

SAFEGUARDING ADULTS POLICY

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Figure 1: Flowchart - Action within Whittington on discovering actual or suspected abuse to a vulnerable adult

Appendix A Equality Impact Assessment Tool

1.0 Introduction

The Executive Board is committed to ensuring that the Trust has systematic and robust processes in place for managing vulnerable adults. This document describes the policy and procedure that staff must follow where there is suspected abuse or neglect of a vulnerable adult. It provides an explanation of the roles and responsibilities of staff and agencies when abuse is suspected. It also describes the guidance issued by the Department of Health upon which health care organisations are required to act.

2.0 Background

The guidance- 'No Secrets', was published by the Department of Health (DOH) in 2000 and identified a systematic process and focus for coordinated Adult Protection. Since its publication there has been increased understanding of the factors related to the protection of vulnerable adults and the systems that need to be in place to ensure that the protection of vulnerable adults is kept central to how services work and that there are clear processes to follow if there is a suspected case of abuse.

Safeguarding Adults was published in 2005 and provided a national framework of standards for good practice and outcomes in adult protection work. It aims to provide guidance to support the aspirations of No Secrets (DOH, 2000). Safeguarding Adults (2005) was developed through multi-agency working that included the Association of Chief Police Officers (ACPO), Commission for Social Care Inspection (CSCI), Department of Health (DOH) and the Practitioner Alliance Abuse of Vulnerable Adults (POVA). The document is explicit that each organisation is responsible and accountable for meeting national guidance and legal requirements in relation to implementing 'Safeguarding Adults' work, whether through working in partnership or through its own actions.

3.0 Roles & Responsibilities

Islington Social Services are the designated lead agency in the overall coordination, management and investigation of any alleged cases of abuse towards a vulnerable adult and will have overall responsibility for co-ordinating adult protection under the arrangements described in the Safeguarding Adults in Islington Multi-agency Policy and Procedures Guidance (Feb 2008). However, the *operational lead* will depend on where the alleged abuse occurred and who the alleged perpetrator is. The Trust will take the lead in investigation when the alleged perpetrator is a member of Trust Staff or the alleged abuse occurred on Trust premises.

If Social Services are made aware of an allegation of abuse towards a patient who is/ was an inpatient within the Trust the initial Trust contact will be the Matron for that area or the Head of Nursing who will initiate the internal Trust investigation in line with both local Safeguarding Adults and Human Resources policy. Social Services will take the lead when the alleged abuse occurred within the community.

The Trust's Safeguarding Vulnerable Adults Policy and Procedure reflects the local multi-agency policies and is consistent with the principles described in the Safeguarding Adults in Islington Multi-agency Policy and Procedures Guidance (Feb 2008). Within this framework the Trust is committed to:

- Maintaining a strategic and operational dialogue to ensure multi-agency co-operation
- Developing a common definition of abuse
- Producing appropriate inter-agency procedures
- Ensuring that the risk or actual incidents of abuse are identified, prevented if possible and responded to where necessary
- Sharing information within legal and professional constraints
- Ensuring staff work within agreed multi agency policies and procedures
- Monitoring and evaluating the operation of the policy and procedures
- Identifying the resources required, within acknowledged constraints, to meet the above commitments.

As an organisation that works within the Islington framework, the Trust is committed to:

- Working co-operatively with each other and with users and carers within a framework for action aimed at prevention, identification, investigation and treatment of the abuse of vulnerable adults.
- Responding in a timely and effective way to protect the vulnerable adult wherever abuse is suspected or has occurred.
- Observing a duty of care and ensuring that the best interests and well-being of vulnerable people are at the forefront in assessment and decision-making in relation to care planning and the taking of any necessary protective action.
- Carrying out all assessments, enquiries and investigations in a setting and manner appropriate to the levels of understanding, degree of disability and cultural background of the persons concerned.
- Striving to ensure the safety of vulnerable adults by coordinating strategies, policies and services within the relevant legislative framework. As far as possible, investigation of abuse should be integrated within the initial assessment procedures of each agency.
- Striving to ensure that any other agencies and any organisations working with vulnerable adults on their behalf make staff aware of the risks of abuse and the need to protect vulnerable adults, have staff codes of conduct that promote adult protection and have internal policies and procedures that are consistent with this policy.
- Adopting a partnership approach with all those involved with the vulnerable adult except where this is not in the best interests of the person being abused.
- Ensuring that relevant legislation and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to judicial process.

