

**Index No: S10**

**SAFEGUARDING VULNERABLE ADULT POLICY**

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### *Approval and Authorisation*

Completion of the following signature blocks signifies the review and approval of this process.

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Local Committee approval (where applicable)

<b>Name of Committee</b>	<b>Name of Chairperson</b>	<b>Date of Approval</b>
Safeguarding Steering Group	Leanne Hackshall	

### **Change History**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
2.0	11.11.2014	Jacquie Barker	Review and update of policy to reflect Care Act 2014 and changes to KGH internal management structure
1.0	June 2010	Georgette Fitzgerald	Policy development

### *Impact Assessment*

<b>Undertaken by</b>	<b>Date</b>
Jacquie Barker	14.11.2014

A translation service is available for this policy.

The Interpretation/Translation Policy, Guidance for Staff (I55) is located on the library intranet under Trust wide policies.

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## 1. Introduction

Safeguarding vulnerable adults from abuse and harm is everyone's business and is an important part of everyday healthcare practice and an integral part of patient care. The primary aim for all agencies is to prevent abuse. When preventative strategies fail, robust procedures should be in place to deal with allegations of abuse. The purpose of this policy is to ensure that patients are protected from abuse and that staff working within Kettering General Hospital NHS Foundation Trust (KGH) know how to take timely, appropriate action.

This policy sets out a multidisciplinary framework, in accordance with the Department of Health publication 'No Secrets' (March 2000). It builds on the positive duty placed on public bodies as set out in the Human Rights Act (1998) and the Disability Discrimination Act (2005), and the need to protect vulnerable adults through effective multi-agency working. Staff will have full regard for an individual's age, race, religion, cultural background, disability, gender and sexuality. This policy also seeks to ensure compliance with the Mental Capacity Act (2005) to ensure that patients are empowered to make decisions for themselves wherever possible.

The Trust is fully committed to partnership working in order to protect and promote the interests of vulnerable people. The [Northamptonshire Interagency Safeguarding Adults Procedures \(2007\)](#) provide a comprehensive framework for the care and protection of adults. These interagency procedures form the basis of this document.

This document sets out the statutory duties of practitioners to safeguard adults and assists in preventing and responding to neglect, harm and abuse to patients who are in the most vulnerable situations.

The introduction of the Care Act 2014 may have an impact on how safeguarding procedures are carried out in the future. Should changes regarding safeguarding processes, duties and responsibilities require amendment in light of the Care Act, this policy and KGH procedures will be reviewed.

All contact with vulnerable adults is based on the following principles:

### 1.1 Duty to protect

'No Secrets' (2000) requires local authorities to prevent, investigate and take action where an adult protection concern exists.

### 1.2 Respect for individuals

It is every person's right to live a life free from abuse and neglect. Vulnerable adults will be treated in a way that respects and promotes the human rights of all citizens under the Human Rights Act 1998.

Actions taken to protect an individual's interests will aim to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation.

An individual's communication needs will be considered at all times.

### 1.3 'No Secrets'

In 2000, the Department of Health and the Home Office published the document, 'No Secrets', which gave guidance on developing and implementing multi-agency policy and procedures to protect vulnerable adults from abuse'. In 2005, the document 'Safeguarding Adults' was published, formulated by the Association of Directors of Social Services, it provided a national framework of standards for good practice and outcomes in safeguarding, (adult protection) work. The publication's aim has been to serve as a toolkit for organisations, who deliver health and care services for adults, to develop a practice framework to enable the implementation of 'No Secret's' guidance and ensure the safety of vulnerable adults.

Northamptonshire County Council (NCC) have established a strategic safeguarding Adults Board. The Safeguarding Adults Board, (SAB) includes representation at an executive level from all partner agencies. The KGH representative on this Board is the Director of Nursing and Quality.

The Trust, through this policy has in place a set of internal guidelines, consistent with the local multi-agency safeguarding adult's policy and procedures. See Appendix 1: Flowchart for Making an Adult Safeguarding Alert - Internal Process & also Section 7 of this Policy for practical implementation guidance.

The Role of Health Service Practitioners good practice safeguarding principles

**Partnership** – with patients, others involved in their care and partner agencies

**Workforce** – safeguarding is core business for the workforce who should receive training, support and supervision

**Systems** – procedures to support the process, systems to give assurance and recognise accountability

These principles are reflected in this guidance and the approach is supported by the Governments 6 principles of safeguarding that underpin best care for our patients.

Empowerment

Protection

Prevention

Proportionality

Partnership

Accountability

This version supersedes any previous versions of this document

## **2.0 SCOPE**

This document applies to all areas of the Trust and all employees including Agency and Locum staff.

## **3.0 AIM**

Kettering General Hospital Trust (KGH) is committed to promoting the welfare of adults and to protecting them from the risk of harm. The Trust considers all incidents of abuse to be unacceptable and is committed to promoting a culture where abuse will not be tolerated and is dealt with promptly if it does occur. The Trust also recognises its responsibility to ensure that safe working systems are in place for staff working with adults and carers.

This policy will underpin the process for identifying and acting on Safeguarding concerns that relate to patients at Kettering General Hospital NHS Foundation Trust (KGH). It will outline the process to follow where adult abuse is suspected

## **4.0 RESPONSIBILITIES**

Through 'No Secrets' guidance, the Department of Health has placed a responsibility for co-ordination and development of local procedures for the protection of vulnerable adults from abuse with the County Council. This responsibility is intended to be shared in partnership with other agencies as advocated in the Health Act (1999).

All health professionals, irrespective of whether they are primarily working with adults or with children and young people, must be aware of their duty to recognise and act on concerns about adult abuse. This includes implementing practices, policies and processes that promote the safety and welfare of vulnerable adults within the organisation.

