

Ref: FOI/CAD/ID 3250

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15 April 2016

### **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to The Counter Terrorism and Security Act 2015.

*NHS Trusts and Foundation Trusts are now obliged to 'have due regard to the need to prevent people from being drawn into terrorism', in accordance with the 'Prevent duty' outlined in Section 26 of the Act.*

*The information requested below relates to the Maidstone and Tunbridge Wells NHS Trust's response to this legislation and the 'Prevent duty'.*

- 1. The number of patients and hospital staff that have been reported to the police under the 'Prevent duty' since July 2015, broken down by the hospital they were being treated in or worked in, and by hospital department, where this information is available.*
- 2. A breakdown by age, ethnicity, gender and faith of those questioned and reported under the 'Prevent duty', where this information is available.*
- 3. The number of patients and staff referred to the Channel programme, broken down by age, ethnicity, gender and faith, where this information is available.*

The information regarding the Trust's prevent duty can be found in our Safeguarding Adults Policy. Any referrals are made to the Kent CHANNEL Panel.

Please find attached both the policy and the Prevent Referral Routes.

Any further information is exempt from disclosure under the Freedom of Information Act 2000 Section 36 as the Trust is not required to provide information in response to a request if the information would prejudice or would be likely to prejudice "the effective conduct of public affairs."

# Safeguarding Adults at Risk of Harm Policy and Procedure

<b>Requested/ Required by:</b>	Safeguarding Adults Committee
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<b>Specialty:</b>	Clinical Governance / Nursing
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<b>Review date:</b>	August 2018

## Document history

<b>Requirement for document:</b>	<ul style="list-style-type: none"> <li>• Local process for implementing Kent &amp; Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance</li> <li>• Implementation of the Care Act 2014</li> <li>• Incidents indicate a need to strengthen our responses to Safeguarding of Adults.</li> </ul>
<b>Cross references:</b>	<ul style="list-style-type: none"> <li>• Care Act 2014</li> <li>• Care Act Guidance, October 2014, Chapter 14</li> <li>• Kent and Medway Multi-Agency Safeguarding Adults Policy Protocols and Guidance (May 2015.)</li> <li>• Data Protection Act</li> <li>• Mental Capacity Act 2005</li> <li>• Deprivation of Liberty Safeguards April 2009</li> <li>• Domestic Violence, Crime and Victims Act (2004).</li> <li>• Department of Health. (2000). <u>Care Standards Act (2000)</u>. London: The Stationery Office.</li> <li>• Commission for Health Improvement. (2003). <i>Investigation into Matters Arising from Care on Rowan Ward, Manchester Mental Health and Social Care Trust</i>. London: Crown Copyright.</li> <li>• Commission for Social Care Inspection. (2008). <u>Safeguarding Adults - A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse</u>. CSCI.</li> <li>• Department of Health. (2001). <u>National Service Framework for Older People</u>. London: Department of Health.</li> <li>• Department of Health. (2004). <u>The Government's Response to the Recommendations and Conclusions of the Health Select Committee's Inquiry into Elder Abuse</u>. London: Department of Health.</li> <li>• Department of Health. (2005). <i>Responding to Domestic Abuse: a Handbook for Health Professionals</i>. London: Department of Health.</li> <li>• Kings College, University of London and the Social Care Workforce Research Unit. (2005). <u>Protection of Vulnerable Adults (POVA) Referrals - the First 100</u>. London: Department of Health.</li> <li>• Home Office, (July 2011). <u>CONTEST The United Kingdom's Strategy for Countering Terrorism</u>, London Crown Copyright.</li> <li>• DoH – Clinical Governance and Adult Safeguarding</li> <li>• Safeguarding Adults: The Role of Health Service Practitioners DoH March 2011</li> </ul>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Consent to Examination or Treatment, Policy and Procedure for</i> [RWF-OPPES-C-SM5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Serious Incidents (SI) Policy and Procedure</i> [RWF-OPPES-NC-CG23]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Pressure Ulcers, Policy and Procedure for the Prevention and Treatment of</i> [RWF-OPPES-C-NUR9]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Protected Mealtimes and Red Tray Policy and Procedure</i> [RWF-OPPES-C-NUR3]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Health and Safety</i></li> </ul>

	<p><i>Policy and Procedure</i> [RWF-OPPPCS-NC-CG1]</p> <ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Grievance and Disputes Policy and Procedure</i> [RWF-OPPPCS-NC-WF27]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Speak Out Safely (SOS) Policy and Procedure (formerly Whistle Blowing)</i> [RWF-OPPPCS-NC-WF33]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Traumatic and Stressful Incidents, Complaints or Claims Policy and Procedure, Supporting Staff involved in</i> [RWF-OPPPCS-NC-WF59]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Use of cameras, video and audio recorders (including the use of smart phone and other mobile devices with recording functionality) on Trust premises policy and procedure</i> [RWF-OPPPCS-NC-CG8]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure</i> [RWF-OPPPCS-C-NUR1]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Equality and diversity policy and procedure (incorporating Single Equality Scheme (SES))</i> [RWF-OPPPCS-NC-WF70]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Equality Scheme, Single</i> [RWF-OPPPCS-NC-WF14]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Domestic Abuse/Violence Policy and Procedure</i> [RWF-OPPPCS-NC-NUR7]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Restraint Policy and Procedure</i> [RWF-OPPPCS-C-NUR4]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Guidance Document for Making Reasonable Adjustments to Provide Individualised Care to Patients</i> [RWF-OPPM-CORP113]</li> </ul>
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<b>Version Control:</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Initial Document	October 2007
2.0	Update of Initial Document	July 2008
3.0	Update for NHSLA Standards	October 2009
3.1	Appendix 10 and Appendix 11 under review	October 2010
4.0	Review of previous document and amendments	May 2012
5.0	Review of previous document and amendments	April 2013
5.1	Appendix forms revised.	August 2015
6.0	Total redraft of the Policy and Procedure in line with the Care Act 2014 that came into full force in April 2015.	August 2015

## Policy statement for

# Safeguarding Adults at Risk of Harm

As a partner agency with the Local Authority (LA) we agree to follow the Kent and Medway policy so as to ensure that staff work within the Care Act 2014.

Guidance states that safeguarding is defined as:

***"Protecting an adult's right to live in safety, free from abuse and neglect"***

There is a clear duty for the Safeguarding Adults Board members to co-operate in order to:

**Prevent abuse and neglect**

**Promote an adult's well-being**

**Take into account, where appropriate, the adult's views, wishes, feelings and beliefs in deciding what action to take, if any.**

The LA now have a requirement to make or cause safeguarding enquiries, if there is concern that an adult with care and support needs (met or unmet) is experiencing, or is at risk of abuse or neglect. This applies regardless of mental capacity or incapacity and setting (other than in a prison or approved premises).

When an adult has substantial difficulty in being involved in the safeguarding process and when they do not have an appropriate representative the LA will have to arrange an independent advocate.