- Ensuring that equality of opportunity will be available to all vulnerable adults within this or any related policies and procedures regardless of their race, gender, class, religion, culture, disability, sexuality or age.

This Trust Safeguarding Adults Policy and Procedure describes how the Trust will adhere to the guiding principles of the Islington Policy and Procedure (2008), described above. The procedure to follow if abuse is suspected is shown as a flow chart in Figure 1.

The Trust has a key responsibility to ensure that staff are CRB checked in line with HR policy and employment guidance. The Trust's processes for CRB checking are described in the Trust Standard Operational Policy.

4.0 Definition

The term 'Safeguarding Adults' applies to the provision of all care or services that enable an adult:

'who is or may be eligible for community care services to retain independence, wellbeing and choice to access their human right to live a life that is free from abuse or neglect.'

Safeguarding Adults, 2005

In the context of Safeguarding Adults and Adult Protection, an adult is someone who is over the age of eighteen, is vulnerable by reason of old age, infirmity or disability (including mental disorder within the meaning of the Mental Health Act 1983) s/he is unable to take care of her/himself or to protect her/himself from others (Responding to Abuse, Inadequate Care of Vulnerable Adults, Islington PCT, 2005).

The people most likely to be assessed as vulnerable are those adults who:

- Are old and very frail
- Suffer from mental illness, including dementia
- Have a physical or sensory disability
- Have a learning disability
- Suffer from a severe, incapacitating physical illness

Vulnerability may be a permanent or temporary state.

Abuse is a violation of an individual's human and civil rights by any other person or persons who have power over the life of the dependent individual. It can take the form of:

- Physical
- Sexual
- Psychological
- Financial
- Institutional abuse
- Discrimination or
- Neglect and acts of omission

5.0 Reporting

When a problem/abuse regarding a vulnerable adult is identified, staff must immediately ensure the patient's safety (see the flow chart in figure 1) and then notify the appropriate senior staff (Ward Manager, Matron for the unit, Head of Nursing and Consultant).

Example of the need to follow safeguarding process:

A nurse witnesses a visitor becoming verbally abusive to their elderly demented relative on the ward.

The senior member of staff will investigate the incident and an incident form will be completed following the Trust's Incident Reporting Policy and Procedure (Feb 2007). Senior staff will decide whether the incident should be reported to the Manager of the Hospital Social Work Department (Islington Social Services on 0207 288 5260) who will advise on the appropriate course of action and will then follow processes within the Safeguarding Adults in Islington Multi-agency Policy and Procedures Guidance (Feb 2008). If the vulnerable adult is from another local authority, the Social Work Manager will advise staff accordingly.

In situations where hospital staff are alerted to a problem/abuse that has occurred in the community, it is the responsibility for hospital staff to seek advice from Senior staff as before and the Social Work Team Manager who will follow the processes within the Safeguarding Adults in Islington Multi-agency Policy and Procedures Guidance (Feb 2008).

6.0 Training

Protection of Vulnerable Adults training is delivered throughout the Trust as part of the induction-training programme. The Discharge Team in conjunction with Islington Primary Care Trust and Social Services provide training throughout the year in discharge planning study days for staff that deal with vulnerable adults.

7.0 Supporting staff

Staff who are involved in vulnerable adult protection incidents may feel traumatised and stressed by the information they have been told and the experience of being involved in these very distressing situations. The Trust recognises that staff involved in protecting vulnerable adults need support. The Trust's 'Staff Wellbeing at Work Policy' (Sept 2008) describes the processes to support staff involved in a stressful event like an incident involving the protection of a vulnerable adult.

All Trust staff are required to follow the processes described in the 'Staff Wellbeing at Work Policy' (Sept 2008) to ensure that colleagues involved in adult protection incidents receive appropriate support. Support can take many forms and will vary depending on the needs of the individual member of staff involved, but it may include debriefing by line managers, referral to the OASIS counselling service and/or signposting to professional bodies and/or stress management courses.

It is essential that all staff comply with the 'Staff Wellbeing at Work Policy' (Sept 2008) to ensure that appropriate support is available to all staff involved in incidents that relate to the protection of vulnerable adults.

10.0 Monitoring

The Discharge Manager will liaise for compliance with the policy and ensure that the reporting process is followed with senior nurses within the Whittington Hospital and the Service Manager for Islington Social services.

