Dear [Name],

I am writing to respond to your request dated [Date]. Oxford University Hospitals NHS Foundation Trust can confirm that it holds the data that you requested.

The Human Trafficking policy is embedded in the Safe Guarding policy. Please refer to the policy attached below.

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**Safeguarding Vulnerable and At Risk Adults Policy**

<table>
<thead>
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<th>Policy</th>
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<td><strong>Summary:</strong></td>
<td>This Policy and associated guidance sets out the principles to be adopted by all staff to safeguard vulnerable and at risk adults. It outlines the process for reporting suspected cases of abuse and the multi-agency approach to responding to reported cases.</td>
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<td><strong>Equality Analysis Undertaken:</strong></td>
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<td>4 June 2015 via Safeguarding Adults Steering Group 4 August 2015 via Clinical Policy Group</td>
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<td><strong>Distribution:</strong></td>
<td>OUH Intranet</td>
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<tr>
<td><strong>Related documents:</strong></td>
<td>Consent to Examination or Treatment Policy Raising Concerns at Work Policy Managing Allegation if Harm Staff Policy Incident reporting and Investigation policy</td>
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<tr>
<td><strong>Author:</strong></td>
<td>Head of Patient Experience</td>
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<td><strong>Further information:</strong></td>
<td>Head of Patient Experience</td>
</tr>
<tr>
<td><strong>This document replaces:</strong></td>
<td>OUH Safeguarding Vulnerable and At Risk Adults Policy Version 7.0</td>
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**Lead Director:** Chief Nurse  
**Issue Date:** 10/02/2016
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Introduction

1. Oxford University Hospital NHS Foundation Trust will not condone any action or actions by any member of staff that might amount to, give rise to, or allow to continue unchecked the abuse, mistreatment or exploitation of patients of the organisation or indeed other vulnerable people.

2. The Oxford University Hospitals NHS Foundation Trust will take all reasonable actions necessary to promote the wellbeing, security and safety of vulnerable people consistent with their rights, capacity and personal responsibility, and prevent abuse occurring wherever possible.

3. The abuse of vulnerable adults is not uncommon. This has been exposed within the media and most notably in key Inquiries and reports *Death by Indifference* published by Mencap in 2007 and the *The Mid Staffordshire NHS Foundation Trust Public Inquiry* published in 2013. It is important to note that

   3.1. Abuse does not have to be deliberate, malicious or planned. It sometimes happens when people are trying to do their best but don’t really know what is the right thing to do.

   3.2. People who have a physical disability, learning disability, dementia, or who are older, are vulnerable and at an increased risk of abuse because they may not be able to defend themselves, and may find it challenging to communicate their worries.

4. The aims of the Oxfordshire Safeguarding Adults Board are to ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately to:

   - Enable people to maintain the maximum possible level of independence, choice and control.
   - Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility and to prevent abuse occurring wherever possible.
   - Ensure that people feel able to complain without fear of retribution.
   - Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function.
   - Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire.

   Source: Oxfordshire Safeguarding Adults Board website: Safe from Harm

Policy Statement

5. The Oxford University Hospitals NHS Foundation Trust, (hereafter referred to as the Trust), will cooperate fully with the police, the Care Quality Commission, Oxfordshire County Council Social Services other health care providers and partners of the Oxfordshire Safeguarding Adults Board to protect vulnerable adults from abuse, harm or distress, in accordance with the “Oxfordshire Codes of Practice for the Protection of Vulnerable Adults from Abuse Exploitation and Mistreatment”.

6. All members of staff will at all times during the course of their employment act in such a way as to promote the wellbeing of patients. At no time during the course of their employment or at any other time act in any way that might amount to, give rise to, or allow to continue unchecked the abuse, mistreatment or exploitation of patients or other vulnerable people.
7. All members of staff will at all times during the course of their employment act in a way that is respectful to patients that promotes their dignity and at no time act in any way that causes harm or distress.

8. All concerns amounting to the possible abuse, mistreatment or exploitation of patients or other vulnerable people by a member of staff will be investigated in full accordance with the “Oxfordshire Codes of Practice for the Protection of Vulnerable Adults from Abuse Exploitation and Mistreatment”, any advisory documentation or guidance related to it and other relevant Trust Policies.

9. All members of staff will be aware of and have access to this policy and the following documents:
   
   9.1 “Oxfordshire Safeguarding Adults Procedures”
   
   9.2 “Oxfordshire Safeguarding Adults Guidance for All Staff”

10. It is the policy of the Trust to work actively to prevent abuse from occurring and to respond appropriately to allegations of abuse wherever they occur and to work proactively with patients to ensure that they are aware of how to raise concerns relating to abuse or neglect.

Scope

11. This policy applies to Adults. This means those aged 18 and above. The term adult includes patients and visitors. Safeguarding adults is described within the Care Act 2014 as ‘the need to protect people from abuse and neglect’.

12. This policy applies to all staff of Oxford University Hospital NHS Foundation Trust (including those managed by a third party), irrespective of grade, experience or role. The policy applies equally to contractual and temporary staff and does not differentiate or discriminate at any level.

Aim

13. This Policy and associated guidance sets out the principles to be adopted by all staff to protect and safeguard vulnerable and at risk adults. It outlines the process for dealing with allegations and disclosures of abuse, reporting suspected cases of abuse and the multi-agency approach to responding to reported cases.

Definitions

14. Abuse, which would include the following and may take the forms of:

   14.1. **Physical abuse:** This includes hitting, slapping, pushing, kicking, misuse of medication, and misuse of restraint, or inappropriate sanctions, unsafe practice including misuse of lifting and handling equipment, Female Genital Mutilation.

   14.2. **Sexual abuse:** This includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

   14.3. **Psychological abuse:** This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal of services or supportive networks. Please note this includes vulnerable adults at

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1 The Care Act 2014:
risk of radicalisation. Please refer to the prevent-strategy-guidance-for-healthcare-workers.

14.4. **Financial or material abuse:** This includes theft, fraud, rogue trading, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

14.5. **Neglect and acts of omission:** This includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, pressure ulcers, the withholding of the necessities of life, such as medication, adequate nutrition and heating. It is especially important, following the conclusions of the Inquiry into the Mid Staffordshire NHS foundation Trust, that all staff understand the meaning of neglect in terms of vulnerable adults receiving health and social care. This is particularly relevant for people with dementia, delirium, learning disability, mental health problems and cognitive impairment.

14.6. **Discriminatory abuse:** This includes racist or sexist remarks or comments based on a person’s impairment, disability, age or illness and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

14.7. **Institutional abuse:** This involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.

14.8. **Domestic Abuse:** This is not a separate type of abuse. It is important to remember that domestic abuse may manifest as financial, psychological, physical, sexual or neglect. Domestic abuse can happen to anyone; regardless of their vulnerability.