The LA also have a statutory duty to set up Safeguarding Adults Boards and these Boards have a legal requirement to ensure that Safeguarding Adult Reviews take place if an adult at risk dies as a result of abuse or neglect. Partner agencies such as our Trust have a duty to co-operate with these reviews if requested by the Safeguarding Adults Board.

## The six key principles that underpin all adult safeguarding work

<b>1. Empowerment</b>	<p>People being supported and encouraged to make their own decisions and informed consent.</p> <p><i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."</i></p>
<b>2. Prevention</b>	<p>It is better to take action before harm occurs.</p> <p><i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i></p>
<b>3. Proportionality</b>	<p>The least intrusive response appropriate to the risk presented.</p> <p><i>"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."</i></p>
<b>4. Protection</b>	<p>Support and representation for those in greatest need.</p> <p><i>"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."</i></p>
<b>5. Partnership</b>	<p>Local solutions through services working with their communities.</p> <p>Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p> <p><i>"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me"</i></p>
<b>6. Accountability</b>	<p>Accountability and transparency in delivering safeguarding.</p> <p><i>"I understand the role of everyone involved in my life and so do they."</i></p>

# Safeguarding Adults at Risk of Harm Procedure

<b>Contents</b>	<b>Page</b>	
1.0 Introduction and scope	8	
2.0 Definitions	8	
3.0 Duties	10	
4.0 Training / competency requirements		13
5.0 Procedure	13	
6.0 Response to disclosure of abuse	15	
7.0 Documentation and recording disclosures		16
8.0 Referring to external agencies	17	
9.0 Potential outcomes: Learning outcomes for the Trust		19
10.0 Police action	20	
11.0 Referral to professional body or Disclosure and Barring Scheme		20
12.0 Outcomes for the adult at risk of harm		21
13.0 Local arrangements managing a safeguarding alert		21
14.0 Supporting staff	21	
15.0 PREVENT	22	
16.0 Notifications to Care Quality Commission		22
17.0 Domestic abuse and safeguarding adults		23
18.0 Self neglect	24	
19.0 Information sharing	24	
20.0 Monitoring and audit		25
Appendix 1 Process requirements	26	
Appendix 2 Consultation process	27	
Appendix 3 Equality impact assessment		28
Further appendices	29	

**Safeguarding Adults Referral Flow Chart** – Abuse witnessed or suspected to have

occurred in the hospital

**Has an 'Adult at Risk of Harm' been abused or neglected or been left at risk of either of these?**

YES

**Is a Crime suspected to have been committed?**

No further action

Complete Kent Adult Safeguarding Alert Form (KASAF)  
Send to the Central Referral Unit (CRU)  
Liaise with local Combined Safeguarding Team  
Kent Police – document outcome of consultation  
Electronically copy Matron SA into KASAF.  
Inform line manager who will inform the Chief Nurse and Associate Director of Nursing (ADNS) in line with the SI Process.  
If emergency action is required to safeguard patients or to safeguard evidence you should call 999 immediately.  
Senior Manager to consider if suspension of staff is necessary

Police will decide if a crime is to be investigated  
Police investigation will take precedence  
Staff will assist police with their inquiries  
If staff are unsure about complying with Police requests for information or copies of documents take advice from Head of Information Governance

- Trust disciplinary investigation will run alongside the Police Investigation
- Matron SA will manage strategy meetings if required to ensure effective information sharing

The outcome of police investigation to be shared with Matron SA so that appropriate actions in relation to onward referrals can be considered by the Trust

Consult your line manager, Directorate Matron or Matron SA for advice.  
Directorate Matron to inform ADNS of issue of concern.  
Reporter to complete KASAF electronically and send to CRU  
Matron for SA  
**E-reporting form to be completed in all cases.**

Initial assessment of information suggests **NO** abuse. Record your rationale for decision; send assessment to Matron SA for consideration of closure with the LA

Assessment of information suggests that it is or could be abuse.  
ADNS or Directorate Matron to appoint an Investigating Officer (IO)  
Matron for SA will be the Designated Adult Safeguarding Manager (DASM) and will offer guidance.  
Report of investigation must be shared with the DASM within 6 weeks

- Trust disciplinary investigation will run alongside the Safeguarding investigation where staff are implicated
- HR will be responsible for referring onto the appropriate professional bodies or the Disclosure and Barring Scheme

- Outcome of investigation will be shared with the DSO for the LA
- Decision will be made at this meeting whether further investigation is required.
- If investigation is deemed complete a decision as to whether or not abuse occurred will take place at this meeting.
- If the issue is complex a more formal meeting with the Directorate Matron and IO, DSO and DASM will be offered.



Outcomes of police investigation and disciplinary process will be shared by Matron SA to the Designated Senior Officer (DSO) for the Local Authority (LA)



It is the responsibility of the Local Authority to decide whether or not the incident was an abuse and whether or not abuse occurred. They will close the referral down on their systems once all paperwork has been completed.

## 1.0 Introduction and scope

The Care Act 2014 came in to full force in April 2015 and as a result the Care Act Guidance; Chapter 14 concentrates on Safeguarding Adults, providing guidance on Sections 42 – 46 of the Care Act 2014.

Chapter 14 of the Care Act Guidance replaces the Department of Health's (DoH) Guidance 'No Secrets'. This Act now places safeguarding adults duties onto a statutory basis.

As a result the definitions, responsibilities and terminologies used have changed considerably. The Kent and Medway Safeguarding Adults Board have reviewed and revised the Kent wide Safeguarding Adults Policy, Protocols and Guidance as a result.

The Trust endorses the Kent and Medway Multi-Agency Safeguarding Adults Policy, Protocols and Guidance April 2015. This policy and procedure describes the internal process for implementing this policy in the Trust.

This document applies to all staff within the Trust 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 might be considered an adult at risk of harm and when to refer safeguarding adults concerns to the Local Authority (LA).

Trust staff have the responsibility for the protection and safety of all patients being cared for within Maidstone and Tunbridge Wells NHS Trust, and as such are expected to comply with this policy.

## 2.0 Definitions

- **Adult at risk of harm is 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.

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.

- **Kent Adult Safeguarding Alert Form (KASAF) (Appendix 4)** – the LA's form for raising a safeguarding concern to them replaces the Adult Protection 1 (AP1).
- **Safeguarding Concern** – the first contact between a person concerned about the abuse or neglect and the Local Authority (LA).

- **Section 42 Statutory Safeguarding Enquiry** – this refers to any enquiries made or instigated by the LA AFTER receiving a safeguarding concern. If the adult fits the criteria as an adult at risk of harm as defined in Section 42 of the Care Act, then the LA is required by law to conduct enquiries or ensure that enquiries are made.
- **Non-statutory Safeguarding Enquiry** – LA's may decide to make a safeguarding enquiry for an adult who does not fit the Section 42 criteria. These enquiries are not required by law and will therefore be referred to as 'Non-statutory Enquiries.
- **Designated Senior Officer (DSO)** – LA practitioner allocated to oversee the Safeguarding Adult Section 42 Enquiry.

