to their role. Level 1, 2, and 3 Safeguarding Adult/Children training will include information about vulnerable indicators, gangs and the county lines model. Updated information for practitioners can be accessed through the Kent Safeguarding Children Multi Agency Partnership (www.kscmp.org.uk), or for adults at KCC (www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding)

18. PREVENT

- 18.1. PREVENT is a strand of the Government's counter-terrorism strategy known as CONTEST.
- 18.2. PREVENT aims to reduce the risk we face from terrorism by stopping people becoming terrorists or supporting terrorism. The object is to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support through multi-agency response. 'PREVENT' operates in the pre-criminal space that is to say that the individual has yet to commit a crime.
- 18.3. PREVENT is part of existing safeguarding duties for the health care staff. All healthcare staff workers have a role to play in reducing the risk of radicalisation and supporting vulnerable individuals. There is no single profile of a terrorist;

'PREVENT' is not about race, religion or ethnicity, the programme is sole aim is to prevent the exploitation of vulnerable people.

- 18.4. The PREVENT Lead within the Trust is the Head of Adult Safeguarding.
- 18.5. All staff in the Trust must receive a level of training appropriate to their job role, in line with the Trust's training needs analysis. See your personal learning account on ESR:

https://my.esr.nhs.uk/localresponse/?TAM_OP=login&USERNAME=unauthenticated&ERROR_CODE=0x00000000&METHOD=GET&URL=%2Fdash-board%2Fc%2Fportal%2Flogin&HOSTNAME=my.esr.nhs.uk&FAIL-REASON=&PROTOCOL=https

19. Public Safety

- 19.1. If the alleged perpetrator has access to other adults at risk of harm, or children, a Safeguarding Referral must be made as detailed in the policy. Where necessary, immediate measures to protect others, must be put in place and done in collaboration with social services, if not immediately, the next working day.
- 19.2. Other protective measures may include admitting a patient even if their medical needs do not require it.

20. Multi-Agency Working and Sharing Information

- 20.1. Agencies working together to protect and promote the health and wellbeing of the adult risk is paramount. The sharing of information is a vital part of this but it must be lawful. All agencies are bound by a duty to protect the confidentiality of shared material.
- 20.2. The General Data Protection Regulation and Data Protection Act 2018 provide a legal framework for lawful information sharing. Any decision made to share confidential information must have a lawful basis, be necessary and justified and proportionate with regard to the Human Rights Act (1998). (JAPAN principles Justified, Authorised, Proportionate, Auditable and Necessary). The Police will use the following acronym: PLAN – Proportionate, Legal, Accountable and Necessary.
- 20.3. All agencies will use shared material only for the purposes for which it is disclosed and not for secondary reasons. The amount of information must be in line with Caldicott principles and on a "need to know" basis. The Care Act s45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act.

- 20.4. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information. Kent & Medway also have an Information sharing Protocol of which all statutory services are signatories.
- 20.5. All requests for other non -urgent information sharing under adult safeguarding must be directed to the Safeguarding Lead.

21. Advocacy

- 21.1. Section 68 of the Care Act 2014 requires arrangement for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review, where the adult has 'substantial difficulty' in being involved in the process and where there is no other 'appropriate person' to represent and facilitate their involvement.
- 21.2. Substantial difficulty is assessed in relation to the adult's ability to understand, retain, use and weigh and communicate their views wishes and feelings about the safeguarding concerns. The test for substantial difficulty is a lesser threshold than lacking mental capacity under the MCA, and may include factors in addition to mental impairment, such as the adult's social and family circumstances, impinging on their ability to make decisions.
- 21.3. Where a person is assessed under the Mental Capacity Act to lack the capacity to understand or make relevant decisions related to the safeguarding, the authority must appoint an Independent Mental Capacity Advocate (IMCA). The IMCAs role is to support with best interest decision making during the safeguarding process.
- 21.4. If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible. The referral for an IMCA is available on the Adult Safeguarding Staffzone page.