15. **The Care Act 2014:** Chapter 14 outlines the responsibilities of the Local Authority and organisations in relation to adult safeguarding. The Government expects local authorities and others to help people with care and support needs, who may be at risk of abuse or neglect as a result of those needs, keep safe. This must not mean preventing them making their own choices and having control over their lives. Everyone in the community should understand the importance of safeguarding and help keep people safe. The local authority must provide information and advice on how to raise concerns about the safety or wellbeing of an adult who has needs for care and support and should support public knowledge and awareness of different types of abuse and neglect, how to keep yourself physically, sexually, financially and emotionally safe, and how to support people to keep safe. The information and advice provided must also cover who to tell when there are concerns about abuse or neglect and what will happen when such concerns are raised, including information on how the local Safeguarding Board works.

Source: The Care Act 2014

16. **The Care Act 2014.** No Secrets 2000 has been replaced the Care Act 2014. The Act was granted Royal Assent in May 2014 and became legally binding and mandatory practice on 1 April 2015. Chapters 14 and 15 have particular relevance for Safeguarding Adults. Chapter 14 includes:

- Adult safeguarding – what it is and why it matters;
• Abuse and neglect:
• Understanding what they are and spotting the signs;
• Reporting and responding to abuse and neglect;
• Carers and adult safeguarding:
• Adult safeguarding procedures;
• Local authority’s role and multi-agency working;
• Criminal offences and adult safeguarding;
• Safeguarding enquiries;
• Safeguarding Adults Boards;
• Safeguarding Adults Reviews;
• Information sharing, confidentiality and record keeping;
• Roles, responsibilities and training in local authorities, the NHS and other agencies.

17. Principles of Safeguarding Adults

17.1 – The following key principles: underpin Safeguarding Adults practice and make safeguarding personal

• **Empowerment**: Providing people with support, assistance and information, and enabling them to make choices and give informed consent

• **Protection**: Support and representation for those in greatest need

• **Prevention**: It is better to take action before harm occurs

• **Proportionality**: Proportionate and least intrusive response appropriate to the risk presented

• **Partnership**: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

• **Accountability**: Accountability and transparency in delivering safeguarding

18. Section 42 enquiry: This is a request for an investigation by a local authority. Organisations are legally obliged to comply with this request. A section 42 enquiry is requested when:

18.1. A local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

• has needs for care and support (whether or not the authority is meeting any of those needs)

• is experiencing, or is at risk of, abuse or neglect, and

• as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

18.2. The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom.

18.3. “Abuse” includes financial abuse; and for that purpose “financial abuse” includes:

• having money or other property stolen,
being defrauded,
being put under pressure in relation to money or other property, and
having money or other property misused.

19. **Vulnerable adult** - A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves or protect themselves from being exploited or harmed. This may be because they have a mental health problem, a disability, a sensory impairment, are old and frail or have some form of illness.

**Responsibilities**

20. The **Chief Executive** has overall responsibility for ensuring processes are in place for the safeguarding of vulnerable and at risk people and has designated the **Chief Nurse** as the Trust Management Executive member with specific responsibilities in this area. This includes being responsible for ensuring appropriate arrangements are in place to make certain the aims and objectives of this Policy are being met and maintained.

21. The **Chief Nurse** is the nominated Board member charged with accountability for vulnerable adults and will ensure that necessary arrangements are in place to meet their safeguarding needs.

22. **The Head of Patient Experience** has lead responsibility for Adult Safeguarding throughout the Trust and reports to the Trust Board and Trust Management Executive through the Chief Nurse. Responsibilities include:

22.1. Ensuring an investigation is undertaken where there is known non-compliance with the Policy. This may involve the Oxfordshire Adult Safeguarding Lead.

22.2. Liaison with clinical governance teams to ensure that incidents, concerns and complaints that have the potential to be a safeguarding concern are effectively monitored and reviewed.

22.3. Ensuring there is a regular review and update of the Safeguarding Vulnerable and At Risk Adults Policy, in response to Organisational risk assessments, current legislation and guidance and to subsequently establish, monitor and report on the process of adult safeguarding.

22.4. Undertaking the role of Trust Lead for PREVENT.

23. The **Safeguarding Adult Lead Practitioner** has responsibility for reporting all safeguarding concerns and where Deprivation of Liberty Safeguard applications are required. The Safeguarding Adult Lead Practitioner should also be consulted when there may be concerns around the Mental Capacity Act. The lead will liaise with all internal and external agencies

24. **Divisional Nurses, Divisional General Managers and Clinical Directors** are responsible for:

24.1. Ensuring the policy is disseminated and implemented in their areas of responsibility.

24.2. Providing the necessary resources in order to achieve the requirements of this policy.

24.3. Ensuring that staff can be released for training in the safeguarding of vulnerable adults

25. **All Clinical staff** including nursing, medical, allied health professions, health care scientists, pharmacy staff and clinical support workers are responsible for

25.1. Understanding and following this policy and its requirements.
25.2. Understanding the mechanisms for reporting suspected or actual cases of potential abuse of vulnerable adults.

26. **Non clinical staff** must be aware of the Adult Safeguarding Policy and how it affects their role and be aware of how to raise concerns with their line manager.

**Organisational arrangements**

27. The Oxford University Hospitals NHS Foundation Trust is a co-signatory to all of the policies and procedures of the multi-agency Oxfordshire Safeguarding Adults Board (OSAB).

28. The OSAB is responsible for creating the framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. The OSAB is also responsible for a consistent and effective response to any circumstances giving ground for concern, formal complaints or expressions of anxiety.

29. The Chief Nurse is the Trust representative and member of the multi-agency Oxfordshire Safeguarding Adults Board. This can be delegated to the Trust’s Safeguarding Adults and Patient Services Manager and responsibilities includes:

   29.1. Ensuring that the Trust policies and reporting structures are consistent with the Oxfordshire Codes of Practice,

   29.2. Training is available at the appropriate level to all staff and volunteers

   29.3. A risk assessment and review of Trust protocols with regard to Safeguarding is undertaken annually. A report is provided to the Oxfordshire Safeguarding Adult Board to provide assurance that appropriate measures and processes are in place.

   29.4. Ensuring that the Care Quality Commission is notified whenever a safeguarding alert is raised in relation to a patient receiving healthcare from the Trust.

30. Organisationally, the Trust will ensure that all employees working on Trust premises have had the relevant checks to protect the interests of all patients. The Trust’s process for carrying out appropriate checks is set out in the **Criminal Records and Barring Checks Policy**.

**Reporting concerns**

31. Please refer to the Reporting concerns algorithm in Appendix 2

32. Where members of staff have concerns arising during the course of their employment or at any other time that a patient or other vulnerable person may have been or are the victim of abuse or is at risk of harm or distress. They must report this to their supervisor/manager. The supervisor must discuss with the Ward Manager/ Matron or lead clinician and make a safeguarding referral using the OSAB online Safeguarding Adults Alert (see link to OSAB website via Safeguarding intranet site in Appendix 2).

33. Reports or disclosures of abuse must also be reported on the Trust’s incident management system using the Trust’s Incident reporting and Investigation policy and use the Trust’s Safeguarding Adults Investigative Algorithm. Please refer to Appendix 3.