### **Definitions of Types of Abuse – Taken from the Care Act Guidance 2014 and Kent & Medway Adult Safeguarding Policy**

#### **Care Act Guidance**

<b>Physical abuse</b>	Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
<b>Domestic violence</b>	Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
<b>Sexual abuse</b>	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
<b>Psychological abuse</b>	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
<b>Financial or material abuse</b>	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Modern slavery</b>	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
<b>Discriminatory abuse</b>	Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
<b>Organisational abuse</b>	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies,

	processes and practices within an organisation.
<b>Neglect and acts of omission</b>	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
<b>Self-neglect</b>	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**In addition to these, Kent and Medway Adult Safeguarding Policy also includes the following:**

<b>Exploitation</b>	Opportunistically or premeditated, unfairly manipulating someone for profit or personal gain, modern slavery, human trafficking, radicalisation
<b>Multiple forms of abuse</b>	An individual or a group of individuals can carry out abuse or neglect. Patterns of harm may emerge and may include multiple forms of abuse, which can occur in an ongoing relationship, or in a service setting, or to several people at any one time. Patterns should be recorded and professionally shared, as repeated instances of poor care may for example, be an indication of organisational abuse. It is very important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of adults at risk, negligence or ignorance.
<b>Inappropriate restraint</b>	Staff must not restrain a person in a way that restricts their breathing, it must not include deliberate use of pain, it must be clearly documented and agreed by the care team (follow the Trust's Restraint Policy and Procedure to avoid inappropriate restraint).
<b>Hate crimes</b>	These can be against the person or their property. Hate crimes hurt and they can be motivated by the offender's hatred of people who are seen as being different. An adult or a child may be the victim because of race, religion, age, sexuality or gender.
<b>Forced marriage</b>	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.
<b>Female genital mutilation (FGM)</b>	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.

### 3.0 Duties

**Duty of care: All Trust staff have responsibility** for the protection and safety of all patients being cared for within Maidstone and Tunbridge Wells NHS Trust.

- **Chief Executive:** Has overall responsibility for safeguarding adults and must ensure that the Trust has appropriate staff to manage safeguarding adults concerns and processes.

The Chief Executive will ensure safeguarding adults is embedded within the Trust's culture which endeavours to recognise the link between quality, Clinical Governance and safeguarding in order to reduce the risks of harm.

- **Chief Nurse:** Is the nominated Trust Executive lead for safeguarding both adults and children and will ensure that the Trust has in place a robust governance, assurance and training framework to ensure all staff have the knowledge and competence to enable the protection of adults and ensure a high standard of care is delivered.

The Chief Nurse is accountable for reporting on safeguarding governance to the Trust Board and its regulators and will:

- Report any key issues to the Quality Committee throughout the year
- Provide an annual report collating the years work streams, successes and challenges in relation to adult safeguarding to the Trust Board.
- **Managers** will ensure that the Trust's recruitment processes are adhered to in relation to the Disclosure and Barring Scheme and will ensure that relevant references are gained and checked.

They will also ensure that all new members of staff are booked onto the Trust Induction so that they are aware of their duties and responsibilities for preventing harm and know how to respond positively when a concern or allegation is raised.

- **Matron: Safeguarding Adults (SA):** as a designated Trust Lead will:
  - Develop a training strategy to ensure that staff are appropriately trained to a level to have the confidence to respond to and manage Safeguarding referrals and concerns in line with the Trust's policy and Kent & Medway's Policy, Protocols and Guidelines for Safeguarding Adults.
  - Be available to consult with and offer advice in the most complex areas.
  - Develop systems to effectively co-ordinate MTW NHS Trust's responses to safeguarding referrals.
  - With Directorate Matrons, develop, co-ordinate and implement Trust-wide Action Plans to ensure that lessons are shared within our multi-disciplinary environment.
  - Audit the effectiveness of safeguarding reviews, referrals and investigations so that practices can be improved Trust wide.
  - Provide a bi-monthly report to the Safeguarding Adults Committee with a report with regards to progress on active investigations.
  - Provide a summary of any Kent & Medway Safeguarding Adults Reviews and develop a Trust Wide Action Plan for implementing recommendations from such reviews.
  - Ensure that the Trust Safeguarding Adults Committee continues to deliver appropriate information for the Chief Executive, Chief Nurse and

Quality Committee to inform them of the progress of the Safeguarding Agenda within the Trust and within the local safeguarding economy.

- Foster close partnership working with colleagues in the local multi-disciplinary agencies who have a responsibility for facilitating the Safeguarding Adults agenda.

- **Trust Safeguarding Medical Leads will:**

- Be the responsible medical lead for the management of individual safeguarding cases and investigations, where required.
- Offer expert advice in relation to complex cases being investigated or reviewed to medical and nursing colleagues.
- Take a lead responsibility for ensuring safeguarding awareness, inclusive of mental capacity and deprivation of liberty safeguards training for medical staff is delivered.

- **Directorate Matrons will:**

- Support their ward staff with investigations when issues of safeguarding concerns are raised about care delivery in their area, or allegations of abuse have been made.
- Ensure that their staff are aware of the outcomes of investigations and the actions required to improve responses and care in the future.
- Ensure that learning from safeguarding investigations is shared at Clinical Site Meetings.
- Audit whether or not learning from investigations has been embedded into practice.

- **Patient Experience Matrons will:**

- Collaborate and assist with investigations into safeguarding cases or allegations.
- Assist in the delivery of safeguarding adults training of clinical and non-clinical staff.
- Where necessary assist and support the Directorate Matrons in overseeing the care of patients identified as being an adult at risk of harm.
- Ensure that appropriate partner agencies are notified of issues of safeguarding concerns.
- Enter cases onto the Adult Safeguarding database and enter Mental Capacity Act data onto this tool.

- **All staff have a responsibility to:**

Report all cases of suspected abuse of adults in line with the Kent & Medway protocol:

- If this occurred in the hospital setting to either their line manager, Directorate Matron for assessment and referral onto Kent Central Referral Unit, using the Kent Adult Safeguarding Referral Alert Form (KASAF). It will be the responsibility of hospital practitioners to ensure that investigations are carried out into these allegations into hospital care and practice, unless a crime is suspected. The alert forms and the outcome of the investigation must be copied into the Matron for Safeguarding Adults electronically.

- If abuse is suspected to have occurred prior to the patients admission to hospital this must be referred to the Kent Central Referral Unit (CRU) using the Kent Adult Safeguarding Alert Form (KASAF) (**Appendix 4**) and staff **must** copy this form electronically to the Matron for Safeguarding Adults.
  - Complete incident forms for any cases of suspected abuse **that is alleged to have occurred in the hospital** and report this to their line manager.
  - Report adults identified as at risk of harm who are now under their care on the daily site report.
  - 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.
  - Appropriately maintain the confidentiality of anyone involved in a safeguarding case by only discussing details with those staff and agencies on a need to know basis.
- **Role and responsibilities of the Safeguarding Adults Champions (Appendix 5)**

Each ward or Department will have a nominated Safeguarding Champion.

