



“Will I be safe in here?”

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Safeguarding Adults Lead



## Key Questions

1. Regulator – CQC
2. Service User views
3. Internal reports
4. National reports



## CQC rating for SWLSTG

Are services safe? **Good**

Are services effective? **Good**

Are services caring? **Good**

Are services responsive? **Good**

Are services well-led? **Good**

Overall rating for this trust? **Good**



## Inhouse Reports

Real Time Feedback

Complaints

Incident reports

Organisational Audit – self assessment

Lampard Audit – management of safeguarding incidents



## CQC Reports

1. State of Care in  
Mental Health Services  
(2014-17)

Physical Abuse

2. Sexual safety on  
Mental Health Wards  
(2018)

Sexual Abuse



## Service User Views

Existing Forum

Making Safeguarding Personal group

Co-produced safeguarding adults policy

Service User members of Executive  
Safeguarding Meeting



## Quality Improvements - Preventative

### 1. Safety In Motion

12 month programme of evidence based interventions to support teams to manage violence and aggression and reduce restrictive practice on in-patient services.

### 2. Sexual Safety Working Group.

12 month task and finish group to co-produced piece of work, focussing on how we improve the safety of our services.



# Terms of Reference

## 1. Safety In Motion

- Improve service user and staff experience
- Increased service user engagement
- Positive impact on safety in services
- Reduction of violence and aggression
- Reduce restrictive practices – coproduction.

## 2. Sexual Safety Working Group

- Research evidence
- Co-production
- Review data
- Develop a training package
- Design publicity materials.
- Produce guidance for staff – including trauma informed care.
- Recommend a consistent approach to how incidents are reported





# Service User Views

## 1. Safety In Motion

- Raising safeguarding every time physical restraint is used
- The Trust should explore the development of quiet rooms – safe haven spaces – where patients could voluntarily go to when feeling stressed
- The use of restraint should always be used as a last resort. #
- There needs to be clear guidance both for staff and service users on the threshold where restraint is to be used
- The Trust should record every intervention of restrictive practice.

## 2. Sexual Safety Working Group

- Medication may put service users' sexual safety at risk.
- Recognition that the basic need for affection/connection can/may be abused
- Staff may not know how person is when well, so may not recognise that they are behaving out of character
- Must be protected from coercive control
- It is critical that only staff who have undertaken training take history of abuse.



# Actions

## 1. Safety in Motion

- Zoning
- Dynamic Appraisal of Situational Aggression
- Compact/Mutual expectations
- Situation, Background, Assessment and Recommendation (SBAR)
- Intentional Rounding

## 2. Sexual Safety Working Group

- Focus Groups
- Developing sexual safety standards
- Defining sexual safety
- Publicity Materials
- Trauma Informed Care
- Environment



## NHS Incident management system

- Incident report
- Incident management
- Post-incident review
- RCA Investigation Report



## Inter-agency referrals

Threshold for referring incidents of physical abuse

Threshold for referring incidents of sexual abuse

# Physical Abuse - handout

PHYSICAL ABUSE LEVEL	<b>Minor Incident</b> Not Safeguarding Near miss/No Harm – Low Risk  <b>Outcome</b> may include advice, information, risk management, staff training, disciplinary or complaints procedures.  Any 'Near Miss' where harm was prevented by a chance intervention should be reported for all categories.	<b>Moderate Incident</b> Possibly Safeguarding Low/moderate Harm – Some Risks Incidents not involving staff  <b>Outcome</b> - May need discussion with line manager or local safeguarding adult lead.  <b>Initial Protection plan</b> – is this efficient to safeguard adult at risk, and other adults at risk, from further harm?  <b>Yes</b> – Manage locally and record actions taken on Ulysses  <b>No</b> - Report safeguarding adult concern on Ulysses. Refer to local authority. Report to police if a crime is witnessed, reported or suspected or public safety is at risk.	<b>Major Incident</b> Definitely Safeguarding Moderate/Major Harm Incidents involving staff  <b>Outcome</b> - Immediate protection plan to be put in place. Report safeguarding adult concern on Ulysses. Refer to local authority. Report to police if a crime is witnessed, reported or suspected or public safety is at risk.	<b>Serious Incident</b> Definitely Safeguarding Major/Catastrophic Harm  <b>Outcome</b> - Immediate protection plan to be put in place. Senior management to be notified by phone. If a serious criminal matter, immediate discussion with the police. Report safeguarding adult concern on Ulysses. Refer to local authority. Report to police if a crime is witnessed, reported or suspected or public safety is at risk
This relates to all incidents of physical abuse, including patient on patient assault, staff on patient assault, and family/carer or stranger on patient assault.	<ul style="list-style-type: none"> <li>• One off incident with no or little harm, i.e. lesion/cut with verifiable (accident/clinical) account injury</li> <li>• No visible marks lesions cuts or bruising (please note areas, which may be covered, i.e. head)</li> <li>• Witnessed fall, not associated with neglect</li> <li>• Dispute with fellow service users, no harm quickly resolved and risk assessment/management plan in place</li> </ul>	<ul style="list-style-type: none"> <li>• Incidents of assault of a repeat nature</li> <li>• Minor lesion/cut/bruise with no verifiable account of injury</li> <li>• One off assault with minor injury (marks, lesions, minor cuts)</li> <li>• More than one assault with minor injury (marks, lesions, minor cuts).</li> <li>• Un-witnessed fall</li> <li>• Isolated incident involving service user on service user</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate restraint.</li> <li>• Unexplained serious injuries.</li> <li>• Witnessed assault causing serious injury.</li> <li>• Multiple minor bruises or unknown markings/lesions/cuts or grip marks.</li> <li>• Withholding food, fluids or aids i.e. mobility/hearing aids.</li> <li>• Allegation of assault by staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Serious physical assault</li> <li>• Actual or grievous bodily harm</li> <li>• Irreversible injuries sustained</li> <li>• Assisted Suicide</li> </ul>

# Inter-agency protocol - handout

All actions subject to SWLSTG and local authority policies. Any request for variation from policy to be escalated to SWLSTG Head of Nursing and/or Local Authority Safeguarding Lead

Number	Action by SWLSTG	Joint Action by SWLSTG/Local Authority	Action by Local Authority	Comment
1	All staff to complete Incident Form on Ulysses - if you are told about, or witness, or suspect, the abuse or neglect of an adult with care and support needs.			See Policy Guide for details on immediate actions for SWLSTG staff.



## Discussion

1. Physical abuse - referral guidance
2. Inter-agency protocol - practice guidance

ANY QUESTIONS?

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