22. Training and Implementation

- 22.1. Training for all Trust staff regarding Safeguarding Adults is part of the Trust's mandatory training package at induction and 3 yearly updates. Training in Safeguarding Adults will be delivered by the People at Risk Team at Induction, in collaboration with the Children's Safeguarding Team.
- 22.2. Refresher training can be met by accessing and completing the appropriate e-learning training modules appropriate to Safeguarding Adults such as Mental Capacity Act, Domestic Abuse, PREVENT etc.) Check your personal learning account and the current training requirements on the Adult Safeguarding intranet page. The training needs analysis for Safeguarding Adults at risk of harm is detailed in the Trust Mandatory Training Policy. This identifies the appropriate learning to be undertaken dependant on the grade/discipline of all Trust staff.
- 22.3. Further guidance is provided via the Trust intranet. This will be updated on an annual basis or reviewed immediately if significant changes are required.

23. Policy Development, Approval and Ratification

- 23.1. This policy will be approved by the Patient Experience Committee and ratified by the Trust Policy Authorisation Group.

24. Review and Revision Arrangements

- 24.1. This policy will be reviewed as scheduled in three years' time unless legislative or other changes necessitate an earlier review.
- 24.2. This policy will be reviewed every three years, or when there are significant changes and/or changes to underpinning legislation in accordance with section 9.3 of the policy for the Development and Management of Trust Policies (and other Procedural Documents).

25. Policy Implementation

- 25.1. Refer to Appendix C.

26. Document Control including Archiving Arrangements

- 26.1. Archiving of this policy will conform to the Trust's Information Lifecycle and Records Management Policy, which sets out the Trust's policy on the management of its information.
- 26.2. This policy will be uploaded to the Trust's policy management system.
- 26.3. V6 of this policy, which this document supersedes, will be retained within the Trust's policy management system for future reference.

27. Monitoring Compliance

27.1. Child Safeguarding Issues

27.2. Monthly audit of safeguarding referrals made by EKHUFT staff.

28. References

Home Office (2018) Criminal Exploitation of children and vulnerable adults: County Lines guidance

Information Sharing Guidance from

www.content.digital.nhs.uk/isce/publication/isb1594 (accessed 15/11/19)

Knife Crime Select Committee Report (KCC Oct 2019)

Kent & Medway Adult safeguarding policy 2019

29. Appendices

Appendix A - Responding to Disclosures of Adult Abuse or Neglect

If someone tells any staff member about abuse or this is witnessed as an abusive act, that staff member's immediate response must be to ensure that the person is safe and that no other adult or child is at immediate risk or imminent risk in light of the content of the disclosure or the act witnessed. Staff's role is to respond sensitively to the disclosure and to ensure the safety of the alleged victim and all other adults in their care. The person receiving this disclosure may not be the person to take forward investigation of the matter. If someone tells a member of staff about abuse or neglect, they should respond sensitively to the service user. This information must also be passed to their line manager or senior manager of the Trust. Disclosure may take place many years after a traumatic event or when the person has left a setting in which they were afraid. This delay should not, in itself, cast doubt on its truthfulness.

Staff's responsibilities are to:

- Stay calm
- Listen carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed
- Document their disclosure factually:
- Line Managers (or others who receive the disclosure) should inform the person that ;
- They did the right thing to raise concern
- That information will be treated seriously
- It was not their fault
- Appropriate personnel will be informed
- Steps will be taken to protect and support them
- Record what was said by the person disclosing as soon as possible after the disclosure.
- At the first opportunity staff should make a note of the disclosure using the electronic KASAF form available on the Trust intranet Adult safeguarding page. The completed form must be sent via email to:

AdultsSafeguardingCRU@kent.gov.uk and **CAREFLOW Adult Safeguarding referral**

Staff should aim to:

- Note what the people actually said, using their own words and phrases
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was there at the time
- Give factual information not individual or other's opinions
- Be aware that the report may be required later as part of a legal action or investigation.
- Make safeguarding personal; ask the person what they would like to happen.

Procedure

It is for the Local Authority (LA) to decide whether the concern that has been raised to them about an adult safeguarding issue should amount to a Statutory Safeguarding Enquiry (Section 42) being initiated. After risk assessing the information, the LA will decide the level of enquiry to be undertaken.

The LA are the lead agency for Section 42 Safeguarding Enquiries and will decide when the Section 42 duty is satisfied. If a crime is suspected to have occurred in the community the LA will notify the Police and it will be a Police responsibility to lead a criminal investigation. If an incident of alleged abuse occurs in the hospital setting and it is either clear that a crime is suspected or where there is doubt as to whether or not the alleged incident constitutes a crime, a senior staff member (Ward Manager and above) should notify the local Combined Safeguarding Team (CST) via the national number 101 (This is a specialist team of police who take the lead on investigating allegations of abuse both children and adults). If there is an immediate risk of serious injury or someone is in danger of being attacked 999 should be called.