- The aim of introducing Safeguarding Champions is to have named individuals who can assist/advise with the assessment and delivery of a patient's care needs.
- Each ward or department should identify a Safeguarding Champion. A record of the Safeguarding Champion nominations will be kept by the Matron for Safeguarding Adults
- The Safeguarding Champions will have a central role in their area, in promoting 'best practice' in relation to the care and treatment of patients who are assessed as being an adult at risk of harm. They will act as a resource of expertise in safeguarding processes for their health colleagues. The Safeguarding Champions will be invited to participate in additional training half days up to 6 times per year. This will include additional support and training from the Matron Safeguarding Adults and multi-agency partners to update their skills and knowledge regarding safeguarding adults and working in the multi-agency arena.

#### **4.0 Training / competency requirements**

A suite of training programmes has been developed to ensure that a range of staff have access to appropriate training commensurate with their level of need.

Staff will be required to refresh this training every three years.

In addition the Kent & Medway Multi-agency Safeguarding Board delivers multi-agency training in Safeguarding Adults at Risk of Harm, the Mental Capacity Act and Deprivation of Liberty safeguards.

**Refer to Appendix 15 - Training needs analysis.**

#### **5.0 Procedure**

It is for the Local Authority 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. For The Maidstone Hospital this will be the Maidstone CST and for The Tunbridge Wells Hospital at Pembury or Tonbridge Cottage Hospital this will be Tunbridge Wells CST. 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 you 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 the hospital Designated Safeguarding Adults Manager (DASM) to ensure an enquiry is undertaken. (The DASM in this Trust is the Matron for Safeguarding Adults, or appointed delegate).

The LA retains responsibility for reviewing investigation processes with the Matron for Safeguarding Adults 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 has not been met.

When enquiries are completed the Matron for Safeguarding Adults will meet with the Designated Senior Officer from the LA (usually the Safeguarding Adults Co-ordinator for the area) and the Clinical Commissioning Group Designated Nurse (CCG DN) to review the investigation and to decide upon the outcome of the investigation.

For more complex issues a multi-disciplinary meeting can be convened.

If you are concerned that an adult at risk of harm has been abused or neglected prior to coming into hospital you need to raise a Safeguarding Concern with the LA by completing the KASAF. The KASAF needs to be completed electronically and **must** be copied into the Matron for Safeguarding Adults. There is no longer a need to raise an e-reporting form for these cases.

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 you must include as much information as you can gather – 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 you are unsure whether your concerns should lead you to raising a KASAF you should contact:

- Matron Safeguarding Adults (Matron SA)
- Your Directorate Matron or line manager
- Patient Experience Matrons
- the Central Duty Team (CDT) in the Central Referral Unit, (CRU) on 03000 410 300 for a consultation

to discuss the presenting issues of concern.

**Hospital concerns (see also Appendix 6 - Kent and Medway Guidance Notes for Adult Protection Protocol between Adult Social Service's and Acute Hospital Trusts).**

If a patient is an in-patient, and it is suspected that they have been abused whilst in our care setting either by family, friends or staff, this will need to be raised with the Directorate Matron, or line manager **and** the Matron SA for consideration of the best protective measures to put into place.

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 Directorate Matron, Matron for SA and ADNS.

If the matter is assessed as not warranting a Safeguarding Adults Referral the rationale for this decision will be recorded by the decision maker. If a KASAF referral is completed then it will be for Kent Local Authority to facilitate the Section 42 enquiry or safeguarding investigation.

It will be the responsibility of the Directorate Matron to escalate the referral information to the Matron SA and to the 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 who is deemed at risk of harm, the notifying member of staff should contact any of the following for advice – Clinical Site Manager or Directorate Matron, the Directorate Lead, the Matron SA, the Deputy Chief Nurse or Chief Nurse, or the Medical Director for guidance and support.

When it is an alleged incident of abuse in the hospital it is the responsibility of the Directorate Matron (or) Head of Department, to ensure that a KASAF is completed by the person reporting the alleged abuse. If it is a family member reporting the abuse to staff or a patient reporting such abuse, then the practitioner to whom it is reported to must complete the KASAF and also an e-reporting form.

## **6.0 Response to disclosure of abuse**

If someone tells you about abuse or you witness an abusive act, your 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. Your role is to respond sensitively to the disclosure and to ensure the safety of the alleged victim and all other adults in your care.

As this might include suspension of staff member/s or preventing the alleged abuser from visiting the patient, this information needs to be passed on **within 2 hours**.

The information must be passed on to your line manager or, if your line manager is implicated in the abuse, report it to a more senior member of staff, or Matron SA. If your line manager is not available you must speak to either their line manager or the Matron SA within this timescale. If the disclosure or witnessed event happens outside of office hours you must inform the Clinical Site Manager, on duty, within this timescale **of 2 hours**.

If you consider that the matter is potentially a crime you should express this to your immediate line manager, or if they are implicated, to a Senior Manager. Complete a KASAF and send to CDT in the CRU. Liaise with the local Combined Safeguarding Team at Kent Police – either at Maidstone Police Station for The Maidstone Hospital or Tunbridge Wells for The Tunbridge Wells Hospital at Pembury. In normal working hours ensure that the Directorate Matron, Associate Directors of Nursing (ADNS), Matron SA, Deputy Chief Nurse and Chief Nurse 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 thence the Executive Director on Call. The Serious Incident Reporting mechanism should be considered at this point by Senior Management Team. If a decision has been made not to contact Kent Police the rationale for this decision and who made this decision must be clearly documented. **(Appendix 7): Crime Scenarios ‘What is a Crime’)**

If someone discloses an issue of abuse to you

**Your responsibilities are to:**

- stay calm
- listen carefully
- be sympathetic
- never promise to keep the information a secret
- be aware of possible physical evidence and the importance of not destroying or disrupting that evidence
- document their disclosure factually

**Inform the person that:**

- you have a responsibility to inform your line manager or SA lead or Matron SA.
- they did the right thing to tell you
- you are treating the information seriously
- it was not their fault
- you are going to inform the appropriate people/agencies
- you/the Trust will take steps to safeguard them and support them
- an enquiry that may lead to investigation will now take place

**The Ward Manager, Senior Manager or Doctor will:**

Ensure any medical examinations required are undertaken and outcomes documented and evidenced appropriately. Consent must be sought prior to any examination being undertaken, if consent is not possible you must work in the patient's 'Best Interests'.