### **4.1 Additionally, the Trust Board will ensure that:**

- All staff work to promote human rights (Human Rights Act 1998)
- All new employees are made aware of the rights of individuals as part of their induction
- Staff are aware of the importance of multi-agency working, are committed to developing effective multi-agency practices and endorse the Northamptonshire Interagency Safeguarding Adults Procedures ratified by Kettering General Hospital NHS Trust Quality Governance Board.
- Patients' welfare is promoted throughout the organisation by regular professional development programmes, so that the risk of harm is minimised.
- Staff are informed of the contents of the Trust's Health Records Policy.
- Record Keeping Audits are undertaken across the Trust annually.
- Staff have access to information and publications relating to all aspects of Safeguarding Adults.
- Information about missing vulnerable adults is circulated promptly to relevant staff for their information and action.



- Executive health representation on the Safeguarding Board
- An annual report on vulnerable adults' matters is received via the Quality Governance Steering Group.
- KGH has a Policy and Procedure for the use of CRB/DBS checks on Recruitment and Retention of Temporary and Permanent Staff.
- The Trust has a policy in relation to the management of Allegations and Concerns of Abuse Made Against Staff (Policy B.5.3), which is congruent with Safeguarding Adults procedures.
- All services provided are delivered in a non-discriminatory manner and respect the individuality of every person.

#### **4.2 Director of Nursing and Quality**

The Director of Nursing will be responsible for the implementation of this policy and will support the delivery of training on care and protection of vulnerable adults and foster work environments in which employees feel empowered and enabled to identify and act on suspected abuse. The Director of Nursing will be the Executive member of the Northants Inter-agency Safeguarding Adults Board (SAB) and will chair the Trust's Safeguarding Steering Group.

#### **4.3 Director of Human Resources**

The Director of Human Resources is responsible for ensuring that recruitment and retention policies comply with relevant legislation and guidance including Safeguarding Vulnerable Groups Act (2006). Employment practices must have due regard, in particular, to Criminal Records Bureau / DBS checks and disclosures and the schemes set out by the Independent Safeguarding Authority.

#### **4.4 Named Nurse Safeguarding Adults**

The Named Nurse Safeguarding Adults (NNSA) will act as the Trust lead for the promotion of good practice in respect of care for vulnerable adults. The NNSA will be the internal point of reference for advice on individual cases and will act as the Trust's link with other relevant agencies, ensuring that the Trust contributes to partnership working with external agencies. The NNSA will arrange and promote training on the care and management of vulnerable adults in conjunction with other safeguarding interagency leads. The NNSA will collate data on safeguarding adult referrals that are made by the Trust and report on issues and incidents relating to vulnerable adults to the Trust's Safeguarding Steering Group.

#### **4.5 Managers**

Managers are responsible for:

- promoting practices that ensure the safety and welfare of vulnerable adults.
- ensuring that staff attend all relevant training in relation to vulnerable adults – at induction and as ongoing mandatory training.



- ensuring that all staff within their area are aware of the policy and procedure to follow in seeking help and advice where adult abuse is suspected.
- decision-making in taking immediate and longer term safeguarding action to protect the vulnerable person in their care.
- ensuring that safeguarding concerns are raised through alerts to Northamptonshire County Council (NCC) in accordance with Multi-agency Policy and Procedure.
- ensuring that thorough investigations are undertaken within their area, including representation at, and chairing of, strategy meetings/discussions.
- ensuring that notifications, investigation and outcomes are reported to the NNSA for monitoring purposes.
- ensuring that Trust incident forms are completed.
- ensuring that individual professional development plans incorporate development needs and annual appraisals include reference to training needs of their staff group.
- ensuring that there is a safeguarding lead/link person within each team.
- ensuring that staff have access to supervision and support as appropriate to their role and in line with Trust Procedures.
- ensure that safeguarding alerts, investigations and outcomes are reviewed via local governance arrangements and that sharing of experience and practice is undertaken.

#### 4.6 **Clinical Business Units (CBUs)**

CBUs are responsible for leading a safeguarding adult investigation if the referral relates to that area, or if not, for participating in investigations led by NCC. CBU Managers/Lead Nurses are responsible for ensuring that responsibility for this is delegated to the most appropriate and experienced person and that investigations are carried out thoroughly.

#### 4.7 **Staff**

All KGH staff, employed or volunteers, have a duty to safeguard and promote the welfare of vulnerable adults.

Individual staff must ensure that:

- They attend mandatory training provided by the Trust in relation to safeguarding vulnerable adults.
- They are aware of the Trust policy and procedure relating to safeguarding adults.
- They are familiar with the Northamptonshire Interagency Safeguarding Adults Procedures (available on Knet intranet site under Safeguarding) [Safeguarding Vulnerable Adults Policy and Guidance](#)
- They are aware of how to obtain help and advice in relation to suspected abuse.
- They report any allegation or concerns of abuse or neglect to their line manager – failure to do so could itself be seen as neglect.
- Where appropriate, contribute to safeguarding discussions, meetings and

investigations.

- The laws of confidentiality within health are maintained. However, confidentiality in vulnerable adults' circumstances will be governed by the need to protect the person's welfare.
- All patient based work is based on evidence of best practice and available for audit in line with clinical governance requirements.
- On receipt of information about Missing Vulnerable Adults, all practitioners ensure they disseminate this information, sensitively within their practice area, to increase the likelihood of identifying those at risk who come into our area.

The Mental Capacity Act 2005 has introduced a criminal offence of ill-treatment or willful neglect of a person who lacks capacity to make relevant decisions (section 44). This could apply to staff where there is neglect or ill treatment or where there has been proven neglect to report or to intervene in situations that are dangerous to the person concerned or others, particularly where the person lacks the mental capacity to assess risks or understand what is happening to them.