34. Where a complaint is received about patient care and this appears to indicate abuse i.e. abuse or neglect is mentioned, this should be investigated in accordance with the Trust’s Incident reporting and Investigation policy. A safeguarding alert should also be raised to the relevant Local Authority Safeguarding Team using the OSAB online Safeguarding Adults Form (see link in Appendix 2), and the Trust’s Safeguarding Adults Investigative Algorithm (Please refer to Appendix 3).
35. Staff will be offered initial support via their line manager and additional arrangements can be made in discussion with the Safeguarding Adults and Patient Services Manager. All staff will be given feedback around the outcomes of the concern raised, giving them a better understanding of the processes.

36. For instances where allegations of harm have been made against a member of staff, (be they permanent, temporary, students or volunteers), the Managing Allegations of Harm (by) Staff Policy should also be referred to.

37. Concerns that amount to a criminal act will be reported to Thames Valley Police in accordance with the Disciplinary Procedure. Any actions or investigation undertaken will be in accordance with agreed multiagency protocols.

38. Any member of staff who is the subject of such an investigation may be placed on Special Leave from any work involving a patient contact or subject to the outcome of the investigation. This action is taken to protect the staff member from further allegations, protect patients from risk of coercion, intimidation or abuse, colleagues from risk of coercion or intimidation and to facilitate the process of completing the investigation as quickly as possible.

39. Consideration will be given to referring an individual to the Disclosure and Barring Service (DBS) under the Vetting and Barring Scheme where this is indicated in the DBS checks: eligibility guidance.

40. Following an investigation and where the member of staff has been subject to a Performance and Conduct hearing and where they have been found at fault of misconduct which harmed or placed at risk of harm a vulnerable adult or vulnerable adults a referral to the relevant professional body will be made.

41. PREVENT: All staff with any concerns regarding a patient’s vulnerability of exposure to risk of being drawn into terrorism, has begun to express radical extremist views or may be vulnerable to grooming or exploitation by others should report this to their line manager. This should be then reported to the Safeguarding Adults Lead Practitioner who will be the primary point of contact to manage such enquires with support from the Safeguarding Adults and Patient Service Manager and the Chief Nurse. Please refer to Appendix 6: NHS England Protocol for Prevent referrals).

**Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS)**

42. All clinical staff must ensure that they are familiar with their responsibilities within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and follow the respective codes of practice.

43. All clinical staff must ensure that patients who lack capacity are assessed using the Oxfordshire Mental Capacity Act and Deprivation of Liberty Safeguards Policy. This must be clearly and accurately documented in the patients’ healthcare records. Staff can use the Trust’s Mental Capacity Act form, but this is not obligatory. Staff are able to seek advice from the Safeguarding Adult Lead Practitioner to complete the form. The DOLS form can be found on the intranet here.

44. All patients who do not have close friends or family must be referred to the Independent Mental Capacity Advocates (IMCA) in adult protection safeguarding adults’ cases.

45. Following the Supreme Court’s judgement in March 2014 known as ‘Cheshire West and other rulings’, staff must understand when a patient should be referred for a DOLS. In particular the Acid test. This refers to the three indicators which are essential for a DOLS application.

- The ‘Acid Test’
  - The patient is under continuous supervision
o The patient is under continuous control
o The patient is not free to leave

- The Trust is a ‘Managing Authority’. This means the Trust, if satisfied that the Acid Test is applicable, can grant an urgent DOLS which is valid for 7 days. The clinical team must complete and sign the urgent and standard DOLS application form.

- This must be sent to the () email address for forwarding to the relevant DOLS Supervisory office. An urgent DOLS is legally valid when the relevant DOLS Supervisory Office have received the completed and signed form.

- A Clinical Team must apply for an extension to the urgent DOLS if the patient has not been assessed by a Best Interest Assessor and a Medical Assessor within 7 days.

- A Clinical Team must inform the () email address when a DOLS is no longer applicable for the patient, the patient has been transferred to another hospital or been discharged.

PREVENT

46. Healthcare professionals have a key role in PREVENT. PREVENT focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity.

47. The role of health services require all healthcare workers to exercise a duty of care to patients and, where necessary, to take action for safeguarding and crime prevention purposes. Through PREVENT this includes taking preventive action and supporting those individuals who may be at risk of, or are being drawn into, terrorist-related activity.

47.1. In order to do this it is important that all staff attend any PREVENT training and awareness programmes provided by the Trust. This is incorporated into all of the Safeguarding training, which includes face to face, nursing assistant induction, EU training for nurses from the European Union and the Trust ELMS (Electronic Learning Management System)

48. Staff should be aware of professional responsibilities, particularly in relation to the safeguarding of vulnerable adults and children and familiar with the Trust's organisation's protocols, policies and procedures.

49. Indicators that staff may observe or identify regarding individuals behaviour or actions may include:  

- Graffiti symbols, writing or artwork promoting violent extremist messages or images.

- Patients/staff accessing violent extremist material on line, including social networking sites.

- Family reports of changes in behaviour, friendships or action and requests for assistance.

- Patients voicing opinions drawn from violent extremist ideologies and narratives.

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2 Building Partnerships, Staying Safe The health sector contribution to HM Government’s Prevent strategy: guidance for healthcare workers

3 Northamptonshire Healthcare NHS Foundation Trust
• Use of extremist or hate terms to exclude others or incite violence.
• Harmful influences on vulnerable individuals from staff, colleagues, volunteers, parents, spouse, family members, friends, external groups of other patients.
• Inappropriate use of the internet on Trust premises.
• External groups using the Trust premises for meetings, distributing violent extremist material.

50. The Trust's PREVENT lead is the Head of Patient Experience. Any concerns in relation to the following people (patients, relatives or visitors) should be first directed to as follows
   • A child or young person aged under 18 years of age: Contact the Safeguarding Children Lead and Patient Experience
   • An adult: Head of Patient Experience
   • A member of staff: Deputy Director

51. A referral will then be made by the above person to the Multi-Agency Safeguarding Hub (MASH) or Thames Valley Police as appropriate.

Domestic Abuse

52. Domestic Abuse can be experienced by anyone. Staff must pay attention to the potential risk of vulnerable adults in relation to psychological or physical abuse arising from Domestic Abuse.

53. Staff should be familiar with the potential risks of domestic abuse for both children and adults and the role of the Oxfordshire Domestic Abuse Support Service and Thames Valley Police. This is of particular importance if children live at the patients address or are part of the family group. This information can be found on the Trust's Safeguarding children and vulnerable adults’ intranet site.

Pressure Ulcers

54. Pressure ulcers can be an indication of physical abuse or neglect. Patients with physical disabilities and people who have limited communication. For example people with profound learning and multiple disabilities, long term and progressive conditions, stroke and dementia are at risk of pressure ulcers.

55. Please follow the Trust’s Pressure Ulcer Prevention Management Policy and procedure

56. If a patient is admitted or reviewed in an outpatient department with a category 3 or 4 pressure ulcer or multiple category 2 pressure ulcers, please seek advice from the Trust’s Tissue Viability Team. Please refer to the assessment protocol in Appendix 5.

Female Genital Mutilation (FGM)

57. The World Health Organisation (WHO) defines female genital mutilation (FGM) as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996).