## 7.0 Documentation and recording disclosures

Good documentation will assist the Local Authority to make decisions with regards to the level of safeguarding enquiry or investigation that is required. You must:

- Note what the person has said that they want to happen as a result of the referral being made – 'Make Safeguarding Personal' (**Appendix 8: Top tips for making safeguarding personal**)
- note what the person actually said, using their own words and phrases within the healthcare records (patient's notes)
- describe the circumstances in which the disclosure came about
- note the settings and anyone else there at the time
- include only factual information
- consider use of photographic evidence (please ensure that consent is obtained prior to any use of photographic evidence) RWF:OPPPCS-NC-CG8
- use body maps and wound charts as appropriate
- write in black ink
- be aware the report may be used later as part of legal or disciplinary action
- date and sign your record
- preserve any evidence

You may need to be careful with regards to **where** you document this information and you will need to 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.

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.

It is only at the point of interviewing the member of staff either by way of Police or disciplinary investigation that the member of staff should be alerted to the finer detail of the allegations made against them.

Kent & Medway Safeguarding processes use Protocol 15 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. (**Appendix 9: Causative factors of pressure ulcers**)

Within this Trust we have developed a Root Cause Analysis (RCA) Tool to determine the causation of a hospital acquired pressure ulcer grade 3 and 4's and these RCA's are routinely examined by a Pressure Ulcer Serious Incident Panel in order for the Trust leads to determine whether or not the acquisition

of a pressure ulcer was avoidable and whether or not this potentially constitutes a safeguarding concern. The outcomes of these investigations are shared with the Clinical Commissioning Group as our external scrutinisers'. Where this has been used there will be no requirement for raising a safeguarding alert unless it is found that a practitioner has been wilfully neglectful.

With regards to medication errors there is a useful protocol to guide practitioners about what should be considered as to when to raise a safeguarding referral. **(Appendix 10: Medication errors)**

## 8.0 Referring to external agencies

All KASAF referrals must be copied in to the Matron for Safeguarding Adults and the Directorate Matron for that area. The Matron for SA will alert the Deputy Chief Nurse of all Hospital related safeguarding alerts copying in the Chief Nurse, Executive Lead.

All KASAFs are sent to the Central Referral Unit (CRU). If it is alleged abuse within the community setting it will be for the CRU to manage the first stage of the enquiry, this is when the person is not known on the Social Care Systems to any practitioners. If the person has a known practitioner in Social Services the KASAF will be forwarded on to them for their management.

If a hospital incident is alleged, the Associate Director of Nursing Services or Directorate Matron will appoint a suitable Investigating Officer who will have responsibility to investigate the matter and to compile a report of the outcome of their investigation. Even if this also constitutes a Serious Incident investigation or disciplinary investigation the report **must** be copied to the Safeguarding Matron within **six weeks** of the request for investigation to be commenced. In cases that are very complex an extension to this time limit can be requested and granted by the Matron SA.

If a crime is alleged to have occurred within the hospital, the most senior nurse for that Directorate on duty (or Matron Safeguarding Adults) will be required to liaise with the appropriate Kent Police Combined Safeguarding Team for advice **before** any internal investigation is commenced. This is so that 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 you must note the Police Officers name and number and Police Reference Number.

**If a crime is suspected to have occurred Kent Police will be invited to lead the investigation - please also see Appendix 7: Crime scenarios**

It is the duty of the referrer to Kent Police to inform:

In working hours	Out of working hours
Chief Nurse – as Executive Lead	Clinical Site Manager – who will in turn inform
Medical Director – if a doctor is implicated	Manager on call – who will in turn inform
ADNS – for Directorate involved	Executive on call

It is at this level within the organisation that a decision will be made with regards to declaring a Serious Incident.

Precautions should be taken to protect any objects or items which may be of forensic value to the Police. In cases where it is unclear as to whether an act of abuse constitutes a crime the Police should be consulted with, for their advice.

The purpose of a safeguarding adult process is to secure or return the adult's autonomy as far as possible. If the adult has capacity **and** they are not being unduly pressurised or intimidated they may ask you not to intervene. Their wishes should be respected but this does not remove your responsibility to report any concerns and, where appropriate, for an enquiry/investigation to be carried out in any situations where other adults at risk of harm or where children may be at risk. In order to be sure that the adult is deciding for themselves it may be necessary to create a safe place in which to consult the adult about their wishes. If a patient states they do not wish for the Police to be informed or a referral made consideration will need to be given to:

- Whether or not the person has mental capacity to make that decision or not
- Whether or not undue pressure is being brought to bear on them to not make a referral.
- Whether other patients are at risk from harm from the alleged perpetrator (if they are, a referral **MUST** be made and the Police informed)
- Whether there are children at risk of harm – if so a referral to CRU and Kent Police needs to be made.

### **If no crime is suspected**

The Local Authority will ensure that if an allegation of abuse is received they will notify the Designated Adult Safeguarding Manager (DASM). The Social Services Manager or Designated Senior Officer (DSO) is responsible for considering the information available and for agreeing that the statutory duty is met and must contact the DASM to determine the most appropriate course of action to take. It is the Trust's responsibility to co-ordinate the responses to concerns raised about practices within the acute hospital setting in line with the Kent and Medway Adult Safeguarding Protocol - **13: Guidance Notes for Adult Protection between Adult Social Services in Kent and Medway and Acute Hospitals (Appendix 6)**. The DASM (Matron SA) will assess the information received and determine the level of further investigation, under SA policy and procedures, in consultation with the ADNS and Directorate Matron. The Directorate Matron will identify a suitable Investigating Officer to carry out the investigation and compile a safeguarding report.

This referral might also require consultation with our partner agencies. The Trust will take the lead in cases of suspected abuse that occurred on Trust premises, unless it is established or suspected that a crime has been committed, whereby the Police take the lead.

In complex cases a Safeguarding Strategy Meeting will be convened so that all relevant information can be assessed and clarity of roles, responsibilities and investigative process can be agreed. These planning meetings will be

formally documented. (**Appendix 11: Template for safeguarding adults strategy meeting**)

Kent Adult Social Services may be approached for advice on the safeguarding process and for ongoing support for the victim of abuse.

### **9.0 Potential outcomes: Learning outcomes for the Trust**

Action plans to improve services and/or individual staff skills will be developed from safeguarding processes where a need has been identified.

The Directorate Matrons will be responsible for development and implementation of these action plans jointly with the Ward managers. The Matron SA will provide support and assistance with the development of these action plans if required. If it is in relation to an area in Allied Health Professionals (AHP) the AHP Manager will be responsible for ensuring the implementation and progress of the action plan.

It will be the responsibility of the Directorate Matron, AHP Manager, or speciality manager to ensure proactive progress is made on each action plan developed and they will be responsible for auditing and signing off that the action plan has been completed. Feedback and evidence with regards to progress of Action Plans will need to be sent to Matron SA so that the Action Plans can then be agreed as complete and archived.

Learning outcomes, recommendations and improvements will also be reported to the Safeguarding Adults Committee on a bi-monthly basis.

### **Kent Serious Adult Review/Domestic Homicide Review/Serious Incident Processes**

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, ADNS', Chief Nurse and AHP's Senior Managers for learning and improvements to be made Trust wide.