## 5.0 DEFINITIONS (WHERE APPLICABLE)

The following definitions will apply:

VULNERABLE ADULT	<p>Anyone over the age of 18 who is or may be in need of community services by reason of mental or other disability, age or illness and who is unable to take care or protect themselves against harm or exploitation.</p> <p>N.B. this is a wide definition and includes anyone at various stages of their life, and every unique circumstance should be considered individually against this criterion.</p> <p>Certain groups may be seen as more vulnerable and may be less able to access support to keep themselves safe from harm or exploitation. They may be considered vulnerable because of aspects such as:</p> <ul style="list-style-type: none"> <li>• Learning/physical/sensory disability</li> <li>• Mental ill health</li> <li>• Old and Frail</li> <li>• Dementia</li> <li>• Acquired brain injury</li> <li>• Drug/Alcohol issues</li> <li>• Some types of physical illness</li> </ul>
COMMUNITY SERVICES	This includes all care services provided in any setting or context including acute hospital care
ABUSE	<p>This can be any behaviour or omission, towards an individual or group that deliberately or unknowingly causes them harm, endangers life, or violates their civil or human rights.</p> <p>There are 7 types of abuse:</p>

	<ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychological</li> <li>• Neglect (and acts of omission)</li> <li>• Sexual</li> <li>• Financial</li> <li>• Discriminatory</li> <li>• Institutional</li> </ul> <p>Incidents of abuse may be multiple or single one-off events. Abuse can take place in any environment, including hospitals, patients' home, care homes and in the community. Perpetrators of abuse can be anyone, including carers, paid staff, other patients, family, strangers and organisations</p>
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These definitions are taken from 'Protecting Vulnerable Adults from Abuse' Northamptonshire Interagency Adult Procedures (2007).

Some abuse may be a criminal offence. This could include allegations of physical or sexual assault, theft, fraud or financial exploitation including people trafficking/modern slavery. Where a crime is suspected the police must be informed and they will be involved in any decisions on how to proceed.

## 6.0 PROCEDURE WHERE ADULT ABUSE IS SUSPECTED

All staff have a duty to act on any concerns or allegations of abuse. Allegations of abuse must be regarded as serious and concerns must be reported appropriately and investigated. The Trust has adopted the Northamptonshire Interagency Safeguarding Adults Procedures. This can be located at:

[Northamptonshire Interagency Procedures](#)

The link is also on the KGH intranet site under Safeguarding.

Failure to report concerns relating to suspected or witnessed abuse may be considered to be neglect.

Where abuse is suspected, the safety and welfare of the person is the first priority. The immediate situation should be made safe, wherever possible, and support provided to the individual.

If staff have concerns about potential sexual abuse of an adult, they should inform the police, not touch the patient (unless there are life threatening injuries), as the police may need to preserve evidence and will take clothing including bed linen.

It is important that any information recorded and/or reported is factual and not based on opinion or conjecture.

### 6.1 Notification/Alert

Any member of staff who has a concern or receives an allegation relating to vulnerable adult abuse must raise the concern with their line manager

or other senior manager (Policy for Protecting Patients – staff complaints about patient care B14). An ‘alerter’ is anyone who suspects that a vulnerable adult is being, or has been, abused. All allegations or disclosures of abuse must be taken seriously.

If the member of staff is unable to discuss the concern with their managers, they can contact a Lead Nurse, Named Nurse for Safeguarding Adults or the Director of Nursing and Quality. In addition staff will be supported if they report their concern using Policy A15 Staff Complaints Regarding Malpractice (Whistle Blowing).

Information in respect of contact details for staff in the Trust is available on the Trust intranet page. Out of normal working hours safeguarding adult advice is available from the Clinical Site Managers.

Following discussion, the manager should make a decision whether to formally refer, using the Northamptonshire Inter-agency procedures.

Within Northamptonshire, all new notifications should be made to the Adult Care Team, Northamptonshire County Council (NCC) via online submission/secure email [adultcarenc@northamptonshire.gcsx.gov.uk](mailto:adultcarenc@northamptonshire.gcsx.gov.uk). For access to the Inter-agency notification form, please follow the [Interagency Referral form Live link](#).

The notification form should be printed before sending to NCC and a copy sent via email internally to the Named Nurse Safeguarding Adults [kgh-tr.adultsafe@nhs.net](mailto:kgh-tr.adultsafe@nhs.net) who will retain a copy for safekeeping. Additionally, a copy of the notification must be retained in the patient record.

It is the responsibility of the initiator of the alert to ensure that the outcome of the referral is satisfactory. The outcome of the notification should be documented in the patient records.

An electronic incident form should be completed on the Datix system and indicate that it is a safeguarding adult concern. If the alleged abuse is a Serious Incident Requiring Investigation (SIRI), then Policy S01 should be followed.

See Appendix 1 - Flow Chart for Staff Reporting the Suspected Abuse of a Vulnerable Adult.

Where the notification relates to a visitor to KGH, the Adult Care Team will notify the relevant Social Services department.

In the case of physical abuse clinical photography can be contacted to take appropriate clinical photographs (with the appropriate consent) telephone ext: 2357. All details can be found in Policy P04 Clinical Photography.

Generally, adults and their carers or place of residence should be informed of a notification and the content of any report. However, there may be some circumstances in which notifications are made without their knowledge: for example, if the adult may be put at increased risk; if there is immediate risk to the practitioner making the notification, or in circumstances

where the abuse, is suspected, but the perpetrator not verified. In these circumstances it should be made clear to the Adult Care Team, on the telephone and on the notification form, that knowledge of notification is limited and in what way.

All notifications will be screened by NCC. The outcome of screening will either be a formal referral under Safeguarding of Vulnerable Adults (SoVA) or no further action under SoVA.

If staff are not satisfied with the response to a notification, or if they have concerns about an adult being at risk of significant harm but feel their concerns are not being taken seriously, they should seek advice and support regarding their concerns from the Named Nurse Safeguarding Adults or the Director of Nursing and Quality.

## **7.0 INVESTIGATION PROCESS**

The full referral and investigation process is detailed in the Northamptonshire Interagency Safeguarding Adult Procedures. This can be located at:

[Northamptonshire Interagency Procedures](#)

This procedure sets out guidance for a thorough, consistent and transparent multi-agency investigation. See Appendix 2 for Investigation Process Flow Chart.