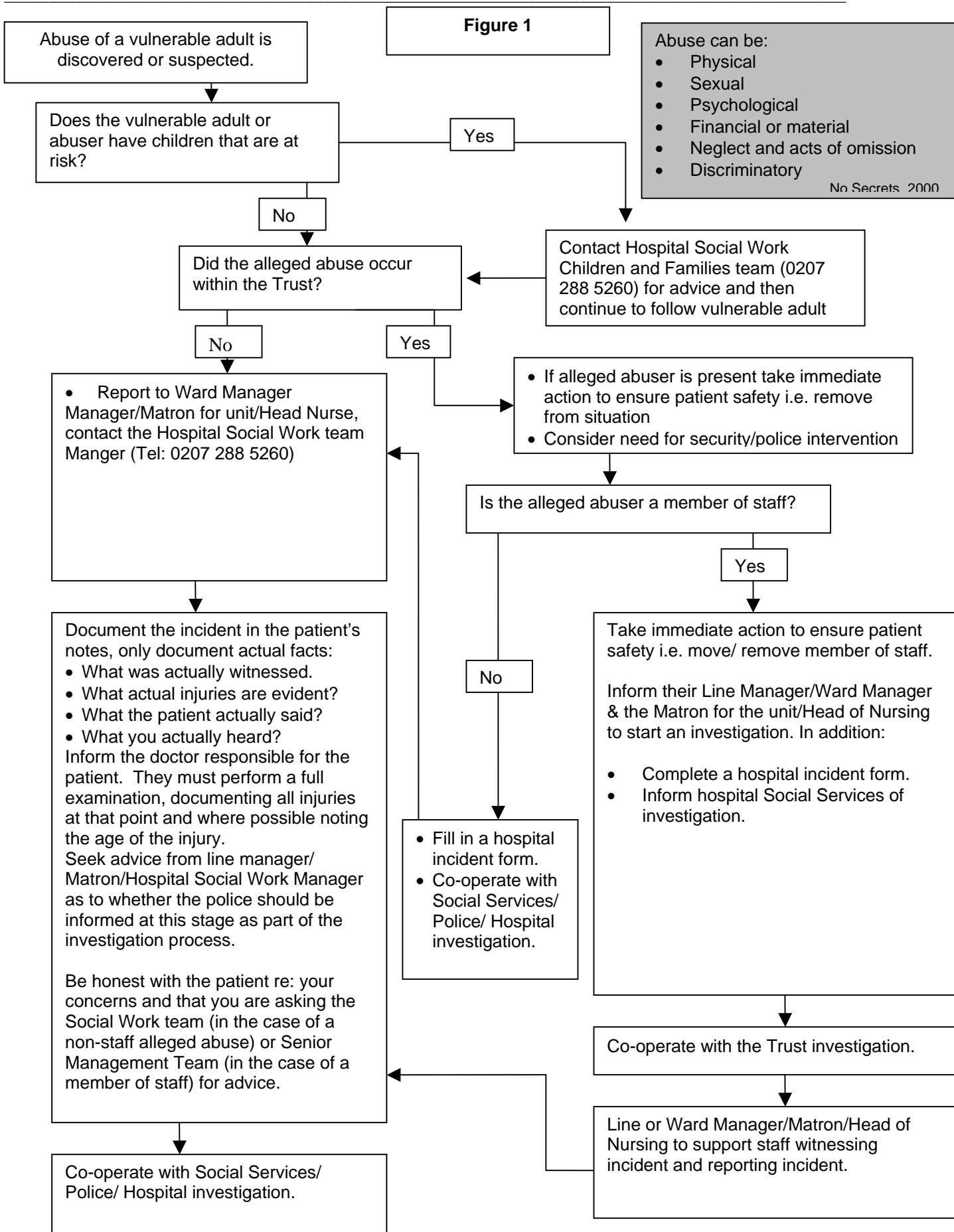
A representative from the Whittington Hospital will also attend the safeguarding adults meetings held quarterly by Islington Primary Care Trust and Social Services.

Any significant issues or concerns relating to compliance will be brought to the attention of the Director of Nursing and Clinical Development and/or the Clinical Governance Committee for resolution.

11.0 Equality Impact

The Whittington aims to design and provide services, policies and information that meet the diverse needs of our population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help staff to consider these needs, and assess the impact of documents they produce.

As owners of the process of developing a policy for safeguarding adults, all authors/document owners should therefore ensure that they consider equality and diversity issues by carrying out a brief equality impact assessment. This completed tool can be found at appendix A.



Equality Impact Assessment Tool (Appendix A)

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to [Lynne Hackney, Discharge Manager], together with any suggestions as to the action required to avoid/reduce this impact.