

Safeguarding Vulnerable Adults at Risk– Policy Guidance for Trust staff

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3.0	November 2012	Janet Boorman	Associate Director for Safeguarding adults & Domestic Abuse	Review required following publication of Pan London safeguarding adults policy and revised local authority policies.

Contents

Paragraph		Page
	Executive summary	4
1	Introduction	4
2	Purpose	4
3	Duties	4
	Section headings	5
4	Definitions	5
5	Reporting (including Whistleblowing)	7
6	Training	7
7	Monitoring	8
8	References	8
9	Associated Documentation	9
Appendices		
	Links to intranet sites	9

EXECUTIVE SUMMARY

The Trust recognises the imperative of maintaining and improving patient safety within its services and additionally the need for staff to have awareness of the vulnerability of patients to become the victims of abuse and neglect by other people, be they family, members of the public, other services users or staff members. Additionally it is part of the annual governance requirements of the Trust to be compliant in terms of safeguarding adults agenda with both the Care Quality Commission (CQC) and the NHS Litigation Authority.

This policy is designed to be the overarching document that staff will need to refer for clarification of Trust commitments, and should be read in conjunction with Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse', otherwise know as the Pan London procedures. These procedures were adopted in each of the Local Authorities within Trust boundaries (City & Hackney, Newham, Tower Hamlets or Richmond) between 2011 and 2012.

1 Introduction

- 1.1 This document provides policy guidance to all staff working for East London NHS Foundation Trust including those working in Community Health Newham and Richmond Wellbeing Service. This document provides an introduction to the principles of safeguarding vulnerable adults at risk and supports Trust staff in implementing the relevant Multi-Agency Safeguarding Adults at Risk Policy.
- 1.2 Relevant information including the policies for each borough is available on the Trust intranet site and via the links in the Appendices section of this guidance.

2 Purpose

2.1 This policy guidance aims to ensure clarity for staff about how they should respond when they have concerns about the safety of a vulnerable person at risk, either as a user of Trust services, or for a person outside Trust services. This includes situations where there is a legal requirement to act and consideration of other aspects of this policy including the duty of care to any service user who lacks mental capacity to make decisions for themselves, sharing information appropriately within the Caldicott principles and how to record decisions that have been made appropriately.

3 Duties

3.1 Legal background (including Mental Capacity & Deprivation of Liberty)

Under the Mental Capacity Act 2005, an assumption operates that people have the mental capacity to make their own specific decisions health and social decisions for themselves, unless this assumption can be displaced. And if a person does lack this mental capacity, then assistance, support and intervention should be offered in the least restrictive way, in order to achieve a person's best interests. Two principles need to be borne in mind when working with vulnerable adults at risk –

i) Self-determination and informed consent. There is a presumption that vulnerable adults at risk will take their own decisions and that support,

assistance, services and sometimes major intervention for an individual will be on the basis of that person informed consent.

ii) Proportionality and least restrictive intervention. Assistance and intervention should be based on a principle of proportionality and least intrusiveness. That is the extent, nature and degree of a response, should be commensurate with the extent, nature and degree of the risks in question.

See Safeguarding Adults at risk of harm: a legal guide for practitioners (5) for case studies that give examples of how the law has used compulsion or enforcement, and that to support the vulnerable adult at risk and/or the perpetrator/person alleged to have caused harm.

3.2 Recording and Information Sharing

Trust staff must always be aware of their duty to protect patient confidentiality and to gaining consent to share information. Where there are safeguarding concerns staff have a duty to share information appropriately, and can override the need for a person's consent if others are at risk, to prevent crime or where there is a high risk to health and safety. If there is any doubt about whether information must be shared, then contact should be made with the Trust Caldicott Guardian or the Associate Director for Safeguarding Adults & Domestic Abuse and if doubt about how this should be done securely then contact should be made with Information Governance Department.

See Information Sharing Guidance for practitioners and managers HM Government 2006 (6)

Also see Safeguarding Adults Prompt guides NHS London 2012 (7)

3.3 Multi-Agency Partnership agreements

Several multi-agency partnerships have been developed across the localities, which may require Trust staff involvement. Examples of these include Safeguarding Adults or Children Partnership Boards, Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Public Protection Conferences (MAPPA).