The Safeguarding Adult Northamptonshire Interagency Procedure designates Social Care (NCC) as the lead organisation for investigating allegations of abuse and ensuring that suitable plans are put in place to protect the vulnerable person concerned. A protocol between the Association of Directors of Social Services (ADSS)(2005), the Commission for Social Care Inspection (CSCI) and the Association of Chief Police Officers (ACPO) states that “the local authority leads in coordinating, convening and chairing strategy meetings in cases of alleged abuse of vulnerable adults”. It further states that the most appropriate person or agency must pursue the investigation of alleged abuse.

The police will become the lead if a crime is suspected, or if the individual is in immediate danger.

Kettering General Hospital is responsible for working in partnership and supporting plans to protect individuals in its care.

Where an allegation of abuse has been made and the vulnerable person lacks capacity, an Independent Mental Capacity Advocate (IMCA) may be instructed if it is felt that this would be of particular benefit to the person. The Northamptonshire IMCA service contact number is 0330 440 9000. A copy of the IMCA Referral form can be found [here - IMCA Referral Form](#)

## **8.0 Documentation and Communication**



Information sharing and recording of information will, at all times, comply with the Trust policies, professional codes of conduct and legislation relating to confidentiality, [Data Protection Act (1998), Health Records Policy (2006) Human Rights Act (1998) and Information Sharing: Practitioners Guide (2006)]. In relation to safeguarding vulnerable adults, the public interest principle is important and relates to protection of the vital interests of the person themselves where they cannot consent to sharing the information, or protecting the vital interests of another where consent has been withheld. It is in these circumstances that confidentiality may be breached. This should be carefully considered on a case-by-case basis. The key principles of information sharing are:

- Information shared must be disclosed to protect the patient and/or wider public from future harm or abuse
- Information should only be shared with individuals involved in the processes and should be on a need to know basis
- Information given by or to a member of staff belongs to the agency not the individual. Any suspicion of abuse or neglect must be discussed with a senior colleague before reporting.
- Individuals must be advised, where appropriate, why the information is being shared and with whom

Staff in the Trust will be made aware of the current countywide safeguarding documentation, and should be confident in their ability to use it. This will be achieved through a robust training programme for all staff.

Where possible, Trust staff should be working on the 'one set record only' philosophy. All information exchanged or shared with other agencies will be documented in the clinical records.

Written records must be kept, documenting any concerns, allegations or disclosures of abuse and noting dates and incidents. Any discussions with adults/carers, managers or other agencies/professionals must be documented. These records and any completed notification/outcome forms must be kept in the patient's clinical records.

Staff should listen carefully to any person who discloses abuse and record any information obtained immediately in the health record. Staff must not promise confidentiality in respect of the information given.

Staff will know how to contact their Safeguarding Adults Professionals within the Trust for advice and support on safeguarding adult issues. This will be achieved through a robust programme of training provided by the Trust.

## **9.0 TRANSFER OF RECORDS TO POLICE IN CRIMINAL INVESTIGATIONS**

In the event of a death or serious assault, Northamptonshire Police may request the person's health records to assist them in their inquiries.

The process to be followed is: -

- Prior to collection, the Police will telephone or e-mail the Data Protection Office as per Policy IG28 (Access to Records) to make the request, identify the records required and give a date and time for collection (within 2 working days)
- Following this request, the records should be photocopied. The Police officer will provide a letter on headed notepaper on behalf of the Senior Officer within the Police Force stating the reason for the request. This letter will bear the signature of the Police officer working on the case and will be given to the member of staff who has responsibility for the notes. This will remain in the professional's keeping with the original notes.
- The copy of the records will be handed to the Police and the original retained by the health professional. Should the Police have previously specified that they require the originals, a photocopy will be retained and the original records handed to the Police.
- The date and time the records are handed to the Police should be entered on both the copy and the original under the last entry and signed.
- When the Police have completed their investigation, the photocopied records will:
  - a) be destroyed if there is no further action
  - b) be retained in a secure place with other documentation relating to the enquiry if a prosecution is to take place. Following the prosecution, the records will be kept for the same period as the associated Police records.
- The originals will be returned.

## **10.0 RISK MANAGEMENT AND INCIDENT REPORTING**

Incidents and Near Misses should be reported according to Trust policy.

- An electronic incident form should be completed on the datix system. This should highlight that it is a Safeguarding Adult issue.
- If the abuse constitutes a Serious Incident Requiring Investigation (SIRI), the Trust SIRI Policy SO1 and Procedure for Reporting of Incidents (Clinical and Non Clinical) R30 followed in conjunction with safeguarding adult processes.

All staff will apply the Trust Risk Management Strategy R90.

## **11.0 ALLEGATIONS AGAINST STAFF**

Members of Trust staff who need to raise issues of concern regarding possible abuse by a member of Trust staff should report their concern to one of the Trust's Senior Managers.

Members of staff from other agencies who need to raise concerns should follow the procedure above (10.1) within their own organisation.



Allegations relating to other contracted staff should be reported to a senior manager, who will report it to the agency concerned.

Members of staff from KGH Trust who have concerns regarding possible abuse by a member of staff from another agency should contact their Senior Manager, who will report the matter immediately to the Designated Officer within that agency.

Patients or members of the public who have concerns regarding possible abuse by a member of KGH Trust staff should contact the Senior Manager, who will immediately implement the policy: Management of Allegations and Concerns of Abuse Made Against Staff.

Action will be taken against any member of staff who is alleged to have abused any patient. This may include disciplinary action, referral to any relevant professional body/register and police prosecution.

When an allegation is raised against a member of staff, the line manager must seek advice from Human Resources. A concurrent notification must be made under Safeguarding Adult Procedures and to the Police if the allegation relates to a criminal offence.

## **12.0 SAFEGUARDING ADULT REVIEWS (SAR) (Formerly known as Serious Case Reviews)**

When a person dies and abuse or neglect is known or suspected to be a factor in the death, local agencies should consider whether there are any lessons to be learned about the ways in which they work together to safeguard adults.

Where this is the case, the Northamptonshire Adult Safeguarding Board should conduct a review into the involvement of all agencies.