All conversations with Kent Police must be documented and staff must take note of the Officer's name and number and request a reference number from Kent Police. The outcome of your conversation with Kent Police should be clearly documented.

If an allegation of abuse or neglect occurs within the Acute Hospital this must be reported to the LA using a KASAF Form and if the LA assesses that a Section 42 Enquiry is warranted the LA will request that hospital Safeguarding team ensures an enquiry is undertaken. The LA retains responsibility for reviewing investigation processes with the Safeguarding team and will be responsible for deciding whether the level of enquiry undertaken satisfies the Section 42 Safeguarding Adults Enquiry that was required. The LA Safeguarding Practitioners have a responsibility to challenge the Trust if they believe that the Section 42 duties to carry out an appropriate enquiry/ investigation have not been met.

If staff are concerned that an adult at risk of harm has been abused or neglected prior to coming into hospital A Safeguarding Concern with the LA must be raised by completing the KASAF. The KASAF needs to be completed electronically and must be copied into the Safeguarding Lead. It will be for the LA to decide whether or not a Section 42 Enquiry is required and the level of enquiry needed.

When completing the KASAF staff must include as much information as can be gathered – this will enable the LA to risk assess appropriately. The LA should give the referrer feedback in relation to the concerns that have been raised and the outcome of the enquiry where possible. If staff are unsure whether their concerns should lead you to raising a KASAF staff should contact an EKHUFT Safeguarding Practitioner via CAREFLOW.

Staff's Care Group Matron or line manager, can offer support and guidance.

The Central Duty Team (CDT) in the Central Referral Unit, (CRU) may be contacted for a consultation, to discuss the presenting concern.

A KASAF will need to be completed by the person who has either witnessed the abuse, it has been disclosed to, or who suspects that the abuse is occurring. Copy this referral in to the Care Group Matron and CAREFLOW- Adult Safeguarding Referral.

If a KASAF referral is completed then it will be for Kent Local Authority to decide if the concern meets the threshold for a Section 42 enquiry (safeguarding investigation).

If the allegation is made by or about an Inpatient's relating to acts or omissions by a member of trust staff, it will be the responsibility of the Care Group Matron to escalate the referral information to the Safeguarding team and Deputy Chief Nurse. In exceptional circumstances i.e. if there is a reason to believe that a line manager is colluding in the abuse of an adult patient, the notifying member of staff should contact any of the following for advice – Clinical Site Manager or Care Group Matron or Medical Lead, the Safeguarding Lead, A Deputy Chief Nurse or the Medical Director/Chief Medical Officer for guidance and support.

When it is an alleged incident of abuse in the hospital, it is the responsibility of the Care Group Matron (or) Head of Department, to ensure that a KASAF is completed by the person reporting or receiving the allegation of abuse. This includes when a family member reports the abuse to staff.

If it is felt that the allegation of abuse is not being taken seriously or is not being investigated then this can be escalated via the Kent and Medway multi-agency policy for safeguarding adults:

https://www.kent.gov.uk/_data/assets/pdf_file/0019/56107/Kent-and-Medway-Multi-Agency-escalation-policy-for-adult-safeguarding-resolving-practitioner-differences.pdf

Responding to Disclosure of Abuse

Staff should ask - "is the incident serious enough to be reported direct to police?" If so, staff should do so immediately. Clear guidance can be gained from Kent Police as to what should be done initially to safeguard the victim, without contaminating a Police Investigation.

The outcome of that initial consultation must be recorded, and staff must note the Police Officers name and number and Police Reference Number.

The information must be passed on to staff's line manager or, if their line manager is implicated in the abuse, this must be escalated to a more senior member of staff, or Safeguarding Lead. If staff's line manager is not available, staff have a duty to speak to either their line manager or the Safeguarding team. If the disclosure or witnessed event happens outside of office hours staff must inform the Clinical Site Manager on duty. If the staff member considers that the matter is potentially a crime this must be escalated to their immediate line manager, or if they are implicated, to a Senior Manager. A KASAF must be completed and send to CDT in the CRU. Staff must liaise with the local Combined Safeguarding Team at Kent Police. In normal working hours ensure that the Care Group Matron or Medical Lead, the Safeguarding Lead, the Deputy Chief Nurse or the Medical Director/Chief Medical Officer (as appropriate and relevant), are informed so that they are able to assist with onward safeguarding decision making.