Each established partnership group will have an agreement in place (called a SSISA) that has been approved by the Trust Information Governance Committee. Should staff be requested to provide information within a meeting, it is important to follow the Trust guidance for this. If a partner agency requests paper records, or electronic printouts for an investigation, this request must be made in writing to the Associate Director of Consumer Relations and Legal Affairs.

Section headings

4 Definitions

4.1 Vulnerable Adults / Adults at Risk

These interchangeable terms are defined in *No Secrets (1)* and *Protecting adults at risk (2)* as an adult aged 18 or over 'who is or maybe in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.' The recent emphasis has been to take

account of how different environments can impact on a person's vulnerability and that a person may not always vulnerable in every situation. In practice, staff will need to consider whether a service user is likely to be vulnerable or at risk either in the community in which they live or within a hospital ward or other service. Determining this is the first trigger as to whether using the safeguarding procedures should be considered as appropriate.

4.2 Abuse

Abuse is defined as 'a violation of an individual's human and civil rights by any other person or persons which results in significant harm' (1)

It may be a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or failure to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Discriminatory abuse, institutional abuse, hate crime, domestic abuse, honour-based abuse and hate crimes are all categories of abuse that can happen to vulnerable adults at risk.

4.3 Neglect

Neglect is the failure of any person who has responsibility for the charge, care or custody of a vulnerable adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Neglect can be intentional or unintentional. Intentional neglect would result from wilfully failing to provide care, wilfully preventing the vulnerable person at risk from getting the care they needed, or being reckless about the consequences of the person not getting the care they need. Unintentional neglect could result from a carer failing to meet the needs of the vulnerable adult at risk, who-may not know about the services that are available or because of their own needs prevent them from being able to give the care the person needs.

Self-neglect does not come under the scope of these procedures (see Reference 2) although it is understood to be a complex and contested area which 'requires careful exploration within the context of the principles of empowerment that underpin adult safeguarding and the goals of choice and control in adult social care' *Self neglect and Safeguarding Adults* (Reference 3).

Where self-neglect and suicidal attempts may indicate signs or symptoms of abuse in the life of a vulnerable person at risk, this should always be explored with in assessment process.

4.4 Domestic Abuse

Domestic abuse is defined as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' *Home Office (See 4)*

It may also include honour –based violence and forced marriages. This definition was extended in November 2012 to include those aged 16 to 18 years of age who are in an intimate relationship and referrals to domestic abuse support services will reflect this change.

Additionally in November 2012, stalking was been identified as a criminal activity.

5 Reporting

- 5.1 This section should be read in conjunction with the Trust thresholds for implementing the safeguarding procedures.
- 5.2 <u>Datix incident reporting</u>. The Trust requires incident reports to be completed for any incident where staff are concerned that a service user has been harmed. Staff should use the safeguarding adults boxes to reflect the level of concern at the time of writing. This information will be assessed by the Assurance Committee for risk or severity and a manager assigned to respond. In instances where the safeguarding procedures are being followed, this information must be shared with the local authority safeguarding adults team.
- 5.3 <u>Alert forms</u> These are forms that the local authorities have designed specifically to report a concern that a vulnerable person is at risk of harm from another person. These forms must be completed and sent to the relevant local authority or CMHT team. When these forms are received and agreed by a Safeguarding Adults manager as a safeguarding adults referral within a Trust service, they should be attached to the Datix incident record and a copy stored within the case file either on paper or electronically on Rio. Additionally Safeguarding Adults managers should be able to report on numbers of Alerts they have sent to local authority teams.
- 5.4 In some cases, a user of Trust services may the alleged person causing harm to a vulnerable person. Staff maybe asked to complete an Alert on behalf of this person or enlist support from other services for the person as appropriate. If they are invited to attend a strategy meeting, they should attend, or give a verbal report, following the Caldicott principles (See 5) of information sharing.
- 5.5 In some situations staff may become concerned about the quality of practice delivered by services within the Trust or from other services. All staff are reminded of the requirement to consider using the Trust Whistleblowing Procedures where such risks are identified. It is stated within this procedure that staff can contact outside organisations including Public Concern at Work if unable to share this information within the Trust, or can anonymously contact the Associate Director of Safeguarding Adults or the Care Quality commission (CQC). See also the Trust policy Allegations against staff policy where an allegation has been made regarding a named staff member abusing or neglecting a service user.