Additionally, where a person has sustained a potentially life threatening injury, serious or permanent impairment or has been subjected to particularly serious sexual abuse, the Northamptonshire Interagency Adults Board should consider whether a review should be conducted.

Within the Trust, the vehicle for ensuring that Safeguarding Adult Reviews (SAR) recommendations are appropriately implemented and reviewed will be the Safeguarding Steering Group.

## **13.0 TRAINING**

Safeguarding Adult training is mandatory for all staff and the organisation will ensure that sufficient training events are provided at the appropriate level for individual staff groups. All new staff will receive Safeguarding Adult Basic Awareness training on induction.

It is the responsibility of individual staff members and their line managers to ensure that they attend training. This will be monitored in supervision and as part of individual staff appraisal.

Attendance at staff training will be recorded and linked to the Electronic Staff Record. The KGH Safeguarding Adult Committee will receive information relating to training attendance and this will be reported to the Trust Board as part of regular reporting via the Quality Governance Steering Group.

#### 14.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Elements to be monitored	The SSG will review all audit outcomes as per the annual audit calendar, identify deficits and good practice and monitor action plans that the Lead Nurses/Service Managers have cascaded to their respective CBU
Lead	Safeguarding Steering Group/NNSA
Tool	Data collection/Audit
Frequency	As per audit calendar
Reporting arrangements	Reports to SSG
Acting on recommendations and Lead(s)	Leads will be identified via SSG
Change in practice and lessons to be shared	Outcomes discussed at Safeguarding Lessons learned, SSG, relevant CBU

#### 15.0 PROCESS FOR IMPLEMENTATION AND DISSEMINATION

This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site document library. Access to this document is open to all.

The Policy will be launched via A-Z email.

The Policy will be available to all external stakeholders via the Documents Library on the Intranet.

This policy document will be held in the public section of the Documents Library with unrestricted access, replacing the previous version which will be archived in accordance with the Trust Information Lifecycle and Corporate Records Management Policy.

Provision of mandatory safeguarding adults training, including the Mental Capacity Act, will be delivered by the Safeguarding Adult Lead as outlined in the KGH Core Training Policy. Reference to relevant sections from this Policy will be utilised at all KGH Level 1 & 2 Safeguarding Adults mandatory training.

#### 16.0 DOCUMENT REVIEWS AND UPDATES

This Policy will be reviewed in three years as set out in The Policy for Procedural Documents (D10).

#### 17.0 REFERENCES

Association of Directors of Social Services (2005) [Safeguarding Adults, A](#)

[National Framework of Standards for Good Practice and Outcomes in Adult Protection Work](#) London, ADSS.

[Data Protection Act 1998](#), The National Archives

Department of Health (2000) [No Secrets - Guidance on Developing and Implementing Multi-Agency Procedures to Protect Vulnerable Adults from Abuse](#)

Department of Health (2004) [Speech by Stephen Ladyman MP, Parliamentary Undersecretary of State for Community 22 March 2004 Speech to Action on Elder Abuse Conference](#), The National Archives

[Disability Discrimination Act 2005](#) The National Archives

[Health Act \(1999\)](#), The National Archives

[Records Management:- NHS Code of Practice \(2006\)](#), Department of Health, The National Archives

[Human Rights Act \(1998\)](#) The National Archives

Independent Safeguarding Authority [Disclosure and Barring Scheme](#),  
<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Lord Chancellor (2007) [Mental Capacity Act 2005 Code of Practice](#), Office of the Public Guardian

[Mental Capacity Act 2005](#), The National Archives

[Mental Capacity Act 2005](#), Department of Health, The National Archives

Northamptonshire Interagency Safeguarding Adults Committee (2007),  
[Protecting Vulnerable Adults from Abuse](#), Northamptonshire County Council

Public Interest Disclosure Act (1998) [Whistleblowing in the NHS](#)