All serious incidents that have been reported as such, that are of a safeguarding nature, will still need to be managed through the Serious Incident Policy and Procedure alongside use of the Safeguarding Adults: Protection and Support of Adults Policy and Procedure. Outcomes must be shared with the Matron for SA.

### **Potential outcomes for staff implicated in a referral**

#### **Disciplinary processes**

Allegations of abuse of an adult by a member of staff may lead to disciplinary action being taken against that individual, in accordance with the Trust's Disciplinary Policy and Procedure. 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 and an e-reporting form completed.

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.

If the allegation of abuse is proven or that on the balance of probability the act of abuse had occurred via the Trust investigatory process, the staff member may be disciplined up to and including dismissal. Acts of abuse, proven on the balance of probability should be considered against the Trust's Gross Misconduct guidance, within the Trusts Disciplinary Procedure, and this will be dependent upon the severity of the act.

If a Police investigation has been commenced, then the Trust will work in partnership with the Police during the investigation, However, the Trust will conduct its own investigation under the Trust Disciplinary Policy and Procedure and disciplinary action may be taken up to dismissal, at the point of or before the completion of the Police investigation.

If after the investigation the case is unfounded. and can not be proven, then it will be noted as such and the alleged perpetrator will be informed in writing, by their line manager.

## **10.0 Police action**

The Crown Prosecution Service will decide whether the offence under investigation warrants a Police Caution or referral to a court process. It is the Court process that will prove or disprove 'beyond reasonable doubt' the alleged perpetrators guilt.

If a staff member accepts a Police Caution this is evidence that the incident of abuse occurred and that they were the person responsible for that abuse.

## **11.0 Referral to professional body or Disclosure and Barring Scheme**

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 Trusts responsibility to report matters to the professional bodies.

With the onset of the Disclosure and Barring Service (DBS) any member of staff with direct patient contact will be referred to the DBS scheme if found guilty, (either on the balance of probability or beyond reasonable doubt) of abusing a vulnerable adult.

If the worker is not professionally qualified and 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 Disciplinary Lead and complete the necessary forms if deemed appropriate to refer.

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.

## **12.0 Outcomes for the adult at risk of harm**

If the allegation of abuse was proven this could lead to:

- The lead agency enabling a change of care provider for the vulnerable adult.
- Additional support could be provided to the vulnerable adult to ensure their ongoing safety and protection.
- Training needs might be identified for either the vulnerable 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 vulnerable 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 vulnerable 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.

## **13.0 Local arrangements for managing a safeguarding alert**

In complex cases the Matron SA or Patient Experience Matrons will review the care of the Adult and offer advice to the Directorate Matron and Ward Manager as to any additional assistance required to meet the person's needs appropriately and safely.

In complex cases the Patient Experience Matrons or Matron SA will visit the wards and review the management of adults at risk of harm as required and provide advice with regards to implementation of care plans, risk assessments, applying the Mental Capacity Act, liaising with external agencies, etc.

Ward Managers and/or Directorate Matrons will ensure that:

- Adults at risk of harm have a written care plan which details the specific care requirements according to their needs
- Will ensure that the ward has sufficient resources to meet the patients care needs including nutrition and hydration of the adult at risk of harm as well as the other patients on the ward during their stay in hospital.

## **14.0 Supporting staff**

### **Individual staff alleged to have abused an Adult at Risk of Harm**

Caring for patients who have been abused, or for staff who have been involved in the investigation of cases of a safeguarding nature, can be stressful for staff. Line managers must provide their staff with the following as needed:

- Stress counselling through occupational health
- Support for statement writing or attendance at court proceedings.

The Matron SA or Patient Experience Matron are available to provide information and support for any staff involved in cases of safeguarding.

Further support for staff involved in stressful incidents can be found in the Supporting Staff in Traumatic and Stressful Incidents at Work Policy and Procedure.

If a member of staff is suspended from duty pending the outcome of an investigation the Directorate Matron will be responsible to identify a Ward Manager or Matron who is **not** involved in the investigation to provide ongoing support for the staff member who has been suspended. The level and frequency of contact will be negotiated, agreed and documented on an individual case by case basis.

#### **Staff involved in safeguarding processes**

The Directorate Matron will ensure that staff are supported throughout the safeguarding process. It may be that staff will require additional time to write statements. They may need referral to the Occupational Health Department to look at ways of managing the stress and emotion that contributing to an investigation can cause.

The Matron SA and/or the Patient Experience Matrons can offer a debriefing session to staff groups so that the safeguarding processes can be explored and so that staff can be listened to with regards to their own experiences. Learning outcomes from these sessions will be shared on a Trust wide basis to ensure that practices throughout investigations can be improved.

#### **Investigating leads**

Investigating leads will be supported to complete their investigation and to write their report by the Matron SA or the Patient Experience Matrons. (**Appendix 12: Template for written safeguarding adult report**).

### **15.0 PREVENT**

PREVENT is part of a national programme aimed at identifying where people are possibly becoming indoctrinated into radical and extremist thoughts that could lead onto terrorist or extreme activity. Adults at risk may be more susceptible to being drawn into such ideas and actions by being befriended by extremists. Staff need to be aware of Adults at risk who are expressing such ideas or who may have entered our service with unexplained and unusual injuries. If you encounter an Adult at risk who appears to have been radicalised or appears to be within the process of being radicalised you need to alert this to the Matron SVA whereby a plan of action will be developed and agreed with our partner agencies.

For adult patients referrals will be made by the Matron SA to the Kent Channel Panel. (**Appendix 14: PREVENT referral routes**)

Occasionally members of staff might be drawn into being radicalised by extremist organisations. If colleagues become concerned about an individual staff member having extreme thoughts and ideation then this will also need to be referred to the Matron SA who will in turn seek advice via Human Resources. The Chief Nurse and/or the Medical Director will be informed and involved in the decision making to refer to external agencies. It will be the responsibility of the Director of Workforce to refer out to Kent Channel Panel. If this matter is referred to the agreed partner agencies they will consider an appropriate course of action and will build a plan of support for the individual at risk if it is assessed as being required.



***It is recognised that this type of radicalisation of thought occurs in the pre-criminal arena and if we are able to identify these concerns and refer on appropriately to gain support for individuals vulnerable to this, then there is an opportunity created to PREVENT these ideas turning into criminal actions.***

## **16.0 Notifications to the Care Quality Commission (CQC)**

All allegations of abuse that are alleged to have occurred in the hospital setting are reported to CQC via raising a Safeguarding Alert (KASAF) with Kent Social Services.

When the Incident Report is completed you will be required to identify that the patient is an adult at risk of harm (vulnerable adult) on the Incident Report so that the appropriate personnel are notified as soon as this type of incident is alleged to have occurred.

It is essential that the Associate Directors of Nursing, Directorate Matrons, Matron SA and Patient Safety and Risk Manager are notified when an alert is raised pertaining to incidents of alleged abuse in the hospital so that consideration can be given to whether or not it reaches the threshold for raising a serious incident.