58. In England, Wales and Northern Ireland all forms of FGM are illegal under the Female Genital Mutilation Act 2003 and in Scotland it is illegal under the Prohibition of FGM (Scotland) Act 2005.

59. Health professionals in GP surgeries, sexual health clinics and maternity services are the most likely to encounter a girl or woman who has been subjected to Female Genital Mutilation (FGM).
60. Health professionals encountering a girl or woman who has undergone FGM should be alert to the risk of FGM in relation to her:
   - Younger siblings
   - Daughters or daughters she may have in the future
   - Extended family members

61. All girls/women who have undergone FGM (and their boyfriends / partners or husbands) must be told that re-infibulation is against the law and will not be carried out under any circumstances. Each woman should be offered counselling.

62. If staff suspect are concerned that a child or woman are at risk of FGM they must report this to their line manager and seek immediate guidance from the Trust’s Children’s Safeguarding Lead.

Sources: Oxfordshire Safeguarding Children’s Board (OSCB) and the World Health Organisation

Chaperoning and Intimate Care

63. Any patient may need assistance with intimate care as a result of receiving healthcare or because of a disability, delirium, dementia or cognitive impairment.

64. All staff must be familiar with the Trust’s Chaperone and Intimate Care document to safeguard their patients’ safety and privacy and dignity.

65. This is particularly important in relation to patients who lack mental capacity. Please refer to the Trust’s Chaperoning and Intimate Care Guidelines for guidance and the Trust’s expected standards of practice.

Incident reporting and investigation

66. A safeguarding concern about a vulnerable patient must be recorded on the Trust’s incident management system and reported to the ward sister/charge nurse and patients consultant, however this does not classify as raising a safeguarding alert. An OSAB online Safeguarding Adults Alert form (link located in Appendix 2), should be completed and also the safeguarding adult lead should be informed via the () email address.

67. If a safeguarding adult’s alert is raised about OUH services, this should be reported on Trust’s incident management system, care must be taken to restrict the number of people to whom this is sent to the immediate line manager, Divisional Nurse and Safeguarding Adults Manager.

68. All safeguarding alerts in relation to adult patients should follow the Safeguarding Adults’ investigative Algorithm and investigated according to the Trusts’ Incident and Investigation Policy. (Please refer to Appendix 3).

69. An online Safeguarding Adults Alert form (link located in Appendix 2), should be completed. The Safeguarding Adults lead practitioner should also be informed

70. Each clinical area will have a ‘Safeguarding Adults leader’ to provide expert safeguarding advice

71. Safeguarding adults reviews (SARs):
   - Safeguarding Adults Boards must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
   - Safeguarding Adults Boards must also arrange a SAR if an adult in its area has not died, but the Safeguarding Adults Boards knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be
considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. Safeguarding Adults Boards are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

- The Safeguarding Adults Boards should be primarily concerned with weighing up what type of ‘review’ process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults.

- SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

Source: Care Act 2014

72. Following the publication of the Serious Incident Requiring Investigation (SIRI) in April 2015. All SARs must be accompanied by a SIRI investigation.

Education and training

73. All staff must complete and pass the Safeguarding Children Level 1 and Level 2 and Adults Safeguarding training. The Safeguarding Adults e-learning module can be accessed here, via Electronic Learning Management System (ELMS); here Classroom sessions can also be booked via ELMS.

74. WRAP3 Training enables senior staff to become facilitators of the PREVENT programme. This gives a greater understanding of the government's strategy in preventing radicalisation.

75. Managers will provide initial information during induction on the Policy for Safeguarding Vulnerable and at Risk Adults. This will include being made aware of:

- Definitions of abuse
- How to report concerns
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Links to the Domestic Abuse Care Pathway
- Prevent

76. All safeguarding alerts in relation to adult patients should follow the Safeguarding Adults’ investigative Algorithm and investigated according to the Trusts’ Incident and Investigation Policy. (Please refer to Appendix 3)

77. Additional training will be provided to targeted staff groups by internal and external subject experts according to the priorities identified by the audit of the Policy for Safeguarding Vulnerable and at Risk Adults and in line with requirements identified in the trust Statutory and Mandatory and Essential Training Plan.

Further guidance

78. Please refer to the appendices and Oxfordshire Safeguarding Adults Board attachments to this policy:

Monitoring and review

79. The Safeguarding Adults and Patient Services Manager will ensure monitoring and updating of this policy annually or in response to substantial changes in the nature of Operations, changes in legislation or developing best practice.

80. The Clinical Governance Committee will assess this policy annually to determine its effectiveness and appropriateness.

81. Implementation of policies and procedures will only be effective if adequate evaluation and monitoring systems ensure shortcomings in policy implementation are identified and managed. Managers within Divisions are responsible for initiating an on-going performance monitoring process within their areas of responsibility.

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<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring (job title)</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings and monitor completion of any resulting action plan</th>
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<tr>
<td>Safeguarding Adult practice in wards and clinical departments</td>
<td>Multiagency Safeguarding Adult audit</td>
<td>Matrons and Divisional Executive Teams</td>
<td>Annually</td>
<td>Divisional Executive meetings OUH Safeguarding Adult Steering Group Oxfordshire Safeguarding Adults Board</td>
</tr>
<tr>
<td>Compliance with the DH process for DOLS</td>
<td>Review of patients healthcare records where a DOLS has been either granted or declined</td>
<td>Safeguarding Adults and Patients Services Manager</td>
<td>Annually</td>
<td>Divisional Executive meetings OUH Safeguarding Adult Steering Group Oxfordshire Safeguarding Adults Board</td>
</tr>
<tr>
<td>Governance in relation to the thoroughness of the investigation, adherence to the Trusts Incident reporting and Investigation policy (2014), evidence of Divisional and Trust wide learning to improve practice to safeguard Adult patients</td>
<td>Review of the Divisional Clinical Governance meetings and Divisional Quality Reports</td>
<td>Divisional Nurse and Safeguarding Adults and patients Services Manager</td>
<td>Annually</td>
<td>Divisional Executive meetings OUH Safeguarding Adult Steering Group</td>
</tr>
</tbody>
</table>

Review

82. This policy will be reviewed in 3 years, as set out in the Developing and Managing Policies and Procedural Documents Policy.

Risk assessment

83. An organisational self-assessment will be undertaken annually and the results will be risk assessed in accordance with the OUH Risk Management Strategy. This will be the responsibility of the Safeguarding Adults and Patient Services Manager.
### Equality Analysis

84. As part of its development, this policy and its impact on equality, diversity and human rights has been reviewed, an equality analysis undertaken (see appendix 1) and in order to minimize the potential to discriminate, the following adjustments have been identified:

<table>
<thead>
<tr>
<th>How does this policy affect each characteristic?</th>
<th>Reasonable adjustments required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability (all disability including dementia and learning disability)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
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<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Race</td>
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<td>Sexual Orientation</td>
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<td>Pregnancy and maternity</td>
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<tr>
<td>Religion or belief</td>
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<tr>
<td>Gender re-assignment</td>
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<td>Marriage or civil partnerships</td>
<td></td>
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<tr>
<td>Carers</td>
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<td>Safeguarding people who are vulnerable</td>
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### References


Document history

This is the seventh edition of the Oxford University Hospitals Adult Safeguarding Policy.