[Safeguarding Vulnerable Groups Act \(2006\)](#), The National Archives

## **18.0 EQUALITY IMPACT ASSESSMENT**

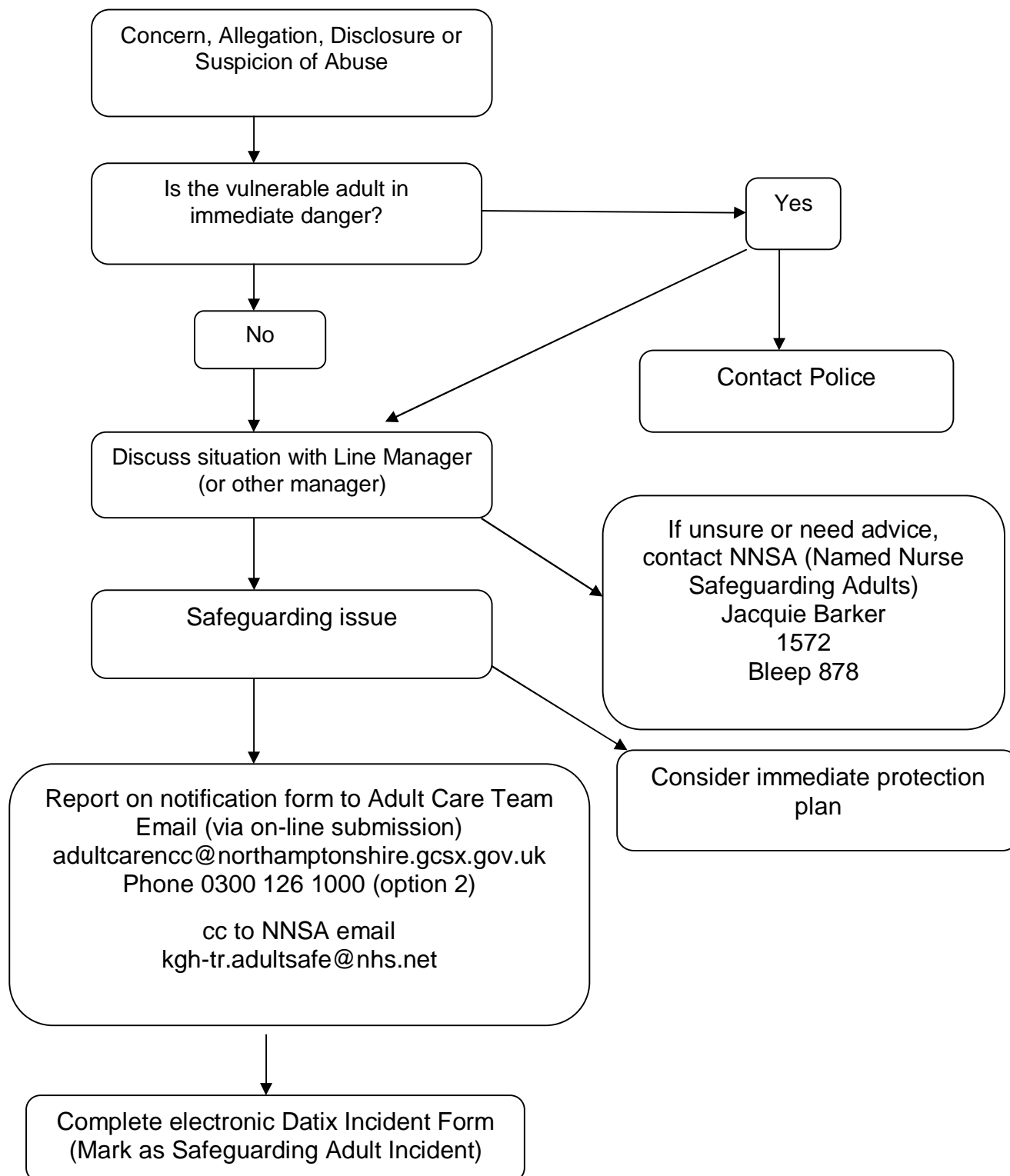
The Trust takes its obligations under Equality Legislation very seriously and aims to provide fair and equitable treatment to, and value diversity in, its staff, patients and visitors. In doing so it aims to ensure that its actions and working practices comply with both the spirit and intention of the Human Rights Act (1998) and the Equality Act (2010) which relates to the protected characteristics of age, disability, gender reassignment, marriage & civil partnerships, pregnancy & maternity, race, religion or belief, sex and sexual orientation. The Trust will also carry out its functions in a manner that reduce the inequalities of outcome, which may result from socio-economic

disadvantage.

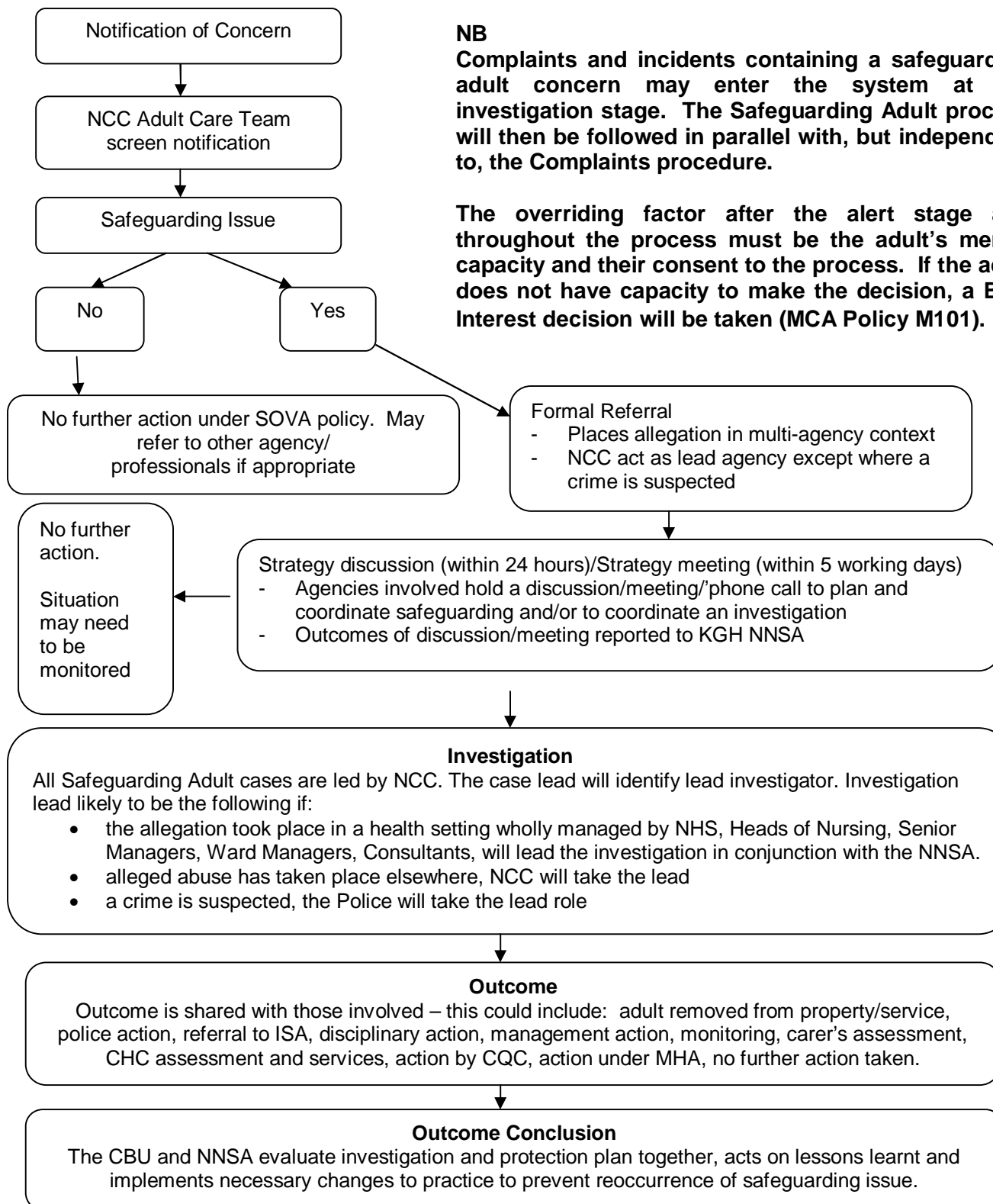
Appendix 1

**Flow Chart for Staff Reporting the Suspected Abuse of a Vulnerable Adult**

**All suspected incidents must be reported**



## Appendix 2

**Safeguarding Adult Process following Notification Report**

**NB**

Complaints and incidents containing a safeguarding adult concern may enter the system at the investigation stage. The Safeguarding Adult process will then be followed in parallel with, but independent to, the Complaints procedure.