## **17.0 Domestic abuse and safeguarding adults**

It is important to recognise that any adult may become a victim of domestic abuse/violence or be affected by the level of violence occurring in their home or between family members. This is likely to have a serious effect on their physical and mental well-being. 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.

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](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)

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.

If a patient or another family member discloses to you that they are the victim of domestic violence/abuse you 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 (**Appendix 13: DASH tool**) will help you 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. If the victim scores 14 or more on the DASH Risk Assessment this should be

referred to the Multi-Agency Risk Assessment Conference (MARAC) refer to the Domestic Abuse Policy.

The Domestic Violence, Crime and Victims Act 2004 established within this Act 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 the following types of abuse:*

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional”*

The Act also creates a new offence of ‘Causing or allowing the death of a Child or an Adult at Risk of Harm’.

It makes common assault an arrestable offence.

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

- a) A person to whom he was related or with whom he was or had been in an intimate personal relationship with, or
- b) A member of the same household as himself

The 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 will be for the Chief Executive and/or the Chief Nurse to identify the most appropriate practitioner to complete the required investigation and report.

**(Cross reference the Trust’s Domestic Abuse of Patients or Staff Policy and Procedure)**

## **18.0 Self neglect**

Where a patient is assessed as neglecting themselves to the extent that this is potentially causing, or going to cause significant harm or injury you must liaise with the Local Authority where the person lives. Document who you have spoken to and the agreed outcome of that conversation.

If the patient’s care ends at Accident & Emergency then A&E practitioners should alert the Local Authority about their concerns and level of risk of harm due to their self neglect, to the patient.

If the patient is going to be admitted to one of MTW’s hospitals it would be reasonable to convene a multi-agency meeting 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.

If it is considered that the individual is likely to need care and support 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.

Not every case of self neglect will result in a KASAF being raised.

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](http://www.kent.gov.uk/data/assets/pdf_file/0012/16140/Self-neglect-policy-and-procedures.pdf)

## **19.0 Information sharing**

Whether or not planning a response to a safeguarding adult concern is through formal or informal consultations you are likely to be sharing information that would normally be considered to be confidential.

Each agency holds information, which in the normal course of events is considered as confidential and will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to the Data Protection Act 1998.

Concern about abuse of an adult at risk of harm provides sufficient grounds to warrant sharing information on a 'need to know' basis and/or 'in the public interest' and unnecessary delays in sharing that information should be avoided. You must ask the patient what they want to happen as a result of the concern being shared and their wishes must be documented on the KASAF.

If the alleged perpetrator has access to other adults at risk of harm a Safeguarding Referral must be made so that consideration can be given to protecting all adults at risk in the care of this person.

## **20.0 Monitoring and audit**

### **20.1 Audit plan**

- Training will be audited through compliance with the Statutory and Mandatory Training Policy and Procedure by the Workforce Committee.
- A review of the identification and reporting of Adults at Risk of Harm reported by ward staff on the site reports will be undertaken as part of the Nursing Management audits undertaken by the Ward Managers, Directorate Matrons and at KPI meetings.
- Bi-monthly reviews and reports on all safeguarding activities, incidents and management will be undertaken by the Trust Safeguarding leads and reported to the Safeguarding Adults Committee and to the Quality Committee.

### **20.2 Monitoring compliance with minimum requirements**

Trust performance with regards to compliance with the published "Safeguarding Adults at Risk of Harm" will be monitored by the Safeguarding Adults Committee.

The Matron for Safeguarding Adults will ensure compliance with the CQC's minimum requirements, which are detailed in Outcome 7, however it is noted that most CQC Outcomes have a bearing on Safeguarding Issues.

The Matron for Safeguarding Adults will monitor compliance with the minimum requirements through:

- Monitoring staffs SA referrals against the concerns, complaints and incidents received into the Patient Safety Department.
- Monitor progress of action plans developed from SA referrals providing updates to the Quality Committee via the Deputy Chief Nurse.
- Interrogating the Training Database for SA to ensure that staff are trained to the level determined in the policy and procedure.
- Ensure that suitably qualified personnel are tasked to initiate and complete SA Investigations.
- Highlighting any organisational risks with regards to safeguarding adults and ensuring that the risk register is populated accordingly and action plans developed and progressed.

The Deputy Chief Nurse will compile periodic reports to the Safeguarding Committee to include:

- SA referral activity from the Trust
- Summarising the Kent wide SA Multi-agency Executive Board meeting with particular emphasis on the pertinent issues for the Trust.
- Summarising any gaps or risks with regards to trends of incidents and reporting.

The reports listed above and the minutes of the Safeguarding Adults Committee will be used as evidence of monitoring compliance for the CQC Outcomes.

The training database for SA will also provide evidence of monitoring compliance with the policy and procedure.

## **APPENDIX ONE**

### **Process requirements**

#### **1.0 Implementation and awareness**

- Following a completed staff training needs analysis the Matron for Safeguarding Adults will source and identify different levels of training for staff to attend so that this policy is embedded into best practice in relation to the Safeguarding of Vulnerable Adults and prevention of abuse.
- The Communication Team will be asked to be cascade the updated policy and procedure to all staff following formal approval of the policy.
- Once ratified the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

- All nursing, midwifery, medical and Allied Health Professional [AHP] staff will be made aware of the policy as part of the clinical mandatory update.
- The Safeguarding Medical Leads will present the policy to the Trust Medical Committee and Clinical Directors meeting following approval.
- The Safeguarding Medical Leads will, with the Director of Medical Education, agree and implement a programme of training and induction for junior medical staff.

## **2.0 Review**

To be reviewed every 3 years or sooner if legislation changes

## **3.0 Archiving**

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

**APPENDI  
x TWO**

**CONSULTATION ON:** Safeguarding Adults at Risk of Harm Policy and Procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Karen Davies Matron for SA [kdavies7@nhs.net](mailto:kdavies7@nhs.net)

**By date:** 20<sup>th</sup> July 2015

Job title:	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
<b>The following staff MUST be included in ALL consultations:</b>				
Local Counter Fraud Specialist	26.06.15			
Clinical Governance Assistant	28.08.15	01.09.15	Y	Y
Chief Pharmacist (if pharmacy/prescribing issues are included in the document)	26.06.15			
<b>Please list key staff whose reply is compulsory before approval can be granted:</b>				
Chief Nurse	26.06.15			
Deputy Chief Nurse	26.06.15			
ADNS'	26.06.15			
Matrons	26.06.15			
Ward Managers	26.06.15			
Clinical Directors	26.06.15			
Consultants	26.06.15			
<b>Please list other staff to be included in the consultation but whose reply is not compulsory:</b>				
Safeguarding Champions	26.06.15			
Head of Governance	26.06.15			
Head of Therapies	26.06.15			
Director of Estates	26.06.15			
Patient Experience Matrons	26.06.15			
General Managers	26.06.15			
Lead Nurse Dementia	26.06.15	30.06.2015		
Head of Information Governance	26.06.15			
The following staff have consented to include their name within this and any associated documents:				
Karen Davies (Matron for SA)	7.08.15			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

