Richmond and Wandsworth Safeguarding Adults Board

Guidance on

Safeguarding Incidents Patient to Patient in Hospital Setting

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1. Introduction

1.1. The Care Act 2014 defines Safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'. Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.

1.2. The Safeguarding duties apply to adults who have needs for care or 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. [DHSC Care and Support Statutory Guidance, October 2014].

1.3. All notifiable incidents should be reported to the CQC in line with the requirements of the Health and Social Care Act 2008 Regulations 2014. The law requires these notifications to be submitted within certain timescales – further guidance is available on what should be reported, how and in what timescales via the CQC guidance on Statutory Notifications.

1.4. This protocol provides guidance for health and social care staff to identify when a patient-to-patient incident should trigger a safeguarding alert. The threshold for raising safeguarding alerts is purposefully low, all alerts will then be triaged in line with the safeguarding process and a proportionate response will be decided in line with the available evidence and the Making Safeguarding Personal approach.

2. Context

2.1. The Care Act 2014 sets out statutory responsibility for the integration of care and support between health and local authorities. NHS England and Clinical Commissioning Groups are working in partnership with local and neighbouring social care services. Local Authorities have statutory responsibility for safeguarding. This guidance is to support staff in understanding criteria for safeguarding in relation to patient-to-patient incidents in a hospital setting.

2.2. This local practice guidance supplements the London Multi-agency Policy and Procedures to Safeguard Adults from Abuse and reflects the local guidance for responding to concerns, whether S42 is required or not and the link with other parallel inquires.

2.3. Local Authority and NHS partnerships 'Local Authorities can continue to enter into partnership arrangements with the NHS for the NHS to carry out a Local Authority's 'health-related functions' (as defined in the 2000 Regulations [the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000). This effectively authorises NHS bodies to exercise those prescribed functions, including adult safeguarding functions. These arrangements are 'partnership arrangements' rather than 'delegations. The Local Authority would still remain legally responsible for how its functions (including adult safeguarding) are carried out via partnership arrangements.' (Department of Health and Social Care, March 2015).

2.4. Accountability and Assurance Framework (2024), sets out the safeguarding roles, duties and responsibilities of all organisations in the NHS.

3. Patient Safety Incident Response Framework (PSIRF)

3.1. The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

3.2. The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy.

3.3. The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

3.4. The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services. Primary care providers may also wish to adopt PSIRF, but it is not a requirement

4. Safeguarding Criteria

4.1. If a local authority has reasonable cause to suspect an adult in its area is suffering or is at risk of abuse and neglect and has needs which leave the person unable to protect themselves, then it must ensure enquiries are made in order to decide what action (if any) should be taken, and by whom. Enquiries should be made by the most appropriate professional, and in some circumstances that will be a health professional. In discharging these duties, there are express reciprocal duties to co-operate on local authorities and their "relevant partners", and that category includes NHS England, and all ICBs and health trusts in the local authority's area.

4.2. The safety of an adult at risk is of paramount importance. Immediate action may be required to safeguard investigations and any other children, young people or adults at risk. Any concern that children, young people or adults may be at risk of harm or abuse, must immediately be reported.

5. Incidents Between Adults at Risk

5.1. There may be times when the behaviour of an adult at risk towards another is abusive. Any person at risk of abuse from another is in need of protection. In deciding how to manage such incidents it is important to consider whether harm has occurred and if so, whether this amounts to a crime requiring the involvement of the Police.

6. Prevention

6.1. Prevention is always the preferred option and service providers should plan the care and support they offer so that opportunities for incidents between people using the service are minimised. People using services such as day centres, care homes and supported housing have the right to be supported in a safe environment; abuse by another adult at risk is just as harmful as abuse by anyone else.

6.2. Good practice would indicate that when people are meaningfully engaged in activities which they enjoy, then the likelihood of incidents occurring is reduced.

6.3. Services should plan via an assessment of needs and risks how best to support individuals. Early intervention with service users who challenge is important in order to prevent any escalation of behaviours. Individuals with known behavioural management problems should have their needs identified and measures put in place to properly support them and maximise their quality of life; records should include a history of the person's behaviours and where known, any triggers and / or what those behaviours are communicating.

6.4. Where anti-social or risky behaviour is identified services should ensure that staff have access to specialised training. It is important that individual care plans/support plans are properly implemented by staff to ensure that any potential for abusive behaviour is managed appropriately and risks are minimised.

7. Response Levels

7.1. In deciding the appropriate response when an incident has occurred, a risk assessment should be carried out. Factors to consider will include:

- The vulnerability and capacity of the individuals involved
- The nature and extent of the abuse – has significant harm occurred?
- Whether it is a 'one-off' or a repeat incident
- The impact on the individuals and their independence
- The risk of repeated or increasingly serious acts
- Whether the incident amounts to a crime
- The views of the person or their representative

7.2. Risk assessment is the process of evaluating these factors to aid decision-making, which is **risk management.**

7.3. A key factor in deciding how to respond is whether harm has occurred. This requires careful person-centred assessment and, if appropriate, consultation with them and the people close to them. The impact of an incident can range from no effect to serious physical injury or emotional distress which damages the person's quality of life.

7.4. If it was an isolated incident and no harm has occurred, then there is no requirement to raise a Safeguarding Concern. Nor is there a need to report such incidents through the Service Concern process. It is the responsibility of the Provider Manager to

ensure that a risk assessment is in place to ensure the immediate safety of all users of the service and to review the support of the individuals involved in the incident.

7.5. When an incident has had a significant impact on an individual's wellbeing, a Safeguarding Concern must be reported. **Any serious sexual or physical assault will require the involvement of police.**

7.6. Where the person causing the harm is also an adult at risk, agencies must be careful not to overlook their duty of care to them. A re-assessment of need must be carried out and the care or support plan should ensure that safeguards are in place to prevent repeat incidents.

7.7. **Any risk to other service users must also be considered when formulating a response.**

Appendix 1: Response Levels (Guideline)

Incidents involving another person with care & support needs	
Non-reportable Near miss/No Harm – Low Risk	**Reportable** Moderate/Significant Harm Incidents
Types of Incidents • One off incident with no or little harm, i.e. lesion/cut) accident/clinical account injury. • Dispute with fellow service users, no harm quickly resolved and risk assessment/management plan in place. • Minor lesion/cut/bruise with no verifiable account of injury • One off assault with minor injury (marks, lesions, minor cuts) • More than one assault with minor injury (marks, lesions, minor cuts). • Un-witnessed fall • Isolated incident involving service user on service user	**Types of Incidents** • Inappropriate restraint. • Unexplained serious injuries. • Witnessed assault causing serious injury. • Multiple minor bruises, lesions/cuts or grip marks. • Withholding food, fluids or aids i.e. mobility/hearing aids. • Allegation of assault by staff. • Incidents of assault of a repeat nature • Serious physical assault • Actual or grievous bodily harm • Irreversible injuries sustained • Allegation of sexual assault • Assisted Suicide