The overriding factor after the alert stage and throughout the process must be the adult's mental capacity and their consent to the process. If the adult does not have capacity to make the decision, a Best Interest decision will be taken (MCA Policy M101).

No further action.

Situation may need to be monitored

## Appendix 3

**Abuse – A Guide for Staff**

The term abuse can be subject to wide interpretations. The 'No Secrets' guidance defines abuse as *"a violation of an individual's human and civil rights by another person or persons"*.

The Department of Health *"recognises that abuse may not just be physical, sexual or an obvious act of cruelty. There are many types of abuse, including mental, emotional and discriminatory abuse. There is no hierarchy among these types of abuse. Depending on the circumstances, pernicious racist abuse can have as profound an effect as, for example, physical abuse on a vulnerable adult. Bullying or daily humiliations, perhaps presented as jokes by the perpetrators, can be as harmful as single acts of cruelty. Similarly, unintended abuse or neglect can have the same impact as deliberate (Stephen Ladyman, 2004)"*

Abuse can happen in any setting and comes to light in different ways. Sometimes a person may tell you that they are being abused, but more often suspicions are raised by something that you see or by behaviour observed or discovered on admission to hospital.

There are some situations that will alert you to the possibility that a vulnerable person is being abused. They are not proof in themselves that abuse has taken place, as each indicator may have a different explanation than abuse. Where a cluster of indicators appears or there is a repetition of signs over time or there is significant change in the person's behaviour / presentation, these concerns must be reported.

The following are examples of possible signs and symptoms of abuse, arranged according to type of abuse.

**Physical abuse**

Including:

- Hitting, slapping, kicking, pushing or burning
- Inappropriate restraint/sanctions
- Inappropriate use of medication
- Inappropriate manual handling

**Indicators of possible physical abuse**

Physical abuse may present as unexplained bruises or welts on face, lips, mouth, body, arms, back, buttock, thighs or bruises in various stages of healing, particularly clusters of bruises forming regular patterns, reflecting the shape of an article or the imprint of a hand.

Finger mark bruises are potential indicators of abuse. These may be indicators of inappropriate manual handling, which is physically abusive, as is using furniture or equipment to restrict movement.

Unexplained burns, especially on soles, heels, palms or back, and rope burns, electrical appliance or carpet burns, and cigarette burns.



Unexplained fractures to any part of the body, especially in various stages of healing, or multiple spinal injuries, or unexplained lacerations to mouth, lips, gums, eyes or external genitalia are all causes for concern.

If a person has been physically abused, they may be reluctant to expose their body during personal care, and may flinch or show fear at being touched. Where another person is responsible for giving medication, signs of either over or under use of medication is a potential sign of physical abuse.

Be alert to frequent changes of G.P or carer.

## **Neglect**

Including:

- Ignoring medical or physical care needs
- Withholding necessities of life such as medication, adequate nutrition and heating
- Neglect of person's hygiene
- Failure to provide access to appropriate health, social care or educational services

## **Indicators of possible neglect**

Neglect usually shows in the physical condition of the person e.g. ulcers or pressure sores. Clothing may be in a poor condition, and they may have poor personal hygiene, with wet, soiled or inappropriate clothing.

They may show a significant weight loss, either rapid or continuous, because of poor or inappropriate diet; or symptoms of dehydration because they are not given enough to drink. There may be a failure to give prescribed medication, diet or fluids, and a failure to access appropriate medical care.

Sensory deprivation, such as not being allowed to have hearing aid, glasses or other aids to daily living, or not providing adequate heating and lighting are acts of neglect, as is a failure to ensure privacy and dignity, especially during personal care.

People who are neglected may be prevented from having social contact, as well as access to health and social care agencies. There may be a pattern of frequent changes of G.P or other professional staff.

## **Sexual abuse**

Including:

- The involvement of the person in sexual acts to which the vulnerable adult has not consented or was pressured into consenting
- Observing sexual acts or pornography which they do not want or truly comprehend

## **Indicators of possible sexual abuse**

Full or partial disclosure or hints of sexual abuse is the most obvious cause for concern.

There may also be physical evidence, such as torn, stained or bloody underclothing, bruises or finger marks on thighs or arms, or symptoms such as vaginal or anal bleeding or lacerations with pain or itching, bruises or bleeding in genital area.

Sexual abuse may result in sexually transmitted disease, urinary tract or vaginal

infections, or the onset of faecal or urinary incontinence for no apparent reason.

Significant change in sexual behaviour, language or outlook and signs of depression or stress, and incidents of self-harm are all associated with sexual abuse. Most obviously, pregnancy in a person who is unable to give consent is the consequence of abuse.

### **Financial or Material Abuse**

Including:

- Theft, fraud or exploitation
- Pressure in connection with wills, property, inheritance or financial transactions
- The misappropriation of property, possessions or benefits

### **Indicators of possible financial abuse**

Unusual bank account activity where sums withdrawn cannot be accounted for, recent change of deeds or title of property, or significant sums of money borrowed and not repaid, or only repaid in part.

If a person lacks belongings or services which they can afford, or if recent acquaintances are expressing sudden or disproportionate affection for a person with money or property, and they or a carer asks only financial questions of the worker and does not ask questions about care.