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<thead>
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<td>September 2007</td>
<td>1.0 Adult Safeguarding Policy</td>
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</tr>
<tr>
<td>March 2011</td>
<td>2.0 Policy for safeguarding vulnerable and at risk adults</td>
<td></td>
</tr>
<tr>
<td>October 2012</td>
<td>3.0 Policy for Safeguarding Vulnerable and at Risk Adults</td>
<td></td>
</tr>
<tr>
<td>March 2013</td>
<td>4.0 Policy for Safeguarding Vulnerable and at Risk Adults</td>
<td></td>
</tr>
<tr>
<td>August 2013</td>
<td>5.0 Policy for Safeguarding Vulnerable and at Risk Adults</td>
<td></td>
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<tr>
<td>January 2014</td>
<td>6.0 Policy for Safeguarding Vulnerable and at Risk Adults</td>
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### Authors & Contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head of Patient Experience</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Adult Lead Practitioner</td>
</tr>
</tbody>
</table>

### Stakeholders – Who has been Consulted?

<table>
<thead>
<tr>
<th>Who? Individuals or Committees</th>
<th>Rationale and/or Method of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUH FT Safeguarding Adults Steering Group</td>
<td></td>
</tr>
<tr>
<td>OUH FT Safeguarding Children’s Strategy Group</td>
<td></td>
</tr>
<tr>
<td>Oxfordshire Safeguarding Adults Board (OSAB).</td>
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</tr>
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# Appendix 1: Equality Analysis

<table>
<thead>
<tr>
<th>Equality Analysis</th>
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<tr>
<td><strong>Policy for Safeguarding Vulnerable and At Risk Adults Version 7.0</strong></td>
</tr>
<tr>
<td>Date of Policy</td>
</tr>
<tr>
<td>Date due for review</td>
</tr>
<tr>
<td>Lead person for policy and equality analysis</td>
</tr>
<tr>
<td>Does the policy/proposal relate to people? If yes please complete the whole form.</td>
</tr>
<tr>
<td>The only policies and proposals not relevant to equality considerations are those not involving people at all. (E.g. Equipment such as fridge temperature)</td>
</tr>
</tbody>
</table>

1. **Identify the main aim and objectives and intended outcomes of the policy.**
   - Who will benefit from the policy? How is the policy likely to affect the promotion of equality and minimize discrimination considering: age, disability, sex/gender, gender re-assignment, race, religion or belief, sexual orientation, pregnancy and maternity, marriage or civil partnerships or human rights?

2. **Involvement of stakeholders.**
   - List who has been involved in the policy/proposal development?

3. **Evidence.**
   - Population information on [www.healthprofiles.info](http://www.healthprofiles.info) search for Oxfordshire.

**Disability** Have you consulted with people who have a physical or sensory impairment? How will this policy affect people who have a disability?

**Disability: learning disability**

**Sex** How will the policy affect people of different gender?

**Age:** How will the policy affect people of different ages – the young and very old?
   - The policy is relevant for any patient or visitor over 18 years of age

**Race:** How will the policy affect people who have different racial heritag

**Sexual orientation:** How will the policy affect people of different sexual orientation- gay, straight, lesbian, bi-sexual?

**Pregnancy and maternity:** How will the policy affect people who are pregnant or with maternity rights?

**Religion or belief.** How will the policy affect people of different religions or belief – or no faith?
### Gender re-assignment
How will the policy affect people who are going through transition or have transitioned?

### Marriage or civil partnerships
How will the policy affect people of different marital or partnership status?

### Carers
Remember to ensure carers are fully involved, informed, supported and they can express their concerns. Consider the need for flexible working. How will carers be affected by the policy?

### Safeguarding people who are vulnerable
How has this policy plan or proposal ensured that the organisation is safeguarding vulnerable people? (E.g. by providing communication aids or assistance in any other way.)

### Other potential impacts e.g. culture, human rights, socio economic e.g. homeless people

### Section 4 Summary of Analysis
Does the evidence show any potential to discriminate? If your answer is no – you need to give the evidence for this decision.

How does the policy **advance equality of opportunity**?

How does the policy **promote good relations between groups**? (Promoting understanding).
Appendix 2: Reporting Safeguarding concerns algorithm

Managing concerns for safeguarding vulnerable adults in hospital

Concern is identified by member of staff or public – this could be from disclosure of patient/relative or other member of staff, assessment of clinical condition, known risk for individual

ENSURE THE INDIVIDUAL’S SAFETY
Document all concerns

Discuss concern within clinical team and escalate to Ward Manager, and Safeguarding Adult Lead Practitioner

Has the Patient been harmed?

Yes
Ensure patient is safe
Record all concerns and any evidence of harm

No

Do you suspect abuse, risk of harm, injury or death?

Yes
Complete online Safeguarding Form linked direct to Social Services Safeguarding Team. Link located on Safeguarding intranet site here
Continue with and contribute to multi-agency procedures for Safeguarding investigation/plans

No
Seek Advice from Safeguarding Leads
Raise concerns of risks to OUH social workers

Important Things You May Need to Act On:
- Are others at risk?
- Have concerns been clearly documented?
- Has mental capacity been assessed and documented? – is there a need for Independent Mental Capacity Advocate (IMCA)
- Discuss all concerns with the individual and keep them fully informed
- Safeguarding adults investigation may take precedence over other Trust actions
- Consider professional accountability and support of those involved
- Are all the right people involved?
Appendix 3: Safeguarding Adults Investigative Algorithm

Disclosure made by a patient, carer or member of staff

Safeguarding alert made by OCC Safeguarding Team.

OUH Safeguarding Adults and Patient Services Manager (SAPS) or nominated deputy informed.

Alert made to Health and Social care team immediately

Details of Safeguarding alert sent to Divisional Nurse, relevant matron, and copied to Clinical Governance and Risk Practitioner and Risk Management email address

- Log as a DATIX incident within 24 hours. OUH SAPS or nominated deputy will check with the Divisional Nurse that this has been completed
- Complete an initial summary report (ISR). Completed within 48 hours/2 days
- Inform appropriate Local Authority Safeguarding Team immediately and advise of next steps.

ISR reviewed by Divisional Nurse, Safeguarding Adults and Patient Services Manager and Risk Management. One of the following actions will be decided by Risk Management, Safeguarding adults and Patients Services Manager, Divisional Nurse and relevant Executive Director

No further action

Internal Division/Concise investigation report monitored by Clinical Governance Procedures

Serious incident requiring investigation (SIRI). Reported on STEIS

Divisional Nurse attaches ISR to the DATIX incident with outcome added

Further investigation carried out, concluded, monitored by Clinical Governance Procedures signed off by relevant Executive Director.

Copy of concise investigation report or SIRI sent to the appropriate Local Authority Safeguarding Team.

Copy of SIRI sent to Clinical Commissioning Group.