## APPENDIX THREE

### Equality impact assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality. The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid. **Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of policy or practice</b>	Safeguarding Adults at Risk of Harm
<b>What are the aims of the policy or practice?</b>	To ensure all patients, visitors who are Adults at Risk of Harm are treated with dignity and respect and appropriate safeguarding referrals are completed on their behalf.
<b>Identify the data and research used to assist the analysis and assessment</b>	
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Males or Females	N
People of different ages	Applies to people 18 years and over
People of different ethnic groups	N
People of different religious beliefs	N
People who do not speak English as a first language	N
People who have a physical disability	N
People who have a mental disability	N
Women who are pregnant or on maternity leave	N
Single parent families	N
People with different sexual orientations	N
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	N
People in deprived areas and people from different socio-economic groups	N
Asylum seekers and refugees	N
Prisoners and people confined to closed institutions, community offenders	N
Carers	N
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	
<b>When will you monitor and review</b>	Alongside this policy/procedure when it is

<b>your EqIA?</b>	reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix 3 of this policy/procedure on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.

### **FURTHER APPENDICES**

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

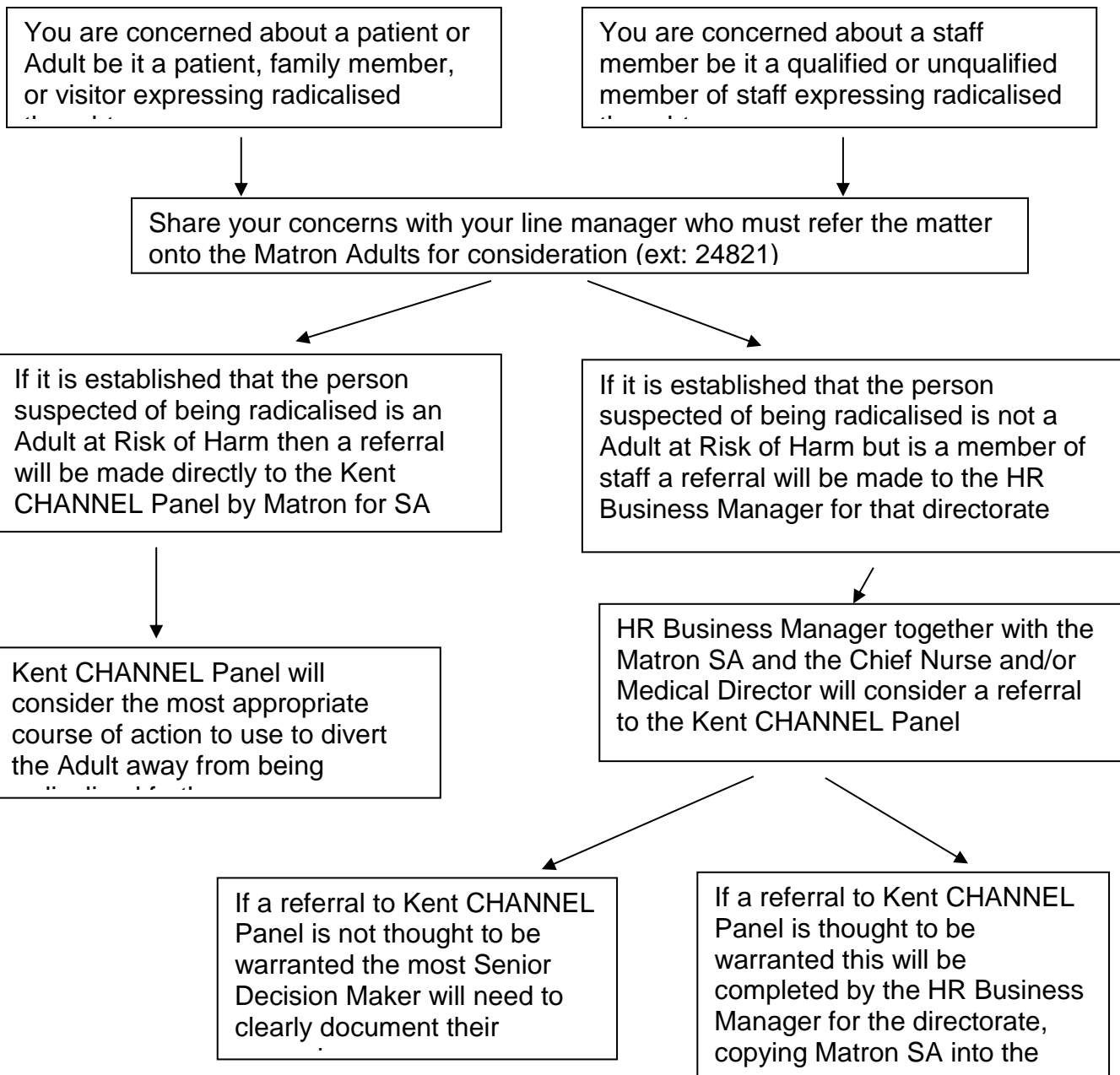
<b>No.</b>	<b>Title</b>	<b>Unique ID</b>
4	Kent Adult Safeguarding Alert Form (KASAF)	RWF-OPF-CS-C-NUR1
5	Safeguarding Adults Champions: roles and responsibilities	RWF-OWP-APP109
6	Kent & Medway Guidance Notes for Adult Protection Protocol between Adult Social Services and Acute Trusts	RWF-OPPM-CORP83
7	Crime scenarios: "What is a crime"	RWF-OWP-APP617
8	Making safeguarding personal – top tips for practitioners	RWF-OPG-CORP89
9	Kent & Medway Adult Safeguarding Protocols: Causative factors: pressure ulcers	RWF-OPPM-CORP303
10	Kent & Medway Adult Safeguarding Protocols: medication errors	RWF-OPPM-CORP304
11	Template for Safeguarding Adults Strategy Meeting	RWF-OWP-APP110
12	Template for written safeguarding adults report	RWF-OWP-APP111
13	Domestic Abuse Stalking and Honour Based Violence (DASH) Tool	RWF-OWP-APP620
14	PREVENT referral routes	RWF-OPPM-CORP86
15	Training needs analysis	RWF-OWP-APP619



## **PREVENT REFERRAL ROUTES**

If you are concerned that you have come into contact with someone who you suspect is being radicalised into extreme thoughts the referral routes below are what you should follow. These routes are split into what will happen in the event of reporting your concerns either about a staff member or a patient.

Please refer to the paragraphs in the Safeguarding Vulnerable Adults at Risk of Harm Policy and Procedure for further information in relation to the PREVENT agenda.



Kent CHANNEL Panel are not obliged to inform the referrer of the outcome of the referral

All referrals made to Matron SA will be reported to SHA PREVENT Lead – these will be anonymised and will include whether or not there was an onward referral to Kent CHANNEL Panel