Outside of office hours, the referrer will liaise with the Clinical Site Manager, who will contact the Manager on Call and then the Executive Director on Call. The Serious Incident Reporting mechanism should be considered at this point by the Senior Management Team. Consider if it is appropriate to contact the police. The rationale for this decision and who made this decision must be clearly documented.

Any report of actual witnessed abuse or neglect of an adult with care or support needs, by Trust services, must also be reported via the Trust incident report form (DATIX). It will be fully investigated in line with the Trust risk management policies. It may meet the threshold to be treated as a serious incident and Concerns are taken to the Serious Incident group which meets weekly.

The Trust has a Whistleblowing policy. This policy must be referred to if staff believe matters have not been taken seriously.

Staff can minimise risk by developing an understanding of the issues which constitute abuse or neglect. Having open and honest discussions about care issues support a learning culture.

Be prepared to question and challenge practices which could be abusive or neglectful.

Post Abuse Planning

If the allegation of abuse is proven this could lead to the lead agency enabling a change of care provider for the person.

Additional support could be provided to ensure their on-going safety and protection.

Training needs might be identified for either the adult or their family/carers to ensure that they have the ability to safeguard themselves.

A change of accommodation might be required either for the adult or for the alleged perpetrator.

Counselling services might be required for the victim and their family.

Referral to an Advocacy Service might be considered.

The adult may be required to give evidence in a court case and may need additional support to enable this to occur. Kent Adult Social Services and Kent Police are able to assist with these processes.

Documents and flow charts associated with this policy are on Staffzone. Look for this icon:



Appendix B – Equality Analysis

An Equality Analysis not just about addressing discrimination or adverse impact; the policy should also positively promote equal opportunities, improved access, participation in public life and good relations.

Person completing the Analysis		
Name	Sally Hyde	
Job title	Head of Adult Safeguarding	
Care Group/Department	Corporate	
Date completed	22/11/19	
Who will be impacted by this policy	<input checked="" type="checkbox"/> Staff (EKHUFT) <input checked="" type="checkbox"/> Staff Spencer wings, Harmonia Village, One Ashford <input checked="" type="checkbox"/> Service Users	<input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Relatives

Assess the impact of the policy on people with different protected characteristics. When assessing impact, make it clear who will be impacted within the protected characteristic category. For example, it may have a positive impact on women but a neutral impact on men.		
Protected characteristic	Characteristic Group	Impact of decision Positive/Neutral/Negative
e.g. Sex	Women Men	Positive Neutral
Age	Women Men	Positive
Disability	Women Men	Positive
Gender reassignment	Women Men	Positive
Marriage and civil partnership	Women Men	Positive
Pregnancy and maternity	Women	Positive
Race	Women Men	Positive
Religion or belief	Women Men	Positive

Sex	Women Men	Positive
Sexual orientation		

If there is insufficient evidence to make a decision about the impact of the policy it may be necessary to consult with members of protected characteristic groups to establish how best to meet their needs or to overcome barriers.

Has there been specific consultation on this policy?	
Did the consultation analysis reveal any difference in views across the protected characteristics?	

Mitigating negative impact: Where any negative impact has been identified, outline the measures taken to mitigate against it.	NA
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Conclusion: Advise on the overall equality implications that should be taken into account by the policy approving committee.	
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Appendix C – Policy Implementation Plan

To be completed for each version of policy submitted for approval.

Policy Title:	People at Risk Policy (Safeguarding Vulnerable Adults)
Version Number:	V1
Director Responsible for Implementation:	Corporate
Implementation Lead:	Head of Adult Safeguarding

Staff Groups affected by policy:	All staff groups
Subsidiary Companies affected by policy:	The One Ashford Spencer Group Harmonia Village
Detail changes to current processes or practice:	Referral for Serious Case review Awareness of gangs and knife crime
Specify any training requirements:	All patient facing – staff. See annual Training needs analysis on adult safeguarding web page. Clinical staff should ensure they have attended Adult and Children's Safeguarding training, at the level appropriate to their job role which includes, PREVENT, Domestic Abuse. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) training
How will policy changes be communicated to staff groups/ subsidiary companies?	Dissemination via article in Trust News, Matron's meeting, Care Groups Governance committees. Training.