ISR sent to relevant Safeguarding Team by OUH Safeguarding Adults Team and confirmation that Safeguarding alert is closed
# Appendix 4: Mental Capacity Assessment Form

**Patient Details:**

<table>
<thead>
<tr>
<th>Consultant:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Ward:</td>
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</table>

**Details of treatment decision(s) or other specific issue(s) in relation to which capacity is being assessed**

---

**Assessors details**

<table>
<thead>
<tr>
<th>Print name:</th>
<th>Role:</th>
</tr>
</thead>
</table>

**Contact Details:**

---

**Patient Mental Capacity Assessment**

Does the patient have a permanent or temporary impairment/disturbance of the functioning of the mind or brain?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, give a diagnosis or brief description

---

In relation to this decision/issue please answer the following questions:

Please note that if the service user fails the test at any point, they lack capacity in relation to the decision at the time of the assessment

**Can your patient understand the information relevant to the decision?**

- Yes
- No

- Please write in the reason for your answer:

**Can your patient retain the information long enough to make the decision?**

- Yes
- No

- Please write in the reason for your answer:

**Weigh the information in the balance in order to make a decision?**

- Yes
- No

- Please write in the reason for your answer:

**Can your patient communicate the decision by any means?**

- Yes
- No

- Please write in the reason for your answer:

Is your patient likely to recover capacity?

- Yes
- No

If yes, the assessment of capacity should be repeated at a future point
Is This Emergency Treatment?
If so go to proposed action and reasons, complete, sign, date and place in your patient’s healthcare records.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Referral to IMCA**

Does your patient have any relatives or friends who can contribute to this assessment?
If no please refer your patient to an IMCA
IMCA contact details: http://gettingheard.org/contractual-services/

**Date of referral:**

**Determinaton of Best Interests**
If the outcome of the assessment is that the service user lacks capacity, it may be possible to treat/act in their best interests. To help determine this please complete the following checklist

- Have the patient’s and present wishes and feelings been taken into account as far as possible?
  - Yes  |  No
  - Please write in the reason for your answer:

- Has account been taken of the patient’s known beliefs and values?
  - Yes  |  No
  - Please write in the reason for your answer:

- Have the patient’s relatives/friends been consulted?
  - Yes  |  No
  - Please write in the reason for your answer:

- Is there any IMCA/other advocate. If yes, have their views been taken into account?
  - Yes  |  No
  - Please write in the reason for your answer:

- If there is an advance decision/lasting Power of Attorney/deputy appointed by the Court of Protection?
  - Have they been consulted?
    - Yes  |  No
    - Please write in the reason for your answer:

- Is the person subject to a DOLS authorisation?
  - Yes  |  No

**Proposed course of action and reasons**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Completed by:**

Print name: 
Position: 
Date: / / 
Sign:
Appendix 5: Raising A Safeguarding Alert In Relation To a Patient’s Pressure Ulcer

**STEP ONE**
- Clinical area reports all Acquired and Inherited Pressure Damage on Datix
- Tissue Viability Team – Follow up Category 3, 4 and Suspected Deep Tissue Injuries (SDTI) to ensure appropriate care has commenced and offer further support (this may be phone advice).

**STEP TWO**
- Clinical area to arrange photography of affected areas with appropriate consent. Arrange upload to Datix.
- Consider if there are any other concerns in relation to neglect or abuse.
- If unsure, contact the Safeguarding Lead for advice.

**STEP THREE**
- If a Safeguarding alert is appropriate please call 07825145546 or page 07623958647 and supply the following information.
  - Patient name:
  - DOB:
  - Address:
  - NHS number:
  - Details of health, social care, private or unpaid care input:
  - Details of specific concerns:
Appendix 6: NHS Protocol for Prevent Referrals

NHS ENGLAND

PROTOCOL FOR PREVENT REFERRALS

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**NHS ENGLAND**

**PROTOCOL FOR PREVENT REFERRALS**

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<td><strong>2. The Protocol</strong></td>
<td>4 - 8</td>
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<tr>
<td><strong>Appendices:</strong></td>
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<td>Appendix A : NHS PREVENT concern escalation process relating to a patient</td>
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<tr>
<td>Appendix B : NHS PREVENT concern escalation process relating to a colleague</td>
<td>10</td>
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<tr>
<td>Appendix C : The CHANNEL process referral pathway</td>
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</tr>
<tr>
<td>Appendix D : NHS England CHANNEL Referral Form</td>
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<tr>
<td>Appendix E : Local contacts to be used in connection with the CHANNEL Referral Form</td>
<td>13 - 15</td>
</tr>
<tr>
<td>Appendix F : Responsibilities of NHS representatives attending CHANNEL panels</td>
<td>16</td>
</tr>
</tbody>
</table>
A. **Introduction**

1.1 This protocol has been developed for implementation across NHS England.

1.2 The health sector's contribution to PREVENT focuses on objectives 2 and 3 of the PREVENT Strategy, namely:

   (a) Preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support;

   (b) Work with sectors and institutions where there are risks of radicalisation which we need to address.

1.3 This protocol describes the steps to be taken by PREVENT leads when a concern has been raised and is intended to help both those who are vulnerable and believed to be at risk of exploitation by radicalisers and those who are already engaged in terrorist related activity and could be radicalising others.

1.4 Reporting (1) to Regional PREVENT Co-ordinators and (2) to outside agencies for further risk assessment and support via the CHANNEL process are key.

1.5 Department of Health PREVENT guidance and toolkit Building Partnerships, Staying Safe for healthcare organisations\(^5\) and healthcare workers\(^6\) highlights the fundamental concept that patients, service users and staff who are at risk of radicalisation should be considered as vulnerable persons in the context of the existing safeguarding agenda. As such, radicalisation should be considered as a form of abuse in a similar way to exploitation, intimidation and coercion which are familiar terms to healthcare professionals involved in safeguarding adults and children.

1.6 We are committed to tackling discrimination of any kind, promoting equality and diversity, protecting and promoting human rights. We encourage an open, honest and immediate incident reporting system that is used to improve practice and reduce risk. Staff have a responsibility to report incidents.

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1.7 PREVENT deals with the pre-criminal space. If you have an immediate concern about someone’s life or a property you should telephone ( ) or the Anti-Terrorist Hotline on (). A Textphone facility for people who are deaf or who have hearing difficulties is available on (). For all non-emergency enquiries or to report crime and other concerns call ()

B. THE PROTOCOL

Reporting to Regional PREVENT Co-ordinators

2.1 Regional PREVENT Co-ordinators (RPCs) are responsible for the operational co-ordination of PREVENT as follows:

2.2 PREVENT Leads within the organisation should advise the Regional PREVENT Co-ordinators of the following:

- PREVENT cases referred to local multi-agency panels to determine an appropriate intervention, i.e. Multi-Agency Public Protection Arrangements (MAPPA), safeguarding panel or CHANNEL;

- The Number of PREVENT ‘Cause for Concern’ alerts that have been raised by staff that have not resulted in the case being taken forward. This will be provided at the end of each calendar month

- PREVENT cases where referrals from partner agencies into a local multi-agency panel result in a local NHS provider undertaking an intervention;

- All cases where an NHS staff member is referred to their line manager or Human Resources as a result of a PREVENT concern raised under internal policies;

- PREVENT cases where an initial risk-assessment of a patient, service user or staff by the NHS organisation safeguarding lead, following discussion with the local Police PREVENT lead, leads to information being disclosed regarding an on-going investigation or operation.