### **Emotional / Psychological Abuse**

Including:

- Denial of basic rights
- Deprivation of normal social contacts
- Episodes of bullying
- Threats of harm or abandonment
- Humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse
- Isolation or withdrawing from services or supporting networks

### **Indicators of possible emotional or psychological abuse**

A person's attitude to their carer(s) may indicate a cause for concern. People who are subjected to psychological abuse may avoid looking at their caregiver, flinching on approach, and may show over-deference, resignation and passivity, or unexplained fear or defensiveness, and are often ambivalent about their carer. Psychological abuse has an effect on a person's self-esteem, and they may use punitive or derogatory language to describe themselves, may be emotionally withdrawn, have sleep disturbance and may deliberately self-harm. All these behaviours are cause for concern and the reasons for them need to be established.

Carers' abusive behaviours may be observed as bullying or repeatedly shouting, having a punitive approach to bodily functions or incontinence and "teasing", or threats and intimidation, particularly threats to abandon or "put away" the vulnerable person. Talking about the person as if they were a child or object, and constantly making promises which are not kept are controlling and have an

impact on the psychological health of the vulnerable person, as will locking a person in at home or in a car, and allowing few visitors, phone calls or outings.

### **Discriminatory Abuse**

Including:

- Racist, sexist or homophobic abuse
- Abuse that is based on a person's disability
- Other forms of harassment, slurs or similar treatment (often called hate crime)

### **Indicators of possible discriminatory abuse**

Harassment, including unwelcome comments and gestures, jokes of a derogatory nature, offensive language, and the presence of offensive materials and graffiti all constitute discriminatory abuse. Bullying, including verbal abuse and comments about the person's condition which are felt as insults, are included as discriminatory abuse.

It also encompasses exclusion, shunning of particular people or other differential treatment, including lack of attention to dietary needs, failure to provide suitable food, and failure to provide for cultural needs.

### **Institutional Abuse**

Including:

- Repeated incidents of poor care
- Ill-treatment of vulnerable adults
- Unsatisfactory professional practices or gross misconduct.

This is often an indicator of more serious problems within a paid and/or regulated care environment and encompasses all types of abuse - neglect, emotional abuse, sexual abuse, physical abuse, financial abuse and discrimination.

### **Indicators of possible institutional abuse**

Sometimes concerns will not be about an individual, but about how a group of people are treated. Poor practice by paid carers can be abusive, and if staff misuse their position of power over a group of people they care for, this may be institutional abuse.

All our services should promote choice and should encourage independence and enable people to speak for themselves, or have their views heard.

Vulnerable adults may be abused by a wide range of people, including relatives, professional staff, paid care workers, volunteers, other patients, neighbours, friends, strangers and people who deliberately exploit vulnerable people.

## Appendix 4

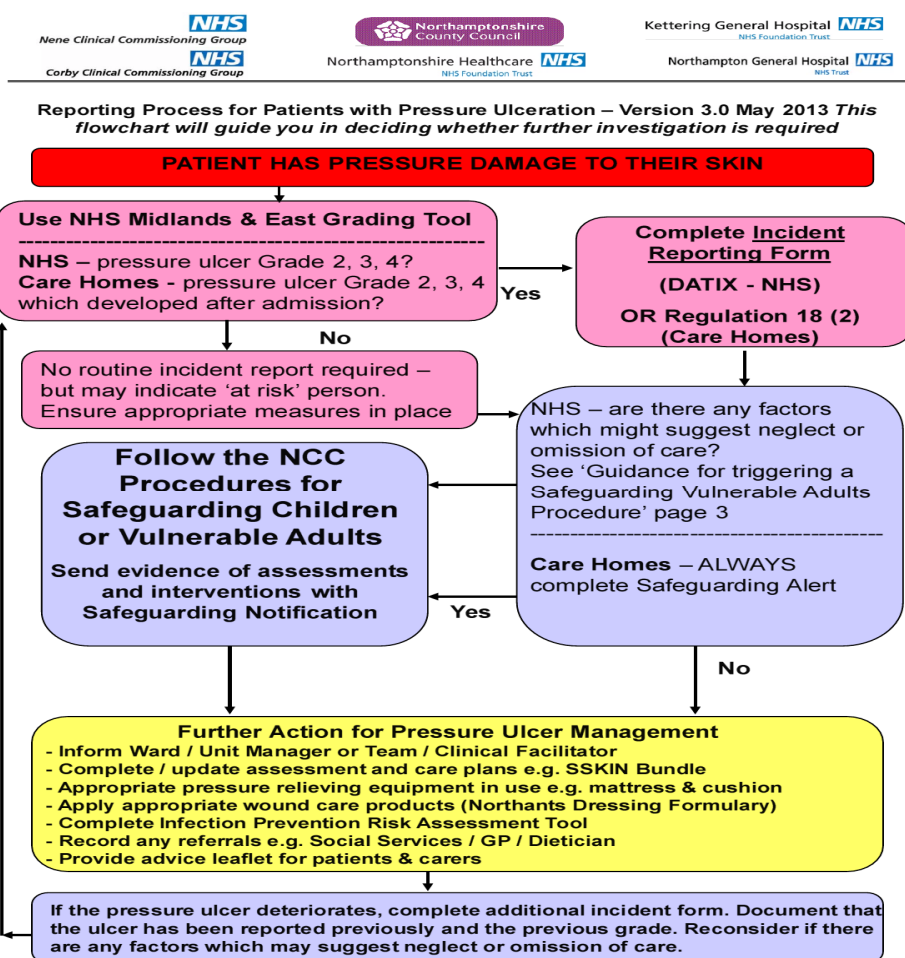
### Tissue Viability and Neglect

An initial assessment of the patient's pressure are is undertaken within the first 6 hours of admission. The Waterlow risk assessment tool will be used when completing this assessment (see KGH Assessment and Management of Wounds Guidelines W50).

Following assessment, consideration must be made that includes the following:

- Are there concerns that all reasonable steps **have not** been taken to prevent the pressure ulcer?
- Is the patient vulnerable?
- Is there evidence of neglect?

If the answers to the above questions are yes, a safeguarding notification must be made and incident form completed.



For further information on the pressure ulceration reporting process, please click [here](#)