6 Training

- 6.1 The Trust provides a level 1 course at induction, which is mandatory for all staff who have contact with service users. The requirements for staff training will be regularly updated on the Training Needs Assessment (TNA). A refresher course is available for staff to complete every 3 years via an e-learning programme.
- 6.2 In 2012 the TNA was updated to offer Level 2 and Level 3 training to relevant Trust staff to clarify their roles within the Pan London procedures.
- 6.3 The Associate Director of Safeguarding Adults has undertaken the Home Office WRAP train the trainer course on PREVENT to raise staff awareness of the risk of vulnerable adults at risk who may be the target of recruitment by individuals or

organisations for terrorist purposes. These sessions are organised jointly with the police Prevent Officer.

6.4 In addition, the Local authorities provide courses that meet specific safeguarding functions - Manager, investigator, chairing strategy meetings, minute taking. Staff members from all partner agencies, including the Trust are able to access these courses, where appropriate. These courses are referred to generically as Leads courses.

6.5 Staff should check the Trust intranet for the latest information about accessing any of the safeguarding adults courses.

7 Monitoring

- 7.1 The Trust Datix system ensures robust monitoring of all recorded incidents via 48 Hour reports and in the most concerning cases as a Serious Incidents. Any incident that has a safeguarding adults concern identified will be recorded on a Quarterly Report which is submitted to the Trust Safeguarding Committee.
- 7.2 The local authority may on occasions request a Serious Case Review in cases where there has been involvement from difference partners and where lessons may be learnt to improve practice. Additionally there is a statutory duty for all agencies to report to the Home Office following a case of domestic homicide. The Trust Safeguarding Committee receives a Tracking report to indicate the current cases that are under scrutiny.
- 7.3 Where staff have had involvement with a case that is under any investigation, they may be approached by a Trust representative to be interviewed. This process is not to apportion blame but to uncover any lessons that may be learnt to improve practice for the future. Where this occurs staff are required to cooperate with these processes and will be offered appropriate support in order to do so.
- **8** References (inc intranet links and national guidance)
- 1 No Secrets Department of Health 2000
- 2 Protecting adults at risk of harm: London multi-agency policy and procedures to safeguard adults from abuse SCIE Report 36, January 2011
- 3 Self neglect and Safeguarding Adults: findings from research SCIE Report 46
 September 2011 http://www.scie.org.uk/publications/reports/report50.asp
- 4 Responding to Abuse: A Handbook for health professionalsDepartment of Health 2005 (page 10)

- 5 Safeguarding adults at risk of harm: Legal Guide for Practitioners'
 Michael Mandelstam
 SCIEReport50, December 2011 http://www.scie.org.uk/publications/reports/report50.asp
- 6 'Information Sharing: Guidance for Practitioners and managers'
 HM Government April 2006
- 7 Safeguarding Adults prompt cards NHS London 2012
- 8 'Multi-Agency practice guidelines: handling Cases of Forced Marriages' (Chapter 6 Guidelines for Health Professionals) HM Government, June 2009
- 9 Additional Department of Health publications (from March 2011) below:-

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

- <u>Download Safeguarding Adults Role of managers and boards nb: large document</u> (PDF, 2799K)
- <u>Download Safeguarding Adults Role of health practitioners nb: large document</u> (PDF, 4728K)
- <u>Download Safeguarding Adults the Role of Commissioners nb: large document</u> (PDF, 2992K)
- Download Safeguarding adults self assessment & assurance framework (XLS, 609K)
- Download Safeguarding adults Equality Impact Assessment (PDF, 159K)
- 10 Law Commission Report (May 2011) in preparation for Social Care Bill

http://lawcommission.justice.gov.uk/publications/1460.htm

9 Associated Documentation

East London NHS Foundation Trust Safeguarding Children policy

East London NHS Foundation Trust Allegations against Staff Policy

East London Whistleblowing procedures

APPENDICES

Links to intranet site documents eg Thresholds, Pathways & Training Handouts

http://elftintranet/our_library/domestic_abuse_policies.asp

http://elftintranet/training_development/safeguarding_adults.asp