Reporting by Regional PREVENT Co-ordinators (RPCs)

2.3 **NHS England:** RPCs will ensure that the PREVENT/Safeguarding lead in the CCG and the Safeguarding Lead in the Area Team along with the Assistant Director for Patient Experience within the Area Team responsible for hosting the RPCs are kept abreast of PREVENT referrals which are accepted onto CHANNEL or other safeguarding/multi-agency panel.

2.4 **NHS England PREVENT Monthly Referrals Tracker:** Information on the number of referrals initiated by health, along with the number of cases where health input has been provided is held regionally. NHS PREVENT Leads should complete the
Tracker on a monthly basis and send it to the RPCs for inclusion in their monthly report.

**Reporting to outside agencies for further risk assessment and support via the CHANNEL process**

**What is a CHANNEL process?**

2.5 CHANNEL is a supportive multi-agency process designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. It is a key part of PREVENT – the Government’s strategy to stop people becoming terrorists or supporting terrorism.\(^7\)

2.6 CHANNEL works by identifying individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity, assessing the nature and extent of the risk, and where necessary, providing an appropriate support package tailored to the individual’s needs. A multi-agency meeting, called a CHANNEL panel, usually chaired by an appropriate safeguarding chair, decides on the most appropriate action to support the individual after considering their circumstances.

2.7 It is about early intervention to protect and divert people away from the risk they may face at an early opportunity. Partners already work with individuals vulnerable to being drawn into criminal activity such as drugs, knife or gang crime.

2.8 Partnership involvement ensures that those at risk have access to a wide range of support ranging from mainstream services such as health and education through to specialist mentoring or faith guidance and wider diversionary activities. Each support package is monitored closely and reviewed regularly by the multi-agency panel.

2.9 See Appendix C on page 10 for the CHANNEL Process Referral Pathway.

**What happens with the referral?**

2.10 Each referral is screened for suitability according to the vulnerability and risk factors. If the referral is not deemed appropriate for CHANNEL it will exit the process or be referred to those services which are more appropriate to the vulnerable individual’s needs. It is vital that those organisations raising the concern are advised of the outcome of the referral i.e. whether their concern was unsubstantiated/substantiated.

2.11 Appropriate referrals will go through a preliminary assessment by the local CHANNEL Case Officer, co-ordinated by the Regional CHANNEL Co-ordinator and key statutory partners as appropriate.

2.12 Partners will be asked to check and report back to the local CHANNEL Case Officer if the vulnerable individual is known to their service and a Vulnerability Assessment Framework will be created to assist decision making at the CHANNEL multi-agency panel.

2.13 The CHANNEL panel will convene and be chaired by an appropriate safeguarding chair where the needs of the individual will be identified and a support plan will be put

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in place. See Appendix F on page 13: Responsibilities of NHS representatives attending CHANNEL panels.

2.14 Each case is monitored regularly on a case by case basis based on local agreement. In addition there will be a 6 and 12 monthly review meeting, once the referral has exited the process and where there is no current channel intervention.

2.15 Interventions are projects intended to divert those who are being drawn into terrorist activity and can include statutory, community or specialist interventions i.e. mentoring, counselling, theological support, encouraging civic engagement, development of support networks (family and peer structures) or providing mainstream services (education, employment, health, finance or housing).

Will the vulnerable person be informed that they have been referred into the CHANNEL Process?

2.16 PREVENT is based on the active engagement of the vulnerable individual and is at a pre-criminal stage, therefore appropriate consent should be obtained from the individual involved prior to a referral to CHANNEL intervention both to comply with the Code of Practice on Confidentiality (2003) and to establish an open relationship with the vulnerable individual at the start of the process. However, in exceptional circumstances, where seeking consent prior to referral would cause immediate significant harm to the vulnerable individual and/or where the vulnerable person lacks capacity to give consent, a referral may be made without consent in their best interests. Additionally agencies may share limited and proportionate information prior to consent in exceptional cases where this is immediately required to establish whether the case should be managed under PREVENT or as a Counter Terrorism case. See Appendix G on page 14: Information governance legislation and guidance.

2.17 When seeking consent, there should be consideration of the need to support the vulnerable individual in the giving of their consent and throughout the time a support plan is in place. This should include an offer and provision of appropriate advocacy to the vulnerable individual to assist them in becoming active participants in the planning to support them.

Escalating your concern

2.18 In the absence of any existing organisational arrangements for escalating PREVENT concerns, the flow charts provided in Appendix A on page 8 and Appendix B on page 9 may be helpful.

Referring to CHANNEL

2.19 Please complete Appendix D, the NHS England CHANNEL Referral Form on page 11 (noting that this is RESTRICTED WHEN COMPLETE) and use the secure email addresses contained within the relevant local area contact details in Appendix E on page 12.
2.20 Incidents which are likely to cause significant public concern and/or media interest either locally or nationally should be reported by NHS organisations. Therefore, upon completion of a CHANNEL Referral Form, consideration should be given as to whether to escalate to Directors within Trusts/CCGs for upward reporting and whether it qualifies as a Serious Incident Requiring Investigation (SIRI) for reporting under STEIS.
Appendix A - NHS PREVENT escalation process for a concern relating to a patient
To be used in the absence of any existing organisational arrangements.

Source: Building Partnerships, Staying Safe. The health sector contribution to HM Government’s PREVENT strategy: guidance for healthcare organisations.
(Department of Health, November 2011).
Appendix B – NHS PREVENT escalation process for a concern relating to a colleague

To be used in the absence of any existing organisational arrangements.

Source: Building Partnerships, Staying Safe. The health sector contribution to HM Government’s PREVENT strategy: guidance for healthcare organisations. (Department of Health, November 2011)

Please note that the CHANNEL Process is also available for staff at risk of radicalisation

* Corporate policy will direct the involvement of LSMS as necessary.
‡ This is an advisory role and it will be at the discretion of healthcare practitioners and safeguarding leads to contact police Prevent lead for advice and support as necessary. Police Prevent leads can also assist safeguarding leads and Caldicott Guardians with advice on risk-assessment procedures.
Appendix C – The CHANNEL Process Referral Pathway

Source: HM Government. CHANNEL: Protecting vulnerable people from being drawn into terrorism. A guide for local partnerships (October 2012)

THE CHANNEL PROCESS

This diagram shows the different stages within the CHANNEL process

IDENTIFICATION

SCREEN REFERRALS
A. Screen referral to ensure there is a specific vulnerability around radicalisation and the referral is not malicious or misinformed
B. Maintain proper record

Not appropriate

PRELIMINARY ASSESSMENT
- Determine suitability (or signpost to alternative support mechanisms)
- Collective assessment of vulnerability & risk
- Review panel decisions at 6 & 12 months

Not appropriate

MULTI-AGENCY PANEL
- Review of vulnerability assessment & risk
- Collective assessment of support needs
- Develop support plan
  - Identify and procure appropriate support packs
- Review progress

Deliver of support package

EXIT
- or referral to alternative Support – monthly report to RFC

Appropriate

Seek endorsement

Review
Appendix D - NHS England CHANNEL Referral Form

To submit use the secure email addresses as shown in Appendix E on page 12

RESTRICTED when complete

<table>
<thead>
<tr>
<th>DETAILS OF THE INDIVIDUAL BEING REFERRED INTO CHANNEL</th>
</tr>
</thead>
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<tr>
<td>Name of the individual</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DETAILS OF THE REFERRING ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the organisation making the referral</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Name of staff contact</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Secure email address (i.e. NHS net)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFERRAL FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give a short description as to why the referral is being made and explore the following three supporting questions:</td>
</tr>
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</table>

<table>
<thead>
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<th>SHORT DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>ENGAGEMENT - Is there any information to indicate that this individual is showing any signs of becoming involved with a group, cause or ideology that justifies the use of violence and other illegal conduct in pursuit of its objectives?</td>
</tr>
<tr>
<td>INTENT - Is there any information supporting that this individual has indicated that they may be willing to use violence or other illegal means?</td>
</tr>
<tr>
<td>CAPABILITY - Is there any information supporting what this individual may be capable of doing?</td>
</tr>
</tbody>
</table>

• **RPCs are to receive a redacted version of this CHANNEL Referral Form**
Appendix E – NHS England contacts for the CHANNEL Referral Form

Choose the relevant area and send your completed CHANNEL Referral Form to the email addresses under (1) and (2) below.

RPCs are to receive a redacted version of the CHANNEL Referral Form.

<table>
<thead>
<tr>
<th>Area</th>
<th>Police contact addresses for queries, advice and referrals</th>
<th>NHS Regional PREVENT Co-ordinators</th>
</tr>
</thead>
<tbody>
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</table>
Appendix F – Responsibilities of NHS representatives attending CHANNEL panels

The purpose of this document is to provide advice to NHS staff who may be required to attend a multi-agency CHANNEL panel to support the effective delivery of the PREVENT Strategy.

CHANNEL is an existing multi-agency programme which assesses how vulnerable an individual is to radicalisation and to ensure support is provided in a pre-criminal space before any offence related to an extremist ideology is committed. CHANNEL draws on the expertise of policing, local authorities, health, community organisations, probation, Youth Offender Services, UK Border Agency etc., and where necessary provides an appropriate support package tailored to an individual’s needs.

Health professionals can make a significant contribution through sharing knowledge and expertise from a health perspective, thereby ensuring that a holistic programme of support is available. A multi-agency panel could be bespoke and tailored to the needs of the individual or an existing panel formed for other referral mechanisms i.e. safeguarding.

The following should be considered before attendance at a CHANNEL panel:

B Attend a HealthWRAP (a Workshop to Raise Awareness of PREVENT).
C Know the contact details of your NHS Trust’s PREVENT Lead and that they are aware of the case.
D Collate in advance of the meeting all information from your organisation which is relevant to the case. In order to undertake a fully informed assessment of the person’s vulnerability, partners will need to share the relevant and necessary information with strict regard to confidentiality. A confidentiality agreement will need to be signed at the beginning of each CHANNEL panel meeting.
E Follow information sharing principles to ensure this is proportionate to the request being made.
F Ensure that you are clear at the end of the meeting about how information will be shared or used.
G Ensure you have a good understanding of the services which are available from your organisation locally for people who require support.
H Be familiar with the local initiatives in your area which support PREVENT.
I If necessary, be prepared to challenge and advocate for the needs of the person being discussed.
J Remember that as a health representative other agencies may assume you are representing all health agencies so be clear about your role and responsibilities.
K If in doubt, or if you have concerns about the process or the case, contact your organisation’s PREVENT lead or Regional PREVENT Co-ordinator.

Thanks to NHS Midlands and East and Derbyshire Police for the original idea. Adapted for NHS England.
Appendix G: Information governance legislation and guidance

A  The Care Record Guarantee: Our guarantee for NHS Care Records in England (NHS, 2011)  
B  Children Act 2004  
C  Common law duty of care  
D  Common law duty of confidentiality  
F  Crime and Disorder Act 1998  
G  Data Protection Act 1998  
H  Data Protection (Processing of Sensitive Personal Data) Order 2000  
I  Health and Social Care Act 2008  
J  Human Rights Act 1998  
K  Information Sharing: Guidance for practitioners and managers (HM Government, 2009)  
L  Mental Capacity Act 2005  
M  National Health Service Act 2006  
N  NHS Information Governance: Guidance on legal and professional obligations (Department of Health, 2007)  
O  No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health, 2000)  
P  Professional codes of conduct (as relevant)  
Q  Public Interest Disclosure Act 1998  
R  Reference Guide to Consent for Examination or Treatment (Department of Health, 2nd edition, 2009)
# Appendix 7: Document Development Checklist

**Title of Document Being Reviewed:** Safeguarding Vulnerable and At Risk Adults Policy

<table>
<thead>
<tr>
<th>Policy reference Number:</th>
<th>Yes/No/ or Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the document title clear and unambiguous?</td>
<td></td>
</tr>
<tr>
<td>Is the document correctly and consistently defined as a Policy, Procedure, Protocol, Guideline or Strategy?</td>
<td></td>
</tr>
</tbody>
</table>

## Rationale

Are the reasons for the development of the document stated?

## Document Development Process

- Has the document been developed using the style and format of the approved template?
- Do all pages have appropriate branding and header and footer content?
- Have contributors to the development of the document been identified?
- Is there evidence that relevant expertise has been used in developing the document?
- Have links to national guidance and/or CQC Standards been identified?
- If the document relates to or has implications for medications, has advice and approval be sought from the relevant medicines committee?

## Evidence

- Is there evidence to support the development of the document?
- Have all references been cited?
- Are links to other associated OUH procedural documents or information sources included?

## Content

- Are definitions of terms used, including abbreviations and acronyms, provided?
- Is the document clearly and concisely written?
- Has the target audience been defined?
- Have the relevant responsibilities been described?

## Dissemination and Implementation

- Does the document include an implementation plan?
- Are there processes detailed for monitoring the implementation and effectiveness?
- Have any training needs been identified and planned for?

## Additional Information

- Is the Equality Assessment completed and included in the appendices?
- Has the Version Control been completed?
Please note that on 1 November 2011 the Oxford Radcliffe Hospitals NHS Trust (ORH) merged with the Nuffield Orthopaedic Hospital NHS Trust (NOC) to form the Oxford University Hospitals NHS Trust (OUH). Our response reflects these changes. Therefore, we consider that Oxford University Hospitals Trust has released to you all of the information that it holds in relation to your request.

Internal review

If you are dissatisfied with the service or response to your request you can ask for an internal review by writing to:

[Address]

If you remain dissatisfied with the handling of your request or complaint, you have a right to appeal to the Information Commissioner at:

[Address]
Safeguarding Vulnerable and At Risk Adults Policy
Version 7.0 - February 2016

Oxford University Hospitals

SK9 5AF.

Telephone: 0303 123 1113 Website: www.ico.gov.uk

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